



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Annual General Meeting 29th July 2021



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NHS
WALES

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Key achievements & challenges including significant areas of performance in 2020/21

2020/21 Strategic Priorities

Covid Response (Prevention and Response/Mass Vaccination)

SaTH Focus

North Powys
Programme

Clinical Quality
Framework:
Year 1 Priorities

Big 4:
Respiratory

South Powys
Programme

Health & Care
Academy

Elective Care:
Risk of Harm
Waiters

Exiting the EU

Money (Value)

Digital Plan

Organisational
Capability

Winter
Protection Plan
(+ Vaccination)

Planning Ahead: Preparing for 2021/22 & beyond

Covid-19 Response: Test, Trace, Protect

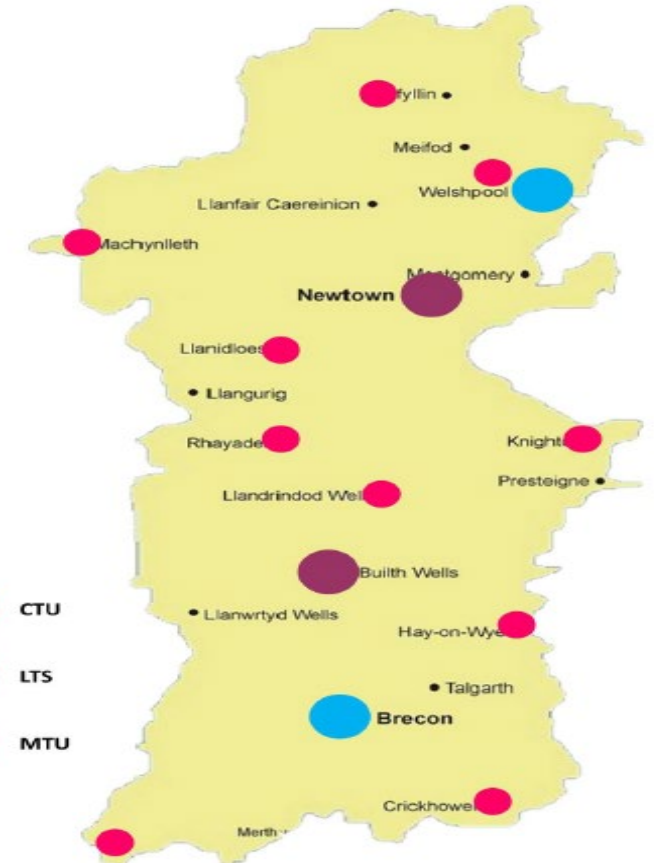
Headline: TTP service established swiftly – high performance; significant expansion including as Mass Vaccination Call Handling Service

- At year end, 99.8% of Index Cases and 100% of Contact Cases were followed up within 48hrs; 119,690 PCR tests performed in the last year
- Support to national arriving travellers team; Public Protection Officers visiting returning travellers
- Mixed model drive-through/walk-in/mobile PCR testing; Support to asymptomatic testing sites; Wider symptom eligibility for testing being piloted; Local LFD test site operating to test reactive response; LFD test kits available via libraries

Contact Tracing Unit – In Numbers



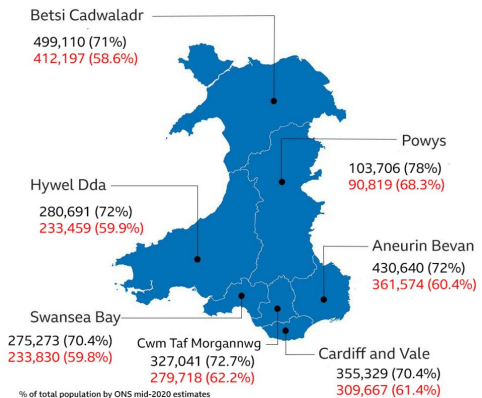
CTU – Community Testing Unit
LTS – Local Testing Site
MTU – Mobile Testing Unit



Covid-19 Vaccination Programme

Covid-19 vaccination progress

First and second doses by health board



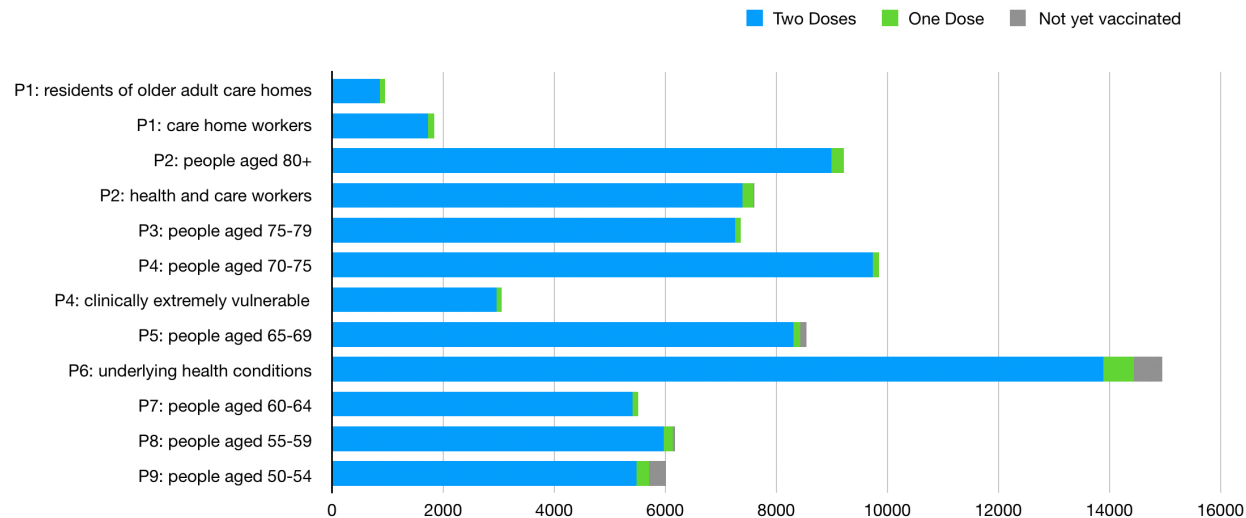
Source: Public Health Wales, 22 July. Data up to 18 July



Headline: Large scale, rapid programme established. Highly effective, highest vaccine rates in Wales and England for 1st and 2nd doses.

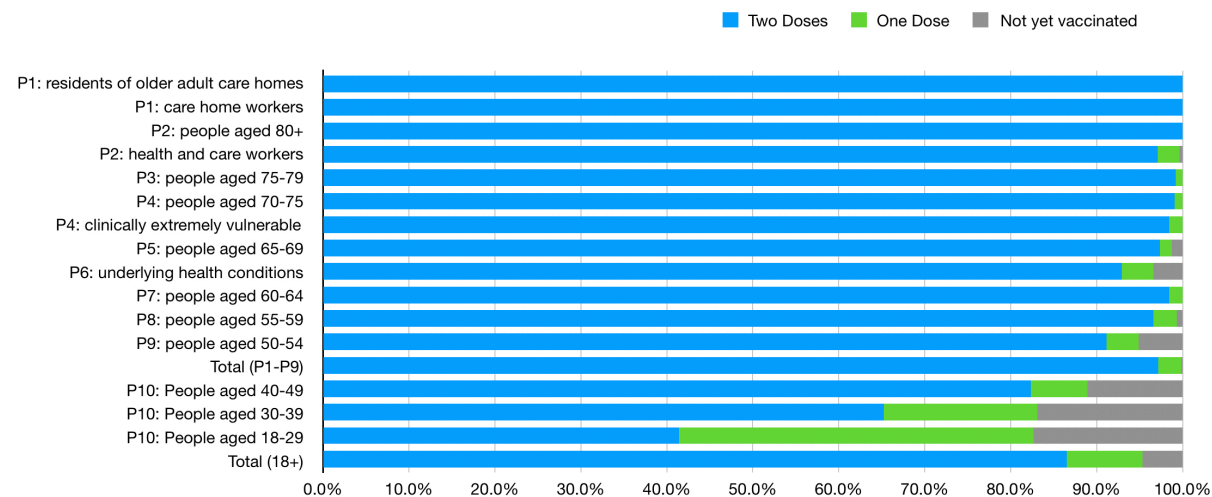
- Hybrid delivery model: 3x Mass Vaccination Centre's, 'Pop-up' vaccine centre, primary care, mobile vaccination.
- Consistently high performance. Based on the latest Public Health Wales comparators:
 - 90.2% of adult population have received their first dose (highest HB in Wales)
 - 79.4% of adult population have received their second dose (highest HB in Wales)
- All milestones **ACHIEVED – all ahead of schedule**
- Focusing on equity
- Highly effective comms and engagement approach

The breakdown of groups who have received doses as of 13th June 2021 is given in the graphs that follow:



Powys COVID Vaccination - midnight on 25 July 2021

(source: provisional management information - IFOR Power BI/WIS/NWIS)



Powys COVID Vaccination - midnight on 25 July 2021

(source: provisional management information - IFOR Power BI/WIS/NWIS)

Focus on Well-being

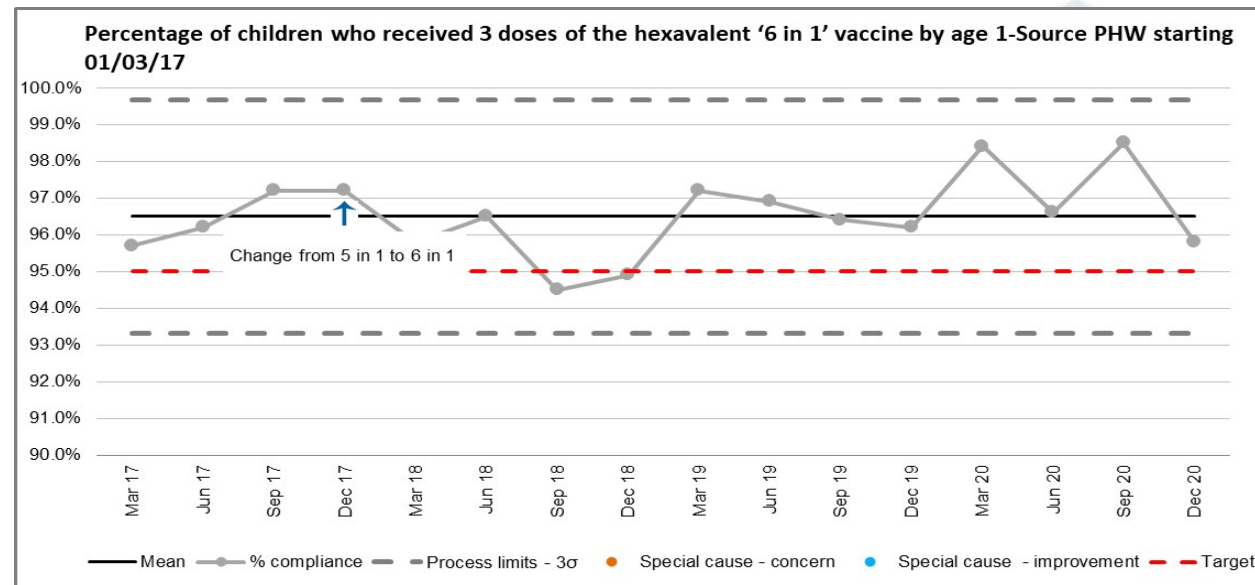
Quadruple Aim 1: People in Wales have improved health and well-being and better prevention and self-management.

2020/21 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking (*in arrears)	
No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
1	Percentage of babies who are exclusively breastfed at 10 days old	Annual Improvement	2019/20	49.8%		52.4%	1st	35.3%
2	'6 in 1' vaccine by age 1	95%	Q3 20/21	96.2%	98.5%	95.8%	4th	95.2%
3	2 doses of the MMR vaccine by age 5	95%	Q3 20/21	91.8%	94.4%	91.3%	5th	92.1%
4	Attempted to quit smoking - Cum	5%	Q3 20/21	2.29%		1.97%	6th	2.39%
5	CO-validated as quit at 4 weeks - Cum	40%	Q4 19/20	36.4%	42.3%	37.7%	6th	41.6%
6	Standardised rate of alcohol attributed hospital admissions	4 quarter reduction trend	Q3 20/21	517.8	278.5	348.0	5th	349.6
7	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	4 quarter improvement trend	Q4 20/21	44.6%	50.0%	92.0%	2nd	67.2%
8a	Flu Vaccines - 65+	75%	2019/20	65.5%		67.1%	6th	69.4%
8b	Flu Vaccines - under 65 in risk groups	55%	2019/20	43.1%		44.3%	3rd	44.1%
8c	Flu Vaccines - Pregnant Women	75%	2019/20	85.7%		93.3%	1st	78.5%
8d	Flu Vaccines - Health Care Workers	60%	2019/20	64.3%		64.3%	3rd	58.7%
9a	Uptake of cancer screening for: bowel	60%	2018/19	56.2%		58.3%	1st	57.3%
9b	Uptake of cancer screening for: breast	70%	2018/19	73.7%		69.1%	7th	72.8%
9c	Uptake of cancer screening for: cervical	80%	2018/19			76.1%	1st	73.2%
10a	MH Part 2 - % residents with CTP <18	90%	Apr-21	100.0%	100.0%	94.7%	1st*	84.6%
10b	MH Part 2 - % residents with CTP 18+	90%	Apr-21	93.2%	91.3%	91.8%	3rd*	85.3%
11	% People aged 64+ who are estimated to have dementia that are diagnosed by GP	Annual improvement	2019/20	44.7%		42.4%	7th	53.1%

Headline: Influenza Vaccination uptake increased

- Vaccination uptake among 65+ yrs increased by 6.5 percentage points year on year (n=73.6%).
- <65 yrs 'at risk' increased by 7.9 percentage points (n=52.3%).
- 2-3 yrs increased by 7.8 percentage points (n=60.5%).
- 4-10 yrs increased by 13.2 percentage points (n=81.5%).

Headline: The percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1 met the nationally set target, and the percentage of children who have received 2 doses of the MMR vaccine by age 5 is showing special cause improvement.



Headline: Broader prevention/population health programmes restarted

- 'Foodwise for Life' - prevention and early intervention programme in place for overweight and obesity.
- Powys 'Active & Healthy Families' - weekly 'family-based' physical activity programme through leisure services.
- 'Small and Healthy' - promoting physical literacy, physical activity and healthy eating in pre-school children.
- Maternity support workers for maternity and health visiting services to address behavioural risk factors in mothers and children.

Essential Services Delivery during immediate COVID response

Headline: **Clinical Response Model** rapidly deployed & innovative developments put in place to maintain services

- Patient flow managed across complex systems with home first, discharge to recover and assess and virtual hospital model and excellent MIU performance,
- Support plans for care homes implemented with testing, primary care and therapy input
- Significant Estates and equipment programme implemented to improved for safety, ventilation and oxygen provision
- Established centralised supplies distribution centre for PPE and other equipment

Primary care maintenance:

- General Practice remained open; using triage and virtual consultations
- All General Dental Practices remained open and steadily increased access
- Optometry used remote reviews and services progressively restored
- Pharmacy had a pivotal role and central to Covid-19 Vaccination

Innovative responses across community and therapy teams:

- Delivery of rehabilitation and recovery for Long Covid
- Redesign of Podiatry actively involving users in their care
- Physiotherapy, CMATs and Pulmonary Rehabilitation provided virtual support
- Audiology team postal service received as prompt, efficient and caring
- Dietetics, Speech and Language, and Radiology used clinics and online support to recover services
- Pilot of 7 day working and on call system to support rehabilitation

Powys provided **essential services**, maintained in line with national guidance as at the End Year Performance Report in March 2021:

No Powys provider essential service is unavailable or suspended.

Access to primary care services

- General Medical Services
- Community pharmacy services
- Red alert urgent/emergency dental services
- Optometry services
- Community Nursing/Allied Health Professionals services
- 111/OOH (Shropdoc)

Urgent cancer treatments

All available diagnostics and first outpatient appointments.

Life Saving Medical Services

- Stroke Care (Stroke Rehabilitation service)
- Diabetic Care (specialist nursing team)
- Diabetic Care (Emergency podiatry services)
- Neurological conditions
- Rehabilitation (Community Physiotherapy & Occupational Therapy)

Life-saving or life-impacting paediatric services

- Immunisations and vaccinations
- Screening (Blood Spot / Hearing/ New Born)
- Screening (6-week exam)
- Community Paediatric service for children with additional/ continuous health care needs

Termination of Pregnancy: provided by British Pregnancy Advisory Service (BPAS)

Maternity Services: Community midwifery and obstetric ultrasound

Other infectious conditions (sexual non-sexual): Public Health

Wales supported testing; Urgent services for patients

Mental Health, Learning Disability Services and Substance Misuse

- Inpatient Services at varying levels of acuity
- Community MH services
- Substance Misuse services that maintain stability

Renal care-dialysis: Provided by Renal network services

Urgent supply of medications and supplies including those required for ongoing management of chronic diseases/ mental health

Blood and Transplantation Services: provider service to testing & transfusion continued.

Palliative Care: community / inpatient care

Diagnostics: diagnostic services for X-Ray, Ultrasound Inc. Obstetric and Cardiac echo, | Endoscopy, Phlebotomy and Urodynamic testing

Therapies: essential therapies including, Occupational therapy, Physiotherapy, Dietetics, Podiatry and Speech and language therapy

In addition Mental Health, NHS Learning Disability Services and Substance misuse Crisis Services including perinatal care running as normal operation

Emergency Ambulance Services provided by WAST also reported running as normal operation

Essential Services Delivery during immediate COVID response

Headline: Mechanisms for cross border management of COVID response rapidly established

- Participation in cross-border systems in Shropshire, Telford and Wrekin and Herefordshire and Worcestershire to ensure needs of Powys residents included in resilience and service plans
- Graduated re-introduction of commissioning arrangements including the Commissioning Assurance Framework and maternity assurance
- Comprehensive assessment of essential healthcare in commissioned services
- Liaison with Community Health Council
- Work with Welsh Health Specialised Services Committee on access to [essential specialist services](#) and develop [Integrated Commissioning Plan 2020/21](#)
- Arrangements for [vulnerable groups](#) and [children out of county](#) clarified and maintained with robust liaison through system arrangements
- Extensive preparations for the [exit from the European Union](#) in line with national planning and requirements
- Long Term Agreement/Service Level Agreements amended to include details on collaborative arrangements for recover – almost all providers signed up

Essential Service Area	BCUHB	HDUHB	SBUHB	CTMUHB	C&VUHB	ABUHB	Velindre	PHW	SaTH	WVT	RIAH
Primary Care											
Safeguarding Services	3	2	3	2	2	3	0	2	0	4	0
Urgent Eye Care	2	2	3	2	2	2	0	0	2	4	0
Urgent Surgery	2	2	2	1	2	2	0	0	2	2	2
Urgent Cancer Treatments	2	2	2	1	2	2	3	2	2	2	2
Life-saving Medical Services											
Interventional Cardiology	2	2	2	2	2	3	0	0	2	2	0
Acute Coronary Syndromes	2	2	2	2	2	4	0	0	2	2	0
Gastroenterology	2	2	4	2	2	2	0	0	2	2	0
Stroke Care	2	2	3	3	2	3	0	0	2	4	0
Diabetic Care	2	2	3	3	2	3	0	0	2	2	0
Diabetic Care (Diagnosis of new patients)	2	2	3	3	2	3	0	0	2	2	0
Diabetic Care (DKA / hyperosmolar hyperglycaemic state)	2	2	3	3	2	4	0	0	2	2	0
Diabetic Care (Severe hypoglycaemia)	2	2	3	3	2	4	0	0	2	2	0
Diabetic Care (Newly diagnosed patients especially where insulin control is poor)	2	2	3	3	2	3	0	0	2	2	0
Diabetic Care (Diabetic Retinopathy and diabetic maculopathy)	0	2	2	3	2	2	0	2	2	2	0
Diabetic Care (Emergency podiatry services)	0	2	3	3	2	2	0	0	2	2	0
Neurological Conditions	2	2	2	2	2	2	0	0	1	2	0
Rehabilitation	2	2	3	4	2	2	0	0	0	2	2
Life-saving or life-impacting paediatric services											
Immunisations & vaccinations	2	2	2	2	4	4	0	2	0	2	0
Screening (Blood spot)	4	2	2	2	4	4	0	2	2	2	0
Screening (Hearing)	4	2	2	2	4	4	0	2	2	2	0
Screening (New born)	4	2	2	2	4	4	0	0	2	2	0
Screening (6-week physical exam)	4	2	2	2	3	4	0	0	2	2	0
Community paediatric services for children	3	2	3	2	3	3	0	0	0	2	0

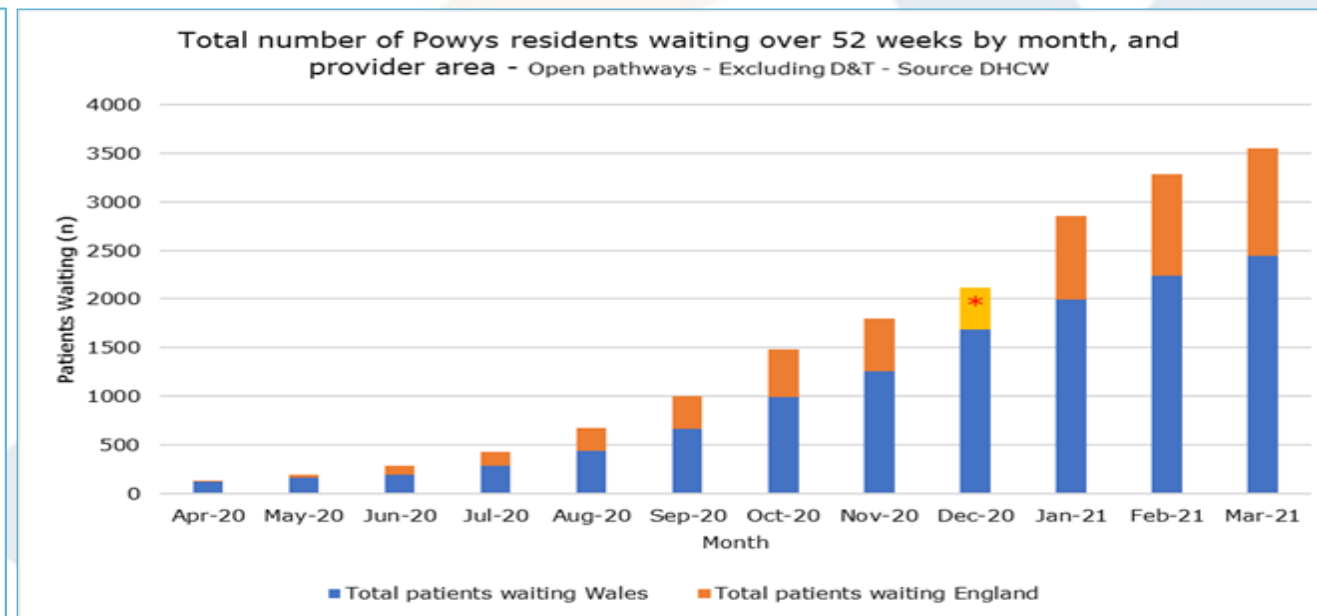
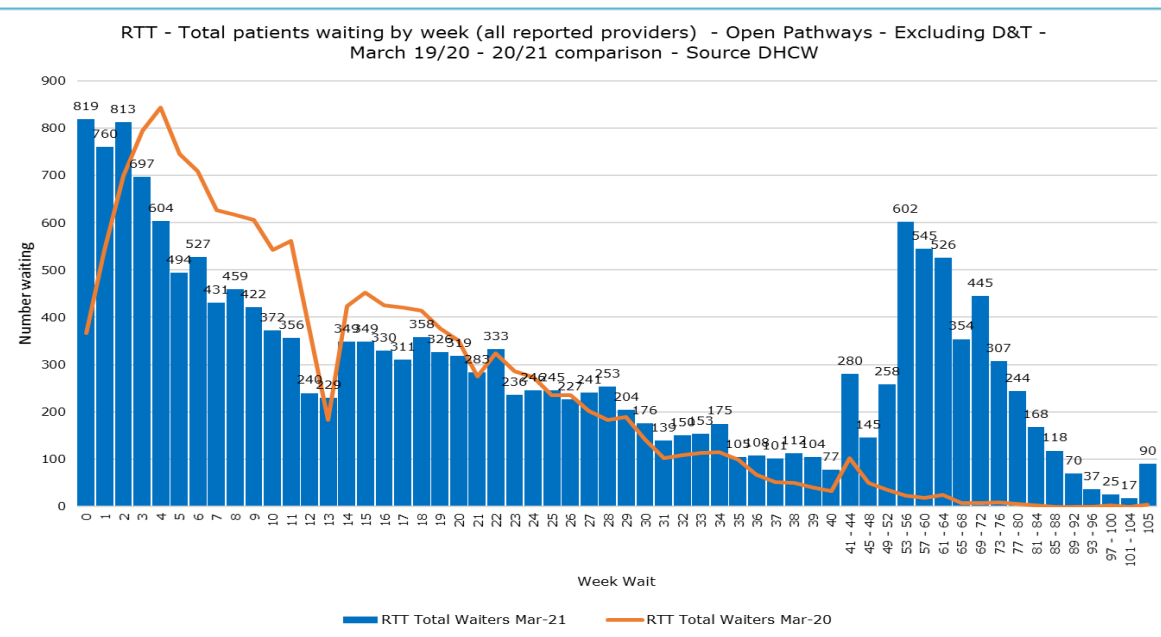
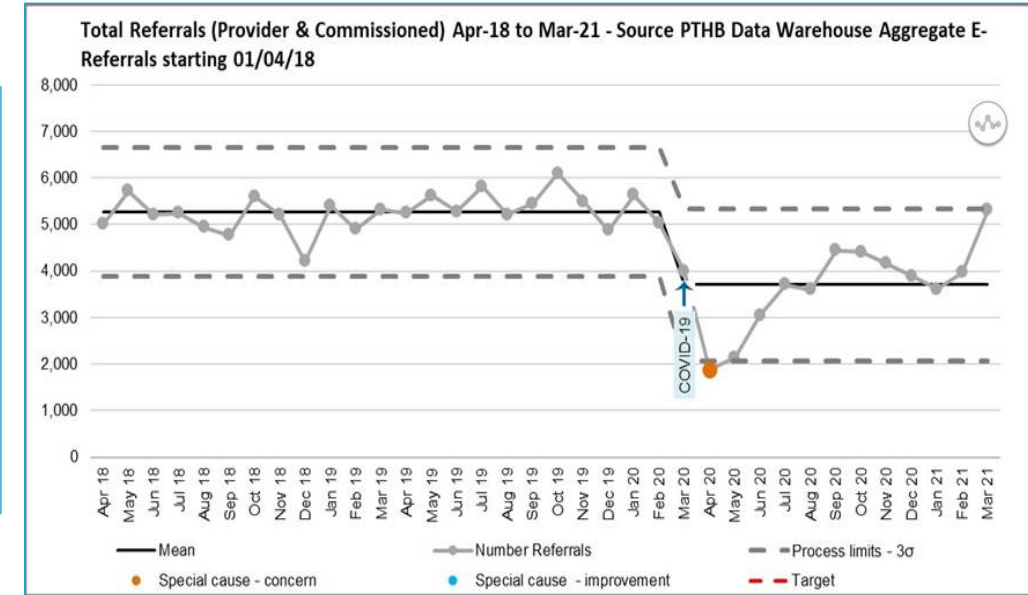
Essential Service Area	BCUHB	HDUHB	SBUHB	CTMUHB	C&VUHB	ABUHB	Velindre	PHW	SaTH	WVT	RIAH
Termination of pregnancy											
Termination of pregnancy	2	2	3	2	4	3	0	0	0	2	0
Other infectious conditions (sexual / non-sexual)											
Other infectious conditions (sexual / non-sexual)	2	2	4	2	2	3	0	0	2	0	0
Urgent infectious services for patients	2	2	2	2	2	3	0	0	2	0	0
Maternity services											
Maternity services	2	3	4	4	3	3	4	0	2	4	0
Mental Health, NHS Learning Disability Services and Substance misuse											
MH Crisis Services including perinatal care	2	2	2	2	3	4	0	0	0	0	0
MH Inpatient Services	2	2	4	2	3	4	0	0	0	0	0
Community MH services	2	2	2	2	3	2	0	0	0	0	0
Substance Misuse services	4	2	2	2	3	3	0	0	0	0	0
Urgent supply of medications											
Urgent supply of medications	0	2	0	0	0	0	0	0	0	0	0
Blood and Transplantation Services											
Blood & blood components	2	2	4	0	2	0	3	0	0	4	0
Palliative Care											
Palliative Care	3	2	2	3	3	3	3	0	0	4	0

Key: Service Status	Code
Do not provide or commission this service	0
Essential services unable to be maintained	1
Essential services maintained (in line with guidance)	2
Intermediate services able to be delivered	3
Normal services continuing	4

Planned Care Overview

Headlines: Total Referrals (All Providers) appear to be increasing above pre-COVID levels; over 17,000 total waits

- Average total referrals pre-COVID were 5272 per month (all providers)
- Reduced mean referrals 3702 per month (circa 30% reduction)
- March 2021 data: referrals up to 5305 (slightly above pre COVID average)
- Over 52 week waiting cohort increases during 2020/21
- RTT waits comparison shows the ongoing challenge from the COVID service suspension



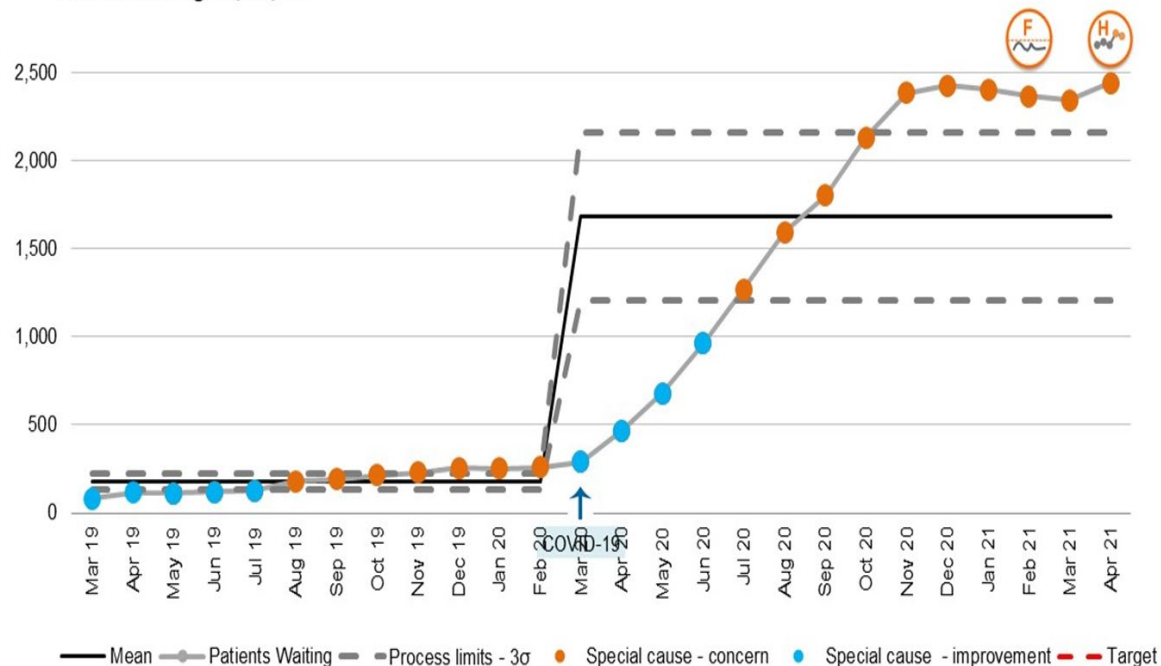
NB. Data for Shrewsbury and Telford Hospital incompletely submitted to DHCW for December 2020 (therefore the data showing at the column marked with a red dot lower than actual, this does not affect overall trend or later figures)

Planned Care Commissioned

Headline: RTT Performance Welsh Providers performance yet to show marked improvement

- Long waiting patient cohort (36+ weeks) within Welsh providers has seen very limited improvement
- System or service change required to meet target (recovery plans)
- 2444 patients wait over 36 weeks, of those 1908 wait longer than 52 weeks, and of those 101 wait longer than 104 weeks on RTT pathways

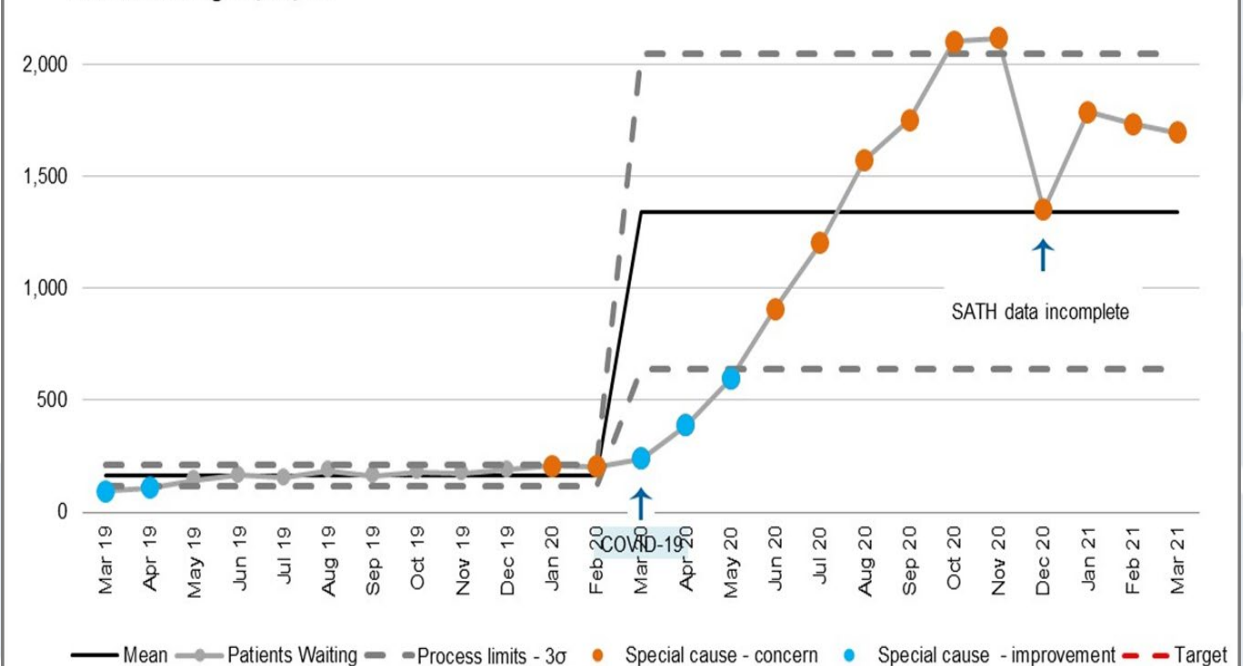
Commissioned - Number of patients waiting more than 36 weeks for treatment - Welsh Providers-Source DHCW starting 01/03/19



Headline: RTT Performance English Providers performance showing improvement

- Long waiting patient cohort (36+ weeks) within English providers steadily improving
- NHSEI improvement targets, and elective recovery fund showing positive proposed trajectories
- 1696 patients wait over 36 weeks, of those 1108 wait longer than 52 weeks, and of those 3 wait longer than 104 weeks on RTT pathways

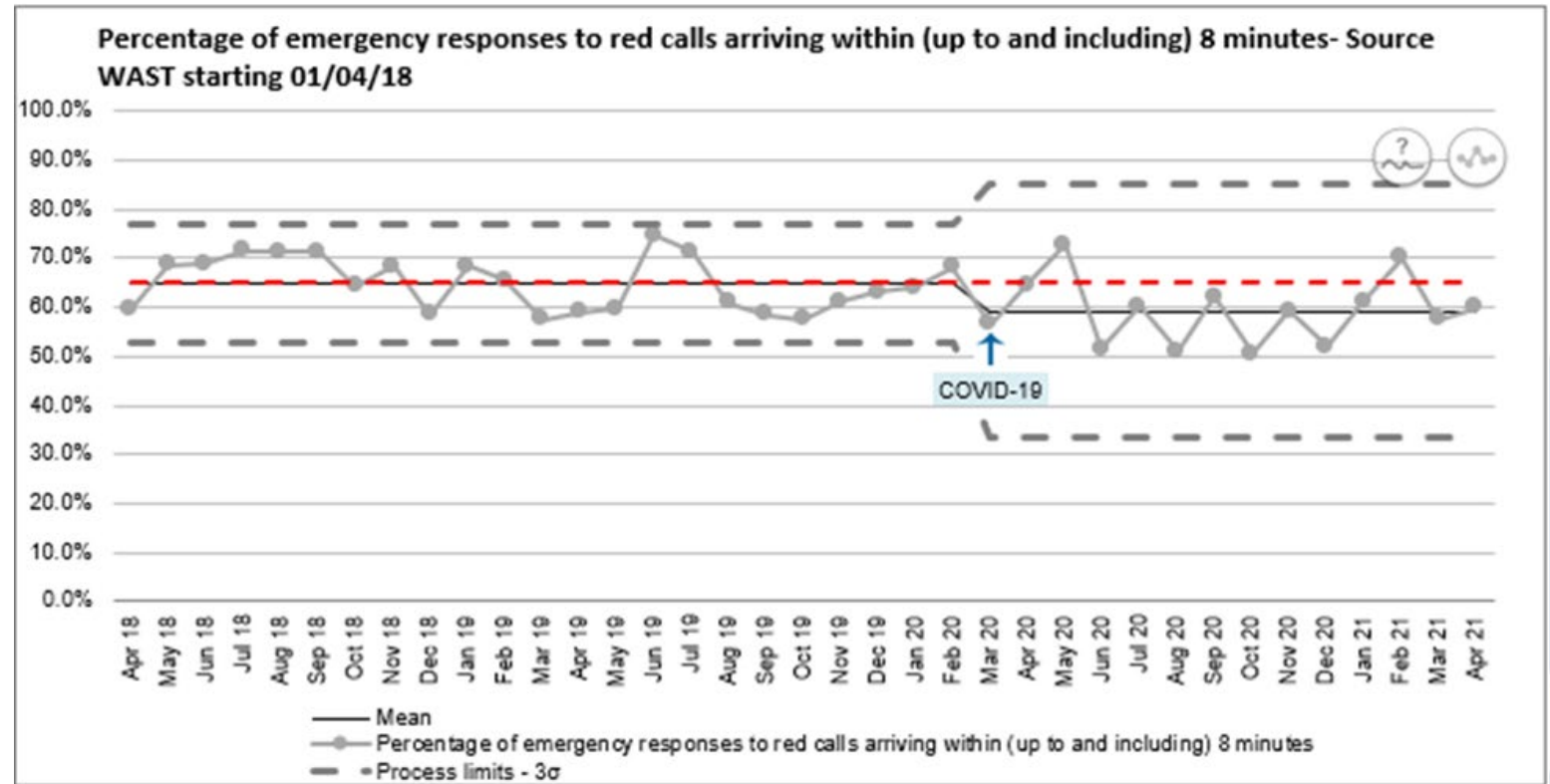
Commissioned - Number of patients waiting more than 36 weeks for treatment - English Providers-Source DHCW starting 01/03/19



Unscheduled Care

Headline: WAST Red ≤ 8 -minute ambulance response time performance did not meet the target during April (60.0%), ranking 4th against 61% national average.

- This measure has only exceeded the 65% target twice during 2020/21.
- The impact of COVID has adversely affected compliance with mean performance falling to 59.2%
- This measure continues to have common cause variation and will not meet the target consistently without a system change as shown within the chart.



Headline: Phone First implemented in all Minor Injury Units

- Patient evaluation positive;
- effective mechanisms for flow management;
- MIU performance maintained;
- staff keen to keeping this approach;
- complements the 111 and Shropdoc service already in place

Headline: Flow from DGHs back to Powys accelerated

- D2RA successfully rolled out – significantly greater direct to home repatriation
- Capacity maintained in community hospitals – review of frailty and community model needed
- Care home capacity – needing review/reshaping of 'market' and service offer
- Community connectors maintained and wider Community Support Networks established (3rd sector)

Mental Health

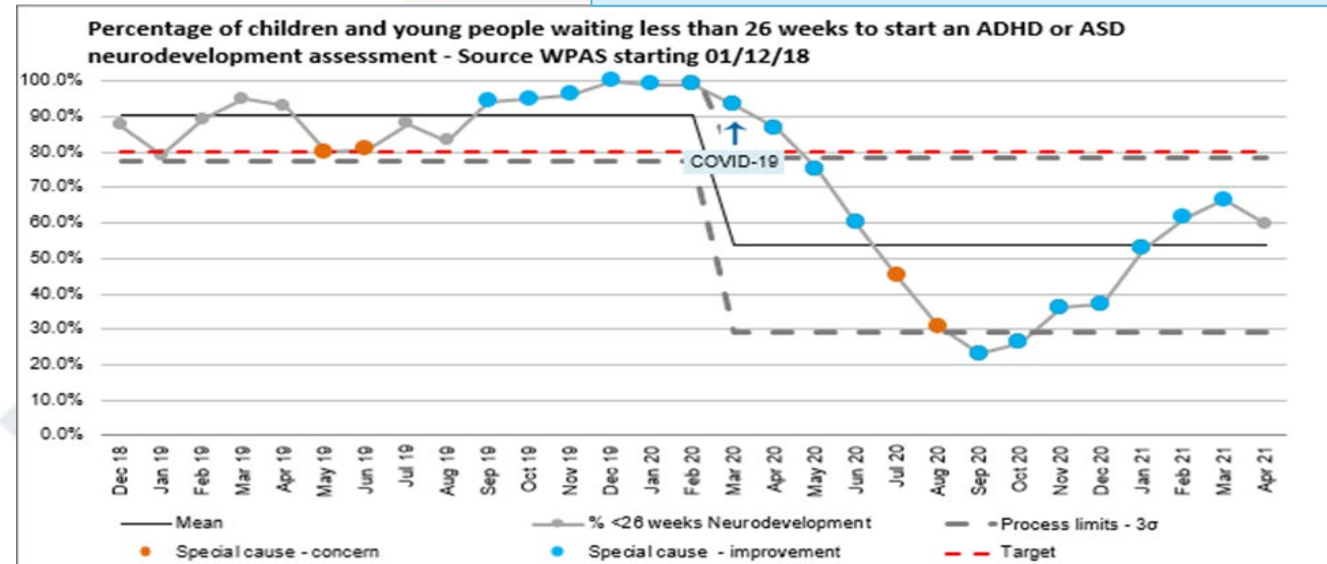
	Measure	Target	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
10a	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan: Under 18 years	90%	100.0%	100.0%	100.0%	88.9%	100.0%	63.6%	54.5%	100.0%	95.2%	95.2%	95.2%	92.0%	100.0%	94.7%
10b	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan: 18 years and over	90%	92.5%	93.2%	90.5%	91.2%	90.9%	92.9%	93.2%	91.2%	91.3%	91.1%	91.9%	91.0%	91.3%	91.8%
40	Percentage of patients waiting less than 28 days for a first outpatient appointment for Child and Adolescent Mental Health Services (CAMHS)	80%	93.5%	82.4%	90.0%	90.9%	95.0%	90.5%	88.9%	84.4%	88.9%	84.2%	84.4%	71.9%	93.8%	94.7%
41a	Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral : Under 18 years	80%	89.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.9%	97.4%	97.8%	97.1%	97.3%	96.9%	100.0%
41b	Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral: 18 years and over	80%	97.1%	89.4%	95.8%	97.3%	100.0%	94.7%	99.0%	99.1%	99.1%	97.7%	96.6%	99.1%	91.7%	99.0%
42a	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS : Under 18 years	80%	85.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	86.4%	100.0%	100.0%	89.3%	96.2%	100.0%	100.0%
42b	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS: 18 years and over	80%	58.9%	57.8%	77.1%	71.1%	73.5%	84.6%	88.9%	86.7%	83.3%	95.2%	76.7%	88.5%	78.5%	83.0%
44	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	80%	97.9%	98.4%	95.5%	93.7%	91.8%	86.7%	88.2%	89.9%	94.7%	92.2%	93.1%	95.3%	96.4%	95.9%

Headline: Mental Health performance robust, despite COVID challenge

- All targets were achieved in April 21
- Open DATIX have been reduced and are still reducing in readiness for the transfer to a new system
- Mental Health Awareness Week – promotion through social media with nature theme
- Silver Cloud - 12,000+ referrals since the launch of the All Wales SilverCloud service in September 2020, led by PTHB. Over 9500 of those are self-referrals

Headline: Neurodevelopmental pathways (face to face assessment) were suspended during 1st wave, significantly impacting service provision

- Robust recovery plan implemented during Q3 2020/21 has seen improvement even with the second wave pressures during Q4
- PTHB performance better (59.6%) than the All Wales average (32.2%).
- Support mechanism implemented for families – will maintain moving forward
- Underlying demand and capacity issues (local and national)



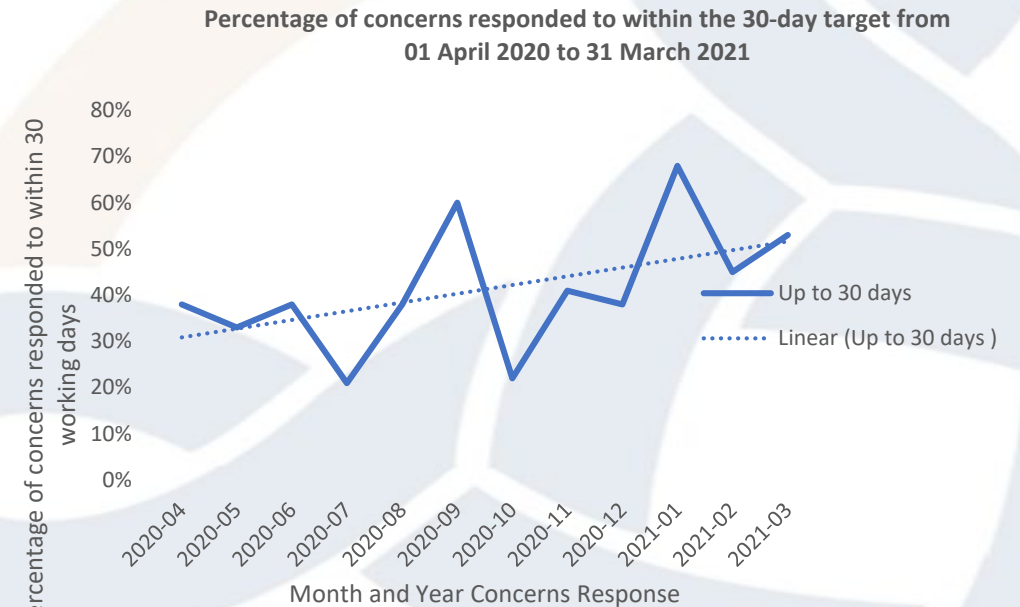
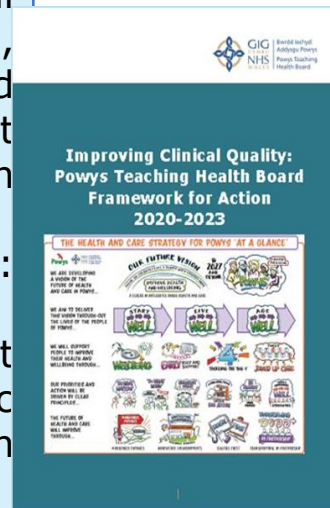
Quality, Safety and Experience

Headlines: Clinical Quality Framework Implementation – good progress made

- **Quality governance arrangements:** service groups strengthened, commissioning assurance frameworks for commissioned services recommenced, outcome of wider quality governance review by Audit Wales awaited. **Mortality reviews** for community hospital patients in place, aligned to planned Medical Examiner system.
- **Learning and Improvement:** Learning Group (organisation wide) established – Structured lesson sharing
- **Possible nosocomial transmission:** IPC team strengthened, nationally agreed templates used, scrutiny panels established, implementing national framework. Staff investigation toolkit utilised, streamlined internal processes enabled improved compliance. HSE referral as indicated. Learning report developed July 2021 - a summary of approach taken and lessons learnt.
- **Safeguarding & public protection:** internal audit: 'safeguarding during Covid-19' reasonable assurance,
- **Data and intelligence:** capability improved, (but significant further work needed) applied to strategic planning re: pandemic, surveillance, particular focus in relation to the South Powys programme and SATH.

Headline: Concerns and Putting Things Right improved compliance achieved

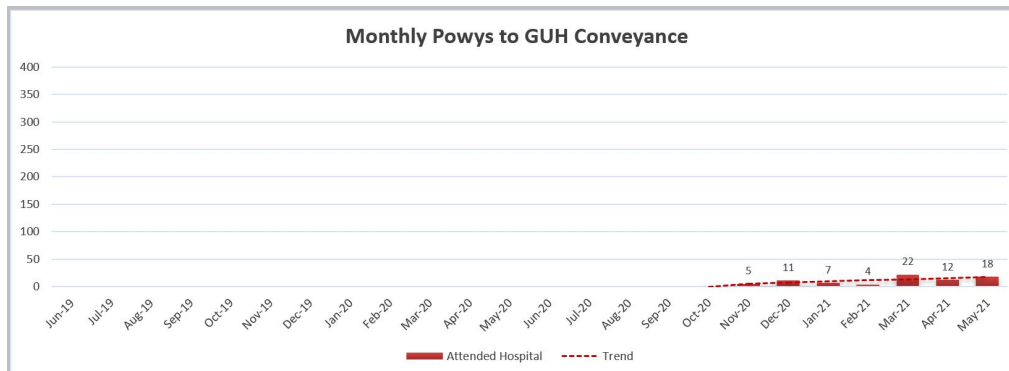
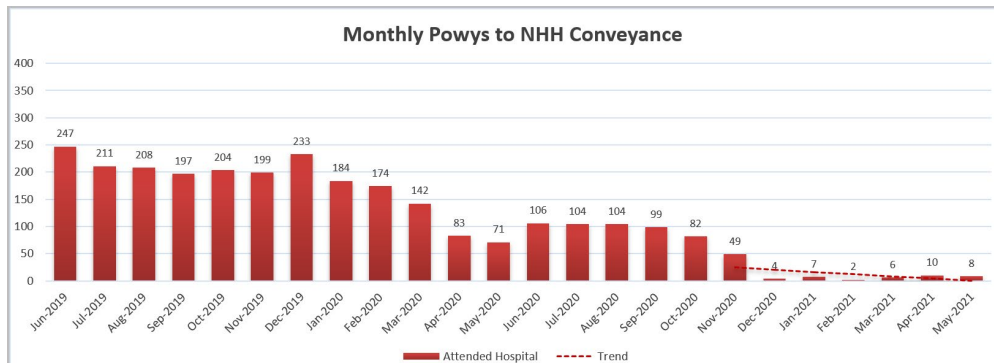
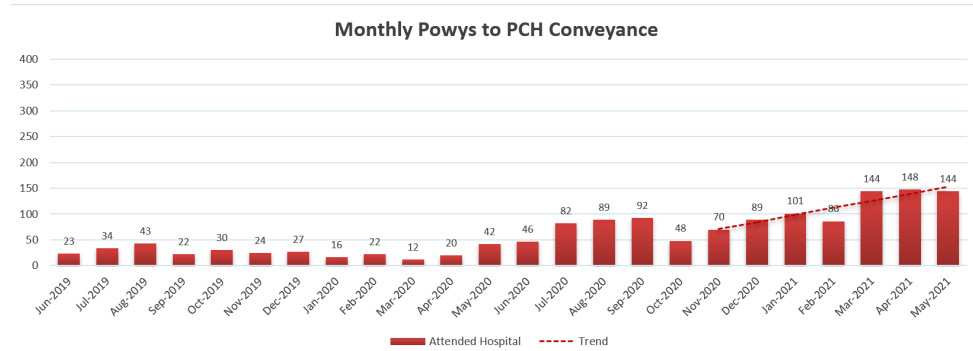
- Improved systems of oversight and assurance for all aspects of management of PTR implemented following review
- 3623 incidents reported during 2020-2021, 56 serious incidents
- 234 formal complaints, mostly relating to access to services communication and attitude as well as care and treatment.
- Responded to 7 ombudsman enquires.
- Considering application of new all Wales incident policy,
- Once For Wales Concerns Management System progressing well



Service Change: South Powys Programme

WAST Powys Conveyances

Following change in emergency flows in line with South Wales Programme & opening of GUH



Headlines: PTHB coordinated the successful emergency pathway change resulting from early, accelerated opening of Grange; maternity/neonates work underway

Phase 1 - complete: in line with the South Wales Programme (including paediatric emergency admissions) change in **urgent and emergency** flows for South Powys patients to PCH is as expected and without any significant incident. Extensive, rapid management of stakeholders – successful outcome. Charts indicate extent of pathway switch.

Phase 2 - underway: The timing of the Maternity and Neonatal strategic pathway change is yet to be approved by the PTHB Board, hence current flows to ABUHB largely maintained.

Phase 2 - underway: Director of Finance led group in place to ensure financial flows in place are fair and appropriate given accelerated change in pathways to PCH following opening of GUH.

Workforce

Headline: In the last 12 months, the number of staff employed by the health board has increased by approximately 124 WTE (an increase of 7.12%) This is reflective of the increase in workforce requirements within Test, Trace Protect and Mass Vaccination of which 96.52 WTE of the total WTE employed by the health board can be attributed.

Local Indicator	Current Performance May-21	Monthly Direction	Q4 20-21 Average	Quarterly Direction
Staff in Post (WTE)	1864.17	↑	1822.82	↑
Rolling Turnover %	11.33%	↑	10.85%	↑
Variable Pay				
ADH/Overtime Worked (WTE)	17.32	↓	24.85	↓
Bank and Agency Total (WTE)	103.88	↑	104.81	↓
Locum & Agency Spend	£776k	↑	£622k	↓
Compliance				
Actual Monthly Sickness Absence Rate	5.44%	↑	4.84%	↑
Cumulative 12-month Sickness Absence Rate	4.85%	↔	4.99%	↓
Staff Appraisal Compliance *	70%	↑	65.33%	↑
Staff Appraisal Compliance (Medical & Dental)	39%	↓	53.33%	↓
Statutory & Mandatory Training **	79%	↑	78.00%	↑

Turnover:

- It is anticipated that the health board may continue to see increases in turnover in the coming months due to an increased level of fixed term contracts (particularly in relation to the COVID-19 Prevention and Response)
- There is a potential increase in retirements which may have been delayed due to the pandemic. Pre-pandemic turnover in the same month was 12%

Variable Pay:

- The health board are seeing an increase need to utilise variable pay to support staffing gaps, predominantly, this is recorded as resulting from increased one to one requirements, vacancies or absence

Sickness Absence:

- In the last 3 months, rolling sickness absence across the Health Board has remained below 5%

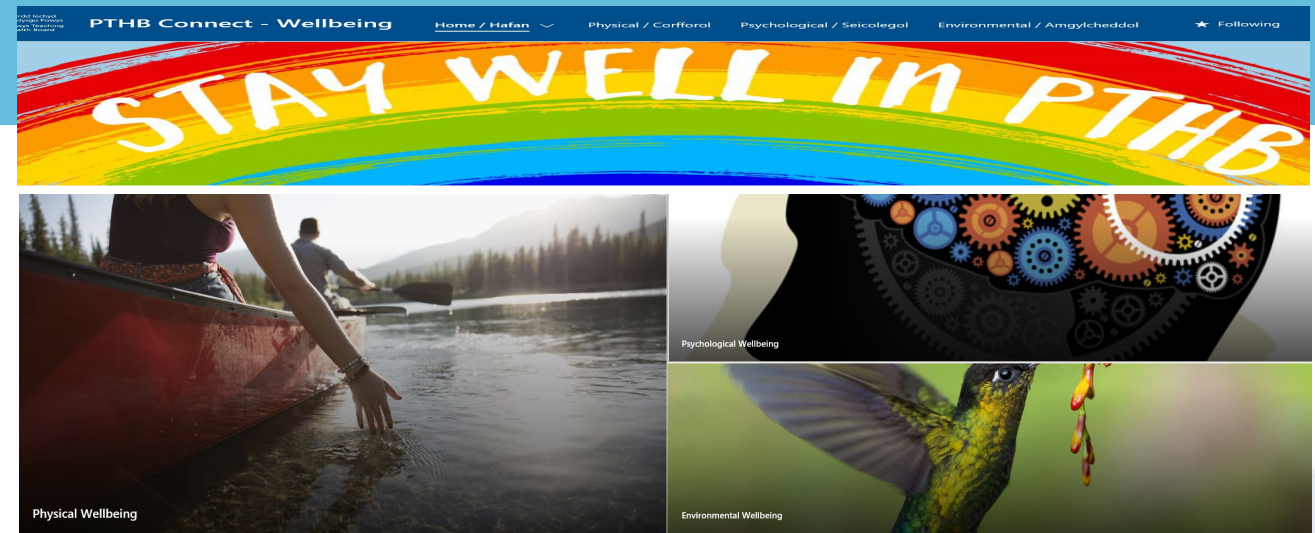
PADR and Statutory / Mandatory Training:

- The health board are aiming to achieve pre-pandemic performance by the end of Q2. The workforce and OD team are continuing to work with managers to support an improvement

Staff Well-being

Headline: Staff wellbeing has been a key priority, positive developments and results demonstrated

- **Staff Survey - Highest response rate and engagement score of Health Boards (maintained):** 29% response rate, 78% engagement index score. Staff briefings monthly – drawing 5% of HB staff regularly (live) & hundreds more on catch-up
- **Counselling Service – referrals up, sessions almost doubling:** 150 new referrals (505 sessions) in 2019; 166 new referrals (906 sessions) 2020. Increasing demand continuing (April and May 2021 = 43 new referrals, 151 sessions). Currently, 50% of staff remaining in work, .
- **Covid-19 Workforce Risk Assessment - High uptake in BAME, lower in rest of staff:** 53.88% staff completed the risk assessment. BAME staff 86% completion (14% remaining are new starters)
- **Clinically Extremely Vulnerable - 75% staff have returned to work** 15% staff either remain unfit for work or alternative options being considered
- **RIDDOR Reportable Incidents** – A rolling total of 58 COVID RIDDOR reportable staff cases (as of March 21). Review process and learning in place



Wellbeing Actions Delivered

- Strong partnership working with Trade Unions – agreed highest priority = staff wellbeing
- Rapid development Wellbeing Platform (excellent feedback on content - HB staff contributions)
- Stay Well in Powys Staff Facebook group – to help people stay connected
- Staff Wellbeing hubs across all sites established
- Commemorative Pin and thank you letter from Chair & CEO to every member of staff
- 'Certificate of Appreciation' Virtual staff awards scheme
- Florence automated well-being messages service pilot launched
- Social distancing partnership group/approach rapidly developed and deployed – operated as Champions for safe work environments during COVID (seconded 2xTU colleagues)
- Open access to Silvercloud – uptake increased
- 'Green Bees' network – focusing on small actions to enhance environmental sustainability

Health and Care Academy

Headline: The Health and Care Academy flagship development to increase local access to education, training and development across the health and social care sector

Hub and spoke model, it will offer state of the art practical, academic and digital learning opportunities.

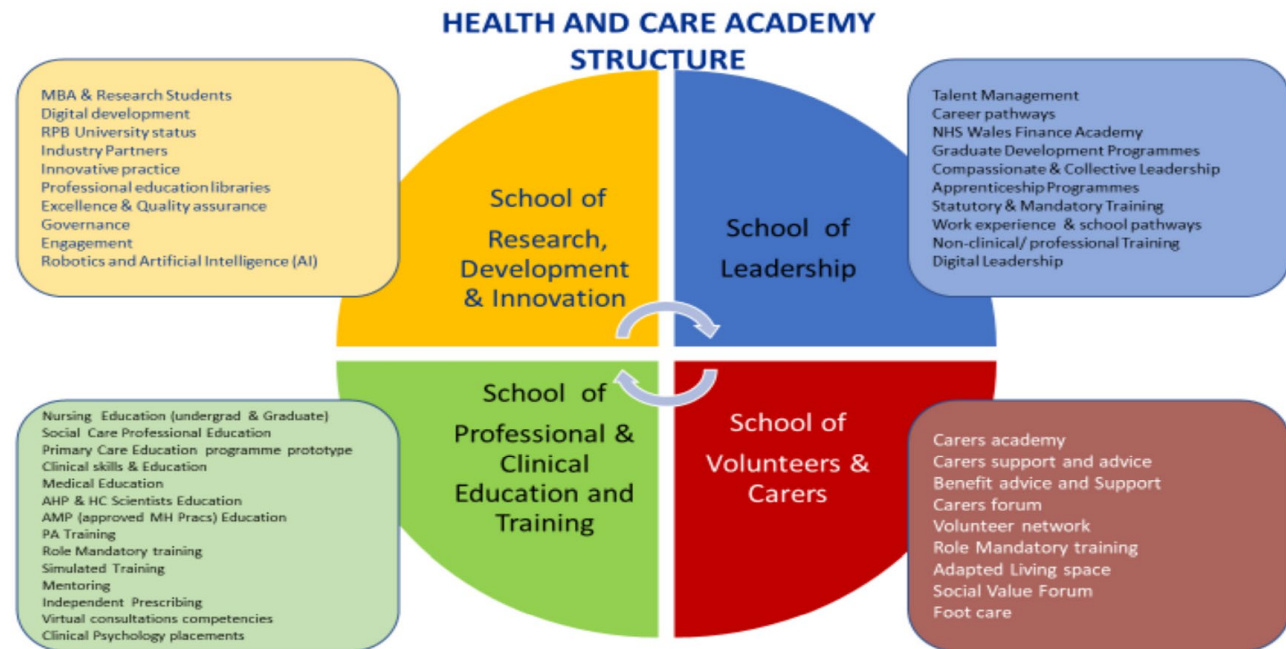
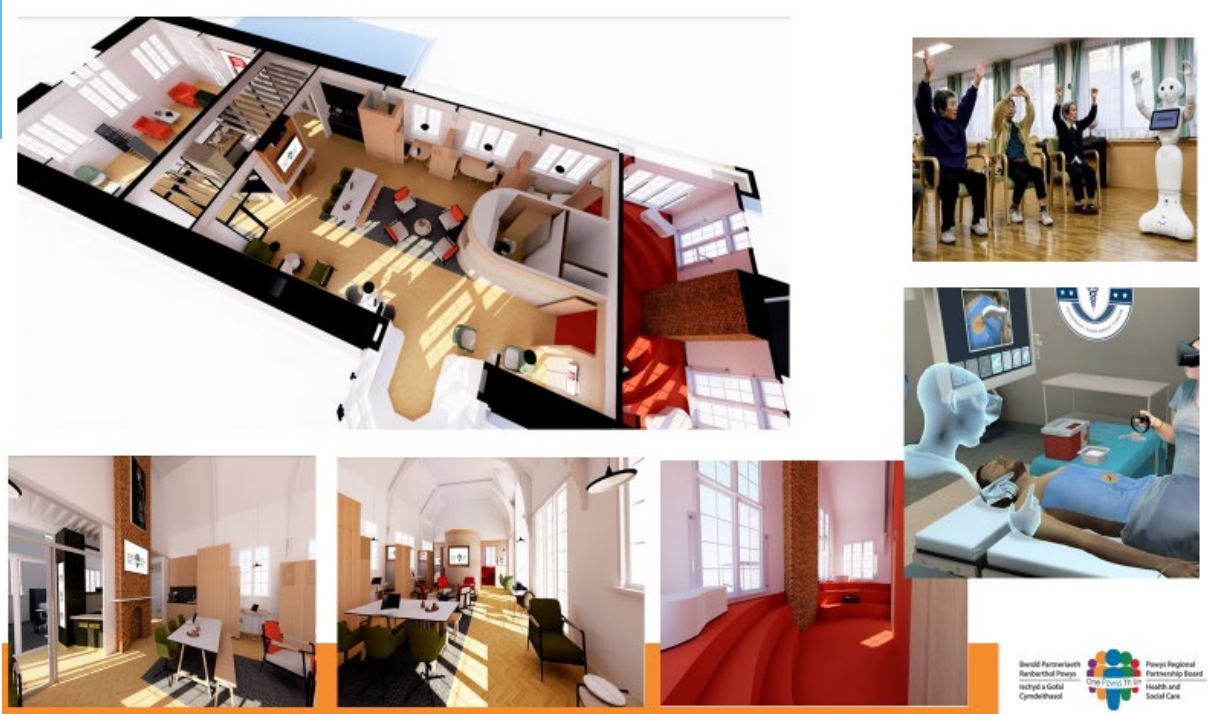
Strong partnership approach – particularly with 3rd sector – with RPB involvement more broadly.

First Academy Hub opening early Autumn; plus a stimulation 'bungalow' to follow at Bronllys site.

Longer term plan (with annual plan milestones):

- Exemplar provider of rural professional and clinical education;
- Sector of choice by growing the health and care workforce supporting the Welsh Language Active offer;
- Leadership talent, that operates at all levels compassionately working across systems;
- A workforce able to respond to people's needs in a timely way, including our volunteers and paid and unpaid carers, through skills development, education opportunities;
- Be recognised as a centre of excellence for research, development and innovation within Wales.

Implement key Intensive Learning Academy proposal (Digital Transformation)



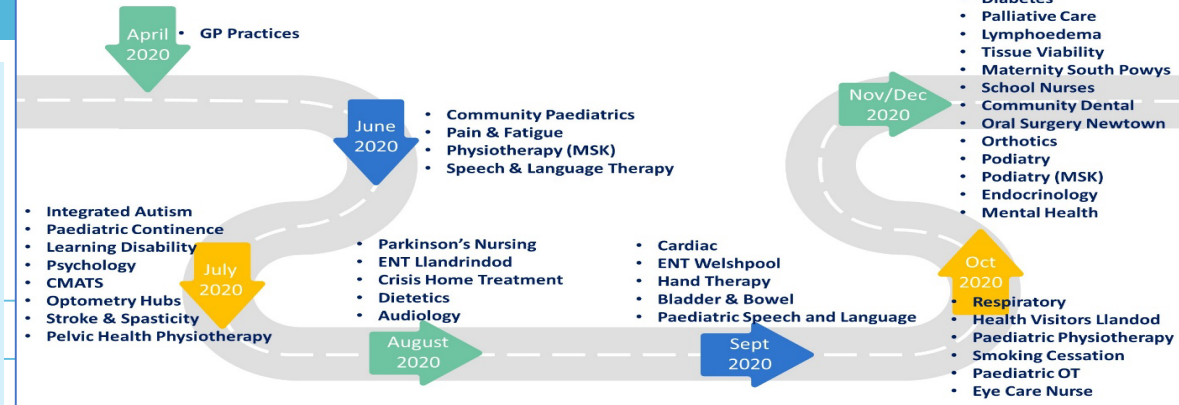
Digital

Headline: Digital transformation accelerated, enabling care delivery in the context of the pandemic response

- **Attend Anywhere** 7,000 appointments over 11 months following rapid deployment programme - Therapies, Mental Health and Women & Children the greatest users
- Internet resources developed to support virtual consultations
- **Virtual visiting** 300 family/friends enabled over 6 months
- **Consultant Connect** 368 calls in 13 months by 14 Medical Practices: Elective specialisms referrals avoided 56%; Admissions avoided 5%.
- Rapid expansion of the **SilverCloud** online Cognitive Behavioural Therapy (CBT) offer
- **Apps:** New self-management app (My mHealth) to support people with long term conditions; MyDiabetes and MyHeart apps to support shared care approach - patients on diabetes and cardiac specialist nurse caseloads to access rehabilitation / exercise / diet programmes in tandem with support from their clinician. Positive results - understanding and tracking of symptoms; enabling more active real time response preventing conditions worsening

Attend Anywhere Virtual Consultations

PTHB PILOT JOURNEY 2020



Headline: Digital Access & Digital Infrastructure & Intelligence objectives largely delivered:

- Agile working enabling new ways of working to support delivery of healthcare.
- Rollout of Office 365
- Working from home strategy delivered including Bring Your Own Device policy, mail migrations and virtual conferencing platforms
- Clinical information systems were expedited for use including:
 - Delivery of WCCIS (Welsh Community Care Information System)
 - Release testing and implementation for Welsh Clinical Portal (WCP); Welsh Clinical Communication Gateway (WCCG) and associated hardware;
 - Ophthalmology digitalisation programme.
- Strengthened partnership underpinned the transformation in Information and Communication Technology. Teams worked together on IT support and call handling for programmes including Test, Trace and Protect and Covid-19 Vaccination.
- Key strategic issue: **Cross border Business Case**



Headline: Ambition and capability growing in relation to Innovative Environments with a revised Strategic Framework due to be developed during 2021/22, to support recovery, agile working and transformation and enable the further integration of the model of care.

Capital Developments and Pipeline

The **Discretionary Capital** Programme in 2021/2022 will support IT and equipment and 25+ projects to enhance clinical space and compliance: £1.431M

Major Capital Programme includes:

Machynlleth Health and Care 'Hub': Full Business Case has been approved in the value of £14.9M: work will commence in Q1 with a 77 week programme period.

Ligature Minimisation Project, pan-Powys: £1M project for completion across Powys sites.

Bronllys Health and Care Academy: further Integrated Care Fund bids in preparation.

Brecon Car Park: Business Justification Case submitted and awaiting decision

North Powys Well-being Programme: Strategic and Outline Business Case progression in 2021/22.

Llandrindod Wells Hospital: £11M Programme Business Case for Phase 2 submitted to Welsh Government to enable business case driven work to commence on 3-5 year programme.

Green Health and Decarbonisation

The PTHB **Environment and Decarbonisation Framework** responds to the critical need to tackle

- climate change
- carbon emissions
- biodiversity loss

Aligned to the NHS Wales Decarbonisation Strategic Delivery Plan and Environment (Wales) Act 2016.

Key interdependencies:

- targeted Capital funding and access to further funding
- joint work with Welsh Government Energy Service and ReFit Cymru
- Complementary work to maintain ISO14001 certification

Research & Development

Research, Innovation & Improvement Coordination (RIIC) Hub as a core part of Health and Care Academy - providing facilitation, governance and measurement of improvement, mix of local studies and contribution to national and international work. Linking with Bevan Commission and others.

Estates and Facilities

The focus from Welsh Government in driving down Backlog Maintenance is welcomed.

The health board has secured over £2.2M of funding in 2021/22 to enhance fire compartmentation, estate infrastructure and decarbonisation.

North Powys Well-being Programme

Programme Business Case for Multi Agency Campus Submitted to WG in October 2020.



Programme Goal

To test and deliver a new integrated model in North Powys in line with the Health and Care Strategy, and to support effective learning and transfer across Powys

Key Drivers....

- There is a strong base of volunteering and community resilience in Powys, supporting a more social model for health.
- Variation in service provision across Powys is creating inequalities which are potentially widening due to the pandemic.
- Demand for health and care services is increasing; we need to increase prevention and early help and support.
- More care can be provided closer to home, reducing unnecessary travel for people and families.
- New treatments and technology are creating new ways of working which can help with some of the workforce challenges.
- National policy and legislation – Future Generations Act, A Healthier Wales and Social Services and Wellbeing Act

What outcomes we want to achieve....

Strengthen peoples ability to manage their own health and wellbeing and make healthier choices

Increased focus on prevention and health promotion

Increased independence and participation within communities

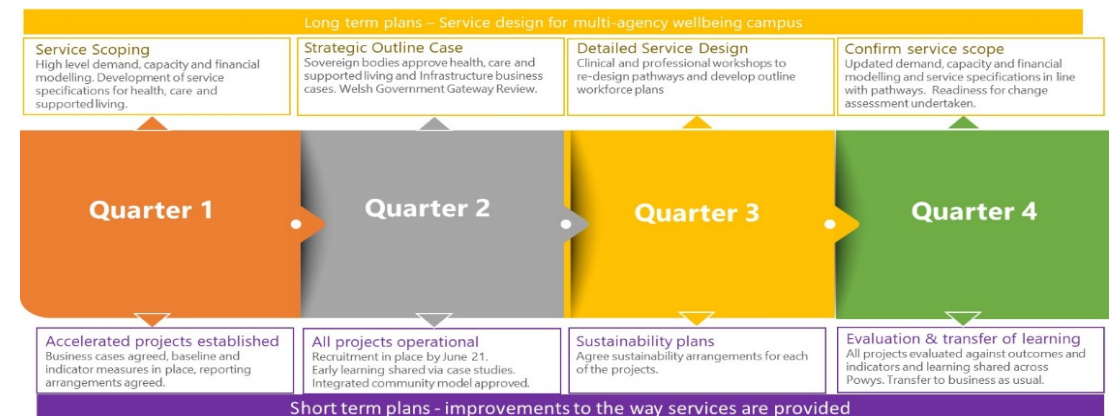
Increased emotional and behavioral support for families, children and young people to build resilience and support transition into adulthood

Improved integration of services, partnership working and confidence in leadership

Improved accessibility to services and community infrastructure that meet the needs of the population

Improve the opportunity for people to access education, training and learning opportunities

The programme supports operational teams to deliver improvements to the way services are provided.
Refreshed priorities for 21/22 are:



Communications and Engagement

Critical engagement programmes maintained and delivered e.g. South Powys Pathways, Podiatry, Pharmaceutical Needs Assessment, North Powys Wellbeing

Headline: Communication and engagement work critical, step change in approach, capability and reach

- Promotion of key Covid-19 messages and campaigns; Covid-19 vaccination engagement and communication plan; Test Trace and Protect engagement and communication plan: Monthly **public open briefing & Q & A sessions** including a 'focus on' slot. Recorded – available on website/social media
- Regular briefings/comms with key stakeholders (CHC, elected members, partner orgs)
- **Enhanced public information** including online directory of PTHB Essential Services; promotion of the SilverCloud offer, increased use of social media
- Development/delivery of a local programme of engagement South Powys Project/GUH/PCH changes
- Support for the national communication for COVID, winter, flu etc
- Ongoing engagement in temporary, interim and ongoing service change including temporary COVID related (e.g. South East Wales vascular services, North Wales nuclear medicine)
- Digitally available **advice, support and information** for Vaccination Programme – central to success of Programme locally

Continuous Engagement

Proactive engagement ahead of significant announcements e.g. SaTH CQC

Regular MS Teams briefings for elected members

Maintain partnership relationships through RPB, PSB, LRF, CHC and wider partners

Stakeholder Engagement

Significant programme of reactive support & communication

Communication

Maintaining public confidence and encouraging positive behaviours through our comprehensive communications approach



New website established with comprehensive COVID information



Regular COVID comms including prevalence, testing, national guidance



Maintain focus on diversity and inclusion



Balanced approach across all four harms



Focus on behavioural insights to bear down on key transmission risks in Powys



Refreshed internal communication approach to keep staff and patients safe



Continual reinforcement that "we are still here for you"

Governance and Assurance

INTERNAL AUDIT:

REASONABLE ASSURANCE



Substantial Assurance	Reasonable Assurance
<ul style="list-style-type: none">Freedom of Information (FoI) follow up.Access to primary care – GP contract.Capital Systems.	<ul style="list-style-type: none">Health & Safety follow up.Generic follow up of 'limited' assurance reports.Progress against regional plans.Safeguarding during COVID-19.Digital solutions.Winter pressures and flow management.Grievance policy.
Limited Assurance	Advisory & Non-Opinion
<ul style="list-style-type: none">Partnership governance – programmes interface.Fire safety.Llandrindod Wells project (issued as draft)	<ul style="list-style-type: none">COVID-19 Governance Review.Annual Quality Statement.Mass vaccinations programme.IM&T control and risk assessment.Advanced Practice Framework.Environmental sustainability.
No Assurance	
<ul style="list-style-type: none">N/A	

Internal Audit Review of Governance Arrangements During Covid-19 Pandemic (Phase 1)

"The health board's temporary governance arrangements operated effectively during the period covered by the review (March to July 2020) and that the health board complied with the guidance and the principles issued by Welsh Government."



Structured Assessment 2020 – Powys Teaching Health Board

Audit year: 2020
Date issued: October 2020
Document reference: 2043/2020-21



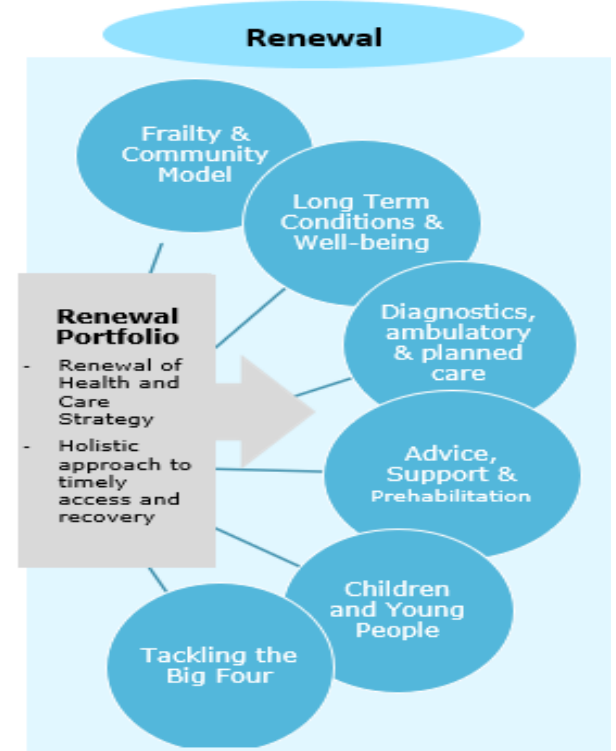
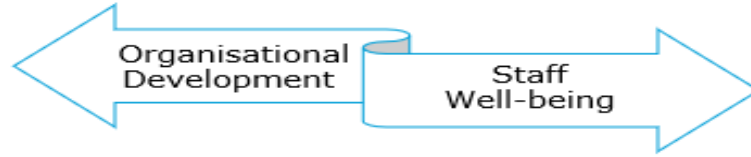
Headline: *"The Health Board has maintained good governance arrangements during the pandemic. The Board adapted its governance arrangements to maintain openness and transparency, support agile decision-making and ensure effective scrutiny and leadership during the pandemic. The Board is committed to using learning to help shape future arrangements."*

2020/21 Highlights:

- COVID-19 Governance Framework, including Command and Control Model, COVID-19 Risk Management and COVID-19 Financial Control Procedure
- COVID-19 Board Briefings held fortnightly
- Live streaming of Board meetings
- Re-prioritised approach to implementation of audit recommendations
- Independent Member recruitment (x2)
- Review of Committee Arrangements for 2021/22

Strategic Annual Plan: 'Plan on a Page'

Strategic Framework 'Plan on a Page'



Enablers