

PTHB Board		Date of Meeting: 30 March 2022
Subject :	IMTP (Integrated Medium Term Plan)	
Approved and Presented by:	Director of Planning and Performance	
Prepared by:	Assistant Director of Planning	
Other Committees and meetings considered at:	<p>The PTHB Planning Framework was considered at Board Development, Planning, Partnerships and Public Health Committee, Delivery and Performance Committee and PTHB Board throughout the IMTP development process from October 2021 to date. The Three Year Strategic Priorities were agreed at PTHB Board on 24 November 2021.</p> <p>A working draft of the three year plan was considered at Planning, Partnerships and Public Health Committee on 18 January.</p> <p>An updated position with regards to planning assumptions, ministerial measures and financial planning was considered at Executive Team on 15 February and PTHB Board Development session on 16 February 2022.</p> <p>An update was provided at Delivery and Performance Committee on 28 February 2022 which included the Draft Performance Trajectories and updated financial plan. The Committee also considered an updated Draft IMTP, incorporating revisions to the strategic priorities which are now included in the Final Draft.</p>	

PURPOSE:

This report provides the Board with the Final Draft Integrated Medium Term Plan (IMTP) for 2022 – 2025, for approval, ahead of submission to Welsh Government for the deadline the following day, 31 March 2022.

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The Final Draft version of the Narrative Integrated Medium Term Plan, the accompanying Delivery Plan and the Appendices which include a Schedule of Requirements against the NHS Wales Planning Framework and Ministerial Measures are appended to this report.

A presentation will also be provided to Committee at the meeting, to highlight key points for consideration and to ensure that any developments between the date of papers being provided and the date of the meeting are presented to the Committee.

RECOMMENDATION(S):

The Board are asked to APPROVE the Integrated Medium Term Plan for submission to Welsh Government no later than 31 March 2022 to meet the required deadline.

Approval/Ratification/Decision ¹	Discussion	Information
✓		

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

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

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

This report provides the Board with the Final Draft Integrated Medium Term Plan (IMTP) for 2022 – 2025, for approval, ahead of submission to Welsh Government for the deadline the following day, 31 March 2022.

The Final Draft version of the Integrated Medium Term Plan, the accompanying Delivery Plan and the Appendices which include a Schedule of Requirements against the NHS Wales Planning Framework and Ministerial Measures are appended to this report.

All feedback to date has been incorporated into the Final Draft, as set out in the detail of this paper. A presentation will also be provided to Board at the meeting, to highlight key points for consideration and to ensure that any developments between the date of papers being provided and the date of the meeting are presented to the Board.

This three year plan is set in the context of considerable complexity, as has been considered in depth throughout the process of development. A PTHB Planning Framework was developed to support collaborative consideration within the organisation, its committees, Board and independent members, and with key stakeholders and partners.

This enabled a set of initial strategic priorities to be agreed relatively early in the process in November 2021 and refined in the next stages, to the final set of 25 Strategic Priorities which are presented in the Final Draft.

Importantly, there was also agreement at the early stage to return to the shared long term health and care strategy, A Healthy Caring Powys. This framework has ensured that the plan has a comprehensive and holistic approach, focused on population health and wellbeing, albeit with the need to understand this through the lens of the impact of the pandemic.

The concept of '3 Rs' of resilience, recovery and renewal are therefore also used to provide a degree of flexibility and agility within the plan, indicating how resources will be adapted to meet changes in the stages of the pandemic, in line with Together for a safer future: Wales Long-terms Covid-19 transition from pandemic to endemic published by Welsh Government in March 2022.

The financial and performance position and trajectories have also been reported in parallel with the plan production updates to Committee and Board and considered in depth at Executive Team and Board Development sessions.

The plan being presented is a balanced plan over three years, as required in order to meet the statutory duty for an Integrated Medium Term Plan. The financial plan is designed to effectively deploy resources to deliver improved outcomes for the population, driving the value based healthcare approach in the organisation supported by a growing expert team focused on renewal.

Achieving a balanced financial position over three years will be a significant challenge given the complexity and degree of uncertainty faced by the NHS in this period. The financial plan within the IMTP sets out the mitigations, discipline, controls and systems that will be required.

DETAILED BACKGROUND AND ASSESSMENT:

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Background

This Integrated Medium Term Plan is set in the most complex set of circumstances faced by the NHS since its inception, responding to the Covid-19 pandemic and its impacts, with evidence of a syndemic impact on population health which will be felt for many years to come. This three year plan therefore sets out the important work to recover and renew healthcare for the population.

Joint [Population Needs](#) and [Well-being Assessments](#) are being undertaken and the emerging findings are informing the plans of key partnership bodies and the constituent organisations including the health board. Further information is available at the [Wellbeing Information Bank](#).

A PTHB [Planning Framework](#) was produced to support the three year planning process which set out the complex context, evidence base and the core Values and Principles, developed by our workforce and stakeholders. These remain fundamental as part of the return to the shared long term Health and Care Strategy, [A Healthy Caring Powys](#).

The Plan reflects the ongoing need to respond to the Covid-19 pandemic, alongside the 'three Rs' of [Resilience, Recovery and Renewal](#), taking a phased and cyclical approach to delivery for the next three years.

The IMTP takes into account the [NHS Wales Planning Framework 2022 – 2025](#) and regular engagement with Welsh Government to ensure alignment with the Ministerial and Government priorities for health and care. It also takes into account the latest guidance, [Together for a safer future: Wales Long-terms Covid-19 transition from pandemic to endemic](#) published by Welsh Government in March 2022.

[Collaboration and partnership working](#) will be key to ensure this transition and build system resilience within Powys as a region in its own right. Particular circumstances for Powys are recognised in the NHS Wales Planning Framework, with a flexibility to tailor the requirements in the light of cross border arrangements, which are critical for the residents in this area of Wales.

Extensive [staff and stakeholder engagement](#) has been essential to understand the complexity of circumstances in Powys and has included the involvement of Committees/ Board Development and Directorates during the Autumn 2021 and in February 2022. This included the production of a 'PESTLE' (Political, Economic, Sociological, Technological, Legal and Environmental factors) and a 'SWOT' analysis (Strengths, Weaknesses, Opportunities and Threats).

The [Community Health Council](#) (CHC) have provided feedback throughout the process on the Draft IMTP as it developed, including a recent briefing session with members, which enabled a more informal and discursive consideration. This focused on the areas of patient and public experience, concerns and learning that are shared with the CHC by individuals and groups.

Strategic Framework

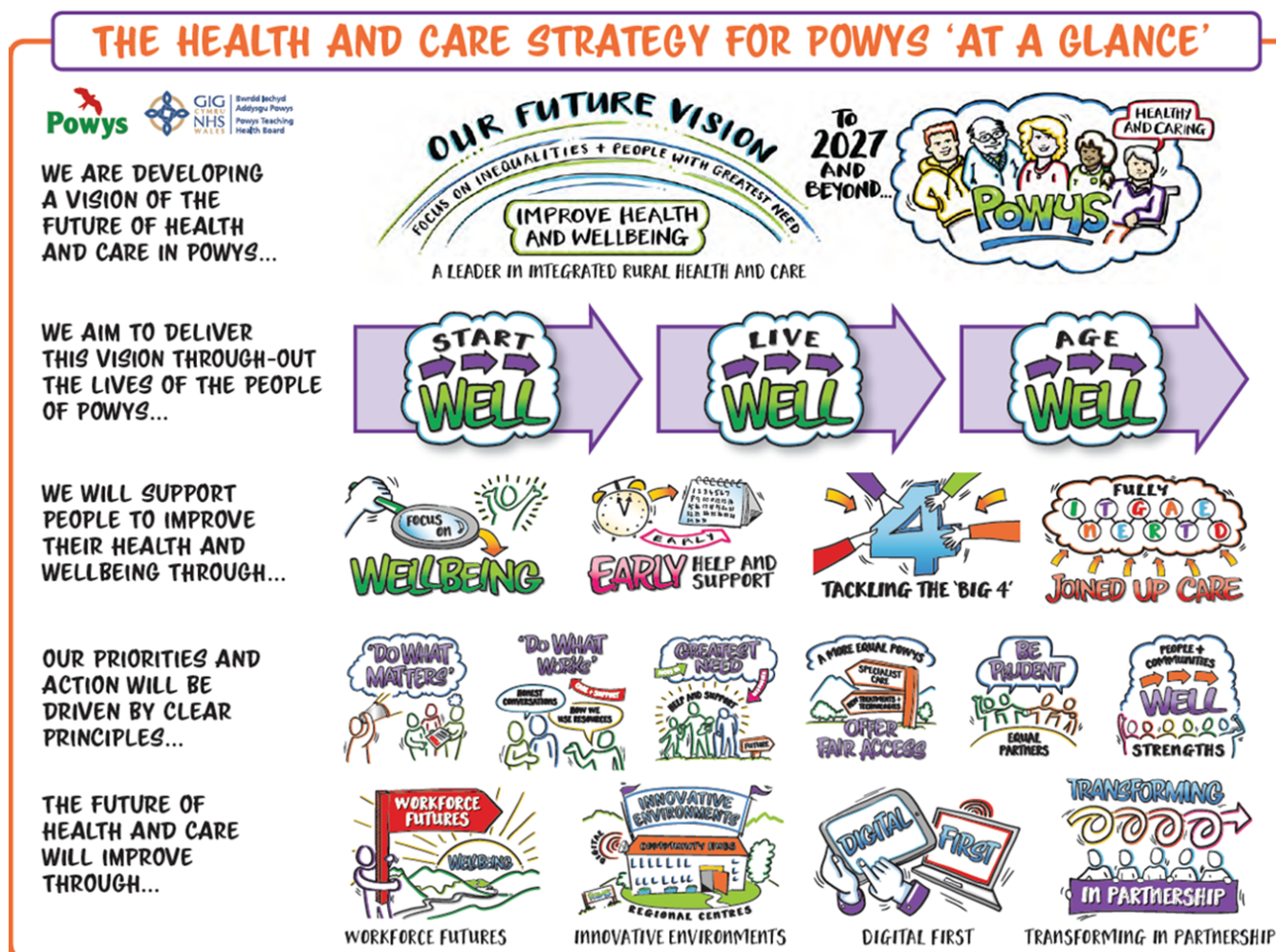
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The Strategic Framework was agreed at PTHB Board on 24 November and importantly, provides a return to the shared **Health and Care Strategy** and the eight Wellbeing Objectives, as shown below:



Strategic Priorities

A set of draft Strategic Priorities were presented to Board in November 2021 and used to work up the First Draft of the IMTP. This was provided to the Planning, Partnerships and Population Health Committee for early review in January 2021 and also considered at Delivery and Performance Committee in February 2021.

All feedback and suggestions provided at Committees, individual Independent Members, Executive colleagues and Chief Executive Touchpoints have been reflected in the Final Draft IMTP.

The Strategic Priorities have been updated and refined to incorporate this feedback and reflect detailed considerations held during February 2022 at Board Development and Executive team sessions:

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Focus on Wellbeing	
1.	Take action to reduce health inequalities and improve population health
2.	Deliver health improvement priorities including weight management, smoking cessation, early years and family health and wellbeing
3.	Develop and implement a 'business as usual' model for COVID-19 Prevention and Response and integrated, comprehensive vaccination
Early Help and Support	
4.	Improve access to high quality primary care
5.	Develop and implement a progressive, whole system diagnostic, ambulatory and planned care model, delivering more care closer to home
6.	Improve access to high quality prevention and early intervention services for children, young people and their families
Tackling the Big Four	
7.	Implement improvements in early diagnosis, treatment and outcomes for people with or suspected of having cancer
8.	Implement improvements in outcomes, experience and value in circulatory disease (Stroke, Heart Disease, Diabetes)
9.	Implement the next stage of the Breathe Well Programme, specifically aimed at repatriating care closer to home and on Children and Young people's Respiratory care
10.	Undertake a Strategic Review of Mental Health , to improve outcomes from high quality, sustainable services, including specialist mental health services
Joined Up Care	
11.	Design and deliver a frailty and community model including improved access to urgent and emergency care , enhancing outcomes, experience and value
12.	Support improved access to and outcomes from Specialised Services (including specialist mental health services and paediatrics, major trauma, neonates, PET, and recovery planning for bariatric surgery, cardiac surgery, plastic surgery, neurosurgery, paediatric surgery)

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Workforce Futures	
13.	Design and implement a comprehensive approach to workforce planning , focusing on attracting/securing workforce for targeted services (including internationally)
14.	Review, redesign and implement leadership and team development , enhancing clinical leadership and whole organisation focus on value.
15.	Deliver improvements to staff wellbeing and engagement , working closely with Trade Unions in Social Partnership on key joint priorities.
16.	Enhance access to high quality education and training across all disciplines, specifically focusing on 'grow our own'/apprenticeships.
17.	Enhance the health boards role in partnership and citizenship , including volunteering, and widening access to healthcare careers.
Digital First	
18.	Implement clinical digital systems that directly enable improved care, including cross border clinical records, service priorities (nursing, eye care, prescribing), and telecare.
19.	Implement key improvements to digital infrastructure and intelligence , undertaking a Digital Service Review for the medium/longer term, aligning to the Renewal Programmes and improving deployment of healthcare systems
Innovative Environments	
20.	Implement ambitious commitments to carbon reduction, biodiversity enhancement and environmental wellbeing .
21.	Implement capital, estate and facilities improvements that directly enhance the provision of services to patients/public and the wellbeing/experience of staff
Transforming in Partnership	
22.	Implement key actions to improve quality (safety, effectiveness and experience) across the whole system; including building organisational effectiveness through the Clinical Quality Framework; focusing on Maternity and Neonatal service improvements; reviewing and revising the Commissioning Assurance Framework, and Care Home/Provider quality
23.	Enhance integrated/partnership system working , in Wales & England, improving regional approaches to planning and delivery of key services
24.	Implement value-based healthcare to deliver improved outcomes and experience, including effective deployment and management of resources
25.	Implement key governance improvement priorities including embedding risk management, effective policies, procedures and guidance; audit and effectiveness; Board effectiveness and systems of accountability

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The Draft 'Plan on a Page' is shown below and provides an 'at a glance' summary of the 25 Strategic Priorities, in the context of the Health and Care Strategy:



Key developments in the Final Draft IMTP

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The Final Draft IMTP has been updated to reflect the refined Strategic Priorities as noted above with further work completed to edit and refine the document, to ensure that these key priorities are adequately but concisely articulated.

Key aspects which have been updated in the Final Draft are noted below. These have been informed by feedback from staff and stakeholders, including comments received at the Population Health, Planning and Partnership Committee, Local Partnership Forum, Board Development Sessions, CHC Briefing, Executive Sessions and Chief Executive Touchpoints, Peer Networks and Welsh Government.

Further work has been completed to improve the flow and connectivity of the plan, in response to comments from colleagues and Independent Members. This is aided by the refined set of 25 Strategic Priorities which brings together content in key areas.

- The complex **partnership and regional planning** landscape is captured across the IMTP and specific actions that will be taken are noted.
- An updated position is provided on the transformation programmes including the **Renewal Portfolio** and the **North Powys Well-being Programme**.
- Greater detail is provided on **Primary Care and Cluster Plans**, particularly in relation to the sustainability and access for the population to these key services, in response to comments from the Community Health Council in particular and to reflect alignment with national programmes of work.
- Greater detail is provided on the plans for **Children, Young People and Families** in particular actions being taken via the Regional Partnership Board 'Start Well' programme. Health board led work on **Women's health, Maternity and Neonatal care** is also captured, reflecting both the Improvement Programme in Wales and the response to the Ockenden Report in England.
- Action being taken on **Planned Care** and **Urgent Care** are set out and respond to the latest national guidance including the publication of the Six Goals for Urgent and Emergency Care Handbook.
- Further work has been completed on the **Digital First** section to reflect the ambition and benefits for the population as well as the key challenges, in response to comments from Committee and Independent Members.
- A reference has been included to **End of Life Care**, which is an important component of the Renewal portfolio work on the Community Model, in response to feedback from an Independent Member on this subject.

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- **Workforce** challenges and opportunities have been set out and key actions identified against the strategic priorities, in response to comments from Independent Members and Committees. Detailed workforce planning has been carried out as part of the IMTP development, including alignment internally with finance and delivery teams, and with national strategy. This includes direction provided by Health Education and Improvement Wales (HEIW) and completion of the Minimum Data Set (MDS).
- The latest **Performance** position is provided, whilst this is a snapshot at a point in time, it provides important context in understanding the rationale, challenges and scope of opportunity in relation to the 25 Strategic Priorities. Key performance trajectories have been considered at Delivery and Performance Committee and Executive Team and the final versions are submitted as part of the Minimum Data Set (MDS) technical templates.
- Further content has been included on the plans for **Communications and Engagement**, in line with the strategic priorities included in the IMTP.
- Similarly, the programme of work for **Governance** has been included and demonstrates the connectivity between the management of risks and assurance and the strategic priorities in the plan.
- The Integrated Commissioning Plan (ICP) for the **Welsh Health Specialised Services Committee** (WHSSC) and the three year IMTP for the **Emergency Ambulance Services Committee** (EASC) are notable components in relation to plan alignment and are reflected in the IMTP Strategic Priorities.
- The WHSSC ICP has recently been agreed at the meeting of the Joint Committee on 8th February 2022 and is available at <https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/february-2022-jc-agenda-bundle/>.
- The Final Draft of the **Financial Plan** is included in the IMTP. This reaffirms the positions considered throughout the process in line with the Value Based Health Care approach. It incorporates the alignment with the WHSSC and EASC Plans noted above. The financial strategy and approach has been shared in detail at Committee, PTHB Board and Board Development sessions.

The plan being presented is a balanced plan over three years, as required in order to meet the statutory duty for an Integrated Medium Term Plan. The financial plan is designed to effectively deploy resources to deliver improved outcomes for the population, driving the value based healthcare approach in the organisation supported by a growing expert team focused on renewal.

Achieving a balanced financial position over three years will be a significant challenge given the complexity and degree of uncertainty faced by the NHS in this period. The financial plan within the IMTP sets out the mitigations, discipline, controls and systems that will be required.

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NEXT STEPS:

Subject to approval at Board at its meeting today, it is intended that the Final Integrated Medium Term Plan will be submitted to Welsh Government on 31 March 2022.

The submission will include:

- A covering letter from the Accountable Officer
- The Final Integrated Medium Term Plan
- The Delivery Plan 2022 – 2023
- Supporting Information which provides a Schedule against requirements set out in the NHS Wales Planning Framework
- Minimum Data Set

Following submission, it is expected that Welsh Government will review the plans and provide any feedback. The plan is subject to consideration by the Minister and subsequent ministerial approval in line with the usual IMTP process in place prior to the COVID-19 pandemic. For health boards that are not subject to targeted intervention or measures, including PTHB, this approval process usually includes a correspondence highlighting any particular areas of assurance to be noted through the year.

Work will also continue post submission on an everyday version and accessible format, for communications and engagement both internally and externally.

Delivery of the plan is tracked through the Integrated Performance reporting process, in line with the PTHB Integrated Performance Framework.

The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age				X
Disability				X
Gender reassignment				X
Pregnancy and maternity				X
<p style="text-align: center;">Statement</p> <p style="text-align: center;"><i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i></p> <p>Positive impacts are identified in relation to the delivery of Strategic Priorities in the IMTP for the population and therefore marked as</p>				

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Race				X	'positive' for those characteristics where there is a direct relationship with health service usage; for the marriage and civil partnership characteristic this is not identified as a direct positive healthcare impact but no adverse impact has been identified
Religion/ Belief				X	
Sex				X	
Sexual Orientation				X	
Marriage and civil partnership	X				
Welsh Language				X	
Risk Assessment:					
	Level of risk identified				Statement Level of risk has been identified in line with the Strategic risks set out in the IMTP, which are noted in further detail in the Board Assurance Framework and Corporate Risk Register
	None	Low	Moderate	High	
Clinical			X		
Financial			X		
Corporate		X			
Operational			X		
Reputational		X			

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Final Draft for APPROVAL



Integrated Medium Term Plan 2022-2025

A Healthy, Caring Powys

Resilience

Recovery

Renewal

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MESSAGE FROM CHAIR AND CHIEF EXECUTIVE

This 3-year Integrated Medium Term Plan (2022-25) marks an important point in the progression of the pandemic and a look to the future. The last two years have been dominated by the COVID-19 pandemic and its direct and indirect impact. Priorities for the next 3 years are presented that consider and respond to those impacts.

Returning to a medium- and longer-term focus provides an opportunity to reflect on and to recommit to the collective ambition for 'A Healthy, Caring Powys'. Being mid-way through this shared Health and Care Strategy, it has a new importance. It is the anchor strategy for health and care in Powys as a region, and as such sets out the transformation ahead. This includes the support and care for the whole of the Powys population, enabling people to start well, live well and age well.

The Strategy and therefore this Plan centres on 8 wellbeing objectives and is based on key guiding principles developed with the people of Powys, including 'Do What Matters,' 'Do What Works', 'Focus on the Greatest Need', 'Be Prudent', 'Offer Fair Access' and 'Work with the strengths of people and communities.' As a health board, we are clear in our ambition to positively influence the social, economic, environmental, and cultural life of the county and therefore this plan covers key actions that contribute to wider well-being, including decarbonisation, the foundational economy and social partnership. This Plan therefore also connects to the Powys Service Boards' 'Toward 2040' Wellbeing Plan

There is a strong connection between 'A Healthy, Caring Powys', the health and care strategy in Powys, and the ambition for 'A Healthier Wales' set out by Welsh Government. This alignment is ever more necessary as a result of the pandemic, as the NHS in Wales, with partners, looks forward to a period of recovery and transformation. The health board is both a provider and a commissioner of healthcare for the Powys population who access services in both Wales and England, and the health board has demonstrated a strong track record in taking a 'whole system approach' to planning care, with partners. Catching up on care that has been delayed because of the pandemic is a top priority; whilst redesigning approaches to care that enable more care closer to home through high quality, sustainable services. Strong partnership and collaborative working will be essential for success in both recovery and the renewal agenda moving forward.

The strength of the health and care workforce, and of the Powys community, response to the pandemic has been remarkable and humbling. All have made enormous collective effort and sacrifice to keep Powys safe, working hand in hand from the initial stages where the focus was on containment measures to the more recent vaccination programme which is the first line of defence against coronavirus. There are likely to be challenges ahead, and whilst the ambition is high, realistically recovery may not be straightforward, and setbacks may need to be navigated. The collective spirit and action that saw Powys through the pandemic however will be key to success in reaching the goals of improved health and wellbeing of the people of Powys.

We look forward to working with you all moving forward in the delivery of this Plan.



Professor Vivienne Harpwood (Chair)

A handwritten signature of Professor Vivienne Harpwood.



Carol Shillabeer (Chief Executive)

A handwritten signature of Carol Shillabeer.

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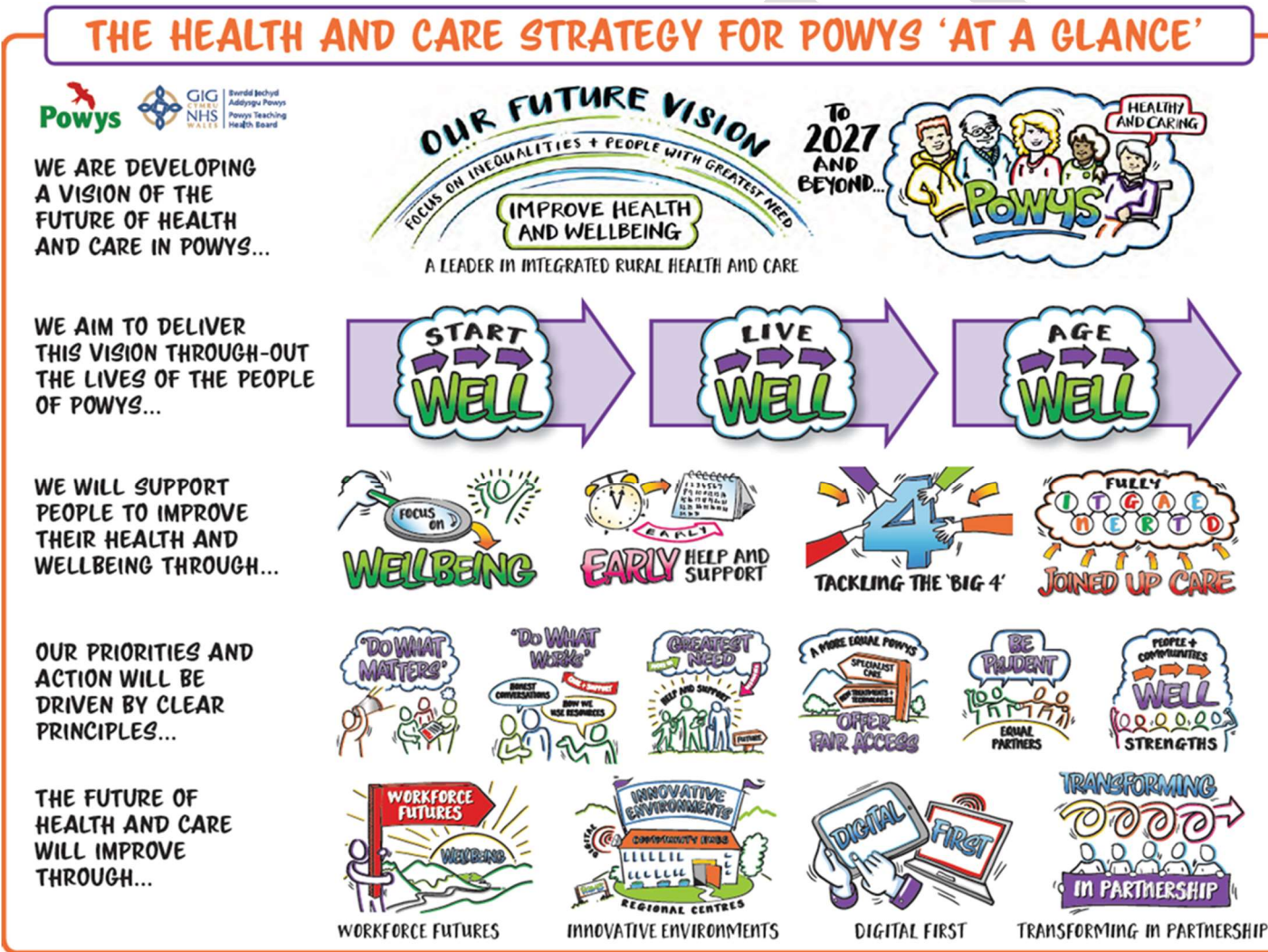
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Introduction and Strategic Context

It has been two years since the last medium term plan, as health boards and other partners responded to the public health emergency of the Covid-19 pandemic and its impacts. The strength of the community response to the pandemic has been enormous, from the initial stages where the focus was on containment measures to the more recent vaccination programme.

Returning to a medium and longer term focus is challenging as the organisation is responding to further uncertainty relating to the ongoing public health situation. However, it does provide some time for reflection and learning, and a recommitment to the collective ambition for 'A Healthy, Caring Powys'.

It is mid-way through the shared long term Health and Care Strategy, which covers the period up to 2027, and looks beyond that at longer term sustainability. This has a new importance as an anchor strategy to recover, build resilience and focus on renewal.



There is a strong connection between the vision and the ambition for 'A Healthier Wales' set out by Welsh Government, which in turn provides a foundation for the National Clinical Framework and the approach to the recovery of healthcare.

The health board is both a provider and a commissioner of healthcare for the Powys population, who access services in both Wales and England. The organisation has a strong track record in taking a 'whole system approach'.

There are natural geographic sub-regions in the County which are reflected in the Cluster footprints of North, Mid and South Powys. The health board also has a leadership role regionally within the Powys Regional Partnership Board, Public Services Board and Mid Wales Joint Committee.

Guiding Principles

A set of guiding principles have been developed with stakeholders including communities in Powys. These underpin efforts to do what matters and what works to improve well-being, as a fundamental part of the social, economic, environmental and cultural life of the county.



THOSE WHO PROVIDE HEALTH AND CARE SERVICES IN POWYS WILL:

- LISTEN TO THE PEOPLE OF POWYS ABOUT THEIR HOPEs, FEARS AND OPINIONS ON HEALTH AND CARE SERVICES.
- PROVIDE CARE WHICH MEETS THE NEEDS OF THE INDIVIDUAL AND HELPS THEM MANAGE THEIR OWN CARE BUDGET.
- INFLUENCE HOUSING, EDUCATION, LEISURE AND IN-WORK POVERTY TO REDUCE HEALTH INEQUALITIES.
- HELP COMMUNITIES DEVELOP HUBS AND ACTIVITIES THAT ENCOURAGE CULTURAL WELLBEING, PHYSICAL ACTIVITY AND SOCIAL INTERACTION.
- MAKE THE MOST OF THE OPPORTUNITIES THAT DEVELOPMENTS IN TECHNOLOGY BRING TO IMPROVE COMMUNICATION, DELIVER NEW SERVICES AND PROVIDE SERVICES AT MORE CONVENIENT TIMES.
- ENCOURAGE PEOPLE TO DEVELOP A WELLNESS PLAN, BE AWARE OF THE IMPACT OF THEIR LIFESTYLE AND ACT WHEN THE TIME IS RIGHT.
- IMPROVE ACCESS TO SERVICES, PROVIDE BETTER SCREENING, EARLY DIAGNOSIS AND SUPPORT.
- WORK TO THE SUSTAINABLE DEVELOPMENT PRINCIPLE UNDER THE FUTURE GENERATIONS ACT'S FIVE WAYS OF WORKING TO DEVELOP SUSTAINABLE SERVICES AND PROMOTE THE WELSH LANGUAGE.
- DELIVER SERVICES AS CLOSE TO PEOPLE'S OWN HOMES AS POSSIBLE TO SAVE PEOPLE TIME AND MONEY AND REDUCE CARBON EMISSIONS. PEOPLE WILL ONLY NEED TO TRAVEL OUT OF COUNTY TO RECEIVE SPECIALIST CARE AND COMPLEX SERVICES WHICH WE CANNOT SAFELY PROVIDE THROUGH DIGITAL TECHNOLOGY OR CLOSER TO HOME.



Powys Outcomes

A set of co-produced outcomes are part of the shared long term Health and Care Strategy and provide an anchor for each of the priorities set out in the following sections:

Focus on Well-being

- I am responsible for my own health and well-being
- I am able to lead a fulfilled life
- I am able and supported to make healthy lifestyle choices about my mental and physical health, and well-being, for myself and my family
- I have life opportunities wherever I am and wherever I live in Powys
- My environment/community supports me to be connected and maintain health and well-being
- As a carer I am able to live a fulfilled life and feel supported

Provide Early Help and Support

- I can easily access information, advice & assistance to remain active & independent
- As a child and young person, I have the opportunity to experience the best start in life
- I have easy access, advice and support to help me live well with my chronic condition

Tackle the Big Four

- I have easy access to support, information and early diagnosis
- I have early intervention and appropriate treatment
- My treatment and support is high quality, evidence based and timely as locally as possible

Ensure Joined up Care

- I have timely access to equitable services as locally as possible
- I am treated as an individual with dignity and respect
- My care and support are focused around what matters most to me
- I receive continuity of care which is safe and meets my needs
- I am safe and supported to live a fulfilled life
- I receive end of life care that respects what is important to me

Develop Workforce Futures

- Those who I need to support me are able to make decisions and respond because they are well informed and qualified. If they can't help me directly, they know who can
- As a carer, I and those who I care for are part of 'the team'
- I can access education, training and development opportunities in Powys that allow me to secure and develop my skills and opportunities
- I am enabled to provide services digitally where appropriate
- I am engaged and satisfied with my work

Promote Innovative Environments

- I am part of a thriving community which has a range of opportunities for health and social care, social events and access to advice and guidance services to support my well-being
- I have access to a Rural Regional Centre providing one stop health and care shops – diagnostic, advice and guidance, day treatments, etc. which reduces unnecessary out of county travel
- I am encouraged and supported to use the great outdoors to support my well-being and care
- I am able to have my home adapted to help me to live independently and make me feel safe
- I have care in a fit for purpose environment that enhances my experience

Digital First

- I am able to find and do what I need online, such as make or change appointments, pay my bills, self-assess or reach a doctor or consultant without having to travel
- I am helped to use technology and gain access to resources to allow me to be digitally independent

Transforming in Partnership

- As a Powys resident I 'tell my story' once and I am confident that those looking after me are working together in my best interest
- The services I receive are coordinated and seamless
- I am able to access buildings and resources shared for multiple purposes, by multiple organisations
- My community is able to do more to support health and well-being

Latest Evidence

The health board is responsible for improving the health and well-being of approximately 133,000 people living in Powys.

Powys covers a quarter of the landmass of Wales, but with only 5% of the country's population – it is a very sparsely populated and rural county.

The [Well-being Assessment](#) and the [Population Needs Assessment](#) are being updated and provide further insight into the demographic and socio economic factors that are often called the 'wider determinants of health'. This three year plan draws on the key emerging insights for Powys. Further information is available at <https://en.powys.gov.uk/article/5800/Wellbeing-Information-Bank>



Powys is a large, rural county. It covers a quarter of the land mass of Wales and is the most sparsely populated county in England and Wales. More than half of the county's residents live in villages and small hamlets.

This geography makes it hard to provide the same level of services for everyone. Many people tell us that, although they do not want to leave their community, access to services and social isolation is a problem, in particular for those who are older and live in more remote locations.

Inequity of Service:

- Evidence shows that people in the most deprived areas in Powys live more years in poor health compared to people in the least deprived areas. Health inequalities increase when services do not reach those who are at most risk. However, health inequalities can be reduced when services work together with a focus on early intervention, adverse childhood experiences, wellbeing and independence.
- Evidence shows that the difference in cognitive outcomes between children from the least and most deprived areas continues to grow over 10 years. Across Wales there is also a clear link between levels of deprivation and rates of overweight or obesity. 28.4% of children

who live in the most deprived areas are overweight or obese compared to 20.9% in the least deprived.

- Just over 1 in 5 children in Powys are estimated to be living in poverty, after housing costs have been considered. Children who grow up in poverty are more likely to have poor health which can have an effect on the rest of their lives. This is a particular concern in the areas of north Powys that score high on several factors associated with the Welsh Index of Multiple Deprivation (WIMD).
- Unhealthy lifestyles increase demand on health and social care services and reduce people's ability to live a fulfilling life. Although rates of physical activity in Powys are above the Wales average, nearly 6 in 10 adults are overweight or obese and this figure is predicted to rise. Just under 1 in 5 adults in the county smoke and 4 in 10 drink more than the recommended amount.
- Developments in technology are changing how we provide some health and social care services and support. For example, more people can access services in or closer to home.
- Population changes mean there will be more older people and fewer younger people living in Powys in the future.

And while people are living longer, these years are not always healthy. New treatments are also being developed which could help more people live for longer, but they are costly. To meet future demand we must change the way we deliver services so they are both affordable and sustainable.

- Services around the county's borders are changing. The Shrewsbury and Telford Hospital NHS Trust, the main acute hospital provider for many north Powys communities, is changing its services and moving more to Telford. Every year around 65,000 people travel out of county for day-case and outpatient procedures. With the right workforce, facilities and diagnostics, we could provide many of these services locally.
- We depend on volunteers to deliver care and are fortunate enough to enjoy strong support for this. However, to maintain levels of care we must improve how we support our volunteers and continue to recruit new ones. Covid-19 has presented an opportunity for care to be delivered differently, utilising volunteers to establish community response teams and maximising technological opportunities to provide care through digital means.

Source: North Powys Wellbeing Programme 2022

There is consensus that the impact of the pandemic will be felt for many years, with a complex effect on health, well-being and inequalities. The World Health Organisation describes increasingly critical areas of risk including serious mental health issues and suicide, increased alcohol consumption, chronic ill-health and further excess morbidity and mortality.

Various sources refer to a 'syndemic' impact, meaning there is a cumulative effect for those with existing health conditions and a clear social gradient in how this is experienced. Research points to particular impacts on children and young people and vulnerable groups. The NHS

Wales Planning Framework refers to **five harms** which encompass the impact of covid itself and the impacts of changes in healthcare and wider society.

The report 'Placing health equity at the heart of the Covid-19 sustainable response and recovery' (The Welsh Health Equity Status Report, 2021) set out the wider socio-economic impact in Wales. The report emphasises the profound interdependence between population and community well-being. It noted the window of opportunity that exists to adopt and accelerate solutions to achieve healthier and more resilient people, societies and economies.

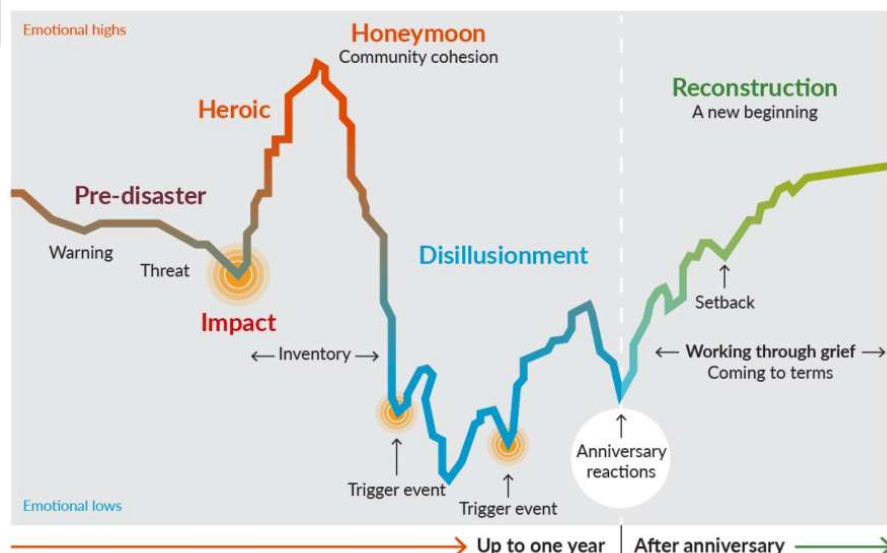
The health board commissioned a report to understand the syndemic impact of the pandemic for the Powys population, high level projections are noted below. The baseline was taken from 2019/20 and the impact is profiled to 2022/23:

- The proportion of working-age adults limited a lot by long-standing illness will increase from 18.1% to 24.4%. In Powys this is 4,719 more adults.
- The proportion of working-age adults with musculoskeletal problems will increase from 17.1% to 19.4%. In Powys this is 1,723 more adults.
- The proportion of working-age adults with heart and circulatory problems will increase from 12.8%, to 15.5%. In Powys this is 2,023 more adults.
- The proportion of working-age adults with respiratory problems will increase from 8.2% to 10.6%. In Powys this is 1,797 more adults.
- The proportion of working-age adults with endocrine and metabolic problems will increase from 7.9% to 10.9%. In Powys, this is 2,247 more adults.
- The proportion of working-age adults with mental health problems will increase from 8.8% to 11.9%. In Powys, this is 2,322 more adults.

Evidence relating to the impact of the Pandemic, (Dr Catherine Woodward, 2021)

The Kings Fund has identified insights from recovery work globally. Their key finding is that recovery should focus on understanding what individuals and communities need to cope with the impacts of a disaster and be in a better position to withstand the next one.

The Kings Fund note four priority areas: Mental Health, community need, not leaving anyone behind, and collaboration. The disaster recovery model shows the process will be a 'long haul' over 10–15 years and progress will not be linear.



Modelling Assumptions

In Powys, the national modelling in relation to the progress of the pandemic is used as a guide in planning, with surge planning as a component of that approach, and has been updated as part of the development of the IMTP and Minimum Data Set.

A key source of modelling is from the Wales Technical Advisory Group (TAG), a group of experts that provides technical advice and updates to Welsh Government. It considers emerging outputs from SAGE (the UK Government Scientific Advisory Group for Emergencies), Welsh modelling forecasts and situation reports.

The forecasts are provided for NHS Wales, Local Resilience Forums and Strategic Co-ordination Groups as well as external stakeholders. The advice is updated periodically and includes briefings on the latest modelling of Covid-19 at a Wales level.

Oversight and surveillance of Covid-19 locally is in accordance with the PTHB Prevention and Response Plan and agreed local governance arrangements, which take into account national requirements.

Local modelling utilises the nationally available intelligence, underpinned by:

- An evidence based approach, utilising national and international data, policy and technical guidance
- Regular review to ensure any new modelling is considered as it is released to take into account new scenarios and emerging Covid-19 variants under investigation or concern
- Robust local surveillance and intelligence including R value and other Covid Situation Analysis
- A collaborative approach building on regional working across England and Wales
- The Minimum Data Set trajectories

Powys has a complex set of healthcare pathways spanning England and Wales and therefore modelling of demand is carried out for directly provided services and commissioned services. Powys residents access District General Hospital and Specialist Care from a range of providers with the largest activity into Shropshire and Herefordshire. The analysis of demand and capacity is multi-dimensional including:

- Population Healthcare Demand Trends
- Strategic Demand and Capacity analysis
- Commissioned Services
- Directly managed Provider Demand and Capacity Planning

The Minimum Data Set provides an assessment of demand and capacity in key areas of delivery including Test, Trace and Protect, Core Services and Bed Model, Planned Care, Workforce and Finance. Partner organisations also provide information relating to Ambulance and Screening services.

To date surge capacity within Powys has been planned and delivered through the existing health board infrastructure. This has proved to be sufficient, during non peak and peak times which has included two periods of surge seasonal pressures / pandemic waves.

Plans have also been drawn up for additional capacity which remain available if at any point it becomes necessary to revisit these, particularly in the context of emerging variants which present a continuing level of uncertainty in relation to capacity required.

Policy Requirements

The NHS Wales Planning Framework published on 9 November 2021 set out the context of the impact of Covid and the balance of risk of different harms, in a time of extreme pressure particularly over what is recognised to be a challenging winter and longer term period ahead.

The Ministerial priorities are noted and are wide ranging spanning health and social care response to the pandemic, NHS recovery and population health. Ministerial measures (Phase 1) have subsequently been received and are taken into account in this plan and the associated technical templates).

The Framework states that “as a country we must continue to respond to the immediate challenges of Covid, whilst turning our attention to longer-term sustainability and improvement of population health”.

The key national policy drivers and expectations also outline key requirements:

8 Ministerial Priorities Health & Social Care

- Covid-19 Response
- NHS Recovery
- Population health, pandemic experience and health inequity
- Healthier Wales
- NHS finance and managing within resources
- Mental health and emotional well-being
- Supporting the health and care workforce
- Working alongside social care

- the vision and ambitions in 'A Healthier Wales'
- the Wellbeing of Future Generations (Wales) Act
- the National Clinical Framework and associated Quality and Safety Framework / Quality Statements
- The Foundational Economy in Health and Social Care Strategy
- Reduction of Health inequalities and health inequity
- Cross cutting policies including NHS Wales Decarbonisation Strategic Delivery Plan
- Coronavirus Control Plan
- Health and Social Care Winter Plan
- Strong leadership and accountability at local, regional and national levels
- Health boards must work together across organisational boundaries
- NHS Outcomes Framework and Delivery Framework

- Renewed focus on recovery
- Whole system approach
- Build on learning and experiences across health and care
- Digital technology and innovation
- Accelerated and embedded change to revolutionise delivery
- Access to care closer to home
- Urgent and Emergency Care Six Goals
- Planned care focus – waiting lists, cancer, equity, Mental health and wellbeing, children and young people
- Prudent health care principles and value based healthcare
- Infection and protection control measures
- Health and care workforce, partnerships and cooperation to address fragility; agile workforce planning to address peak demand and surge and for ongoing sustainable services
- Managing within existing resources, strong financial control
- Working in partnership

The health board has routine monitoring status. Some key areas were highlighted in the 'Escalation and Intervention Letter' received from Welsh Government in March 2022: following the pandemic to changes in Board membership (Executive and Independent Members) and the quality of services commissioned by the health board.

Further areas were highlighted in the 'Annual Plan 2021/22 – Parameter Letter' received from Welsh Government on 30 September 2021 which covered plan delivery, workforce, finance and recovery. The NHS Delivery framework for 2021/22 was also attached to this letter. Whilst this relates to the current year, it is helpful in indicating key requirements.

Further letters were received in October 2021 which set out further areas of focus including Planned Care and Unscheduled Care sustainability, Recovery Fund allocation, Critical Care, Endoscopy, Clinical Strategy for Orthopaedics and Local Options Framework.

Performance and Quality

The health board's Strategic Priorities are informed by the current position of the organisation in relation to key performance measures and delivery against the agreed plan. The detailed position is reported regularly to PTHB Board, this is available at <https://pthb.nhs.wales/about-us/the-board/>.

The health board set trajectories for Welsh Government via the Minimum Data Set (MDS).

This template contains a mixture of NHS National Delivery Framework Measures (NOF) and the new Ministerial Outcomes Framework. The table below shows the performance ambition for 2022/23 and includes the measure, current performance (RAG) and forecasted performance at Mar-22, and Mar-23 with RAG risk to achievement.

NOF/ Ministerial The health board is required to provide trajectories for Welsh Government via the Minimum Data Set (MDS). This template contains a mixture of NHS National Delivery Framework Measures (NOF) and the new Ministerial Outcomes Framework. <u>The table below shows the measure, current performance (RAG) and then forecasted performance at Mar-22, and Mar-23 with RAG risk to achievement.</u> Measures		Current performance RAG against NOF	RAG compliance projection Mar-22		RAG compliance projection Mar-23		Mar – 23 comments on compliance or risks
			PTHB Trajectory	WG Target	PTHB Trajectory	WG Target	
Monthly	Number of patients waiting more than 104 weeks for treatment	2 (M10)	0	Ministerial aims - Improvement trajectory towards a national target of zero by 2024	0	Ministerial aims - Improvement trajectory towards a national target of zero by 2024	Provider aims to have treatment pathways completed within 52 weeks by Mar-23
	Number of patients waiting more than 36 weeks for treatment	212 (M10)	192	NOF target zero Ministerial aims - Improvement trajectory towards a national target of zero by 2026	0	NOF target zero Ministerial aims - Improvement trajectory towards a national target of zero by 2026	Trajectory risk is linked to capacity fragility, and risk of further COVID-19 complications.
	Percentage of patients waiting less than 26 weeks for treatment	80.1% (M10)	87%	NOF target 95% Ministerial aims - Improvement trajectory towards a national target of 95% by 2026	95%	NOF target 95% Ministerial aims - Improvement trajectory towards a national target of 95% by 2026	Trajectory risk is linked to capacity fragility, and risk of further COVID-19 complications.
	Number of patients waiting over 104 weeks for a new outpatient appointment	0	0	Ministerial aims - Improvement trajectory towards eliminating over 104 week waits by July 2022	0	Ministerial aims - Improvement trajectory towards eliminating over 104 week waits by July 2022	Risk low, health board is currently achieving this aim
	Number of patients waiting over 52 weeks for a new outpatient appointment	1 (M10)	0	Ministerial aims - Improvement trajectory towards eliminating over 52 week waits by October 2022	0	Ministerial aims - Improvement trajectory towards eliminating over 52 week waits by October 2022	Risk low
	Number of patients waiting over 8 weeks for a diagnostic endoscopy	105 (M10)	53	NOF target zero Ministerial aims - Improvement trajectory towards a national target of zero by March 2026	0	NOF target zero Ministerial aims - Improvement trajectory towards a national target of zero by March 2026	PTHB has set an ambitious trajectory to reach and maintain zero breaches at the end of March 2023, various challenges in relation to capacity and unknown demand potential post COVID.

Of particular note is the scale of the impact of the pandemic for the population and for the provision of healthcare, in Powys as it is across Wales and the UK.

There is a significant challenge in relation to people waiting for diagnostics, treatment and care as a result of the pandemic and the changes in healthcare required to respond to the public health emergency.

The past two years has seen extra-ordinary changes in demand. There was a significant decrease in demand in some areas of healthcare such as hospital provision, in line with the first phase of the pandemic and the UK wide lockdown measures in Spring and Summer 2020. This returned to normal levels very quickly over the Autumn / Winter of 2020 and there followed a wave of backlog demand across the whole system during 2021.

This is a challenge which will not be met by existing approaches or existing resources; it will require radical solutions founded in a value based healthcare approach, nationally, regionally and locally. It will need to be grounded in an understanding of the experience and outcomes for those waiting and those at greatest risk.

The health board has commenced an important Portfolio of work on **Renewal** including a specific Programme to take forward as a core approach, **Value Based Health Care**. Key priorities are informed by the evolving learning and evidence base on the harms and impact of the pandemic, as well as the underpinning Burden of Disease work that identified key clinical programmes priorities in the health and care strategy.

This Portfolio has focused in the initial phase on the immediate actions to address access to services and waiting times, however it is longer term in its ambition to achieve strong **outcomes**, and patient/citizen/staff **experience** and reasonable **costs** through transforming pathways of care. Changing models of care will be focused on achieving all 3 key objectives building sustainable services for the future. Much of this work relates to partnership working with health and care service providers around the border of Powys.

The Health Board has developed a **Clinical Quality Framework** to continue to build the capacity and capability of the organisation to enable high quality services are secured and provided for the people of Powys. Elements include safety, effectiveness, experience, organisational culture, clinical leadership, improvement, and intelligence. Key areas of focus include Putting Things Right (learning and responding to complaints, concerns and incidents), quality assurance of both commissioning and provider services, maternity and neonatal services and partnership work on safeguarding and vulnerable groups.

The implementation of this will take into account Welsh Government's Quality and Safety Framework and Audit Wales' Review of Quality Governance. This ensures preparedness for the Health and Social Care (Quality and Engagement) (Wales) Act which comes into force from April 2023 and includes duties of quality and candour.

The NHS Wales Performance Framework and National Outcomes Framework is being reviewed by Welsh Government in 2021/22 and this will help inform the update to the PTHB Improving Performance Framework and Commissioning Assurance Framework for 2022 – 2025.

An **Evaluation of Ways of Working** was commissioned by the health board to understand in detail the changes in services and the views of clinicians, teams and service users.

A number of themes emerged:

- Benefits of virtual and alternative ways of working for patients with increased flexibility, choice and access
- New ways of working can support greater self-care, promoting independence and ownership for patients and carers
- Staff have developed skills which can be shared further
- There are opportunities for further adoption and scale

"Effective health care and services are not dependant on the ability to see clients in person, alternative approaches can increase client satisfaction, ease of access and increase the provision available."

- The shift to remote communication has been well received
- In many cases it was reported as leading to easier contact and collaboration
- Access and equipment issues can however cause frustration
- There is a critical role for IT support, infrastructure & systems
- A high value is placed on staff engagement and perception of value at work
- Culture is key: leadership and management; value and recognition; staff health and well-being and behaviour
- Most people reported a positive experience at work, pride and feeling that they matter
- Great adaptability and strength has been shown with a sense of shared commitment and work 'community'
- There is a drive for quality improvement and innovation and streamlined decision making and governance
- Learning on preparedness including Personal Protective Equipment (PPE), procedures, skills and capabilities
- There is a wish to maintain and build the momentum to ensure readiness to meet needs of service users.

"The level of care that I have witnessed from all staff has been second to none. it has made me proud to work for the health board and to be able to call them my colleagues"

The [NHS Staff Survey 2020](#) again demonstrated the high staff engagement levels within the health board, a trend of improvement from 2016. Whilst this was again very positive the Survey also highlighted the need for improvement and a focus on culture, communication, management practice and team working.

There is a clear message to build on the streamlined ways of working using the [Compassionate Leadership Approach](#), [Healthy Working Relationships model](#) and [Organisational Development Framework](#).

The Annual Report 2020/21 published earlier this year included a number of examples of where teams have used alternative ways to provide care <https://pthb.nhs.wales/about-us/key-documents/annual-reports-annual-accounts-and-annual-quality-statements/powys-teaching-health-board-annual-report-2020-21/>.

Improving the effectiveness of the organisation, together with all colleague's active participation across the health board is key. Investing in developing the organisations health and specifically its capacity and capability over the last 5 years has been crucial in being able to lead and manage in times of extreme challenge, such as the pandemic. It is essential that further organisational development efforts are made in order to continue to evolve the capability required for the challenges ahead. Toward the end of this Plan, the Organisational Development Framework outlines the improvement areas and goals.

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Challenges and Achievements

There have been significant challenges over the past two years however there have also been substantial achievements. Services have been disrupted through the pandemic and access has been more difficult, however wholesale adaptations have been made to minimise the impact of this. The health board has maintained essential healthcare for the Powys population and put in place a programme of work to recover access and renew key areas of healthcare.

Individuals and teams are going above and beyond, using new and different working patterns, changes to physical environments, new types of equipment and infection control and the use of digital and other means to keep clinics and services open.

- A **Clinical Response Model** was delivered to respond to the public health emergency presented by the pandemic, working in partnership with staff and trade unions to adapt ways of working, supported by training, role development and deployment.
- Comprehensive **communications and engagement** campaigns were delivered to support the national messages to keep individuals and communities safe.
- New **staff support** mechanisms were set up including staff-led and focused social media content which supported immediate dissemination of key messages but also provided a collective, peer to peer support and discussion forum.
- Significant work was implemented on **quality, safety and infection control** measures – throughout clinical and professional practice and in relation to estates and guidance.
- Systems were established to support the effective provision, training and use of **personal protective equipment** (PPE) with support from colleagues in the military services.
- **Estates and equipment** have been redesigned; improvements include the installation of enhanced oxygen supply and ventilation systems in community hospitals delivered.
- **Primary Care** contractors rapidly adapted to ensure life-essential and life-critical care was provided maintained throughout.
- **Community Care** teams pioneered new approaches to ensure essential care continued to be provided, including setting up online clinics and postal deliveries of key supplies.
- **Therapies and pain management services** rolled out online resources and groups to ensure support for complex and vulnerable patients and those recovering from covid.

The health board played a key role in managing **patient flow** across a complex network of healthcare systems in both England and Wales with a home first ethos, utilising discharge to recover and assess and virtual wards in addition to the bed base.



- Support plans were implemented for [care homes](#) including testing, primary care and therapy input particularly for respiratory needs, the management of Section 33 arrangements and implementation of the Commissioning Assurance Framework.
- Changes to services as a provider and a commissioner were tracked to ensure that any [service or pathway changes](#) for Powys residents are understood and communicated.
- Communications were enhanced with key [stakeholders](#) including briefings with the Community Health Council and local politicians, cabinet members and partners.
- Entirely [new forms of health service](#) have been established at pace and at scale through collaboration between public services, partners, volunteers and communities.
- This includes the set-up of [Test, Trace and Protect](#) (in partnership with Powys County Council), and the [Covid-19 Vaccination](#) programme. Both of these have been crucial in reducing the risk of serious disease and death from the virus.

There has continued to be progress against the ambition in 'A Healthy Caring Powys':

- The health board has taken important steps in 2021 on [climate change](#), with Board approval of the Biodiversity Delivery Plan and Decarbonisation Delivery Plan.
- [Transformation programmes](#) are progressing with significant large scale changes on the [Powys Model of Care](#) – breaking traditional boundaries to design a social and integrated model centred around the community and the person.
- The [North Powys Well-being Programme](#) is driving forward a social model across education, housing, health and care which is founded in the sustainable development principle and five ways of working.
- Clinical leadership has been key to the development of a significant [Renewal Portfolio](#), which is taking forward both immediate recovery work focused on waiting times and longer term [Programmes](#) to develop resilient, value based models and services.
- The health board has continued to implement the [Clinical Quality Framework](#) to target quality improvement work and strengthen feedback on patient experience.
- [Intelligence capability](#) has been strengthened linked to [system resilience](#) planning and giving greater lines of sight across both unscheduled and planned care pathways.
- The [Regional Partnership Board](#) (RPB) and [Public Services Board](#) (PSB) renewed the commitment to the Health and Care Strategy and the Well-being Plan and have been working jointly to update the Population Needs Assessment and the Well-being Assessment in 2021, contributing to the understanding of the Powys population and the wider socio-economic impacts and determinants of health.
- The [North, Mid and South Powys Clusters](#) have reviewed their plans in parallel with the IMTP this year, resetting their aims in line with the ambition for Accelerated Cluster Development.

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Opportunities and Challenges

For the first time the health board developed its own Planning Framework as part of the early stages of preparation for the return of the 3 year medium term planning requirement. A systematic approach to understanding and articulating the external and internal context has been completed to help inform the Plan.

The External Context – Key Factors

PESTLE Analysis			
High level summary of the key Political, Economic, Sociological, Technological, Legal and Environmental Factors			
Political	Complex socio-political context	Technological	Scale and pace of innovation
Economic	Uncertain fiscal outlook due to pandemic	Legal	Significant legislative developments:
Sociological	Increasing inequalities is a key issue	Environmental	Growing urgency on climate change

The Internal Context – Key Factors

SWOT Analysis			
High level summary of the key Organisational Strengths, Weaknesses, Opportunities and Threats/Challenges			
Strengths	Shared long term Health and Care strategy Learning, ways of working, innovation Workforce & volunteers Routine monitoring status Current financially balanced plan Maintained essential healthcare throughout pandemic, directly provided services	Weaknesses	Workforce challenges Continued pressure of pandemic response Reduced capacity for forward planning Restrictions on physical space due to covid Complexity of planning landscape Varied ownership and engagement in planning
Opportunities	Acceleration in agile ways of working Partnership and system opportunities Growing workforce from community and volunteers North Powys flagship transformation programme Rural health and care academy Renewal Programme Alignment to Primary Care Clusters / Cluster Planning	Threats/Challenges	Complex sovereign / partnership governance Additional challenge of working across multiple footprints and cross border System and capacity pressures Service fragility Staff well-being Fiscal outlook and public spending implications Infrastructural challenges for digital innovation and integrated clinical access / records

Renewal

Major requirements for renewal emerged from an appraisal of the impact of the pandemic. However, this is also a time of unprecedented opportunity for Powys, highlighting the importance of delivering more services closer to home, focusing on the things that matter most to the wellbeing of the population and those things which will make the most impact.

A Renewal Strategic Portfolio Board has been established to drive forward transformation with the focus, pace and scale needed. The Programmes are whole system, working across boundaries, recognising that true transformation is a longer-term process which will involve staff, partners and communities.

The Renewal Portfolio was established when the Referral to Treatment Time waiting list for elective treatment in and out of county was over 17,000 (equating to about 1:8 of the Powys population) with over 3,500 waits already longer than a year.

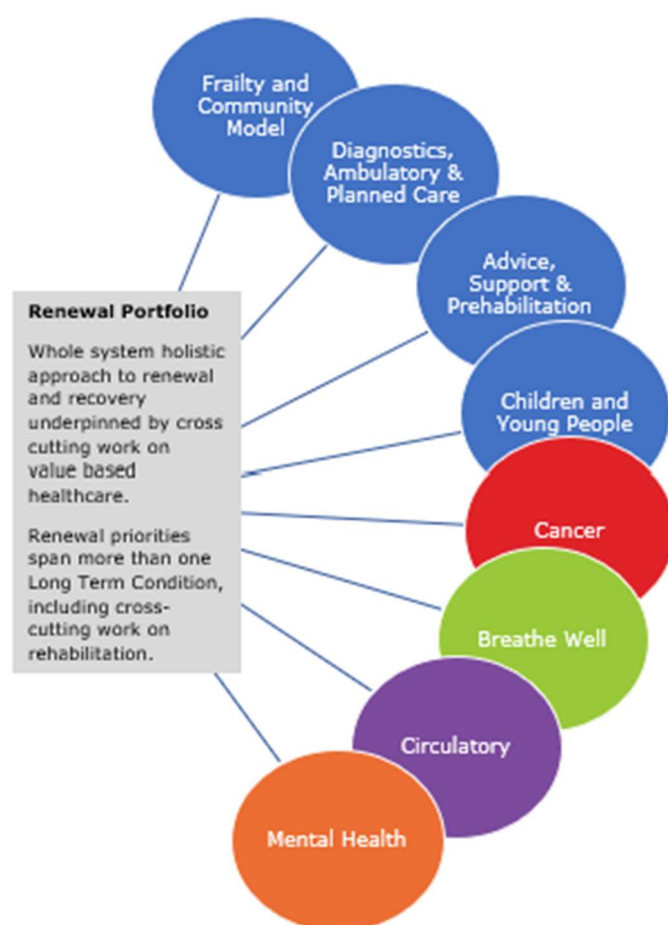
In relation to services provided by the health board itself, recovery is progressing consistently month on month and it is intended that waiting lists will be recovered within the year. An important initiative has already commenced with additional surgical, endoscopy and outpatient capacity procured through insourcing into Powys and the evaluation of this will also help to scope and progress further opportunities. Other work is underway to strengthen local and virtual multidisciplinary teams; provide virtual pulmonary rehabilitation; modernise follow-up; and improve access to diagnostics including clinics for sleep and spirometry; point of care testing; and FIT testing (fecal immunochemical test).

It is more complex for those waiting for care from other providers and the health board is working with neighbouring organisations to make a reciprocal offer in targeted areas to increase capacity locally. There is an agreed strategic intent to fully utilise theatre capacity as part of regional solutions to support the recovery of out of county waiting lists. This includes those areas identified through national and local work on value based healthcare, such as the Getting It Right First Time programme and clinical areas such as cataracts.

Alongside and fundamental to this work, there is a need to focus work on harm minimisation for those with the longest wait, focused on the impact for the person waiting for care, regardless of the service, provider or geography.

There is an evolving position with regards to infection prevention and control which impact on available physical space and capacity and this will continue to be included in detailed considerations of opportunities and challenges to delivery throughout the year.

The priority areas are included throughout this plan with detailed milestones in the Delivery Plan. Further major opportunities lie ahead and will be continuously reviewed in year.



Strategic Risks

There remains considerable uncertainty and complexity over the next three year planning horizon. Key strategic risks that will be managed over the period of this plan include:

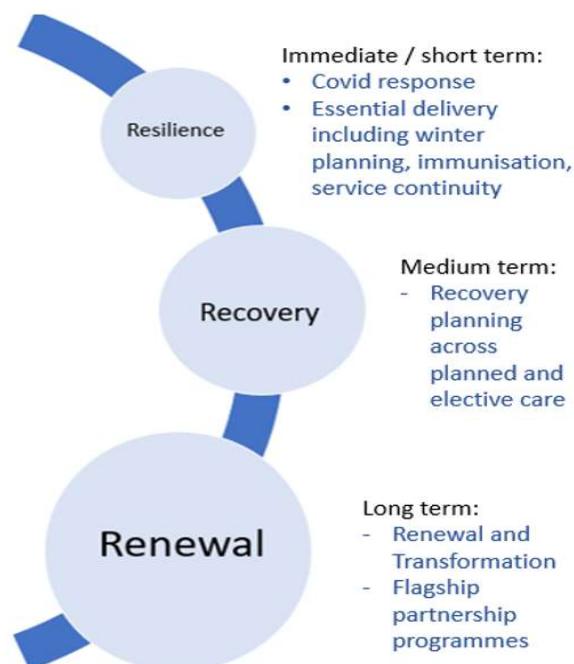
- Complexity and uncertainty in the external environment, impacting on the ability to fully respond to population health need
- Continued uncertainty requiring an agile response which limits the ability to consistently prioritise and impacts on the alignment of limited resources
- Introduction of significant changes in relation to the covid response with new services required to be delivered by the health board particularly in relation to vaccination and testing
- Complex and changing requirements for infection prevention and control in line with changing national requirements at UK and NHS Wales level
- Workforce challenges in relation to supply and sustainability, coupled with the impact of the pandemic on staff wellbeing and the increased workforce planning requirements in relation to new ways of working
- The increased scale and pace required for recovery and the capacity to deliver, lead and manage change effectively
- Variability and inequity of access to treatment for patients
- Complex commissioning arrangements with variances in the quality of care and a number of providers progressing improvement plans in response to regulatory measures
- Equally complex partnership arrangements with the need to balance sovereign governance and accountability with integrated, whole system approaches

A responsive, phased and cyclical approach will continue to be necessary in this context. Further detail is provided in the plan and in the PTHB Board Assurance Framework.

Resilience, Recovery and Renewal

Given the ongoing public health emergency, a phased and cyclical approach is central to delivery for the next three years. The three Rs of 'Resilience, Recovery and Renewal' will be used to review and reset priorities in line with contingency and local options planning:

- o Resilience: continued response to Covid and specific service and wider organisational resilience
- o Recovery: recovery planning and action in the short and medium term, that supports rather than undermines longer term renewal
- o Renewal: working to drive tangible service change that delivers improved outcomes, experience and cost with longer term sustainable transformation



Strategic Priorities 2022/23 – 2024/25

Focus on Wellbeing	
1.	Take action to reduce health inequalities and improve population health
2.	Deliver health improvement priorities including weight management, smoking cessation, early years and family health and wellbeing
3.	Develop and implement a 'business as usual' model for COVID-19 Prevention and Response and integrated, comprehensive vaccination
Early Help and Support	
4.	Improve access to high quality primary care
5.	Develop and implement a progressive, whole system diagnostic, ambulatory and planned care model, delivering more care closer to home
6.	Improve access to high quality prevention and early intervention services for children, young people and their families
Tackling the Big Four	
7.	Implement improvements in early diagnosis, treatment and outcomes for people with or suspected of having cancer
8.	Implement improvements in outcomes, experience and value in circulatory disease (Stroke, Heart Disease, Diabetes)
9.	Implement the next stage of the Breathe Well Programme, specifically aimed at repatriating care closer to home and on Children and Young people's Respiratory care
10.	Undertake a Strategic Review of Mental Health , to improve outcomes from high quality, sustainable services, including specialist mental health services
Joined Up Care	
11.	Design and deliver a frailty and community model enhancing outcomes, experience and value and the six goals for urgent and emergency care
12.	Support improved access to and outcomes from Specialised Services (including specialist mental health services and paediatrics, major trauma, neonates, PET, and recovery planning for bariatric surgery, cardiac surgery, plastic surgery, neurosurgery, paediatric surgery)

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Workforce Futures	
13.	Design and implement a comprehensive approach to workforce planning , focusing on attracting/securing workforce for targeted services (including internationally)
14.	Review, redesign and implement leadership and team development , enhancing clinical leadership and whole organisation focus on value.
15.	Deliver improvements to staff wellbeing and engagement , working closely with Trade Unions in Social Partnership on key joint priorities.
16.	Enhance access to high quality education and training across all disciplines, specifically focusing on 'grow our own'/apprenticeships.
17.	Enhance the health boards role in partnership and citizenship , including volunteering, and widening access to healthcare careers.
Digital First	
18.	Implement clinical digital systems that directly enable improved care, including cross border clinical records, service priorities (nursing, eye care, prescribing), and telecare.
19.	Implement key improvements to digital infrastructure and intelligence , undertaking a Digital Service Review for the medium/longer term, aligning to the Renewal Programmes and improving deployment of healthcare systems
Innovative Environments	
20.	Implement ambitious commitments to carbon reduction, biodiversity enhancement and environmental wellbeing .
21.	Implement capital, estate and facilities improvements that directly enhance the provision of services to patients/public and the wellbeing/experience of staff
Transforming in Partnership	
22.	Implement key actions to improve quality (safety, effectiveness and experience) across the whole system
23.	Enhance integrated/partnership system working , in Wales & England, improving regional approaches to planning and delivery of key services
24.	Implement value-based healthcare to deliver improved outcomes and experience, including effective deployment and management of resources
25.	Implement key governance and organisational improvement priorities including embedding risk management, effective policy framework; assurance; Board effectiveness and systems of accountability and organisational development

At a Glance Summary – ‘Plan on a Page’



1. Reduce Health Inequalities and Improve Population Health
2. Health Improvement
3. Covid Prevention and Response



4. High Quality Sustainable Primary Care
5. Diagnostics, Ambulatory and Planned Care
6. Children, Young People and their families



7. Cancer
8. Circulatory Disease
9. Breathe Well (Respiratory)
10. Mental Health



11. Frailty and Community Model including Urgent and Emergency Care
12. Specialised Services



13. Workforce Planning
14. Leadership and Team Development
15. Staff Wellbeing and Engagement
16. Education and Training
17. Partnership and Citizenship



18. Clinical Digital Systems
19. Digital Infrastructure & Intelligence



20. Carbon reduction, biodiversity & environmental wellbeing
21. Capital, Estates and Facilities Improvements



22. Quality across the whole system
23. Integrated Partnership Working
24. Value Based healthcare
25. Governance & Organisational Improvement



Focus on Wellbeing

'Focus on Wellbeing' sets out the work to enable children and young people to 'start well', for people to 'live well' and for older people to 'age well'.



Powys Outcomes

- I am responsible for my own health and well-being
- I am able to lead a fulfilled life
- I am able and supported to make healthy lifestyle choices about my mental and physical health, and well-being, for myself and my family
- I have life opportunities whoever I am and wherever I live in Powys
- My environment/community supports me to be connected and maintain health and well-being
- As a carer I am able to live a fulfilled life and feel supported

Strategic Priorities

1. Take action to reduce health inequalities and improve population health
2. Deliver health improvement priorities including weight management, smoking cessation, early years and family health and wellbeing
3. Develop and implement a business as usual model for COVID-19 Prevention and Response and integrated, comprehensive vaccination

Key Interdependencies

- Population Health is a ministerial priority and this approach supports delivery against the socio-economic duty and the Strategy for a Foundational Economy
- This builds upon the work to deliver against the Future Generations (Wales) Act and the Social Services and Wellbeing (Wales) Act including the principle of sustainable development, prevention and the Five Ways of Working
- The NHS Wales Coronavirus Control Plan / NHS Wales Planning Framework and other Welsh Government directions are key to balancing the immediate and longer term priorities for population health in the context of a public health emergency
- The national modelling and assumptions provided by the Welsh Government Technical Advisory Group are used to inform local modelling and planning
- International / national / regional and local research and evidence has been used to inform the Covid Prevention and Response planning and the longer term renewal and transformation plans
- Local delivery is set in the context of delivery against key national programmes and policy including Building A Healthier Wales, Healthy Weight, Healthy Wales
- Partnership and regional working is key to delivery in this area and is shaped by the shared Health and Care Strategy (which forms the Area Plan of the Powys Regional Partnership Board) and Powys Wellbeing Plan, Towards 2020 (the inter-generational strategy of the Powys Well-being Board)

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Why this important and the high impact actions that will be taken

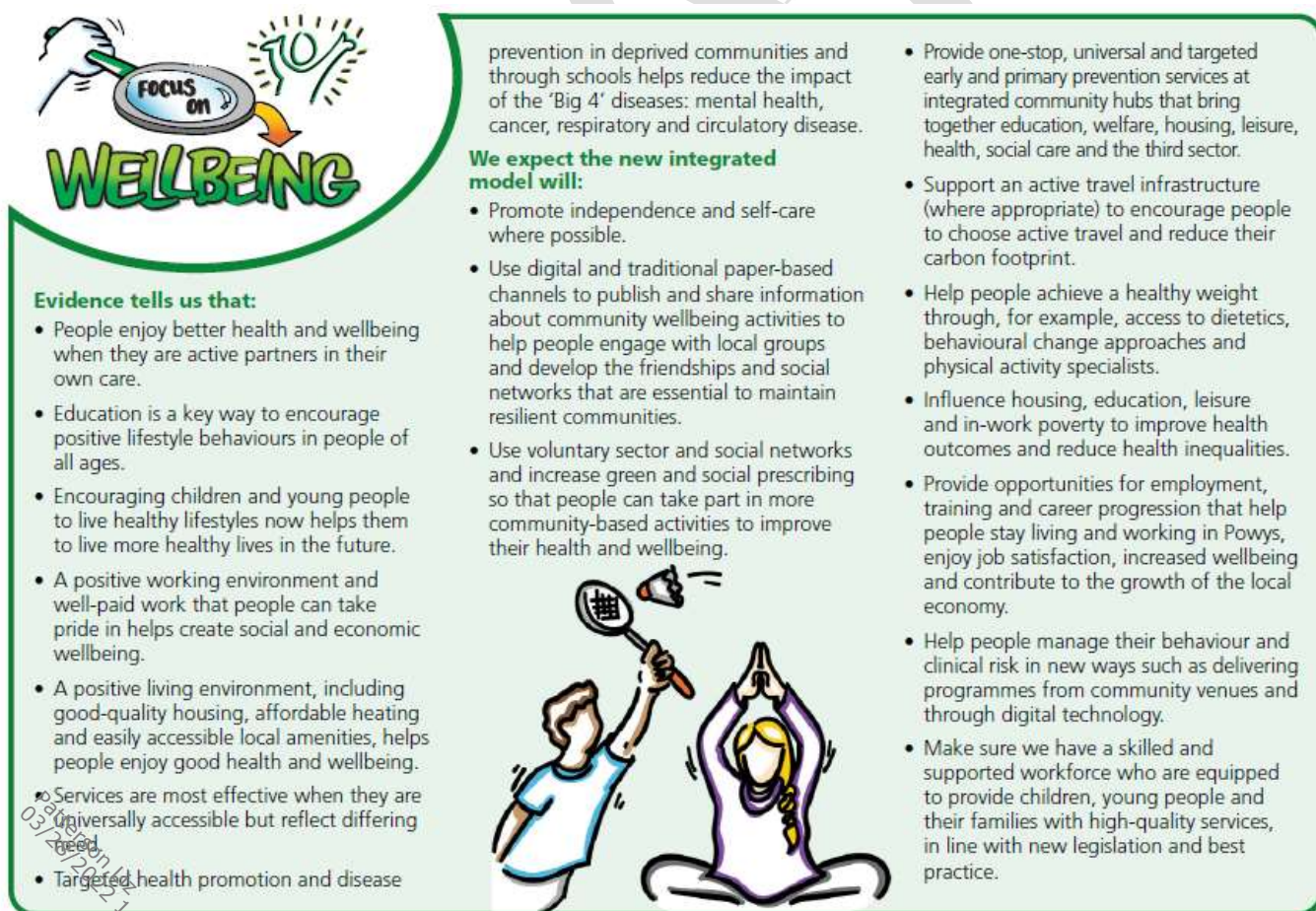
Promoting well-being and reducing inequalities is fundamental to population health and in the current context, this includes responding to the Covid-19 pandemic. This plan must also look further, to set out how we will take steps to recover, renew and transform services.

Health and wellbeing has been affected by the impact of the pandemic, including the reduction in non-Covid NHS activity and wider societal actions. Central to the health board's approach is reducing the potential for harm from this.

The NHS Operating Framework 2020/21 (Quarter 1) identified four harms of Covid and the need to address all of them in a balanced way, with the fifth cross-cutting harm explicitly recognising the important impact of inequality on the harm experienced by people in Wales.

This was subsequently updated to five harms (Technical Advisory Group Five Harms Arising from COVID-19, 9 July 2021, Welsh Government):

- Harm directly arising from Covid
- Indirect harm due to pressures on the health and care system and changes in healthcare activity such as cancellation or postponement of care and treatment
- Harms arising from population based measures such as lockdown and shielding, including educational harm, psychological harm and isolation
- Economic harms such as unemployment and reduced business income
- Exacerbated or new inequalities in our society.



WELLBEING

Evidence tells us that:


- People enjoy better health and wellbeing when they are active partners in their own care.
- Education is a key way to encourage positive lifestyle behaviours in people of all ages.
- Encouraging children and young people to live healthy lifestyles now helps them to live more healthy lives in the future.
- A positive working environment and well-paid work that people can take pride in helps create social and economic wellbeing.
- A positive living environment, including good-quality housing, affordable heating and easily accessible local amenities, helps people enjoy good health and wellbeing.
- Services are most effective when they are universally accessible but reflect differing need.
- Targeted health promotion and disease

prevention in deprived communities and through schools helps reduce the impact of the 'Big 4' diseases: mental health, cancer, respiratory and circulatory disease.

We expect the new integrated model will:

- Promote independence and self-care where possible.
- Use digital and traditional paper-based channels to publish and share information about community wellbeing activities to help people engage with local groups and develop the friendships and social networks that are essential to maintain resilient communities.
- Use voluntary sector and social networks and increase green and social prescribing so that people can take part in more community-based activities to improve their health and wellbeing.

- Provide one-stop, universal and targeted early and primary prevention services at integrated community hubs that bring together education, welfare, housing, leisure, health, social care and the third sector.
- Support an active travel infrastructure (where appropriate) to encourage people to choose active travel and reduce their carbon footprint.
- Help people achieve a healthy weight through, for example, access to dietetics, behavioural change approaches and physical activity specialists.
- Influence housing, education, leisure and in-work poverty to improve health outcomes and reduce health inequalities.
- Provide opportunities for employment, training and career progression that help people stay living and working in Powys, enjoy job satisfaction, increased wellbeing and contribute to the growth of the local economy.
- Help people manage their behaviour and clinical risk in new ways such as delivering programmes from community venues and through digital technology.
- Make sure we have a skilled and supported workforce who are equipped to provide children, young people and their families with high-quality services, in line with new legislation and best practice.



This plan is an important bridge on the journey back to the ambition in the longer term strategy. It has to tackle conflicting demands of the immediate and urgent health challenges however it also has to act as a vehicle to address the longer term harms.

A start has already been made in facing the challenges ahead. The long term partnership strategy 'A Healthy Caring Powys' has been reviewed in the context of the pandemic and all partners agree that it is even more important and relevant, to set a shared ambition and address the impact of the pandemic in relation to wider harms and worsening inequalities.

Resilience

Flexibility will be required to balance the 'five harms' and respond in an agile way to the virus and developments in technology such as **vaccines and treatments**.

The priority will be actions that are life critical and life essential; there are national frameworks in place that will be used to guide **local options** in the immediate term.

Key components of the **covid response** including **surveillance** and **vaccination** will be increasingly embedded into the population health approach alongside action on **health inequalities, improvement, immunisation, screening and**

Recovery

The Powys **Well-being Assessment** and **Population Assessment** are being updated and emerging findings have been used to inform this plan. Further work is underway to engage with stakeholders, partners and the public to ensure that it has captured what matters to the people of Powys.

All partners have agreed to carry out a 'mid-term review' of the **Health and Care Strategy** to evaluate progress against the outcomes set out for the Powys population, refining objectives and resetting action across partnership plans as necessary.

Renewal

Intensive work will be progressed on the **Renewal Portfolio** and this includes a workstream for Advice, Support and Prehabilitation which is centred around **prevention**.

A **social model of health and wellbeing** is being progressed through the North Powys Wellbeing Programme for adoption by the Powys Regional Partnership Board. This connects to regional planning across the Mid Wales health system and wider in NHS Wales and England (summary overleaf).

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1. Take action to reduce health inequalities and improve population health

A long term inter-generational plan, 'Towards 2040', has been agreed across all partners in Powys and reviewed in the context of the pandemic. It is overseen by the Public Services Board, established as a statutory partnership as part of the implementation of the Well-being of Future Generations (Wales) Act 2015 to improve the economic, social, environmental and cultural well-being of Powys through better joint working across all public services.



The health board has a key role in the Public Services Board which includes providing expert advice, leadership and action on public and population health and inequalities (including the five harms). There is an agreement to revise the Well-being Plan more fully in 2022, to take into account emerging evidence and learning from the pandemic response.

The shared ambition for improving population health and reducing health inequalities is a golden thread throughout this plan and central to the shared Health and Care Strategy for Powys, which has a ten year horizon. This runs in parallel to the Powys Well-being Plan and shares key action areas, notably in Steps 11 and 12 in relation to multi-agency responses and emotional health and wellbeing.

The North Powys Well-being Programme is a flagship initiative which is taking forward the ambition for a social model of health, whilst the multi-agency Mental Health Partnership (Live Well Mental Health within the Regional Partnership Board) is taking action that supports emotional health and wellbeing. These efforts drive forward goals 11 and 12 of the Wellbeing Plan overseen by the Public Services Board and are key developments of the Regional Partnership Board, as summarised overleaf (further detail in the Transforming in Partnership section of this plan).

Social Model for Health and Wellbeing

Current Model

- The scale of wellbeing needs in the population is currently unknown, new ways to support wellbeing and wellness need to be developed
- The current model is not fully comprehensive, could be more joined up in its approach and there is a need to strengthen the social model
- There is limited evaluation of what works well in terms of methods of delivery and mechanisms for measuring impact of wellbeing services offered
- There are pockets of good practice in communities, strong volunteering and wellbeing provision in some areas however a framework for bringing it together would help learning and improvement

Future Model: Citizen Led Placed Based Community Approach to preventing diseases and illnesses, improving wellbeing and reducing social isolation

Population Groups: general population, all ages

Access to Advice, Guidance & Wellbeing Activities	Framework for Change	Co-production (& relationships)	The context in which people live, work and play
<ul style="list-style-type: none"> • Directory of wellbeing services and sign posting to non-statutory / third sector services • Social model; Commissioning Framework enabling access to green and blue spaces, opportunities for social interaction • Promote independence and self-care; advice, wellness services, community support 	<ul style="list-style-type: none"> • Leadership and cultural change to embed new ways of working and new relationships • Comprehensive evaluation toolkit to measure impact • Pathways with evidence based referrals to social & green prescribing • Smarter ways to provide services, best use of resources in their communities, deliver outcomes that matter to people 	<ul style="list-style-type: none"> • Build relationships; engage with communities, establish community partnerships • Establish shared vision and goals, principles, ways of working to empower community to build on their own • Identify good practice and share learning • Community cohesion, empower communities to manage local needs, work with providers to support and meet needs as an alternative to statutory intervention 	<ul style="list-style-type: none"> • Health and care academy providing education, training and development, inc. volunteers and carers • Enhanced services locally providing new career and job opportunities • Universal and targeted services to those with the greatest needs, ensuring equity, bringing together wellbeing activities, housing, debt management, health, and care, holistic and personal support for those most vulnerable

The social model is part of the work being taken forward as part of the North Powys Wellbeing Programme, with applicability across the whole of Powys and the wider region.

It is recognised by all partners that a shift is required, to forge new relationships between public services and communities.

A holistic understanding of residents' needs will support the outcomes that are wanted in Powys and ensure the greatest value is achieved from public services.

Shared decision making and co-production will be key to face the challenges ahead and identify sustainable, innovative, shared solutions that work for the communities of Powys.



2. Deliver health improvement priorities including weight management, smoking cessation, early years and family health and wellbeing

Improving population health and reducing inequalities in health outcomes are core strategic priorities in the IMTP 2022-25; these are long standing priorities which form the foundation, or golden thread, for population health and wellbeing.

Key actions are based on a strong evidence base and are in line with the national approach set out in 'A Healthier Wales'. Health improvement priorities include:

- development and implementation of weight management pathways for adults and for children, young people and families as part of the local implementation of the national obesity strategy (Healthy Weight: Healthy Wales)
- developing a systems approach to obesity prevention in Powys
- reducing smoking prevalence through local smoking cessation services and with a focus on specific risk groups
- actions to improve health outcomes and to reduce health inequalities in the early years through family health and wellbeing services for example through provision of lifestyle advice and support to pregnant women
- actions to identify and address inequalities in Covid and childhood vaccine uptake

Since the greatest gains for population health are to be achieved by supporting health in the early years there will be an increasing focus on family health, building a wellbeing offer that is wrapped around the individual and their home, in an increasingly integrated way.

This will recognise the impact of the pandemic on the health and wellbeing of children and families and on the social gradient in health. It will focus on improving access to high quality prevention and early intervention services for children, young people and their families.

Using both universal and targeted approaches as appropriate, services will identify and support those with the greatest need and those facing the highest risk of experiencing inequitable access in order to improve population health outcomes and reduce inequalities.

The Powys Healthy Preschools/Bach a Iach (Small and Healthy) and Healthy Schools Schemes will work with preschool and school settings to promote improvements in health outcomes for children and young people through educational settings, with an emphasis in 2022/23 on healthy weights, emotional and mental health and wellbeing, and RSE (relationships and sex education).

This will include work to embed the Foundation Phase Bach a Iach approach into the future delivery of the Healthy Schools Scheme. Foundation Phase Bach a Iach is a local development of the Healthy Schools Scheme that was funded by the North Powys Wellbeing Programme in 2020/21 and 2021/22 and which involved using the Bach a Iach approach (originally developed to accelerate the Powys Healthy Preschools Scheme) to promote physical literacy, physical activity and healthy eating in primary schools. It will also include further work to embed the Whole School Approach to Mental and Emotional Wellbeing in schools in Powys following initial work with 15 local schools in 2021/22.

Recognising the ongoing need to respond to the COVID-19 pandemic including any future variants, a 'business as usual' model will be implemented for COVID-19 prevention and response including integrated, comprehensive vaccination services. Actions will include work to reduce variation in the uptake of the COVID vaccine.

3. Develop and implement a business as usual model for COVID-19 Prevention and Response and integrated, comprehensive vaccination

The COVID-19 pandemic has dominated the work of the health board over the last 2 years. Whilst case rates continue to fluctuate, particularly as differing variants emerge and take hold, the underlying position is one of slow progress through the pandemic to life living with COVID as a feature. Wales, at the start of 2022/23 is at COVID 'Stable' in terms of level of escalation, with most of the legal restrictions being lifted and a shift toward guidance and advice for the population. Whilst the pandemic is not over, it is important to look ahead at the provision of prevention and response services. The Welsh Governments published transition plan, "Together For A Safer Future" (4 March 2022), sets out the approach to managing the pandemic moving forward. At a local level, the COVID-19 prevention and response goals for 2022/23 will fully align to this.

The approach will recognise the vital interdependencies between:



Diagnostics & Therapeutics

- transition from universal testing to a focus on testing to diagnose, protecting the most vulnerable and ensuring business continuity.
- maintaining readiness for rapid deployment of surge testing if required.
- offering anti-viral treatments and other therapeutic options based on the latest available evidence.

Surveillance & Evidence

- proportionate approach to monitoring through an increasingly integrated approach to respiratory surveillance including influenza and respiratory syncytial virus (RSV).

Prevention & Control

- building on local experience of COVID-19 to work with Public Health Wales on Health Protection Response arrangements that are integrated and fit for the future.
- working with Powys County Council on contact tracing arrangements for endemic and surge scenarios in outbreak situations.
- utilising behavioural insights and risk communication in partnership with trusted voices to Keep Powys Safe; whilst a universal response will be maintained, a target on vulnerable and underserved communities will be core to the approach.
- delivering a programme of COVID-19 vaccination and working towards a future comprehensive immunisation model in line with national strategy as that develops. The aims for 2022/23 are:

Aim 1:	Aim 2:	Aim 3:	Aim 4:	Aim 5:	Aim 6
To continue to offer vaccination for people who have not yet taken up the offer, ensuring no one is left behind.	To deliver a safe, prudent and timely spring booster programme in line with national guidance when published.	To continue to deliver vaccination for children and young people aged 5-17 in line with national guidance.	To deliver a safe, prudent and timely autumn booster programme in line with national guidance when published.	To ensure a surge plan is in place to deliver c. 2.5k doses per day for 3 weeks if needed	To continue to review COVID-19 vaccination delivery in order to transition to a "business as usual" model in line with the National Immunisation Framework

Focus on Well-being Summary of Strategic Priorities and Key Actions

1. Take action to reduce health inequalities and improve population health

Key Actions:

- | | |
|--|------|
| - Provide expert advice, leadership and action on public and population health and inequalities (including the five harms) | DPH |
| - Explore and respond to impact of COVID on population health outcomes | |
| - Support the revision to the Public Service Board Wellbeing Plan to ensure population health priorities are recognised | |
| - Deliver improvement through Equalities and Welsh Language Work Plan | DoTH |

2. Deliver Health Improvement Priorities including weight management, smoking cessation, early years and family health and wellbeing

Key Actions:

- | | |
|--|-----|
| - Implement local actions in <i>Healthy Weight: Healthy Wales 2020-2022 Delivery Plan</i> , implement a comprehensive weight management pathway for adults and children, young people and families | DPH |
| - Better integrate the specialist stop smoking service, and re-engage with community pharmacies stop smoking services and explore options for delivering in primary care | |
| - Invest <i>Building a Healthier Wales</i> prevention and early years funding in line with national priorities and governance | |
| - Continue to deliver Healthy Schools and Healthy Pre-schools/Bach a Iach schemes, focusing on healthy weight, emotional and mental health and wellbeing and RSE (relationships and sex education) | |
| - Manage the transfer of Powys Local Public Health Team into PTHB, | |

3. Develop and implement a 'business as usual' model for **COVID-19 Prevention and Response and integrated, comprehensive vaccination**

Key Actions:

- | | |
|--|-------------|
| - Implement the COVID-19 Prevention and Response transition plan | DPH
DoPP |
| - Offer anti-viral treatments and other therapeutic options based on the latest available evidence | DPH
DoPP |
| - Deliver the COVID-19 Vaccination Strategy for 2022 | DPH
DoPP |
| - Implement the National Immunisation Framework for Wales | DPH
DoPP |

Early Help and Support



This section sets out how we will offer early help and support to enable children and young people to 'start well', for people to 'live well' and for older people to 'age well'.

Outcomes

- I can easily access information, advice & assistance to remain active & independent
- As a child and young person, I have the opportunity to experience the best start in life
- I have easy access, advice and support to help me live well with my chronic condition

Strategic Priorities

4. Improve access to high quality sustainable primary care
5. Develop and implement a progressive, whole system diagnostic, ambulatory and planned care model, delivering more care closer to home
6. Improve access to high quality, equitable prevention and early intervention services for children, young people and their families

Key interdependencies

- Primary Care Contractors and the North, Mid and South Powys Clusters are pivotal to the delivery of Early Help and Support as noted in more detail to follow
- The National Programmes for Primary Care and Accelerated Cluster Development are key drivers, alongside the work on primary care contract reform
- There are complex and multi layered local, regional and national interdependencies in relation to delivery against the NHS Wales Recovery Plan and National Clinical Framework as well as cross border considerations and recovery planning
- These include a range of programmes in the areas of diagnostics, ambulatory and planned care which span multiple clinical pathways and health conditions (such as the work of the NHS Collaborative overseen by the collective NHS Chief Executives)
- The recovery and renewal of healthcare is interdependent with national programmes including those specifically focusing on children, young people and families such as Healthy Child Wales
- There have been important developments in ways of working across clinical and professional disciplines such as nursing and therapies and our local work will be set against the work of national bodies including the Royal Colleges and peer networks

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Why this important and the high impact actions that will be taken

Early Help and Support was identified as an objective at the start of the Health and Care Strategy in 2017. It is repeated and renewed in the messages heard from continuous engagement with our population and partners.

In the context of the responding to the Covid-19 pandemic, it has specific relevance. There has been a disruption in healthcare over the past two years, with changes in the way people have accessed support and longer waits to access care. There is a greater need to build and transform the ways in which people can get early help and support.

There are challenges faced across primary care contractors in relation to service fragility; with cluster level planning and development a key opportunity to build high value approaches to services. This will be taken forward over the next three years, working with the national programme for Accelerated Cluster Development, to deliver tangibly improved, sustainable and innovative models of care. A variety of resilience measures have been put in place across **Clusters** which will be built upon, such as buddy up systems, cluster contingency plans, active signposting services and remote working solutions. Technology solutions have been upscaled into fully embedded solutions to enable patients to access efficient and effective resilient health care services.

Wider, whole system approaches in Clusters will focus on innovative care pathways, building on Virtual Wards and Care Co-ordination. Out of Hours provision will be developed as an integrated 24hour/ 7 day service (urgent primary care). Links with frailty work and enhanced primary care mental health support will target risk reduction and condition management and stability.

Links with the Strategic Programme for Primary Care and key national programmes ensure that Powys is aligned to developments in models of care such as the All Wales diabetes prevention.



EARLY HELP AND SUPPORT

Evidence tells us that:

- Inequalities experienced in childhood affect people's outcomes in later life. For example, children who experience disadvantage are more likely to adopt harmful behaviours which can lead to mental illness, cancer, heart disease and diabetes. When agencies work together they are more likely to identify at-risk children early and provide families with the right support at the right time.
- People with long-term conditions account for around 50% of all GP appointments and 70% of inpatient bed days. When they take part in health promotion and disease prevention activities, these people can benefit from a long-term reduction in their disease burden. Where people with long-term conditions need ongoing support, multi-agency intervention can help them stay at home for longer and only go into hospital when there is a clear need.
- Early screening and diagnostic testing and quickly establishing care pathways can

reduce the long-term burden of disease. When people have help to adopt a healthy lifestyle and access mental health support they can change their behaviour and further reduce the long-term burden of their disease.

We expect the new model of care and wellbeing will:

HELP CHILDREN START WELL

- Recognise the importance of the first 1000 days of a child's life and provide activities that help children develop resilience as they move into adulthood.
- Ensure provision of good quality childcare and improve early years parenting and transition to school programmes so that every child starts school ready to learn.
- Make sure every child has the support they need to reach their full potential at school.
- Provide early intervention, multi-agency services for families who are most in need so that more children who are at risk stay at home.

HELP COMMUNITIES BECOME SELF-SUSTAINING & MORE RESILIENT

- Help people draw on their own strengths and the support available to them in their community to reduce the need for statutory interventions.
- Make better use of public buildings so we have more facilities from which communities and providers can bring children, young people and adults together

to share skills and experience through a wide range of intergenerational activities.

SUPPORT PEOPLE WITH LONG-TERM CONDITIONS TO LIVE WELL

- Monitor people's lifestyles so we can target resources to meet need and reduce the impact of clinical and social risk factors.
- Identify people who are at risk of developing a disease and provide prompt local diagnosis, one-stop services (including counselling and psychology) and support at home.
- Provide more, and increase access to expert patient programmes and advance care planning so people can support themselves and manage any urgent interventions to reduce hospital admissions.
- Give people the support, care and equipment they need to live as independently as possible.
- Help clinicians and professionals with specialist interests work together to improve local services through a more integrated approach across agencies.





Resilience

The first point of contact for many people in Powys is primary and community care, and the maintenance of essential services across General Practice, Dentistry, Optometry, Pharmacy, Therapies, Community Teams and Nursing remains the immediate priority. Flexibility and adaptability will continue to be needed as the pandemic evolves.

A continuous assessment and targeted action for system resilience to stabilise delivery will be used in line with National programmes for Recovery, Primary Care, Accelerated Cluster Development, Planned Care and Unscheduled Care.

Recovery

The three 'Clusters' of North Powys, Mid Powys and South Powys have developed plans alongside the IMTP which set out the path for the year ahead and beyond. Innovations will be increasingly embedded to support recovery, including multi-disciplinary team working, risk stratification and case management, and digital care.

A systematic approach is in place to track and ensure targeted action to address fragility in primary care contracted services and wider community provision including the third sector.

Renewal

Clusters are uniquely placed to understand the needs of communities and over three years, the Clusters will increasingly work to improve outcomes of local communities in their geographies.

The Pharmaceutical Needs Assessment completed in 2021 also provides an important platform for sustainable delivery in the medium and longer term as does the national work on primary care contract reform.

National and regional programmes of work are centrally important for a whole system approach to renewal. These include the NHS Wales Collaborative and recovery work/ National Clinical Framework. Key areas are eye care, diagnostics, endoscopy and

4. Improve access to high quality sustainable primary care

Primary Care is both the first and main point of care for people contacting the NHS in Wales. This front-line care occupies a unique position in the Powys model and early help and support intervention maximises opportunity to make an impact.

The health board tracks the status of **general practice** and provides targeted support in the short term and assist with initiatives which will address the ongoing sustainability of delivery, including expanded multidisciplinary working such as First Contact Physiotherapy Practitioners, Mental Health Practitioners and Physician Associate Development programme.

Cluster initiatives include expanding the remit of the minor ailment community pharmacy scheme and independent prescribers; expanding the community optometry eye care service offer to support falls screening and prevention; optometrists offering basic health care checks and hosting of medical students with links to Glyndwr University in the North Powys Cluster.

Accelerated Cluster Development

There are three Clusters in Powys, which are shaped by the natural geographies and community footprints in the county – North Powys, Mid Powys and South Powys. The pan Powys Cluster approach gives significant commitment to:

- Improved access to urgent and unplanned care
- Improved proactive care for those with more complex needs
- Improved routine and preventative care
- Improved business efficiency and sustainability within practices
- Delivery of safe effective care as close to home as possible

This will improve the health and wellbeing outcomes for the population, by designing services that specifically meet the needs of that population, improving access by providing more services, delivered locally, to prevent avoidable acute care demand

Clusters have had to adapt to health provision in ways never seen before, to respond to the pandemic and have established a closer and more collaborative approach to working across all partner organisations. This includes Active Signposting, increased liaison with the third sector to support access in planned and acute care and support for Mental Health and wellbeing. Advances in technology have allowed patients greater access to online interactive services including a cluster standardised website.

Clusters have responded to increased demands placed on all services including supporting those with covid and the wider impacts of the pandemic, and the Vaccination programme. Increasing demands across the wider health care system and the recovery and adaptation of services has influenced the cluster priorities for the year ahead. These are summarised below:

Strategic Programme for Primary Care key programme priorities	Ministerial priorities	Cluster	Priority
Urgent Primary Care	NHS Recovery	Mid & North	Covid Recovery, health and wellbeing services including phlebotomy, chronic disease
Community Infrastructure	Supporting the health and care workforce	North & Mid	Health & Wellbeing Officer to promote third sector, apps and <u>self care</u> information
Community Infrastructure	Population Health	Mid	My Surgery App to support access, repeat prescriptions, health information
Mental Well-Being	Mental health and emotional well-being	South	Mental Health – dedicated 111 service to support chronic disease management
Accelerated cluster Development	A Healthier Wales	North	Provision of Pharmacy services to North Cluster Practices
Accelerated Cluster Development	Population health	North	Digitisation, Apps, and IT innovation to support improved access and patient care
Accelerated Cluster Development	A Healthier Wales	Mid	Cluster wide First Contact Practitioners – physiotherapy triage service
Accelerated Cluster Development	A Healthier Wales	South	Expanded provision of Cluster Pharmacy Team
Accelerated Cluster Development	Supporting the health and care workforce	South	Primary Care Transformation Training to support new and existing roles

Similarly in **Dental services** the focus is recovery from the impact of the pandemic:

- Contract reform will support development in general dental services.
- Services including Design 2 Smile and Gwên am Byth programme will be restored, utilising the Mobile Dental Unit to provide services to residential and care homes.
- A new dental contract will be provided in Llandrindod Wells, responding to the population needs in the mid Powys cluster.
- A Special Care Dentistry Service and paediatric support is being scoped for expansion.
- The health board deploys community dental resources to support access and additional sessions will be offered to dental practitioners to support recovery.
- Increased training through foundation places has had a positive impact and will be continued.
- The Powys Training Academy will expand the dental training offer, with investment to train additional Dental Nurses in extended duties.
- Undergraduate dental therapy student placements will be taken forward within the Community Dental Service.
- Local enhanced skills (DESSs) will be developed to support and build contingency into the Powys primary care dental service across the community dental service and the upskilling of general dental practitioners to offer a more local service to the population.

Eye care is being developed in line with optometry contract reform plans:

- Role development and higher professional qualifications for Powys Optometrists.
- The provision of an eye care domiciliary service.
- Renewal funding has provided new clinical pathway opportunities which will be expanded as part of the new optometric contract.
- Independent prescribing optometrists will be able to use their skill and qualification to manage a broader range of urgent eye conditions.
- Patients awaiting hospital glaucoma follow up will be seen in primary care for review.
- Improved pathways will support the recovery of services for children linked to the school vision screening service and onward referral to primary care optometry.
- The Powys 'Eyes Open' campaign will raise awareness around the signs of sight loss and the need for eyecare.
- A multi-disciplinary Specialist Optometrist will be appointed to work with the North Powys Wellbeing Programme and secondary care outpatient colleagues, delivering outpatient clinics, domiciliary service provision, and backfill for primary care practices who allow practitioners time away from their practice for training in our hospitals.
- Cluster initiatives will expand the community optometry eye care service offer to support falls screening and prevention as part of the wider frailty model and enable optometrists to offer basic health care checks, for example Blood pressure checks.

Community Pharmacy is being developed in line with the recently published Contractual Framework (2022 – 2025) in line with Pharmacy: Delivering A Healthier Wales, the profession's response to the NHS Wales future strategy. There is a greater focus on clinical services, workforce and integration with cluster models. Key actions include:

- Further integration of new roles of Primary Care Cluster Community Pharmacy Leads.

- Multi-sector training with time in community pharmacy, hospital and primary care – PTHB is supporting two trainees which will be increased to six in 2022/ 2023 intake.
- Further increases in multi sector training placements are planned for following years.
- Working closely with HEIW and pharmacy / general medical services colleagues to form a flexible workforce and develop skills and competencies.
- Ensuring equitable access to training and grants for Powys pharmacists to improve sustainability and access of community provision.
- Extending provision of Independent Prescribers across Powys with three additional sites planned in 2022.
- A new national service in 2022/23 will focus on extended common ailments service.
- Regular contraception provision will also be provided in the new national service.

Technology is providing new ways of working through artificial intelligence and apps. This provides more timely diagnosis and onward referral, such as the Dermatology project that will be taken forward in 2022.

The use of social media platforms is also an opportunity to enhance health and wellbeing advice, supported by Health Promotion Facilitators to build on the connectivity with the third sector support available in Powys. The Practice in Powys recruitment website is being relaunched and will expand to include Optometry, Dental and Pharmacy job opportunities.

5. Develop and implement a progressive, whole system diagnostic, ambulatory and planned care model, delivering more care closer to home

The long term ambition for Planned Care is to enable early help and support which delivers against the 'Powys Outcomes' set out in the shared Health and Care Strategy. As well as the immediate work to reduce waiting times that are unprecedented opportunities for the health board to improve outcomes for patients by redesigning existing pathways across the system. A renewed approach with an ambitious **Diagnostics Plan** over three years will radically transform pathways improving outcomes for conditions such as cancer, stroke, heart disease, respiratory disease, dementia and rare diseases, as well as increasing access closer to home. It will provide early help and support and prevent harm from delayed or inappropriate intervention. This includes expansion of diagnostics provision outside district general hospitals including imaging such as scanning and x-ray, tests and monitoring for cardiac and respiratory functions, pathology, phlebotomy and endoscopy.

As well as improved clinical patient and clinical outcomes, efficiency gains should be delivered for example avoidance of duplication of imaging through IT networking, networking of pathology tests and reductions in acute admissions and length of stay.

The health board has been reducing waiting times for planned care, which rose during the pandemic through a range of initiatives including patients contacted on waiting lists and provided information about wellbeing and sources of support; the backlog for spirometry has been cleared using innovative drive in clinics; multi-disciplinary teams have been strengthened to review respiratory patients delayed to follow up; pulmonary rehabilitation has been used to clear backlogs; providing GPs with sources of secondary clinical advice; and temporarily extending the capacity for outpatients, endoscopy and day case surgical procedures within Powys hospitals.

The North Powys Programme is the flagship partnership programme which is taking forward key change areas as pathfinders in North Powys. This will support the Powys Model of Care - more information can be found in the Transforming in Partnership section.

More immediately, there is a focus on the recovery and sustainability of planned care. The **Renewal Portfolio** includes a programme to establish increased diagnostic capability at home, within primary care practices and diagnostic hubs; ambulatory care centres supporting care such as medical day cases; prioritise repatriation and expansion in directly provided services, scoping opportunities for in-reach and joint workforce.

Key actions in each quarter include:

- Diagnostic Plan; Model of Care; Creative Workforce Model Q1
- Powys provider Referral to Treatment Access restoration by May 2022
- Identify repatriation / expansion opportunities Q2, Implement Q3 – Q4
- Increase diagnostic capability at home, primary care and hubs Q2 – Q4
- Modernisation of Outpatient Services Q1-4
- Ambulatory Care Plan and Model Q2; Implementation Q3 – Q4
- Develop Planned Care workforce model to build resilience and harness opportunities including the appointment of a Planned Care Clinical Lead Q1-4

Alongside this work will be structured advice and support to improve health and wellbeing including a Patient Liaison Service, targeted “pre-habilitation” and redesign of the orthopaedic pathway to implement the Getting it Right First Time (GIRFT Review). Key actions include:

- Embed Advice, Support & Pre-habilitation offer within orthopaedics Q1
- Implement orthopaedic redesign, incorporating GIRFT review Q1 - 4
- Review Patient Liaison, Advice, Support & Pre-habilitation pilot Q2
- Learning from future GIRFT reviews for elective general surgery, gynaecology and stroke services Q2 – Q4

There are pivotal developments which will be mobilised over the next three years to drive forward both the long term ambition for Planned Care and the immediate priority to recover backlogs arising from the disruption in healthcare caused by the pandemic:

- Enhanced local and regional service offers to target key areas of waiting times with delivery of expanded endoscopy capacity as an immediate priority in Year 1.
- Maximise diagnostic capability locally to support renewal and transformation work, including non-obstetric ultrasound as an immediate priority in Year 1.
- Develop a sustainable endoscopy model to support increased capability and repatriation aligned to National Endoscopy Programme.
- Increase capability for Cervical and Bowel Screening with Public Health Wales.
- Deliver local and regional solutions to increase Theatres and Treatment capability in Gynaecology, Eyecare, General Surgery, Ear Nose and Throat, Urology, Orthopaedics.
- Modernisation of outpatients progressing regional / national priorities of ophthalmology and respiratory care, See on Symptom, Patient Initiated Follow Up, digital healthcare, prudent follow up and advice and guidance.
- Delivery of Medicines Management workplan including value based initiatives to embed improvements in practice.

- 'Ways of working' – developing the workforce model to build resilience and harness opportunities in medical/ nursing and professional roles, including actively building on the multi-agency pandemic response.

The nursing and therapies teams have adapted services throughout the pandemic and will play a key role in the ambition for planned care, working together to ensure that services are delivering the greatest benefit to meet need:

- Reviewing and refreshing the delivery of nursing care across ward and community environments and therapies provision, learning from the new ways of working and responding to the needs of the population in the context of the impact of the pandemic
- Delivering a holistic approach for those with complex care needs, providing support as close to home as possible, with a home first ethos that supports independence and avoids unnecessary admissions to secondary or community care settings
- Providing an integrated response for those with Additional Learning Needs (ALN) in line with the national and local partnership approach
- Infection Prevention and Control to ensure that people receiving care and people providing care are free of avoidable infection, including the assessment and management of risk in relation to Covid-19 and respiratory care
- Safeguarding to keep the people of Powys safe from harm and abuse and is at the heart of all aspects of health care in Powys
- Lead the co-ordination of efforts across the organisation to champion, promote and ensure appropriate assessment and action on Equalities and Welsh Language

6. Improve access to high quality, equitable prevention and early intervention services for children, young people and their families

The foundations for life are laid in the early years of life, starting in the womb. What happens in the early years influences physical and mental health across the life-course. Adverse Childhood Events (ACEs) are a particular concern because of their impact on health and wellbeing. Furthermore, evidence of a significant impact on health and wellbeing is emerging as a result of the pandemic, especially for the most vulnerable children and young people.

The learning and evidence base highlights the need for a holistic approach to physical, emotional and psycho-social need and for children, young people and families to shape and inform the priorities. A focus on children, young people and families is crucial in improving population health across the life-course and a focus on those with the greatest need is required in order to reduce health inequalities.

Improving access to high quality prevention and early intervention services for children, young people and their families, and ensuring that these services address inequalities by targeting those with the greatest need is therefore one of the strategic priorities of this plan.

The Women and Children's teams in the health board have a key role in the partnership work noted overleaf and in supporting organisational developments such as universal access to childhood screening, immunisation and vaccination.

The team will support partnership work to deliver a refreshed approach to support children with complex care needs and disabilities including support to manage chronic disease, delivery of the paediatric therapies model and remodelling the Neurodevelopment Service. Plans are also in place to improve case management and testing for sexual health and scoping and developing a sustainable Gender Identity service.



START WELL Priorities 2022/23

The Start Well Partnership continues to drive forward and governance its priorities around 5 key workstreams: Emotional Health and Wellbeing, Children with Complex Needs/Disabilities, Building resilient communities and Integrated Access, Keeping children in Powys, Voice of the Child (via Junior Start Well Boards)

Goals for Focus on Wellbeing:

- Community Wellbeing Hubs and local accessible services, bringing together public services, third sector and communities
- A holistic use of green space to support play, work, mental and physical activity
- A range of accommodation options and access for young people

Goals for Early Help and Support:

- Emotional and behavioural support for families, children and young people to build resilience and support transition to adulthood
- First 1000 days focusing on preventing adverse childhood experiences
- Targeting resources towards disadvantaged families
- Supporting and assisting young carers
- Ensuring transition into adulthood is well managed and minimises anxiety

Goals for tackling the Big Four:

- Creating the foundation of good health including healthy weight, positive diet and activity, personal resilience and relationships to reduce risk of ill health

Goals for Joined Up Care:

- Fully integrated experience of health and care
- Public services working closely to support young people and healthy behaviours
- Ensuring young people are safeguarded and resilient

Priority Activity 2022 (Revenue and Capital Considerations)

- Targeted prevention, continuation of Bach A Iach
- Powys Together Project to increase opportunities and reduce disadvantage for children and young people and families through community development work. Based on a Children's First approach (Machynlleth/ Welshpool / Newtown / Llanidloes)
- Links to North Powys Wellbeing Programme and further roll out of Children's First initiatives
- Implementation of the NYTH / NEST Framework and continuation of the C-19 Project to address Emotional Health and Wellbeing issues of children and young people
- Integrated Access to Services (links with Transition Project)
- 'Missing Middle' and development of Therapeutic Intervention Model
- Edge of Care Service for Children at risk of being Looked After
- Continuation of Repatriation for Children Looked After
- Establish Safe Accommodation for children with complex needs therapeutic model
- Post-Adoption Psychological Support Service
- Participation with Young People – Junior Start Well Board

Early Help and Support Summary of Strategic Priorities and Key Actions

4. Improve Access to High Quality Sustainable Primary Care

Key Actions:

- General Practice: *General Medical Service renewal and recovery, contract reform, sustainability, integrated working, out of hours*
- Accelerate Cluster Development including Delivery of Cluster Plans 2022 – 2023
- Dental Services: *Recovery, additional access for mid Powys, Directed Enhanced Service, oral surgery, training offer, paediatric dental support, mobile unit, Community Dental Service*
- Optometry: *Implementation of contract reform, development of clinical roles, delivery against national eye care recovery plan*
- Pharmacy: *Implementation of contract reform, training and role development, Independent Prescribing & Common Ailments*

DPCCMH

5. Develop a whole system Diagnostic, Ambulatory and Planned Care Model

Key Actions:

- Delivery of the Diagnostics, Ambulatory and Planned Care programme & Advice, Support and Prehabilitation Workstream (*Renewal Portfolio*)
- Mobilisation of Planned Care improvements *Enhanced local and regional services including endoscopy, diagnostics, cervical and bowel screening, theatre & treatments, outpatients, medicines management*
- Implement sustainable medical and workforce model *Embedding learning from system resilience and multi-agency pandemic response; integrated approach for complex care needs*

DoPP

DPCCMH

DoN
DoTH

6. Improve access to high quality prevention and early intervention services for **children, young people and their families**

Key Actions:

- Delivery of Regional Partnership Board 'Start Well' Priorities *Healthy growth and development; children with complex needs and disabilities; access for children who are looked after*
- Implementation of Maternity and Neonatal pathways *Taking into account NHS Wales Maternity & Neonatal Safety Improvement Plan and Ockenden Report in NHS England*
- Remodel delivery of key services for women and children *including the Neurodevelopment service, sexual health services, gender identity and paediatric therapies.*

DPH
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Tackling the Big Four

This section sets out how the health board will develop effective services to treat and support people suffering from the four main causes of ill health and premature mortality in Powys.



Powys Outcomes

- I have easy access to support, information and early diagnosis
- I have early intervention and appropriate treatment
- My treatment and support is high quality, evidence based and timely as locally as possible

Strategic Priorities

7. Implement improvements in early diagnosis, treatment and outcomes for people with or suspected of having **cancer**
8. Implement improvements in outcomes, experience and value in **circulatory disease** (Stroke, Heart Disease, Diabetes)
9. Develop and implement the next stage of the **Breathe Well** Programme, specifically aimed at repatriating care closer to home and focusing on Children and Young people's Respiratory care
10. Undertake a **Strategic Review of Mental Health**, leading to an agreed Strategic Plan to improve outcomes from high quality, sustainable services, including specialist mental health services

Key interdependencies

- As well as being major priorities individually, there are important inter-relationships across the "Big Four". A major issue of inequality is the physical health outcomes of people with mental health conditions. The mental health needs of people with long term conditions is also important and requires a holistic approach.
- The health board is working closely with All Wales clinical networks, aligned with the NHS Wales Collaborative programmes and the National Clinical Framework. This is particularly important for Powys, to access the clinical and medical expertise employed in our neighbouring District General Hospitals.
- Powys residents access care across multiple healthcare systems in both England and Wales and the health board is both a commissioner and a provider of care. Work is needed locally, regionally and nationally. Powys is itself a statutory region, working with five other health economies across England and Wales. Strategic reconfiguration in other health boards and regions is a key interdependency.
- It is especially important for Powys that comparative information is available nationally focused on the populations of health boards, to help to understand outcomes, inequalities and whether improvements can be tracked over time, in addition to comparative information about the provision of services.
- The Regional Partnership Board is a key mechanism for collaboration and takes a life course approach with groups established for Start Well, Live Well and Age Well, including work with the third sector. Each of the areas has important implications for the North Powys Wellbeing Programme.

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Why this important and the high impact actions that will be taken

'The big four' was identified during the work carried out at the start of the Health and Care Strategy and refers to the causes of ill health and disease for the population of Powys. Recent evidence shows that these areas remain key for the Powys population and have an even greater importance. This includes the findings from the current stages of work on the population assessments being undertaken by both the Powys Regional Partnership Board and the Powys Public Services Board, as well as the emerging evidence of the pandemic impact.

It is known that there is a 'syndemic' impact, which means that existing long term conditions and health difficulties are exacerbated as a result of the impact of the covid pandemic, both as a direct impact on health and the wider impact on population and individual wellbeing.

The disruption in healthcare and in people's lives and communities has led to changes in the way support has been accessed and this has particularly significant implications in key conditions including cancer, circulatory conditions and respiratory health. There are similarly complex challenges in relation to mental health and emotional wellbeing and this is clear in the intelligence available nationally and locally on activity and demand.

Resilience

The major priority areas of Cancer, Circulatory, Respiratory (Breathe Well) and Mental Health & Emotional Wellbeing are whole system, Powys wide and affect people of all ages.

Actions across the whole plan will contribute to the resilience, recovery and renewal of these priority areas, in order to improve outcomes for patients, spanning well-being, early help and support, joined up care (including specialised services), transforming in partnership, workforce futures, innovative environments and Digital First.

Recovery

A value based health care approach will underpin 'the Big Four', so that the health board allocates its resources to the right places to deliver the best outcomes that matter. The Principles of 'doing what matters' and 'doing what works', and our values are key to improving outcomes working with our patients. The health board will embed this approach in its operating model to ensure it has the right people, culture, skills, processes and structures in place for this.

Renewal

Whole system renewal programmes will drive forward major transformational work for each of the Big Four conditions over the next three years, as well as shared approaches.

The renewal programmes focus on the things which will matter most to the wellbeing of the population of Powys and those things which will work best to address the critical challenges ahead. Whilst the scale of the challenge is unprecedented, so is the scale of opportunity to improve outcomes through redesigning services to harness new models and new ways of working, aligning to the National Clinical Framework and a Healthier Wales.

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7. Implement improvements in early diagnosis, treatment and outcomes for people with or suspected of having cancer

Cancers are one of the most common causes of death in Wales and this is likely to remain so in the decades ahead due to the ageing nature of the population. The COVID-19 pandemic has had a significant impact on people with cancer. Resources redirected during COVID peaks and control of infection measures affected the provision of cancer services causing the suspension of screening programmes, delays to diagnosis and backlogs to treatment. Patients have been less likely to attend GP practices with worrying symptoms. Some risks associated with cancer have also increased during the pandemic such as the use of alcohol. Whilst there are major challenges there are also major opportunities for improvement and transformation.

Actions in each section of the plan will contribute to improvements in early diagnosis, treatment and outcomes for people with or suspected of having cancer, as below:

- **Focus on Wellbeing:** health improvement such as weight management, smoking cessation, alcohol reduction and family health and wellbeing will prevent or reduce the burden of cancer, as will uptake of immunisation, vaccination and screening.
- **Early Help & Support:** the health board will maximise diagnostic capability locally, increase capability for Cervical and Bowel Screening, develop a sustainable endoscopy model aligned to National Endoscopy Programme and modernise outpatients to reduce waiting lists and to ensure the timely treatment of patients.
- **Joined Up Care:** There will be improved access to and outcomes from specialised cancer services such as Positron Emission Tomography (PET), Chimeric Antigen Receptor (CAR) T-cell therapy and paediatric cancer services.
- **Workforce Futures:** this is an important area for new approaches to diagnosis including the implementation of transnasal endoscopy and Cytosponge.
- **Digital First:** improvements to digital infrastructure and intelligence will support the tracking of patients on the Suspected Cancer Pathway and harm review processes.
- **Innovative Environments:** will help to ensure patients can receive more care locally including through the flagship North Powys Wellbeing Programme.
- **Transforming in Partnership:** to agree next steps for 'Improving the Cancer Journey' with partners and collaborate on the satellite radiotherapy centre at Nevill Hall Hospital and the Velindre Cancer Centre plan for Transforming Cancer Services.

The focus of the Renewal Transformation Programme for Cancer will be:

- Strategic pathway redesign to use existing expenditure better (providing equity of access to services earlier and closer to home to improve outcomes) using the national optimised pathways
- Earlier diagnosis including through:
 - Embedding Faecal Immunochemical Testing (FIT) into practice
 - Establishing equity of access to vague symptom Rapid Diagnostic Clinics
 - Scoping potential for a novel Rapid Diagnostic Centre service within Powys, including CT (computerized tomography) and MRI (magnetic resonance imaging)
 - Research and implementation of new diagnostic techniques including Cytosponge, Transnasal Endoscopy and Lung Health Checks

- Improved person-centred care and wellbeing (including prehabilitation, rehabilitation; emotional & mental health support for patients living with cancer)
- Improving outcomes and equity through a population approach geographically and for children and vulnerable people; and strengthening information about PROMS and PREMS
- Collaboration with Wales Cancer Network to embed the Single Cancer Pathway, including further developing tracking and harm review processes
- Education, including for paid and unpaid carers through the Health and Care Academy and to build capability in primary care and community teams

The development of enhanced diagnostics will be implemented through the **North Powys Wellbeing Programme**, including endoscopy and CT, that are key to transforming pathways for patients with cancer. The programme will also help to ensure processes and space for multiagency assessment and for patient and carer education.

8. Implement improvements in outcomes, experience and value in circulatory disease (Stroke, Heart Disease, Diabetes)

People with heart and circulatory diseases are at increased risk of complications and death when infected with COVID-19. However, heart and circulatory diseases do not stop for a pandemic, and even in the context of COVID-19 the leading causes of death persist unabated, being dementia (including vascular dementia) and heart disease.

There has been an impact on all parts of the clinical pathway during the pandemic response – access to urgent and emergency care, deferral of diagnostics procedures and therapeutic interventions, reduced access to specialist care in the community and identification and management of risk factors for heart and circulatory disease.

Actions across the whole plan will contribute to improvements in outcomes, experience and value in **circulatory disease** (Stroke, Heart Disease, Diabetes).

- **Focus on Wellbeing:** health improvement priorities such as weight management and smoking cessation will reduce the burden of circulatory diseases in the population.
- **Early Help & Support:** strengthened diagnostic capacity and capability locally and the modernisation of outpatients will reduce waiting lists and to ensure timely treatment.
- **Joined Up Care:** there will be improved access to and outcomes from specialised circulatory services, such as vascular surgery, cardiac surgery and neurosurgery. There will be work to ensure equity of access to thrombectomy.
- **Workforce Futures:** development of a sustainable cardiac workforce, equitably distributed to meet demand with a focus on cardiac physiology and specialist nursing.
- **Transforming in Partnership:** The assessment and management of changes proposed to cross-border and neighbouring stroke services will be key areas.

The focus of the Renewal Transformation Programme for Circulatory will be:

- System level circulatory pathways redesign to improve outcomes through a value based health care approach
- Collaboration through clinical networks to support equity of access, standards of care and address variation including for those with protected characteristics and in relation to the Welsh language

- Developing use of metrics, clinical audit, PROMs and peer review for patient outcomes
- A Cardiac service model with improved diagnostics, high risk management, interventions and rehabilitation
- Rehabilitation, early intervention, high risk management and long term physical, communication, cognitive and psychological support for stroke survivors and carers including peer and group support
- Person-centred care with assessment and management of needs, including Making Every Contact Count
- Following work with local clinicians and the Cardiac Network a business case has been approved in principle and the next stage will be to secure a funding and implementation solution. Priorities for the next year are:
 - Completion of the circulatory programme gap analysis and phased plan
 - Community cardiology service funding solution and implementation plan including working with the national clinical lead
 - Development of the Cardiac workforce plan
 - Improving timely access to diagnostics in alignment with national diagnostic programmes and the Diagnostic strategic plan
 - Promotion of primary and secondary stroke prevention through the intervention of treatment and advice in line with current and evolving evidence base
 - Ensuring equitable access to comprehensive multi-disciplinary cardiac rehabilitation appropriately tailored, for all heart condition pathways (Agree generic and specialist approach through the cross-cutting renewal rehabilitation group)
 - Embedding a value based health care approach to help shape and ensure that existing resources are being used to achieve the best outcomes for circulatory patients. This will include using the national dashboard for diabetes and the earlier diagnosis of arrhythmias including Supraventricular tachycardia (STV).

The **North Powys Wellbeing Programme** will be a location for the delivery of enhanced diagnostics within Powys including for the new community cardiology model. It will also be key to the delivery of improved rehabilitation services for stroke patients closer to home.

9. Develop and implement the next stage of the Breathe Well Programme, specifically aimed at repatriating care closer to home and focusing on Children and Young people's Respiratory care

Nationally, one person in twelve has a respiratory illness and the COVID-19 pandemic has put respiratory services under greater pressure than ever before. Although we remain in the midst of a respiratory pandemic, the health board has been able to continue the transformation of respiratory services as part of the renewal and recovery of these services.

Specific actions across the whole plan will contribute to the strategic priority of implementing the next stage of the **Breathe Well Programme**, specifically aimed at repatriating care closer to home and on children and young people's respiratory care

- **Focus on Wellbeing:** health improvement priorities such as weight management, smoking cessation, immunisation against COVID-19 and influenza will prevent or reduce the burden of respiratory disease and co-morbidities within the population.
- **Early Help & Support:** The Diagnostics Strategy and modernisation of outpatients will deliver a collaborative solution to phased expansion. More patients will be able to access

an increased range of high quality diagnostics services in Powys, such as fractional exhaled nitric oxide and full lung function testing.

- **Joined Up Care:** the health board will work with Powys respiratory patients who access specialised services for cystic fibrosis and interstitial lung disease treatment to develop the appropriate support available to them locally.
- **Workforce Futures:** An initial analysis indicates that over 90% of respiratory outpatient activity could be delivered in Powys. The option appraisal in relation to the medical dimension of the Breathe Well Model of Care will enable the completion of the clinically appropriate, safe repatriation of respiratory patients from neighbouring health boards and English trusts.
- **Innovative Environments** will be an important enabler for the further repatriation of outpatient activity to Powys.
- **Digital First:** digital development will build on innovative virtual pulmonary rehabilitation programmes and maximise access including NHS Wales respiratory apps.
- **Transforming in Partnership:** working with local, regional and national partners to deliver the National Respiratory Quality Statement when it is published.

The 'Breathe Well' programme is transforming the wellbeing, primary and community services model for respiratory, with a whole system approach to improve clinical outcomes, symptom management and experience for adults and children of Powys.

The strengthening of the respiratory multi-disciplinary team has supported the clinical review of patients waiting for consultant follow-up to ensure access to the most clinically appropriate service. Analysis indicates that over 90% of respiratory outpatient activity could be delivered in Powys; an option appraisal will enable the clinically appropriate, safe repatriation and modernisation of outpatient services from neighbouring health boards and English trusts.

Summary of the actions for the next phase:

- Undertake the next stage of the outpatient activity redesign and repatriation through an option appraisal of the medical model with implementation
- Phased approach to the expansion of respiratory diagnostics closer to home by embedding the long term spirometry model and sleep clinics; and scoping the development of fractional exhaled nitric oxide and full lung function testing
- Focus on the advice, support and treatment provided to children and young people with respiratory conditions and their families, to strengthen adherence to asthma plans
- Embed a value based health care approach
- Develop & implement plan to meet the Respiratory Quality Statement

The **North Powys Programme** will help to provide enhanced diagnostics including for sleep clinics and the location for repatriated outpatient activity. It will also help to implement enhanced compliance with asthma plans for children and young people.

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10. Undertake a Strategic Review of Mental Health, leading to an agreed Strategic Plan to improve outcomes from high quality, sustainable services, including specialist mental health services

'Together for Mental Health' is the strategic plan for improving the mental health and emotional well-being of the people of Powys. The 'Live Well Partnership: Mental Health' is responsible for the implementation of the strategic plan through a detailed delivery plan. People who use Mental Health Services are central to identifying and delivering on shared priorities for mental health.

A Strategic Review will be taken forward during 2022 to identify the issues, challenges and opportunities related to emotional and mental health support, leading to the further development of local, sustainable and person-centred mental health services, including:

- Develop sustainable models of care suitable for the needs of children and adults
- Design and deliver the Sanctuary House model with third sector partners
- Complete the roll out of 111 single point of access to mental health services
- Deliver against Dementia Plan 2018-2022 and new Dementia Strategy for Wales
- Implement suicide and self-harm reduction ('Talk to me 2' strategy) and co-produced pathway for those effected by suicide
- Redesign Memory Assessment services to improve diagnosis and support
- Complete roll out of 'the missing middle' Children's and young people emotional health and resilience service with Children's Social Service and third sector
- Reconstruct Community Drug and Alcohol services

The Learning Disabilities service is aligned to the Joint Commissioning Strategy and joint service model with Powys County Council, key priorities including Positive Behavioural Support, access and support in general hospitals and care bundles, out of county placements, minimising anti-psychotic prescribing, the Health Equalities Framework, up take of Annual Health Checks and pathways for dementia and epilepsy.

For the Integrated Autism Service, there will be a focus on improving waiting times. Diagnosis time was reduced from 18 months to 12 months but there is more to do, to meet the 26 week target, introduce screening process and access to other services at an early stage, work with Neurodevelopment service to improve transition.

The Powys Perinatal and Infant Mental Health Steering Group will implement the Strategic and operational plan in line with the Royal College of Psychiatrists Standards for Community Perinatal Mental Health Services and the All Wales Perinatal Mental Health Programme. This reflects the importance of the first 1000 days initiative.

Improvement will be driven forward in key services for older people to ensure that patients have access to timely and effective access to support. This includes Memory Assessment diagnostic and post-diagnostic support, community based support including Third Sector for users and carers, final phase of dementia plan including specialist teams and GP training, Cognitive Stimulation Therapy service approach and engagement with patients, families and stakeholders to improve outcomes.

Tackling the Big Four

Summary of Three Year Strategic Priorities and Key Actions

10. Implement improvements in early diagnosis, treatment and outcomes for people with or suspected of having **cancer**

Key Actions:

- Improve access to FIT testing
- Enhanced access to rapid diagnostic centres for vague symptoms
- Work with the Wales Cancer Network on Optimal pathways and quality statement
- Suspected cancer pathway tracking & harm review approach
- Scope the potential for a Powys provided Rapid Diagnostic Centre
- Scope community diagnostics, including hospital CT
- Cytosponge implementation with BCUHB; Transnasal endoscopy

MD

11. Implement improvements in outcomes, experience and value in circulatory disease (**Stroke, Heart Disease, Diabetes**)

Key Actions:

- Gap analysis and Phased Plan
- Cardiac workforce development
- Community Cardiac Service development
- Improve access to diagnostics in line with national programmes
- Impact assessment / management of strategic proposals for Stroke
- Evidence based primary and secondary stroke prevention
- Equitable access to cardiac rehabilitation for all pathways

DPH

12. Develop and implement the next stage of the **Breathe Well Programme**, specifically aimed at repatriating care closer to home and focusing on Children and Young people's Respiratory care

Key Actions:

- Develop & implement plan to meet Quality Standard
- Options appraisal and implementation of medical model
- Children and Young People with Respiratory Conditions Plan
- Phased approach to respiratory diagnostics closer to home

DOTH

13. Undertake a Strategic Review of **Mental Health**, to improve outcomes from high quality, sustainable services, including specialist mental health

Key Actions:

- Strategic Review of services
- Sanctuary House Tender / Award Q1 Provision & Monitoring
- Single Point of Access 111 – Tender Q1, Provision & Monitoring
- Deliver Dementia Action Plan and Memory Assessment Redesign
- Deliver Powys Talk 2 Me 2 Strategy
- Roll out Children and young people's emotional health and resilience service

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Joined Up Care

This section sets out how the health board intends to deliver a fully integrated experience of health and care.



Powys Outcomes

- I have timely access to equitable services as locally as possible
- I am treated as an individual with dignity and respect
- My care and support are focused around what matters most to me
- I receive continuity of care which is safe and meets my needs
- I am safe and supported to live a fulfilled life
- I receive end of life care that respects what is important to me

Strategic Priorities

11. Design, develop and deliver a Frailty and Community Model enhancing outcomes, experience and value and the six goals for Urgent and Emergency Care
12. Support improved access to and outcomes from Specialised Services (including specialist mental health services, specialist paediatrics, major trauma, neonates, PET, as well as recovery planning for bariatric surgery, cardiac surgery, plastic surgery, neurosurgery, paediatric surgery)

Key interdependencies

- Powys residents access care across multiple healthcare systems in both England and Wales and the health board is both a commissioner and a provider of care.
- The work locally and regionally is aligned with the National Clinical Framework, Programmes for Renewal, Planned Care and Unscheduled Care, Outpatient Strategy and the NHS Wales Collaborative/ Regional Fora (inc. Endoscopy, Eye Care, Orthopaedics, Diagnostics, ophthalmology, theatre capacity and utilisation)
- The IMTP is developed in alignment with the Integrated Commissioning Plan (ICP) for the Welsh Health Services Specialist Committee (WHSSC)
- The IMTP is developed in alignment with the plans for Emergency Ambulance Services Committee (EASC) and Welsh Ambulance Services Trust (WAST)
- Commissioning intentions and the agreement of Long Term Agreements / Service Level Agreements are developed alongside the planning process
- The PTHB Clinical Quality Framework has been updated in the context of the impact of the pandemic and the Health and Social Care (Quality and Engagement) Act 2020 particularly in relation to the Duty of Quality and Duty of Candour

The National Clinical Framework: A Learning Health and Care System; Quality and Safety Framework: Learning and Improving and national Patient Safety Incident Framework set out the national ambition for improving the quality of care and local plans are aligned to delivery against these

- Research & Development planning and investment opportunities are developed in partnership with Health and Care Research Wales and Welsh Government

Why this important and the high impact actions that will be taken

The ambition for Joined Up Care emerged clearly through the engagement with our communities as part of the Health and Care strategy and it remains a cornerstone of our longer term vision for A Healthy Caring Powys. In the context of the pandemic, this is more important than ever, as the challenges that are faced by communities and healthcare providers will not be met by traditional approaches.

There is variation in the way care and support is provided and the outcomes and experience being achieved, between services and across geographies and population groups. And these inequalities are being exacerbated by the impact of the pandemic. This section promotes a 'whole system' Model of care including Urgent and Emergency and Specialist care.



Resilience

Delivery of life critical and essential healthcare remains the priority and the national choices framework will be used as necessary to set local options to the public health emergency.

A robust approach to bed and service base modelling will be carried out continuously in line with the national direction (Core / Planned Care activity in the Minimum Data Set will be updated quarterly and used as a management tool to monitor activity and recovery trajectories).

Patient level tracking is in place to track and reduce delayed transfers of care in the immediate term, with learning on system blocks to inform further work across the RPB.

Recovery

Patient flow is critically important and the RPB System Resilience Plan will be extended to medium and longer term considerations to maximise and sustain system flow and support across multiple systems in both Wales and England.

Alignment with regional plans is key and will be prioritised based on risk, impact and benefits. Participation in both WHSCC and EASC mechanisms will be focused on the development of sustainable models to deliver equity including those living in our rural communities.

Renewal

There are longer term actions to be taken forward over the next year and beyond to renew as a whole system:

- Ensuring the community model is geared to support frailty, system flow and urgent and emergency care
- Enhancing enhance urgent care provision in line with the Six Goals Handbook published by Welsh Government
- Optimising the key urgent care services in Powys including virtual ward, end of life support, discharge to recover and assess models and embedding home first

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11. Design and deliver a frailty and community model enhancing outcomes, experience and value and the six goals for Urgent and Emergency Care

Frailty is a loss of resilience that means people do not bounce back quickly after a physical or mental illness, an accident or other stressful event. In practice being frail means a relatively 'minor' health problem, such as a urinary tract infection, can have a severe long-term impact on someone's health and wellbeing. Effective frailty models of care are based upon early recognition and prevention – proactive rather than reactive care. Intervention is aimed at improving physical, mental and social functioning to avoid adverse events, for example, injury, hospitalisation, institutionalisation

- Approximately 10% of people aged over 65, 30% of those over 85 and 60% of those aged over 90 are living with frailty.
- In the UK, Wales has the highest proportion of centenarians.
- The evidence base identifies that the wellbeing of frail older people has been adversely affected by the impact of the pandemic further compounded by the reduction in non-COVID NHS provision.
- Lengths of stay need to be reduced to prevent harm to those suffering frailty through deconditioning.
- A Complex Geriatric Assessment should be carried out for those with a frailty score of 6 or above (Outcomes Cochrane review 2011) to reduce death or functional decline at 6 months and to help more people to live in their own home for longer.

Whilst the health board has many areas of good practice there is complexity, variable practice and fragility of services.

A renewal programme has been established to design, develop and deliver a transformed frailty and community model, which is whole system and Powys wide. The programme will learn from the modified approaches implemented during the pandemic to successfully maintain more people within their own homes; to develop a revised frailty and community model to improve outcomes for people through more intensive community and home based care; to develop and implement a renewed frailty pathway, including for those at risk of falls. With a clear prevention and home first ethos, it will work to ensure equity of access across Powys and will work across boundaries with system partners to help people live as independently as possible and to prevent avoidable secondary care admissions.

Achieving the renewed model will be a phased transformation over a number of years. There will be actions in the short and medium term to ensure resilience and recovery from the impact of the pandemic.

Partnership within Powys and with cross-border systems is crucial and implementation of the revised model will be key to the North Powys Wellbeing Programme. Progress was made in 2021/22 on system resilience and recovery in this priority area through improving system intelligence; implementing improved patient Treatment Escalation Plans; streamlining assessment processes and reducing length of stays to prevent deconditioning.

System Resilience - Urgent and Emergency Care

The challenges faced during the pandemic and over the recent winter period have highlighted the critical priority of building system resilience nationally, regionally and locally – and this is recognised in the recently published [6 goals for urgent and emergency care: policy handbook for 2021 to 2026](#).

Powys residents access urgent and emergency care from a large network of providers in both Wales and England and the health board has a complex and pivotal role in supporting resilience and flow across multiple healthcare systems.

A System Resilience Plan was agreed in the Autumn of 2021 across partners in the Regional Partnership Board in liaison with Welsh Government. This was mobilised and tracked at a granular level through Delivery Co-ordination arrangements set up by Strategic Gold Command.

There remains a need to continue to build resilience in urgent and emergency care, in line with the national collaborative / commissioning work. Key priorities are now set out against the Six Goals Framework:

Goal 1 Coordination, planning and support for people at greater risk of needing Unscheduled Emergency Care (UEC)

- Build on cluster led risk stratification and virtual wards to reduce use of UEC

Goal 2 Signposting, information and assistance

- Deliver 24/7 Urgent Care Model and work with partners to review utilisation of NHS 111 Wales and the Enhanced Directory of Services.
- Test potential for Urgent Primary Care Centres (UPCCs)

Goal 3 Clinically safe alternatives to admission

- Review Same day emergency care pathways
- Review Intermediate care (step up) pathways
- Assess Specialty advice and guidance lines

Goal 4 Rapid response in crisis

- Work with WAST to deliver optimal 999 pathways
- Work with commissioned partners to ensure quality, safe and timely care in Emergency Departments

Goal 5 Optimal hospital care and discharge practice from the point of admission

- Build on progress made across the system to improve patient flow to minimise harm for patients in hospital / in the community waiting for response and reduce average length of stay to 28 days
- Implement SAFER patient flow guidance

Goal 6 Home first approach and reduce the risk of readmission

- Optimise the home first ethos and support discharge to assess and recover, reducing lengths of stay and delays in transfers to improve outcomes, review rehabilitation and reablement arrangements
- Working with the care sector to improve resilience in domiciliary and residential / nursing care and embed high impact changes and processes
- Partnership work with Welsh Ambulance Services; transformation ambitions as set out in the Emergency Ambulance Services Committee IMTP
- Learning from the System Resilience / Winter Plan; identification of further high impact changes across the Regional Partnership Board.

12. Support improved access to and outcomes from Specialised Services (including specialist mental health services, specialist paediatrics, major trauma, neonates, PET, as well as recovery planning for bariatric surgery, cardiac surgery, plastic surgery, neurosurgery, paediatric surgery)

Powys residents access specialist care from providers in both England and Wales. The health board has a key role in ensuring that cross border considerations are taken into account as part of the national commissioning arrangements to ensure equity for the resident population in this context.

This includes participating in the leadership and management arrangements for the Welsh Health Specialist Services Committee (WHSSC), which works on behalf of all 7 Health Boards in Wales to ensure equitable access to safe, effective and sustainable specialist services for the people of Wales.

The WHSSC Integrated Commissioning Plan (ICP) is developed in response to NHS planning guidance and takes account National and ministerial priorities and makes commitments as to how it will ensure contribution to each of these.



The Integrated Commissioning Plan was developed during Winter 2021 and approved by Joint Committee on the 11th January 2022.

The plan outlines the commissioning priorities for the period 2022-2025.

The plan includes strategic priorities and a recovery profile for each of the main specialist services.

Strategic Priorities 2022 - 2025

- Developing a Specialist Services Strategy for NHS Wales
- Development of a Specialist Mental Health Strategy
- Development of a Specialist Paediatrics Strategy
- Enhancing Major Trauma Provision
- Intestinal Failure Review
- Neonatal cot review
- Commissioning Specialist Services for the North Wales Population
- Ensuring equity for the Powys population
- All Wales PET programme
- Continuation of existing priority areas in relation to cancer and blood; cardiac; mental health and vulnerable groups; neurosciences; women and children, Welsh Clinical Renal Network.

Areas that are noted as challenging in relation to the recovery planning are Bariatric surgery; Cardiac surgery; Plastic surgery; Neurosurgery and Paediatric surgery.

WHSSC is committed to work with providers in NHS Wales and NHS England to continually assess the position through established contracting mechanisms and to seek to secure alternate pathways for Welsh residents where possible.

The Health Board will work with WHSSC to ensure equitable access for the Powys population and to monitor provision and impact of Covid19 on Specialist services with both Welsh and English providers.

Joined Up Care Summary of Three Year Strategic Priorities and Key Actions

11. Design and deliver a **frailty and community model** enhancing outcomes, experience and value and the **six goals for Urgent and Emergency Care**

Key Actions:

Develop and deliver a Frailty and Community Model *Including intensive community and home-based care; a frailty pathway including falls and home first ethos.*

- Complete work on overarching model following Gap Analysis (community hospitals and community services)
- Frailty Scoring Project
- Culture and change – joint work with Improvement Cymru
- Development of workforce model
- Treatment Escalation Plan – confirmation of approach
- Complex Geriatric Assessment Development and Implementation
- Revise Falls pathway to ensure integrated
- Confirm cross-cutting approach for end of life within model
- Feedback loop from improved intelligence

MD

Deliver an Urgent and Emergency Care 'Six Goals' model

Goal 1 Coordination, planning and support for people at greater risk of needing Unscheduled Emergency Care (UEC)

- Build on cluster led risk stratification and virtual wards

Goal 2 Signposting, information and assistance

- Deliver 24/7 Urgent Care Model, work with partners to review utilisation of NHS 111 Wales & Enhanced Directory of Services
- Test potential for Urgent Primary Care Centres (UPCCs)

Goal 3 Clinically safe alternatives to admission

- Review Same day emergency care pathways
- Review Intermediate care (step up) pathways
- Assess Specialty advice and guidance lines

Goal 4 Rapid response in crisis

- Work with WAST to deliver optimal 999 pathways
- Work with commissioned partners to ensure quality, safe and timely care in Emergency Departments

Goal 5 Optimal hospital care and discharge practice from the point of admission

- Build on progress made across the system to improve patient flow to minimise harm for patients in hospital / in the community waiting for response and reduce average length of stay to 28 days
- Implement SAFER patient flow guidance

Goal 6 Home first approach and reduce the risk of readmission

- Optimise the home first ethos and support discharge to assess and recover, reducing lengths of stay and delays in transfers to

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<p>improve outcomes, review rehabilitation and reablement arrangements</p> <ul style="list-style-type: none"> ➤ Working with the care sector to improve resilience in domiciliary and residential / nursing care and embed high impact changes and processes ➤ Partnership work with Welsh Ambulance Services; transformation ambitions as set out in the Emergency Ambulance Services Committee IMTP ➤ Learning from the System Resilience / Winter Plan; identification of further high impact changes across the Regional Partnership Board. 	
<p>Develop a place-based care approach in East Radnorshire, building on the expertise and resources in Knighton and District specifically</p>	<p>DPCCMH</p>
<p>12. Support improved access to and outcomes from Specialised Services <i>including specialist mental health services, specialist paediatrics, major trauma, neonates, PET, as well as recovery planning for bariatric surgery, cardiac surgery, plastic surgery, neurosurgery, paediatric surgery</i></p>	
<p>Key Actions:</p>	
<ul style="list-style-type: none"> - Work with the Welsh Health Specialised Services Committee to implement Integrated Commissioning Plan <i>Ensure equitable access and outcomes for the Powys population and work in partnership to address variation</i> 	<p>DoPP</p>

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Workforce Futures

This section sets out how workforce planning and organisational development will support and enable the delivery of strategic priorities in this plan



Powys Outcomes

- Those who I need to support me are able to make decisions and respond because they are well informed and qualified, If they can't help me directly they know who can
- As a carer, I and those who I care for are part of 'the team'
- I can access education, training and development opportunities in Powys that allow me to secure and develop my skills and opportunities
- I am enabled to provide services digitally where appropriate
- I am engaged and satisfied with my work

Strategic Priorities

13. Design, develop and implement a comprehensive approach to **workforce planning**, focusing on attracting/securing workforce for targeted services (including international recruitment)
14. Review, redesign and implement **leadership and team development**, enhancing clinical leadership and whole organisation focus on value
15. Deliver improvements to **staff wellbeing and engagement**, working closely with Trade Unions in Social Partnership on key joint priorities
16. Enhance access to high quality **education and training** across all disciplines, specifically focusing on 'grow our own'/apprenticeships
17. Implement key actions that enhance the health boards role in **partnership and citizenship**, including maximising the opportunities for volunteering, and widening access to healthcare careers

Key Interdependencies

- Workforce planning is by its nature interdependent with each of the other well-being objectives and enablers in this plan and each of the teams in the organisation
- Workforce and Organisational Development are interlinked in the structure of the Organisation which brings together planning and development of the workforce
- There has been a significant growth in the organisation's workforce over the past two years and collaboration and 'social partnership' with the staff side of the organisation has been key to innovation and wellbeing support
- Partnerships with Powys County Council and others in the Powys Regional Partnership Board have been key to the flagship 'Health and Care Academy'
- Working with PAVO (Powys Association of Voluntary Organisations) and the third sector has created a vibrant volunteering programme with communities in Powys becoming part of key areas of delivery such as the Covid Vaccination Programme

Workforce plans and policy also reflect innovations and progress in the national arena including the Health and Social Care Workforce Strategy launched by HEIW (Health Education and Improvement Wales) and SCW (Social Care Wales).

Why this important and the high impact actions that will be taken

Workforce planning has been central to the response to the pandemic and will remain a significant enabler, to build organisational resilience, support recovery and drive forward efforts for health and care renewal. The Workforce Futures Strategic Framework has proven to be crucial in supporting collaboration and progress in key areas of work such as the Health and Care Academy and the volunteering programme. Engagement with the staff side of the organisation has also been key to navigating the complex challenges of the past two years.

Resilience

A robust **workforce plan** will provide a firm foundation for organisational resilience, drawing on the learning gained from the response to the pandemic and taking forward delivery against the 'Workforce Futures Strategic Framework'.

Workforce assumptions around staffing ratios, roles and deployment have been developed at pace during the pandemic and these will be tested and refined to ensure a **modular, multi professional workforce** approach that reflects **best practice** across clinical and professional disciplines.

Recovery

The next phase of the **organisational design** process will reflect the significant learning and innovation of the past two years – whilst also responding to the challenges that have been faced and are likely to continue as a result of the pandemic.

This will provide a platform to build and test **workforce models and roles** in line with national developments and local strategy.

Leadership development will enable existing and next generation leaders to harness new ways of working for recovery.

Renewal

Staff have been asked to make extra-ordinary efforts throughout the past two years and the focus on **well-being** support to help recover and restore will remain important.

A new workforce plan will enable a clear line of sight for the renewal of **employment pathways** in the longer term, supporting more **effective recruitment and retention** as part of a long term 'grow our own' model.

The **Health and Care Academy** will be central to this future facing, collaborative approach to workforce renewal.

There remain significant challenges ahead and there are risks to delivery not only in Powys but across NHS Wales and the wider UK in relation to health and care workforce fragility. However, there are new opportunities, to harness the developments in ways of working across partners, which create greater agility and flexibility in response. The Health and Care Academy will provide a hub for this modern workforce approach.

Health and Care Academy

- This flagship development has been pioneered by the Powys Regional Partnership Board to increase local access to education, training and development across the health and social care sector
- It is a hub and spoke model that offers state of the art academic and training
- It is set up to provide flexible, practical, academic and digital learning
- The first Academy hub designed to stimulate learning opened in the Autumn
- The long term plan will see the Academy become a centre of excellence for research and an exemplar of rural professional and clinical education
- The Welsh Language active offer will be embedded into the curriculum
- Leadership and talent development across health and care will harness the best practice and thinking engaging with professionals, volunteers and carers to create a health and care 'sector of choice'



Academi Iechyd a Gofal Powys
Powys Health and Care Academy



Ysgol Addysg a Hyfforddiant Proffesiynol a Chlinigol
School of Professional and Clinical Education and Training



Ysgol Ymchwil, Datblygu ac Arloesi
School of Research, Development and Innovation



Ysgol Arweinyddiaeth
School of Leadership



Ysgol Gwirfoddolwyr a Gofalwyr
School of Volunteers and Carers

The Health and Care Academy Model

School of Professional & Clinical Education & Training – This will build a strong reputation of applied study across all health and care specialities, giving learners the opportunities to gain professional and clinical skill and expertise in modern simulation environments, whilst studying alongside other multi-disciplinary teams and professionals embedding peer support and collaborative working.

School of Research, Development & Innovation - The aim is to equip the County's health and care workforce with the skills and confidence to identify improvement needs in their areas, and to systematically make those improvements, measuring and demonstrating the impact that they have on citizen patient experience.

School of Leadership - Development of leaders across the whole health and care system in Powys. Investment in system and collective leadership and Wales Intensive Learning Academy (ILA) Digital Transformational Leadership

School of Volunteers & Carers - focus on providing education, training and development support to volunteers and carers, as a core and important part of the broader workforce. There will be a skills development portfolio on offer



Academi Iechyd a Gofal Powys
Powys Health and Care Academy



Bwrdd Partneriaeth Rhanbarthol Powys
Powys Regional Partnership Board
Cwm Powys Yn Un
One Powys Yn Un
Powys Regional Partnership Board
Health and Social Care



Academi Iechyd a Gofal Powys
Powys Health and Care Academy



Bwrdd Partneriaeth Rhanbarthol Powys
Powys Regional Partnership Board
Cwm Powys Yn Un
One Powys Yn Un
Powys Regional Partnership Board
Health and Social Care

13. Design, develop and implement a comprehensive approach to workforce planning, focusing on attracting/securing workforce for targeted services (including international recruitment)

There is both an immediate pressure to ensure that existing workforce numbers are sufficient to meet current demand and a longer-term consideration of whether the current composition of the workforce can achieve the ambitions to support recovery and drive forward efforts for health and care renewal.

Given the clinical and financial importance of developing a workforce that is fit for purpose, it is vital that we really understand the nature of workforce pressures and what can be done to address them in both the short and the long term.

The Workforce Futures Strategic Framework has proven to be crucial in supporting collaboration and progress in key areas of work such as the Health and Care Academy and the volunteering programme.

A review and refresh of the workforce model will be undertaken to ensure a system wide understanding of the complex interdependencies and challenges. This will form the framework for robust workforce planning to build organisational resilience, support recovery and drive forward efforts for health and care renewal.

Key actions include:

- Review and development of a sustainable workforce model which takes into account the need for a response to COVID-19 as endemic in the population in line with the latest guidance and requirements.
- Linked to the above work, building a modular workforce plan, working with teams to rollout the All Wales Workforce Planning Toolkit to support both granularity and system wide planning of this complex workforce.
- Developing service level plans, in support of the strategic priorities of this plan, supporting resilience, recovery and renewal with sufficient flexibility to mitigate the uncertainty still present in the external environment and ongoing need to be prepared to respond to different phases of the public health emergency.
- Widening recruitment and careers opportunities including the apprenticeship offer, 'Once for Wales' international recruitment approach and promotional campaigns.
- Progression of learning routes including Health Care Support Worker / Nursing Degree and enhanced Student Streamlining offer for Powys.

14. Review, redesign and implement leadership and team development, enhancing clinical leadership and whole organisation focus on value

To support staff and improve care, leadership at all levels needs to be collective, compassionate and inclusive. The pandemic has led to significant learning and innovation but also great pressures for the workforce both professionally and in their own lives.

Strong and effective leadership and team development will be critical to respond to the impacts of the pandemic on the community and the staff.

Some development programmes were suspended in order to focus on resource required for the public health emergency and these will be restored, ensuring they provide opportunities for reflection, regeneration and recovery.

Key actions include:

- Roll out Management and Leadership Development programmes to enable existing and next generation leaders to progress.
- Launch of the Intensive Learning Academy as part of the Health and Care Academy.
- Define, develop and deliver the PTHB approach to Clinical Leadership Development.

15. Deliver improvements to staff wellbeing and engagement, working closely with Trade Unions in Social Partnership on key joint priorities

There is an inextricable link between the people who provide care and the patients that they care for. For the health board to provide safe, sustainable, patient-centred care, it is critically dependent on a healthy and engaged workforce with good mental and physical wellbeing.

The staff of the health board have shown incredible compassion, determination and courage in the face of the pandemic. Extensive engagement with the workforce and staff side has enabled a flexible and dynamic response to the public health emergency and meaningful dialogue and a focus on wellbeing will remain important to our renewal activity. We recognise that although wellbeing survey results have held up well, some staff will need time, space and support to recover.

The Health Board will focus its delivery of wellbeing and engagement around 6 pillars which identify the key characteristics that any individual needs to experience to have an engaging working environment. The 6 pillars enable each member of staff to reflect on what might be causing a reduced sense of wellbeing and engagement, and managers to consider what they might need to do within their teams to help create the right environment.

Clarity of Purpose	My work has purpose – I have a sense of purpose and feel that my work makes a difference to other people's lives. I have pride in what I do and a sense of achievement. The role of my team within the organisation is clear.
Feeling of Influence	I have enough influence and control – I feel I have enough influence and sense of control over my work and my working life. I have autonomy & ownership and feel empowered and trusted
Cared for by others	I feel cared for and care for others – I have a sense of wellbeing and experience compassionate and thoughtful leadership. I can be myself at work. My manager and my organisation help me feel safe.
Sense of Belonging	I have a sense of belonging – I feel I belong here because I have a meaningful bond with my team and PTHB. I have clarity about my role, a strong team identity and feel connected. Joy and fun are part of my experience at work.
Sense of Value	My work is valued – What I do is distinctive and valued. I am part of a learning culture where I am supported & challenged. I understand what success looks like in my role, am rewarded, recognised and appreciated for the part I play.
Treated Fairly	I am treated fairly – I work in a system which is fair. There is openness, transparency and honesty. I am treated with dignity and respect and feel safe and secure.

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Key actions to support wellbeing and engagement will include:

- Ensuring the Occupational Health Service is optimised to respond to the changing wellbeing needs of staff.
- Developing and sustaining mechanisms to understand, support and track the wellbeing of the workforce including Mental Health First Aid and financial wellbeing.

16. Enhance access to high quality education and training across all disciplines, specifically focusing on 'grow our own'/apprenticeships

The Health and Care Academy hub and spoke model offers opportunities to develop 'schools' of learning tailored to meet the demands of a rural health and care system, including the response to the different phases of the COVID-19 pandemic as that becomes endemic in the population.

The long term plan is to develop a centre of excellence for rural professional and clinical education, which supports and enhances the 'grow our own approach. Key actions include:

- Explore with HEIW (Health Education and Improvement Wales) opportunities to expand an aspiring registrant programme as a cornerstone to growing our own future workforce.
- Implement a new governance and development framework across Nursing, Therapies and Healthcare Science aligned to the national workstream for Advanced Practice.
- Develop and launch a new and enhanced Continuous Professional Development (CPD) offer to clinical staff through the use of scenario based Clinical simulation.

17. Implement key actions that enhance the health boards role in partnership and citizenship, including maximising the opportunities for volunteering, and widening access to healthcare careers

As a corporate socially responsible employer, the health board is committed to support citizens within our communities to contribute to improvements across the health and care sector in the county and enhance their quality of life.

Working in partnership with social care and the third sector, the health board sets out its intentions through the shared 'Workforce Futures Strategic Framework', a regional collaboration across the Powys Regional Partnership Board.

As part of this work there is a commitment to increase access to employment and educational opportunities for citizens of all generations through the Health & Care Academy. The range of initiatives support the role of volunteers and unpaid carers and widen the employment access for those who may not be in a paid role.

Key actions include:

- Implement a joint Health and Care Induction Framework for social care and health care support staff.
- Develop the School of Volunteers and Carers including a skills matrix, needs analysis and wellbeing support.

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Workforce Futures

Summary of Three Year Strategic Priorities and Key Actions

13. Design, develop and implement a comprehensive approach to **workforce planning** focusing on attracting/securing workforce for targeted services (including international recruitment)

Key Actions:

- Review and develop sustainable workforce model (including Covid Response, staffing/ medical model, transformation and renewal)
- Implement All Wales Workforce Planning Toolkit
- Widen recruitment and careers opportunities including apprenticeship offer, international recruitment, promotional campaigns
- Progress learning routes including Health Care Support Worker / Nursing Degree and enhanced Student Streamlining offer for Powys

DWOD

14. Review, redesign and implement **leadership and team development**, enhancing clinical leadership and whole organisation focus on value

Key Actions:

- Roll out Management and Leadership Development programmes including Clinical Leadership Development
- Launch Intensive Learning Academy

DWOD

15. Deliver improvements to **staff wellbeing and engagement**, working closely with Trade Unions in Social Partnership on key joint priorities

Key Actions:

- Redesign the Occupational Health Service
- Implement mechanisms to understand, support and track the wellbeing of the workforce including Mental Health First Aid and wellbeing support

DWOD

16. Enhance access to high quality **education and training** across all disciplines, specifically focusing on 'grow our own'/apprenticeships

Key Actions:

- Develop the Grow Our Own Model working with HEIW
- Implement Nursing, Therapies and Healthcare Science Framework
- Enhance Continuous Professional Development for clinicians

DWOD

17. Implement key actions that enhance the health boards role in **partnership and citizenship**, including maximising the opportunities for volunteering, and widening access to healthcare careers

Key Actions:

- Implement Health and Care Induction Framework
- Develop School of Volunteers and Carers

DWOD

Digital First

This section sets out how putting Digital First will support the strategic priorities in this plan.



Powys Outcomes

- I am able to find and do what I need online, such as make or change appointments, pay my bills, self-assess or reach a doctor or consultant without having to travel
- I am helped to use technology and gain access to resources to allow me to be digitally independent

Strategic Priorities

18. Implement **clinical digital systems** that directly enable improved care, including cross border clinical records sharing, clinical service priorities (nursing, eye care, prescribing), and telecare
19. Implement key improvements to **digital infrastructure and intelligence**, undertaking a Digital Service Review for the medium/longer term, aligning to the Renewal Programmes and improving the deployment of healthcare systems

Key Interdependencies

- A huge acceleration in access and ways of working has demonstrated the pivotal nature of digital as an enabler across the organisation and its partnerships
- There are a number of complex dependencies for innovating and improving digital pathways:
 - Integration with commissioned secondary care services cross border and externally hosted systems
 - Delivery priorities for the Digital Health and Care Wales (DHCW) nationally hosted All Wales Clinical Applications.
 - The Clinical outcomes framework aligning Value Based Care
 - Joined up Health and Social Care practice and 3rd party organisations
 - Digitalising the paper record
 - Modernising ways of working for to enable remote service delivery
 - Automating processes to speed up ways of working, and introduce efficiencies and cost savings
 - Engagement with the public to co-design digital ways of receiving services to meet the needs of the population to better care and improve health

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Why this important and the high impact actions that will be taken

There are opportunities to deliver better care for the population by maximising the use of digital technology. Digital is critical to achieving multiple goals including the ambition to deliver more care in the community. This offers significant potential to change the nature of provision and create a flexible, community-based model of service provision.

With a mobile workforce growing confident with operating remotely there is potential for prioritising innovation including remote monitoring, virtualisation of service, the use of artificial intelligence and integration of self-management tools and resources.

Digital delivery will remain a significant focus to support the covid response and continue to provide flexible and responsive access to care and support for the population as part of the efforts for recovery and renewal.

Resilience

The immediate priority remains support for the delivery of healthcare ensuring life critical and life essential care is accessible throughout the changing phases of the pandemic.

The need to respond to the impact of the pandemic has accelerated some means of digital delivery, with community services adapting rapidly to new ways of working and embracing a digital-first approach where appropriate.

There is a significant programme underway to rationalise, stabilise, cyber secure and modernise the Digital platform.

Recovery

The digital portfolio programme of work will transform the legacy platform and the way in which information is held and stored to a secure, resilient, easy to access fast solution which attracts greater scope for information sharing, business intelligence and agile working.

This will be underpinned by the Cross Border programme, interfacing multiple systems to be available to ensure the patient journey for Powys residents is fully encompassed within national, regional, and local requirements.

Renewal

With a mobile workforce and a community based delivery model our services are well placed to make rapid progress on digital development. This will benefit the population of Powys as well as the delivery of more integrated and better value based care.

Services are enthusiastic about digital transformation and committed to maintaining and progressing digital improvements. Developing an inclusive and confident digital culture will achieve true digital transformation for the benefit of positive patient outcomes and experience.

The Public Service Board is supporting digital connectivity in rural Powys, taking an intergenerational view to drive forward ambitions for the County.

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18. Implement clinical digital systems that directly enable improved care, including cross border clinical records sharing, clinical service priorities (nursing, eye care, prescribing), and telecare

The Health and Care Strategy included an enabling objective of 'Digital First', as it is critical to achieving the shared ambition of A Healthy Caring Powys. Whilst the pandemic has created some challenges, it also fast tracked some digital innovations. The scale of adoption of new digital ways of working across health and care in the past two years has been extraordinary, with care being able to be brought much closer and, in many cases, right into people's homes. However, there have been challenges and there is still a need to implement and improve systems to enable further developments in care.

More than 7000 online appointments have taken place in Powys over the last 12 months supported by innovations including Attend Anywhere, Consultant Connect, developments in online delivery and apps:

"Turning out for any appointment in Powys where you have to drive everywhere – was agony during my treatment so it was such a relief to have physiotherapy in the comfort of my own home! It was so convenient. I did not anticipate it being this successful and I'm extremely grateful for the time and help I have been given."

"The use of virtual technology, because of Covid, has probably fast-tracked our work as we have been able to provide bespoke online training. We have had a huge increase in referrals which is fantastic because there is more awareness of the support that is available and we can deliver it to more people who need it."

A new, local service started in Powys, working with children and adults who cannot use speech as their main way of communicating. "Virtual consultations help us to assess and support patients. We have offered virtual coaching and support. Much of what we do is also upskilling others such as teachers, parents and carers."

Exercise classes now take place online "Despite the challenges we have faced, Covid-19 has accelerated our digital progress. We have an online self-referral form; patients are sent questionnaires via email and consultations are available via easy to use videos. We're offering greater choice to patients wherever they live in Powys."

"Pulmonary rehabilitation patients can now join an online exercise group, improving access for anyone living in Powys so more people can benefit from this excellent programme and it is hoped that in time waiting lists will be reduced."

There are a number of complex programmes scheduled for delivery, at various stages across the next three years. These have complex interdependencies including cross border components to be considered, to ensure the systems reflect the Powys residents' use of healthcare in England as well as Wales.

A range of actions will be necessary to progress with the digital developments and detailed milestones are included in the Delivery Plan. In some cases, these are subject to further scoping and investment opportunities.

Key actions include:

- Implementation of programmes in line with national timescales, for the digitisation of healthcare including health records and nursing care records, eye care digitisation, electronic prescribing and medicines administration and bed management.
- Ensuring the cross border inter-dependencies are understood and working with Digital Health and Care Wales and English Trusts to facilitate solutions to improve systems.
- Enhancing key systems to support the delivery of care both digitally and face to face including telehealth and telemedicine.
- Working with partners to develop blended models of support and digital facilitation.

19. Implement key improvements to digital infrastructure and intelligence, undertaking a Digital Service Review

With a mobile workforce growing confident with operating remotely there is potential for longer term developments in digital delivery.

A Digital Service Review will be undertaken to provide a firm foundation for improvement and will include:

- **Engaging with staff** to find out what systems they use, how we can empower and support them, and what a Pan Powys approach will look like.
- **Engaging with Stakeholders** to get their views on digital technology
- **Engaging with Patients** to find out what systems they use and what would help them.
- **Promoting** digital technology on social media platforms.
- Develop **videos** on systems available and how they can support users

Key areas for development include business intelligence capability and systems; artificial intelligence, platforms to enhance access to information and virtual means of delivery, inpatient and ward based interfaces and associated training and cyber security.



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Digital First

Summary of Three Year Strategic Priorities and Key Actions

18. Implement **clinical digital systems** that directly enable improved care, including cross border clinical records sharing, clinical service priorities (nursing, eye care, prescribing), and telecare

Key Actions:

- Implement key programmes to deliver Digital Care *including digitisation of health records, Welsh Nursing Care Records (WNCR), Phase 2 OfWCMS, Eye Digitisation, Electronic prescribing and medicines administration and bed management system*
- Implement the cross border programme, supporting liaison between Digital Health and Care Wales and English Trusts
- Enhance key systems to support delivery including system replacement of Canisc, Electronic Test Request and Malinko
- Delivery of Telehealth and Telemedicine programmes

DoF

19. Implement key improvements to **digital infrastructure and intelligence**, undertaking a Digital Service Review for the medium/longer term,

Key Actions:

- Enhance business intelligence capability and systems
- Improvement of key platforms to enhance access including Office 365, virtual clinics, single sign in for clinical applications, inpatient access screens, electronic referrals, ward based stock control
- Support digital developments in the North Powys Programme
- Design and implement training for role based access and administrative components including digital dictation and scribing
- Develop and implement Artificial Intelligence in robotics, machine learning and support for out of hours
- Delivery of phased infrastructure development including managed print, telephony replacement, cyber security

DoF

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Innovative Environments



This section sets out ambitious plans for carbon reduction, biodiversity, environmental and estates improvements, that directly enhance care, experience and wellbeing for the population and the staff of the health board.

Powys Outcomes

- I am part of a thriving community which has a range of opportunities for health and social care, social events and access to advice and guidance services to support my well-being
- I have access to a Rural Regional Centre providing one stop health and care shops – diagnostic, advice and guidance, day treatments, etc. which reduces unnecessary out of county travel
- I am encouraged and supported to use the great outdoors for my well-being and care
- I am able to have my home adapted to help me live independently and feel safe
- I have care in a fit for purpose environment that enhances my experience

Strategic Priorities

20. Implement ambitious commitments to **carbon reduction, biodiversity enhancement and environmental wellbeing**
21. Implement **capital, estate and facilities improvements** that directly enhance the provision of services to patients/public and the wellbeing/experience of staff

Key interdependencies

- The issue of climate change and environmental sustainability is critical and immediate action is needed at a global, national and local level
- At an international level, commitments on climate change were made recently at the United Nations Climate Change Conference of the Parties 2021 (COP 26), building on existing national contributions within the 'Paris agreement' made by the United Nations in 2015 to mitigate climate change and strengthen resilience
- The health board has made a Board level commitment to supporting the Welsh Government declaration of a Climate Change and Nature Emergency
- The health board has duties under the Future Generations (Wales) Act 2015 and Environment (Wales) Act 2016 and commits to the delivery of local actions in the national NHS Wales Decarbonisation and Biodiversity Plans; this complements work to maintain ISO14001 certification
- The ability to drive change is supported by targeted Capital funding from Welsh Government and the health board is working with the Welsh Government Energy Service and Refit Cymru to access further investment
- Investment opportunities will also be key to the progression of the ambitious vision for a multi-agency campus as part of the North Powys Well-being Programme

Why this important and the high impact actions that will be taken

'Innovative environments' is an objective that relates to both the physical and the 'thinking' space needed for the delivery of healthcare in the next three years. There has been an accelerated development of physical and digital environments for care over the past two years driven by the response to the pandemic. Sustaining and building on this momentum will be key resilience, recovery and longer term renewal.

Resilience

Estates maintenance remains key and efforts to drive down the backlog are both a local and national area of priority. This includes enhancements to infrastructure and maintenance of ISO14001 to support the delivery of essential healthcare.

Robust arrangements for **Health and Safety** are in place and will continue to be closely tracked to ensure effectiveness.

Delivery of the **Discretionary Capital Programme** (IT, equipment and project work) is key to support compliance and the prioritisation of clinical space.

Recovery

An **Innovative Environments Strategic Framework** will guide the key high impact actions over the medium and longer term. This includes Delivery Plans for Decarbonisation and Biodiversity.

This will encompass **agile working** to support future thinking in relation to the integrated model of care. It will also align to national work including the Active Travel Plan, Net Zero building and Modern Methods of Construction.

Renewal

The **Major Capital Programme** is critical in delivering the Regional Rural Centre and Community Wellbeing hub model, which provides the form and function to the long term ambition for a sustainable, rural model of care for Powys.

Within this, the flagship scheme of the North Powys Well-being Programme is a **Multi Agency Campus Development** (see overleaf for summary including whole system benefits).

The health board recognises its **environmental impact** and is committed to building a sustainable approach which drives forward action against the international commitments made at COP26 and the national declaration of a **climate change and nature emergency**.

This will be driven by the implementation of the PTHB **Decarbonisation** and **Biodiversity** Delivery Plans. This includes joint work with the Welsh Government Energy Service and ReFit Cymru.

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20. Implement ambitious commitments to carbon reduction, biodiversity enhancement and environmental wellbeing

Climate Change is the single greatest challenge to global health and threatens all life on this planet. Without action this jeopardises not only our way of life, but also that of future generations.

Board Statement (September 2021):

"Powys Teaching Health Board recognises its impacts on the environment and supports the Welsh Government's declaration of a Climate Change and Nature Emergency. The Board commits to prioritise the delivery of actions in the national NHS Wales Decarbonisation and Biodiversity Plans as a minimum and strives to go beyond these wherever possible."

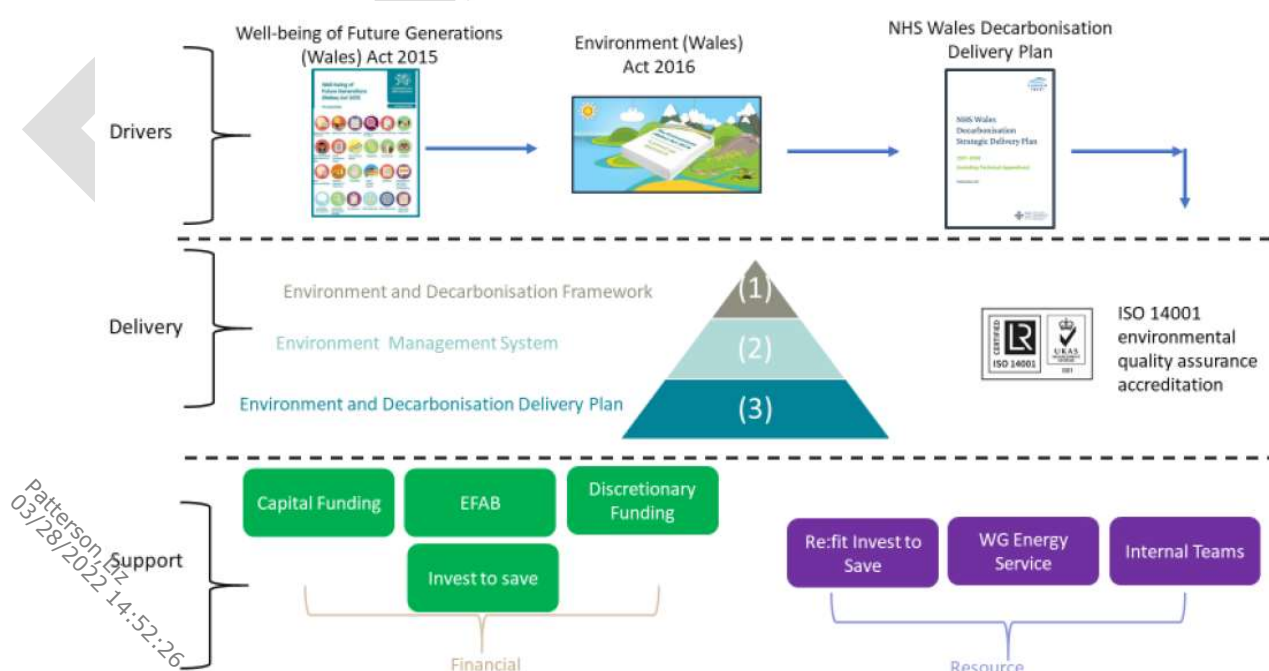
Environment and Sustainability will become a central theme throughout the organisation. 'Life cycle' principles, which consider environmental impacts of products and services, will support the decision-making processes.

Carbon reduction and biodiversity improvements will be made utilising our certified ISO14001 (2015) Environment Management System, for the benefit of patients, staff and the environment.

This will be done through five areas of activity:

- Waste
- Energy and Water
- Travel
- Procurement
- Building Design and Biodiversity

The Health Board will deliver against initiatives and actions in the 'NHS Decarbonisation Strategic Delivery Plan 2021-2030' and publish an updated delivery plan every two years. The Health Board is committed to continual improvement, reducing our impact on the environment and increasing the protection of biodiversity. This policy will be reviewed every three years or sooner, and progress reported for all to see.



21. Implement capital, estate and facilities improvements that directly enhance the provision of services to patients/public and the wellbeing/experience of staff

As part of the Health Boards emerging **Innovative Environments Strategic Framework**, the Capital pipeline is developed to ensure best use of the current built environment and opportunities to deliver modern fit for purpose facilities across the public sector footprint for the citizens of Powys.

In January 2022 the Health Board were notified by Welsh Government that discretionary capital funding will be reduced during 2022/23 from £1.431M to £1.089M. In addition, Estates Funding Advisory Board (EFAB) funding will also be paused during 2022/23 potentially impacting the compliance programmes of activity and associated risk profiles.

The proposed **discretionary capital programme** for 2022/23-2023/24 has been developed to respond to the reduced funding availability and identifies schemes to be developed in order to maximise opportunities as further funding/slippage potentially becomes available. The pipeline sets out emergent key priorities and projects identified through the health board's capital prioritisation processes.

The following **major capital developments** are prioritised for action in 2022/23:

Machynlleth Well-being Project: This £15.2M reconfiguration project is due for completion in 2022/23. The redevelopment will see primary, community and social care incorporated into the hospital site and includes essential works to improve the fabric of this locally significant historic building. The project provides an opportunity to reshape the delivery of care closer to home.

Brecon Car Park: £1.6M funding has been secured to deliver a 70 space car park to enable patient access in support of repatriation of services, whilst also contributing towards decarbonisations and biodiversity (such as providing EV charging). The programme is estimated to be completed by the end of 2022/23.

Llandrindod Wells Phase 2 Redevelopment: The Programme Business Case has been submitted to seek investment of £11M+ for continuing phases. The Business Justification Case is under development to tackle urgent compliance and infrastructure projects.

North Powys Wellbeing Programme: See overleaf for more details of the multi agency campus development that is part of this important strategic programme.

Llanfair Caereinion Primary Care Centre: This is a £2.3M Third Party Developer project for the construction of new primary care centre, to start in July 2022.

Estates Compliance programmes and investment for infrastructure, fire and decarbonisation will improve safety and, alongside the ambitious capital programme, act to reduce Backlog Maintenance and work towards a flexible and fit for purpose estate. Main priorities include:

- **Fire Compliance:** Pan-Powys programme of works for fire compliant infrastructure
- **Electrical Infrastructure Resilience:** Pan-Powys programme to upgrade electrical capacity and energy resilience to modern clinical and ventilation needs, additionally enabling the roll-out of Electric Vehicle usage
- **Building Management Systems (BMS):** A Pan-Powys programme to improve BMS controls has been identified as an essential scheme, to contribute to decarbonisation, emission reduction and efficiency of between 10-25% on gas usage

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Multi Agency Campus Development



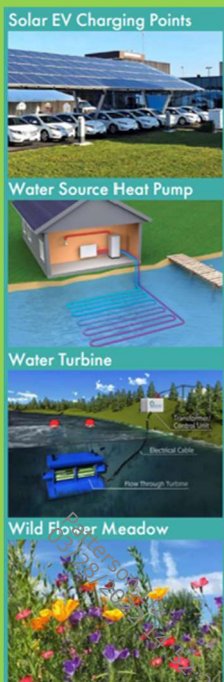
This scheme is part of the **North Powys Wellbeing Programme** (see the section on Transforming in Partnership), which is being driven forward by the Regional Partnership Board as part of the shared ambition for 'A Healthy Caring Powys'.

This includes the development of a multi agency campus, based in Newtown and providing services for the population of North Powys, with opportunities and learning which will apply across the whole of Powys.

It will provide a Rural Regional Diagnostic and Treatment Centre with an integrated health and care centre and learning, innovation and community hub.

Early ideas for the site propose a replacement school for Ysgol Calon y Dderwen, health and social care facilities, a Health and Care Academy, short term supported housing, library and information facilities as well as community space.

The plans will bring enhanced diagnostic services to North Powys for the first time, together with day surgery, reducing travel and improving access for rural Powys.



What the campus could look like..



Innovative Environments

Summary of Three Year Strategic Priorities and Key Actions

20. Implement ambitious commitments to **carbon reduction, biodiversity enhancement and environmental wellbeing**

Key Actions:

Implement Decarbonisation and Biodiversity Delivery Plans:

- Use of ISO14001 Environmental Management System including biodiversity and ecosystem impact tracking and improvements
- Assess impact including use of COSHH to consider less environmentally harmful materials wherever practical
- Maintain tree surveys and for every tree felled on PTHB land, at least 2 native trees planted
- Waste reduction and management including recycling and reuse of waste products, pharmaceutical waste and medical gases, inhaler specific promotion/disposal and recycling, plastics in healthcare initiatives
- Energy and water management including renewables; retrofit programme for energy efficient upgrade by 2030; low carbon heat generation solutions for all sites larger than 1000m2 by 2030; LED lighting by 2025
- Sustainable transportation in line with Welsh Government's Active Travel Action Plan: vehicle management, remote working, pooling, future proofing site design for electric charging capability (in partnership with NHS Shared Services)
- Procurement and purchasing including life cycle approach and weighting of sustainable services
- Buildings Management Control System by 2023; BREAAAM standards for new build and refurbishments; enhanced biodiversity protections, future developments in line with net zero / Modern Methods of Construction
- Proactive communication and engagement to ensure leadership and promote low carbon behaviours/ best practice and initiatives

DoE

20. Implement **capital, estate and facilities improvements** that directly enhance the provision of services to patients/public and the wellbeing/experience of staff

Key Actions:

- Deliver Discretionary & Major Capital Programme
Including developments at Machynlleth; Brecon Car Park; Llandrindod Wells Phase 2; Llanfair Caereinion Primary Care Centre)
- Deliver Facilities & Estates Compliance & Improvements
Stores & Distribution, Health & Safety, Catering & Food Hygiene, Support Services, Estates Compliance
- Delivery of Multi Agency Campus
Part of the North Powys Well-being Programme – refer to previous page

DoE

Transforming in Partnership

This section sets out the action we will take in partnership across Powys as a region in its own right, as well as the wider Mid Wales region and nationally, both in Wales and across the border in England.



Powys Outcomes

- As a Powys resident I 'tell my story' once and I am confident that those looking after me are working together in my best interest
- The services I receive are coordinated and seamless
- I am able to access buildings and resources shared for multiple purposes, by multiple organisations
- My community is able to do more to support health and well-being

Strategic Priorities

22. Implement key actions to **improve quality** (safety, effectiveness and experience) of services across the whole system
23. Develop and implement key actions to **enhance integrated/partnership system working**, both in Wales and England, improving regional approaches to the planning and delivery of key services
24. **Implement value-based healthcare**, to deliver improved outcomes and experience, including the effective deployment and management of resources
25. Implement key **governance and organisational improvement** priorities including embedding risk management, effective policies framework; assurance; Board effectiveness and systems of accountability and organisational development

Key Interdependencies

- The anchor strategy for the region is the shared health and care strategy, A Healthy Caring Powys (Powys Regional Partnership Board), set in the longer term context of the Powys Well-being Plan, Towards 2040
- Both of the above are delivering against the national goals in A Healthier Wales, the Future Generations (Wales) Act and Social Services and Wellbeing (Wales) Act
- Strategic plans and programmes across the wider Mid Wales region are brought together through the Mid Wales Joint Committee for Health and Care with strong clinical leadership through the Clinical Advisory Group
- Powys has a unique position in the heartland of Wales, with a shared boundary with England and therefore has a role in multiple healthcare systems. Regional working has a complex meaning in this context as there is a need to understand and respond to diverse strategic programmes and service changes and identify both the opportunity and the risk of impact for the rural population of Powys.
- Collaboration is important to ensure the greatest value can be achieved in the years ahead. This includes working as a team within and across NHS Wales, with the NHS Executive as it develops its role, peer networks and collaboration with teams in Welsh Government such as the Finance Delivery Unit, Delivery Unit and Planning & Policy Teams to develop and measure progress against shared goals.

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Why this important and the high impact actions that will be taken

There is a complex partnership landscape for health and care, particularly in Powys, with important interdependencies across NHS Wales and across the border into England.

There is a strong track record of partnership working in Powys and this has enabled significant progress over recent years. The shared Health and Care Strategy agreed in 2017 was the first of its kind in Wales and provides a framework for the eight well-being objectives in this IMTP. This has provided the foundation for significant regional programmes to be taken forward through the Powys Regional Partnership Board, Powys Public Services Board and Mid Wales Joint Committee for Health and Care.

Resilience

System working across England and Wales is essential to track, assess and respond to fragility and service change. Work will be prioritised according to impact and opportunity.

Financial strategy is a ministerial priority and a systematic value based healthcare approach will be used to maintain a balanced plan over three years.

Similarly, robust but adaptable **governance** together with **integrated planning and performance** will enable the provide accountability and assurance in the ongoing public health emergency and continued uncertainty.

Recovery

The further development of robust **planning and performance systems** will build on innovations including improving **intelligence** across urgent and elective care, cancer and diagnostics. Processes to enhance **service level reporting** will include regular use of the Minimum Data Set and key indicators to track recovery.

Targeted work across systems on **strategic programmes** to support these to reset, will include the Hospital Transformation Programme in Shropshire and Telford, multiple Stroke programmes, cross border and NHS Wales developments.

Communication and Engagement nationally and locally will be key to build and renew healthcare in partnership with stakeholders, staff, service users and residents.

Renewal

The **Powys Regional Partnership Board** and **Mid Wales Joint Committee** have an important role in renewing the longer term shared ambition of 'A Healthy Caring Powys' and a mid-term strategy review will reset and refine shared priorities.

A clear framework for commissioning of the **third sector** will be developed, recognising the significant role of the sector in supporting communities during the pandemic and in the longer term as part of the renewal efforts in Powys.

A **Value Based Health Care** programme has been established as part of the Renewal portfolio, to support analysis, benchmarking, opportunity assessment and transformation with a focus on rural recovery and renewal.

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22. Implement key actions to improve quality (safety, effectiveness and experience) of services across the whole system

Quality is core throughout this plan. In addition to the focus on high quality sustainable services in each section there is also a need to implement key actions to improve quality, safety, effectiveness and experience. This applies to the services used by Powys residents across the whole system.

The health board Clinical Quality Framework has been refreshed against the 15 actions in the national Quality and Safety Framework to reflect the need for the organisation to function at every level as a quality management system. This reflects the six domains of care (safe, effective, patient-centred, timely, efficient and equitable care). An action plan is in place against each of the Goals (as detailed below).

The Patient Experience Framework is being refreshed in the context of the pandemic and the impacts on individuals, patients and carers and wider communities

A whole system assurance approach is in place and continuously developed to enhance arrangements in key areas including maternity and commissioned services

A Learning from Experience Group has been established and provides a clinically led forum to learn from mortality reviews and findings from clinical audits and further links will be made with the Health and Care Academy throughout the year

PTHB Clinical Quality Framework Goals

1a Safety – Putting things Right; Serious incident management; learning; communication and support systems to raise concerns; safety alerts / notices

1b Effectiveness – Clinical audit; Clinical guidelines; Value based healthcare; Health and Care Standards; Peer review

1c Experience – Patient Experience Framework to be refreshed and set out systems for learning; intelligence; decision making and impact assessment

2 Organisational culture –compassionate leadership; organisational development; evaluation of multi-disciplinary risk assessment

3 Clinical leadership – roles and accountability; sustainable approach; design, review and action of performance / intelligence; deep dive approach

4 Improvement methodology – QI skills, project work; training and partnerships

5 Intelligence – Monitoring & assurance; service level dashboards; benchmarking

Research and Development

Healthcare research and development will improve the quality of care for our patients, supporting work on prevention, earlier diagnosis, more effective treatments, better outcomes and faster recovery. High quality research is essential to further improve evidenced based practice. The health board has several actively recruiting research portfolio studies open and two portfolio studies opening on episiotomy and breastfeeding. The R&D plan has been completed and submitted to Health and Care Research Wales and reflects a number of funding opportunities. The SIREN Covid antibody study is also underway at both Bronllys and Welshpool sites.





The Research, Innovation and Improvement Co-ordination Hub (RIIC) in Powys is the coordination and driving vehicle for Research, Innovation and Improvement activity. It will build on its regional presence and networks across the seven health boards to capitalise on opportunities for engagement, learning, funding and collaborations. This will optimise the profile and reach of research and innovation in Powys, to broaden, sharing and contribution to the wider Wales agenda.



23. Develop and implement key actions to enhance integrated/partnership system working, both in Wales and England, improving regional approaches to the planning and delivery of key services




Powys is considered a region given the size of its geographical footprint, covering a quarter of the landmass of Wales, albeit with a relatively small population size. It is unique in having one Regional Partnership Board across the health board and the County Council and this provides an important planning forum for health and care. There is a shared Health and Care Strategy in place which has been refreshed in the context of the impact of the pandemic.




The Regional Partnership Board priorities are:

- Delivery of the Area Plan, A Healthy Caring Powys – the shared long term health and care strategy for Powys 2017 – 2027 – which sets the framework for the IMTP
- Thematic priorities: Start Well, Live Well, Age Well, Cross Cutting (key actions for 2022 – 2025 are noted throughout this plan)





START WELL	
START WELL Priorities 2022/23	
	<ul style="list-style-type: none"> Community Well-being Hubs with input from education, communities and Third Sector, ensuring local accessible services. A holistic programme will be developed with communities to support play, work, mental and physical activity utilising outdoor green space of Powys. Supporting a range of accommodation options and access to them for young people.
	<ul style="list-style-type: none"> Investing in emotional and behavioural support for families, children and young people to build resilience and support transition to adulthood. Making the maximum positive impact within the first 1000 days of a child's life, focusing on preventing adverse childhood experiences. Targeting resources towards disadvantaged families. Supporting and assisting young carers. Making sure the transition into adulthood for young people is well managed and minimises anxiety.
	<ul style="list-style-type: none"> Supporting children and families to create the foundations of good health throughout their life. This includes healthy weights, positive diet and activity, personal resilience and relationships and other steps that will reduce the risk of developing the main four causes of ill health and premature mortality in their later life.
	<ul style="list-style-type: none"> Young people and families will have a fully integrated experience of health and care. Health and care will work closely with education providers to support young people and develop healthy behaviours. Work with partners to ensure young people are safeguarded and resilient.

LIVE WELL	
LIVE WELL (Removing Disabling Barriers) Priorities - 2022/23	
	<ul style="list-style-type: none"> Empowering people to make informed choices based on tailored information that enables management of their own health and well-being, and focus on creating an environment that makes the healthier choice an easier choice. Making the best use of community strengths and the physical environment to support people to maintain their health and well-being. People are able to access on-line therapeutic support when needed Supporting a range of accommodation options and access to them for adults and are supported to live in their own homes independently, whilst have specialist support if needed.
	<ul style="list-style-type: none"> Focusing on early intervention to support the independence and participation of people with sensory loss, physical disabilities, learning difficulties and other conditions. Supporting people to be independent and active in their communities. Identifying people earlier who are at risk of developing a disease, and helping them to reduce the risk and impact. For carers, continuing to develop services to meet the holistic needs of the family and provide adequate respite care. Focusing on activities which reduce the need for operations and improve post-operative outcomes.
	<ul style="list-style-type: none"> Developing effective services to treat and support people suffering from the four main causes of ill health and premature mortality in Powys. Developing support to reduce the incidence and impact of the diseases in later life
	<ul style="list-style-type: none"> Offer a more co-ordinated approach to managing long term conditions that gives everyone an opportunity to build on their strengths. Develop services that fit around peoples' busy lives – providing choice, accessible and equitable services more locally. Work with partners to safeguard residents.

LIVE WELL	
Priorities (Live Well: Mental Health) 2022-23	
	<ul style="list-style-type: none"> People are able to make informed choices based on tailored information that enables management of their own health, mental health and well-being. People are able to access on-line therapeutic support when needed (Silvercloud) Support people to live in their own homes independently, whilst having access to specialist support if when needed. Improving information and advice assistance, revising website and/or other information, developing social media, on-line and how we communicate what support is available to friends and families
	<ul style="list-style-type: none"> Help children start well – Supporting the Whole Schools approach through linking (Specialist) Children's and Adolescent Mental Health (SCAMHS) priorities with supporting the Emotional Health and Wellbeing Workstream within Start Well. Supporting multi-agency services for families who are most in need, supporting with professional advice (CAMHS) Providing support for children/young people who experience Psychosis through Early Intervention and targeted support Providing support to families and people in relation to Eating Disorders; Supporting resilience in managing self-harm and self-injury; Supporting schools with therapeutic interventions when needed Supporting Carers with access to respite opportunities when needed aligned with Carer's Strategy Providing specialist support to families bereaved through Suicide Rolling out services to prevent escalation into Crisis, through Sanctuary/Twilight out of hours services with Third Sector and NHS 111 Mental Health options for support through a single point of access.
	<ul style="list-style-type: none"> Continue to provide support to people experiencing mental distress, ensuring access to services, in the right way, at the right time, when needed Transforming adult mental health services in line with national review of community mental health Continuing to focus on best health outcomes for people living with mental distress, increased support for people living with complex needs, substance misuse, Dual Diagnosis Continuing to develop perinatal support for families, with specialist support Building on Dementia Home Treatment services, providing equitable access in North/South Powys, developing memory assessment and related support services Developing pathways for support with new NHS 111/Crisis intervention out of hours services Access to psychology support, specialist support for people experiencing trauma

AGE WELL	
AGE WELL Priorities - 2022/23	
	<ul style="list-style-type: none"> Supporting older people to be as active as possible, through volunteering, physical and mental exercise. Encouraging people to plan for their future, and to take action that reduces the incidence and progression of life-limiting conditions such as dementia. Supporting a range of accommodation and access to them for people in older life.
	<ul style="list-style-type: none"> Utilising technology so older people can self-care and remain independent, and to encourage greater social inclusion. For carers, continuing to develop services to meet the holistic needs of the family and provide adequate respite care. Helping people to overcome loneliness and social isolation and be an active member of their community.
	<ul style="list-style-type: none"> Developing effective services to treat and support people suffering from the four main causes of ill health and premature mortality in Powys. Developing support to reduce the incidence and impact of the diseases in later life.
	<ul style="list-style-type: none"> Support health and care teams to work seamlessly with older people to get things right first time and prevent needs from escalating. Review existing health and care services and invest in health and care environments that meet future needs, providing choice, accessibility & co-ordinated services.

The Cross Cutting Resources and Oversight Group (CCROG) as part of the Powys Regional Partnership Board provides a mechanism for oversight, review, and planning with regards to the investment plan (Regional Investment Fund) and the areas of cross cutting work.

CROSS CUTTING Priorities - 2022/23				
Wellbeing objective	Health and Care Strategy Goal	Priority Activity 2022	Current Funding	Other / Broader Cross Cutting Considerations
	<ul style="list-style-type: none"> Workforce Futures - support the achievement of some of the Health and Care Strategy outcome measures developed with the People of Powys, by setting and achieving goals relating to the transformation of our workforce model to support the longer term vision 	Workforce Futures <ul style="list-style-type: none"> Capacity to support implementation of Workforce Futures Strategic Framework and Health and Care Academy Blueprint and realise benefits 	£1mil	<ul style="list-style-type: none"> Renew focus on Integrated planning / commissioning arrangements as a key additional enabler for programme moving forward. Renew efforts to focus on wider H&C Resource available to help deliver priorities / outcomes across RPB partnership. Renew focus to weave enabling and cross cutting elements into Start, Live, Age Well Partnerships (identify specific enabling / cross cutting priorities for respective partnerships) Renewed focus on alignment of key RPB Programmes Workforce Futures and NPWB Programme and how can support delivery of outcomes, and vice versa Continued Partnership Development through Development sessions (White Paper developments with influence this)
	<ul style="list-style-type: none"> Development of innovative environments to support delivery of Health and Care Strategy outcomes across the life course. 	Innovative Environment Developments: <ul style="list-style-type: none"> Extra Care Developments Safe Accommodation Residential setting for C&YP with complex needs Development Health and Care Academy Developments Rural Regional Centre (Newtown) Developments 		
	<ul style="list-style-type: none"> Increase the use of technology to support individuals and their families, enable people to take greater control, and live independently for longer by preventing hospital admissions and premature moves to residential care. 	Digital Solutions <ul style="list-style-type: none"> Continued role out of Assistive Tech and digital solutions to support peoples independence and health and wellbeing 		
	<ul style="list-style-type: none"> Powys RPB co-ordination; Partnership development; SSWB Act Part 9 Implementation New Models of Health and Wellbeing / North Powys Wellbeing Programme (see separate slide) Social Value - Achieve what matters to individuals through a variety of services and activities provided through social enterprise, voluntary sector and community initiatives Welsh Language - Individuals are supported to achieve what matters to them through having access to services which are actively offered in Welsh Carers (All age) - Ensuring that Powys public and Third Sector services meet the needs of carers through enabling effective carer representation in the planning, development and delivery of local services in Powys 	Transforming in Partnership <ul style="list-style-type: none"> Appropriate capacity to support RPB Co-ordination and Programme Delivery / Support across the RPB partnership; supporting alignment and integrated commissioning & planning arrangements to achieve Health and Care Strategy outcomes. Capacity to support RPB and key partnership programmes / projects (NPWB / WF, etc.) Communications and Engagement work; a strengthening of co-production and continuous engagement approaches across partners through RPB arrangements, including Citizen / Carer Voice to inform strategic planning and decision making The Community Sector Response Group (CSRSG) will continue to support communities, volunteers and organisations, with a remit that will include requirements relating to the Social Value Forum. Support (including financial resource) will be offered to foster community resilience, develop SV initiatives and prevent / reduce demand on stat sector. Continued embedding Welsh Language Active Offer requirements across third sector through advice and support Continued testing of numerous innovative projects to support Carers of all ages, including continue to raise awareness and bespoke respite offers, to demonstrate benefits to services users and removing longer term service demands (Carers Steering Group) 		

Powys is also sub region within the wider Mid Wales footprint, with significant regional planning being carried out on the Powys footprint, as well as collaboration between health care organisations through the Mid Wales Joint Committee for Health and Care (formerly the Mid Wales Collaborative). This is recognised as a formal planning area by Welsh Government, in line with the regional arrangements for North Wales and South Wales (the latter divided further into East and South/West regions).

Regional Planning priorities are agreed as part of the published Strategic Intent and Aims to ensure a joined up approach to the planning and delivery of health and care services across Mid Wales. The Work Programme includes:

- ☐ Social and green solutions for health
- ☐ Ophthalmology
- ☐ Community Dental
- ☐ Oncology
- ☐ Colorectal surgical pathway
- ☐ Respiratory
- ☐ Welsh Community Care Information System (WCCIS)
- ☐ Telemedicine
- ☐ Integrated Care Hubs
- ☐ Mid Wales Workforce Plan
- ☐ Clinical Strategy for hospital based care and treatment
- ☐ Clinical networks
- ☐ Engagement and involvement

North Powys Well-being Programme

This programme is a once in a generation opportunity to enhance and transform the way health, care, community, wellbeing, library and education services are delivered in north Powys. It is a flagship scheme of the Regional Partnership Board.

The rationale for the North Powys footprint was developed following extensive analysis including demographic and service appraisal. Geographically north Powys is strategically important in strengthening health and care services for the mid Wales region, reducing the impact of reconfiguration proposals around its borders. This presents opportunities to work differently with Acute Providers and develop Strategic Partnership which supports clinical networks, upskilling the primary and community workforce to deliver services more locally. The Investment Objectives underlying the case for change for this project are:

- Integrated Local Services
- Sustainable workforce
- Innovative Environment (Fit for Purpose Estate)
- Innovative Environment (Effective Accommodation)
- Decarbonisation (Infrastructure & Estate)
- Decarbonisation (Greener Travel)
- Regeneration

The Regional Partnership Board is fully committed to the delivery of a new integrated model of care for north Powys which includes a new Rural Regional Treatment and Diagnostic Centre and Integrated Health and Care Centre to enhance the local service offer. There are five Transformation Areas within the programme (linked with broader health board and partnership priorities):

- **Children and Young People** *Pathfinding and accelerating change*
- **Mental Health, Learning Disabilities and Wellbeing** *Building sustainable models centred on wellbeing*
- **Social Model of Health** *A holistic model for Population Health*
- **Integrated Community Model and Frailty** *Building an integrated approach in partnership*
- **Diagnostics, Urgent Ambulatory & Planned Care** *Driving forward early adoption and innovation*

In addition, there is a Multi Agency Wellbeing Campus project which will deliver the purpose build integrated Health and Care Centre. (see Innovative Environments section in this plan).



Wider Regional Planning and Commissioning

Residents in Powys access acute care from providers across England and Wales.



The greatest volume of patient flows for acute care are to the neighbouring District General Hospitals in England (Shrewsbury and Telford Hospitals, Hereford Hospital) and Bronglais Hospital in Aberystwyth.

Residents in Mid Powys largely access Hereford Hospital for district general hospital care.

Residents in the South of Powys access acute care from a number of providers including Morriston Hospital in Swansea and Prince Charles Hospital in Merthyr Tydfil. There are also residents in South East Powys who access Nevill Hall Hospital and other acute care provided by Aneurin Bevan University Health Board.

A co-ordinated whole system approach is required to manage the complexity of these commissioned services especially in the context of increased population waiting times for District General Hospital (DGH) services across Wales and England.

The health board has a role to ensure that the needs of the Powys population for hospital and critical care is incorporated into recovery and system plans. A value based approach is set out in the IMTP to support system recovery planning with shared decision making, patient outcomes and prevention at its heart.

The health board will work with Welsh Government and partners including the Welsh Health Specialised Services Committee, the Welsh Ambulance Service NHS Trust and other health boards to understand and address the cross-border issues arising from the UK Government's Health and Care Bill, which is due to be implemented from July 2022.

Oversight and management of areas in special measures and/or significant changes in provision is an ongoing priority and includes:

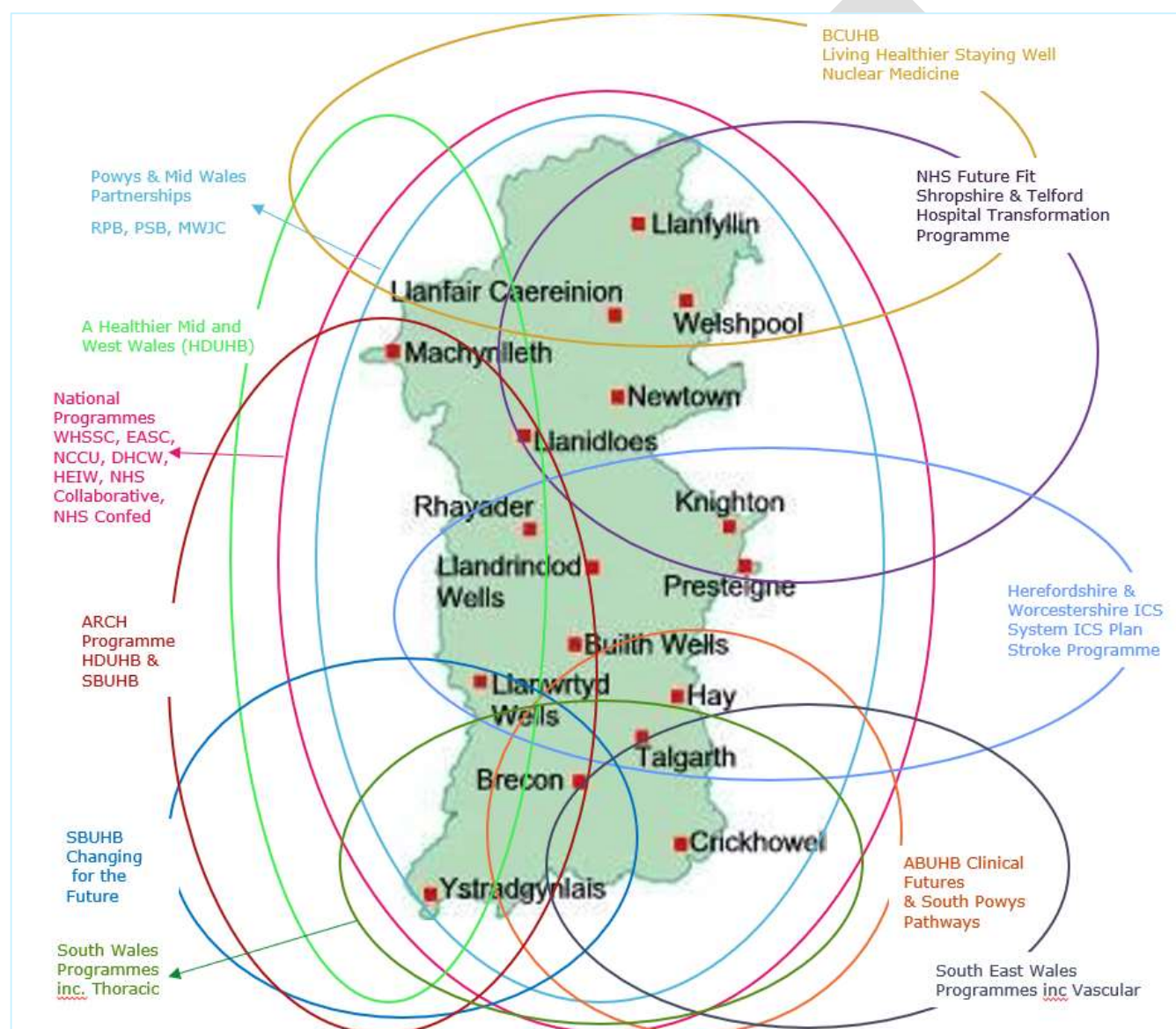
- Cross border network and integrated care systems (ICS) – notably:
 - Shropshire & Telford ICS: Implementation of NHS Future Fit / Hospital Transformation Programme (HTP) and interim service changes
 - Herefordshire & Worcestershire ICS: Stroke Programme
- Ockenden recommendations in relation to Shrewsbury and Telford Hospital Maternity provision
- IMSOP Outcomes in relation to Cwm Taf Morgannwg University Health Board Maternity and Neonatal provision
- The next stage of the South Powys Pathways programme in the above context
- Section 33 Development of Joint Commissioning in relation to Care Homes

The Commissioning Assurance Framework will be refreshed for use in 2022 onwards and improvements made to associated performance, contracting and invoicing processes.

In addition, there are a number of strategic programmes at regional and national levels that impact on health and care provision and pathways for residents of Powys. In some cases, these apply to the whole of the county, and in some cases, they apply to particular geographies within Powys, depending on the programmes' remits and the relevant provider's catchment areas.

These are sometimes referred to as 'strategic change programmes' and in some cases were in train prior to the onset of the Covid-19 pandemic and have been reviewed and have been gradually revisited during 2021, as part of the planning process for each provider and/or partnership, in the context of the wider recovery efforts in Wales and England.

The diagram that follows has been refreshed, to show the current major programmes of work at a national and regional level which have an impact on the Powys footprint:



These include the Regional Planning Fora in NHS Wales and the Integrated Care Systems in place in England, notably the Shropshire & Telford ICS (and the NHS Future Fit / Hospital Transformation Programme) and the Herefordshire and Worcestershire ICS (and the implementation of the System Transformation Plan which includes Stroke care).

Communications and Engagement

Effective communications and engagement with residents, patients, staff and stakeholders helps the Health Board both make and share decisions, service updates and to consult effectively on the things that matter to our local population.

By continuing to adapt and develop our range of digital channels, maintaining use of 'traditional' media, and collaborating with our partner organisations on issues of common interest, the team can reach resident populations more effectively and efficiently than ever. This work will help improve service delivery and realise the overall objectives of the IMTP and long term strategy.

Communications and Engagement is an enabling function, operating to deliver against defined business and communications objectives for specific audiences. Pre-planned campaigns and engagement activity in support of key IMTP objectives and the long term strategy will be evaluated using robust best practice tools.

It is a process of continual learning and refinement to maximise return on investment, matching messages, audiences and channels in order to deliver efficiently and with minimum waste.

Furthermore, the Communications and Engagement function will continue to manage media engagement and external affairs, develop the brand, and support effective stakeholder and employee relations on behalf of Powys Teaching Health Board. This will ensure the Health Board's perspective and unique contribution to the health and wellbeing of the population of Powys is clearly explained and understood. This activity is essential to building and maintaining public trust in what we do.

Planned communications and engagement activity is driven by the rhythm of local service delivery and national priorities throughout the reporting years. Campaigns activity will be delivered against key strategic Powys and NHS Wales programmes, including COVID-19 vaccinations, winter flu, smoking cessation, overweight and obesity, in addition to emerging activity to support recovery and renewal, and also supporting critical Welsh Government campaigns including Help Us Help You and Keep Wales Safe.

Key actions:

- Communicate key priorities as identified in the three year plan, through effective relationships with the media and other key stakeholders and core public audiences
- Drive meaningful engagement on service change and initiatives that will affect Powys residents, to enable fully informed consideration of impacts and benefits and involve people in the service developments that matter to them
- Champion evidence-based decisions that serve a rural population facing recovery and renewal in the context of COVID-19, Brexit and climate change
- Build a robust partnership communications model with the Regional Partnership Board, Public Services Board, Powys County Council, the Powys Association of Voluntary Organisations (PAVO) and Powys Community Health Council and its successor Powys Citizen Voice organisation
- Maximise the value of owned channels, enhance the effectiveness of mutually supported public-facing communications and drive increased public understanding of service offerings in the health and social care space

- Enable continued effective communications and engagement activities in support of the Covid response and system resilience, both public facing and associated employee-facing communications, responding with pace to emerging situations
- Enable improved situational awareness and associated longer-term organisational communications planning through the delivery of a comprehensive Forward Look
- Development of effective internal workforce communications including intranet and other digital opportunities, staff briefings, show case events and celebrations of success and innovation, team based and management cascade mechanisms, supporting recruitment and retention and the Social Partnership approach

Communication and Engagement – 2022/23

We will continue to support our communities to be fully engaged with the health board

Partner, public and stakeholder engagement

- Maintaining robust engagement with key partners and stakeholders including the Community Health Council, Powys County Council, Powys Association for Voluntary Organisations (PAVO), local politicians, press and media activity in support of Powys Teaching Health Board's strategic priorities and areas of joint interest and work.
- Continue to build audiences and reach for PTHB's social and digital channels to support PTHB's strategic and operational priorities, including engagement activities and events.
- Ensuring that Powys' resident's voice is heard and reflected in PTHB's consultations on service changes, providing opportunities for stakeholder engagement and informed responses. We will work to identify and engage with Powys's seldom-heard groups, using appropriate channels.
- Continually reviewing and refining community engagement channels, aligned with establishment of the new Citizen Voice body to replace the CHC.

Key programmes

- The Communications and Engagement team's support for the COVID-19, recovery and renewal and system resilience strategic response remains the key public engagement and communication priorities on a Powys, regional and national level.
- Further work to support PTHB's strategic Enabling and Wellbeing objectives is in train, including specific activities to support Joined Up Care through the Winter Resilience Plan, Workforce Futures through the ongoing nurse and health care support worker recruitment, exploring support for Primary Care triage model, and Digital First through the continued development of user-focused content for the Mura website development and SharePoint migration and redevelopment of the intranet.
- Key campaigns supported will include the COVID-19 booster, winter flu, Help Us Help You and Keep Wales Safe.
- Ongoing engagement and communications support for temporary and ongoing service change – both for the health board as a direct provider and commissioned services from neighbouring health boards – including continuing to implement the learning from COVID-19 in future service delivery.
- Continuing to maximise opportunities to use digital media – including the website, social channels and Microsoft Teams – to support a citizen focused digital first approach.
- Complete a rapid review of the team structure and skills base. This workstream will help support the Communications and Engagement function to deliver the identified key programmes against PTHB's strategic objectives, and support the continued professional development of team.

Staff engagement

- Completing the intranet migration programme to SharePoint in support of the Microsoft O365 implementation, to strengthen staff communications, engagement and transformation opportunities. This will include a new intranet taxonomy and content that is developed and curated by the Communications and Engagement team, with content actively managed by content owners within the business.
- Continuing and consolidating programmes of digital engagements, to include staff briefings, video content, showcase events in combination with face-to-face events as COVID-19 restrictions and guidance allows.

24. Implement value based healthcare, to deliver improved outcomes and experience, including the effective deployment and management of resources

Understanding the outcomes and experience of the Powys population, the evidence base and comparative costs will enable PTHB to increase value. The health board is working to allocate resources to the right place to deliver the best outcomes that matter for the population of Powys at the least cost.

The health board is embedding a value based healthcare approach within its way of working, spanning its whole operating model, with the aim of improving outcomes, reducing clinical variation and improving efficiency through the system. Key to this will be the development and implementation of a Value Based Healthcare strategy and approach defined around the following themes:

- Strategy
- People & skills
- Culture
- Process
- Structures

The 2022/23-2024/25 Financial Plan is designed to effectively deploy resources to deliver improved outcomes and meet the needs of the resident population. It is a significant driver of the value-based healthcare approach which is being embedded throughout the organisation and supported by a core and expert team focused on renewal and transformation.

Value based healthcare will support ongoing access to good quality health services with a focus on recovery and renewal from the pandemic whilst meeting the statutory duty to breakeven over the three year period.

Ensuring that the health board remains in a balanced financial position will be a very significant challenge for the Board and Management teams and will require:

- Integrated Financial and Service Planning
- Strong Discipline – a culture of grip and control
- Excellent Financial Interaction
- Ownership and Buy in Across the Organisation
- Leadership
- Clear focus on Transformation and Value Based Health Care to support medium and longer term sustainability improving patient outcomes for our population.

The financial plan has been developed based on the Welsh Government confirmed funding allocations, risk assessed cost pressures and a realistic, but challenging view of the cost saving potential across the organisation.

The health board has ambitious goals and the Financial Plan sets out our financial strategy in three parts:

- Core Financial Plan: Delivering financial balance over the 3-year IMTP cycle
- Exceptional national cost pressures sitting outside of the core plan
- COVID response costs sitting outside of the core plan

Core Financial Plan: Delivering financial balance over the 3-year period

The health board aims to deliver financial balance over the 3-year period. This will provide the health board with a significant financial challenge that is based on a Health & Social Care budget 2.8% core allocation uplift in funding in 2022/23, 1.5% in 2023/24 and 0.75% in 2024/25.

There has been a capped approach to cost pressures based on expenditure trends and this will be continually reviewed.

The health board has been responding to the public health emergency of the COVID-19 pandemic over a two year period and as a result, savings plans which were contingent on changes to commissioning, operational delivery and pathway redesign that were no longer able to be progressed have been impacted. This has contributed to an underlying deficit of £5.62m, brought forward into the 2022/23 financial year.

A critical element for the medium term is embedding value-based healthcare as a mechanism for enabling sustainable, high value services. This is our key strategy for effective use of resources for the benefit of the population. The 2022/23 plan will require the delivery of a 1.3% £4.6m efficiency and value target. Given the continuing impact of COVID-19 coupled with

recovery expectations this will challenge the organisation. The savings plan will focus on procurement, medicines management, Estates rationalisation, value based commissioning alongside maximising the benefits of developments implemented through COVID-19.

There are areas where benchmarking is highlighting unwarranted variation in the spend compared to the outcomes for the population, including growth in continuing healthcare packages. The focus here will be on achieving the outcomes for the patients whilst reducing variation in the costs being incurred, by exploring ways of delivering the care closer to home. Another area is the use of temporary staffing, which has been critical to enable the organisation to maintain resilience during the pandemic but is a key focus for cost reduction as the pandemic moves into different phases and ultimately into an endemic response. In addition to the 1.3% efficiency and value target cost avoidance strategies are required to reduce the financial risks in these areas of a further 0.4%.

There will need to be a focus on all Long Term Agreements, in Wales and cross border, and any potential impact on the financial plan as we transition from current block arrangements.

Internal investments will be limited to those unavoidable items to address sustainability and safety issues. We will continue to ensure delivery of our "Values Agenda" and ensure benefits from any internal investments support the wider financial position.

Summary of the financial plan for 2022/23 – 2024/25 is provided below:

Core Plan	£m		
	Year 1	Year 2	Year 3
B/fwd underlying deficit	5.62	0.00	0.00
Recurrent Impact 21/22 Pressures	3.50	0.00	0.00
Delivery Unmet Savings & Assumed Recurrent Benefits	(3.69)	(1.94)	(3.00)
NHS Commissioned Services Growth	3.09	1.65	0.83
Locally Determine Growth & Pressures	5.98	4.00	4.00
Standard National Pressures / Growth	0.70	0.06	0.06
WG Allocation:			
Core Uplift 2.8% / 1.5% / 0.75%	(7.06)	(3.78)	(1.89)
Planned and unscheduled care sustainability	(7.52)		
Value based recovery	(0.62)		
Financial Core Plan	0.00	0.00	0.00

Exceptional national cost pressures sitting outside of the core plan

There is recognition of the system wide impact of extreme cost pressures which may be non-recurrent in nature, and impact of further national pay conditions which need a system solution and sit outside of the core financial plan. These pressures are currently assessed at a total annual cost of £2.353m and are described below:

- **Direct Energy and Fuel** There has been extreme price volatility over the past 3 months with prices expected to remain elevated until late 2023. There is an assessed increased annual cost of £0.982m based on the mid point from the latest information.
- **Employers NI increase** 1.25% Health and Social Care Levi with an assessed annual cost of £0.560m.
- **Real Living Wage** The uplift to the real living wage of £9.90/hr will apply to registered workers in care homes and domiciliary care. There is an assessed annual cost of £0.811m. Work is ongoing to firm up this assessment.

COVID response costs sitting outside of the core plan

There is a need to remain dynamic and responsive to changes in COVID-19 demand in line with national guidance and the expected shift to an endemic response. The health board continues to incur significant levels of local COVID-19 response costs as detailed below:

Ongoing COVID Response	£m	
Ongoing Impact Block	2.86	Cost of LTAs above pre-covid levels. Ongoing discussions with English providers to determine full year impact.
Cleaning Standards	0.56	Based on current staff in post and revised standards - position being assessed.
Prescribing	1.71	Changes in prescribing during the pandemic. Work ongoing to determine business as usual impact and patient benefits.
Loss Dental Income	0.85	Position anticipated to improve as dental activity returns to normalised levels.
Workforce	1.50	Position anticipated to improve as sickness rates return to normalised levels and reduced IP&C measures.
Total	7.48	

There is an expectation that the level of COVID-19 response costs will reduce throughout the year, in line with local and national prevention and response modelling.

Summary

The financial plan is based on current planning assumptions and known allocations. We will continue to need to work closely with Welsh Government and the Finance Delivery Unit in ongoing assurances on delivery.

Financial Risks and Assumptions

The health board is facing a number of financial risks at this stage of the financial planning process. The key risks and assumptions are set out below:

- **Delivery of the Core Plan** – Continued dynamic environment with considerable uncertainty that is hindering planning commitments at this time.
- **Achievement of the efficiency plan target** – Concerted attention will be required in order to ensure delivery. Savings plans delivering 1.3% and further cost avoidance actions need to be in place as soon as possible. There will be clear lines of accountability in delivering identified high value opportunities.
- **Exceptional and National Cost Pressures** – Assessed costs totalling £2.353m are sitting outside of the core plan and identified as risk areas to be managed / supported on a national and local level.
- **COVID-19 local response** – Local response costs are sitting outside of the core plan and identified as risk areas to be managed / supported at a national and local level. The response will remain dynamic and responsive to changes in COVID demand. Key to this will be the organisation's ability to step down non recurrent COVID costs at pace.
- **COVID National Programmes** – TTP, Mass Vaccination and PPE are assumed to be cost neutral with additional funding to support on an actual basis.

Pay award 2022/23 – excluded from the core plan as assuming additional funding on an actual basis.

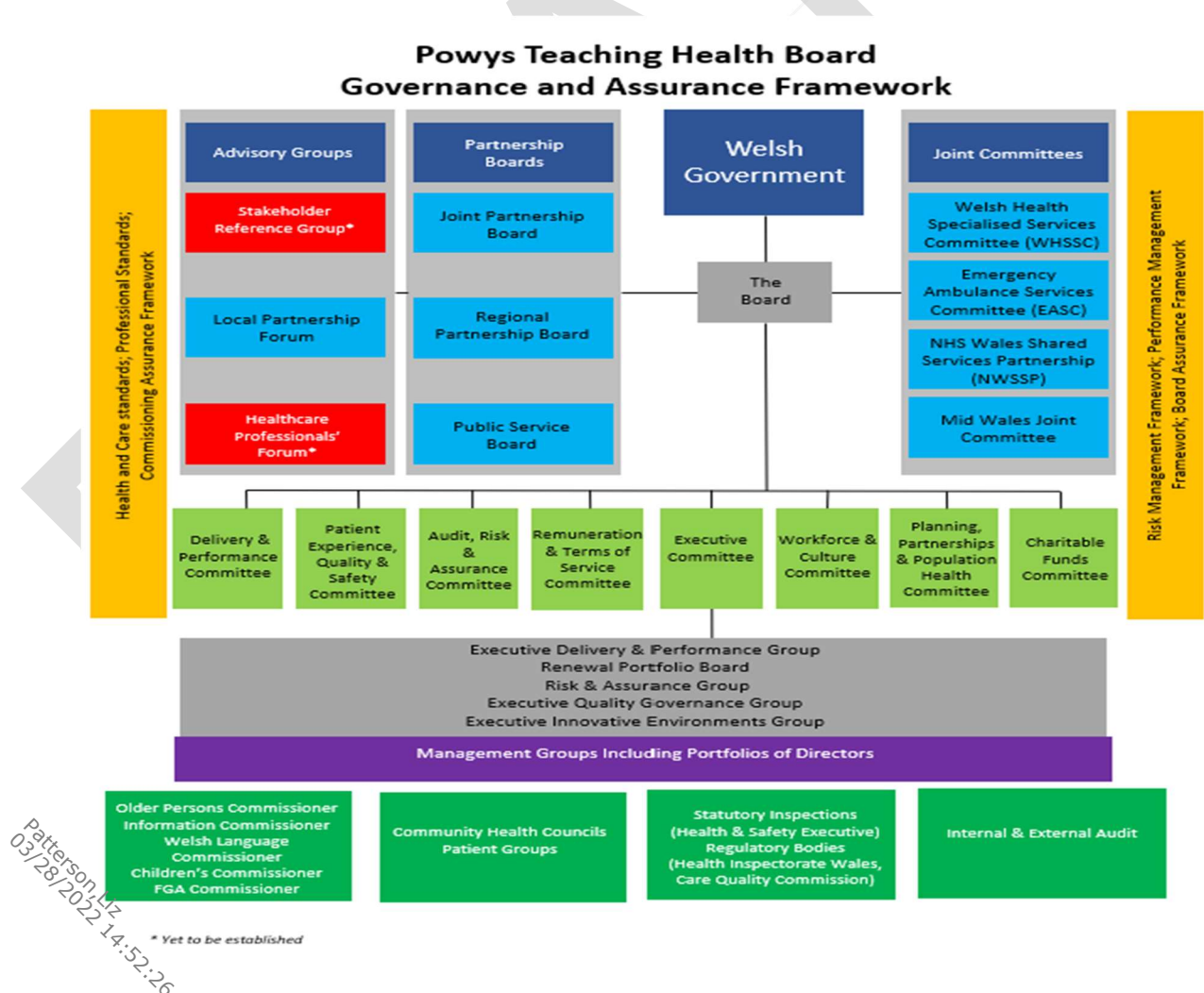
The health board recognises the risks in the plan and is taking appropriate actions in order to ensure that risks are appropriately managed and that financial opportunities to support mitigation are fully explored.

25. Implement key governance improvement priorities including embedding risk management, effective policies, procedures and guidance; audit and effectiveness; Board effectiveness and systems of accountability

Effective governance is essential to the delivery of the objectives within this plan and the ongoing delivery of safe and quality services to the population of Powys. Governance is the means by which organisations identify and act on the need for change in what they do and how they deliver it. Therefore, the health board must ensure that its governance arrangements are fit for purpose to deliver the change required as it works through differing stages of the pandemic including the response to the endemic phase.

As a baseline, the Health Board's governance and assurance arrangements are aligned to the requirements set out in the Welsh Government's Governance e-manual and the Citizen Centred Governance Principles. Care has been taken to ensure these also reflect HM Treasury's 'Corporate Governance in Central Government Departments: Code of Good Practice 2011'.

The Board has approved Standing Orders for the regulation of proceedings and business. Together with the adoption of a scheme of matters reserved for the Board, a detailed scheme of delegation to officers and Standing Financial Instructions, they provide the regulatory framework for the business conduct of the Health Board and define "its ways of working". The diagram below demonstrates the Governance Framework.



The Board has three supporting pillars of its governance arrangements: the Risk Management Framework; the Assurance Framework and the Corporate Risk Register. These arrangements provide a 'golden thread' so that high level risks are visible and are escalated, as necessary, to the Board.

The most recent summary of the Corporate Risk Register is provided below in the form of a 'heat map', showing the link to the strategic priorities in this plan:

CORPORATE RISK HEAT MAP: March 2022

There is a risk that...

Impact	Catastrophic	5				
	Major	4	<ul style="list-style-type: none">▪ The Health Board does not meet its statutory duty to achieve a breakeven position in 2021/22	<ul style="list-style-type: none">▪ The need to improve health equity is not adequately reflected in the priorities and resource allocation of the health board▪ Potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of an infectious disease (COVID-19)	<ul style="list-style-type: none">▪ The care provided in some areas is compromised due to the health board's estate being non-compliant and not fit for purpose▪ The Health Board is unable to sustain an adequate workforce▪ Fragmented and unsustainable service models as a result of population changing need and service reconfiguration of neighbouring NHS bodies and the response of multiple providers / systems to the Covid-19 pandemic▪ There are delays in accessing treatment in for Primary and Community Care Services in excess of 36 and 52 weeks, and a reduction in levels of enhanced services provided by General Practices under the GMS Contract.	<ul style="list-style-type: none">▪ Once accessed, residents in Powys may receive poor quality of care▪ There are delays in accessing treatment in Secondary and Specialised care services, in excess of 36 and 52 weeks
	Moderate	3		<ul style="list-style-type: none">▪ There is ineffective partnership working and partnership governance	<ul style="list-style-type: none">▪ The Health Board has insufficient capacity to lead and manage change effectively▪ The Health Board does not comply to the Welsh Language standards, as outlined in the compliance notice	
	Minor	2				
	Negligible	1				
			1	2	3	4
		Rare	Unlikely	Possible	Likely	Almost Certain
Likelihood						

Wales Audit Office's Structured Assessment issued in December 2021 outlined that "the Health Board has generally effective Board and committee arrangements" and the Head of Internal Audit concluded in his 2020/21 Annual Opinion that "the Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively."

From this baseline, the development of governance arrangements will support the reset and renewal activities within the Health Board, focussing on accountability and decision-making to deliver change.

Arrangements will also be implemented to prepare for the independent public inquiry to examine the UK's preparedness and response to the Covid-19 pandemic, and to learn lessons for the future.

The Board is going through a transition in terms of its membership due to changes in Executive Directors and the end of tenure of Independent Members. The revised Committee arrangements put in place in July 2021 are being refined and improved as they become established. This represents both a challenge and an opportunity to establish and embed consistent ways of working at Board, Committee and Directorate level.

An Annual Governance Programme is updated each year to reflect the priorities for delivery and improvement and is informed by the findings of independent assurance reports and ongoing review of governance arrangements to identify areas for improvement. The Programme is linked to the three roles through which effective Boards demonstrate leadership within their organisations:

- Formulate Strategy
- Ensure Accountability
- Shape Culture

In particular, governance and reporting arrangements will be reviewed and adapted in order to support and provide assurance. Key areas include the operation of the Improving Performance Framework to ensure accountability and the Organisational Development Plan which has a key role in shaping culture.

The Governance Programme is closely aligned to the Board's Organisational Development Framework and the Board's Development Plan. These three documents together will enable the organisation to continue to embed good governance, reflecting regularly in order to ensure that the Health Board is led by a high performing board.

Progress in the implementation of the Annual Governance Programme is reported quarterly and monitored by the Audit, Risk and Assurance Committee. The delivery priorities for the first year of the IMTP are:

- map organisational governance arrangements at a Directorate/Team level to inform deployment and accountability arrangements
- Fully establish the Board's Advisory Structure, i.e. the Healthcare Professionals' Forum (HPF) and the Stakeholder Reference Group (SRG)
- Further improve the quality of information to the Board and its Committees
- Implement an annual development programme for board members, focussing on awareness sessions as well as training and learning to support the development of individual roles and the board as a cohesive team
- Review and implement arrangements for the development, review, approval and publication of policies delegated by the Board
- Embed the Board's Assurance Framework, aligned to the Corporate Risk Register and Organisational Risk, where appropriate
- Introduce a system of Organisational Assurance Mapping at a directorate and functional level to inform internal control arrangements

The health board cannot deliver the change required in isolation. Therefore a further priority is to develop a Partnership Governance Framework to support achievement of the Board's objectives, where the involvement of key partners is critical.

Further information on the Health Board's Governance framework is included in the Health Board's Annual Accountability and Governance Report, Annual Report and the Annual Quality Statement, which are available on the Health Board's web pages.

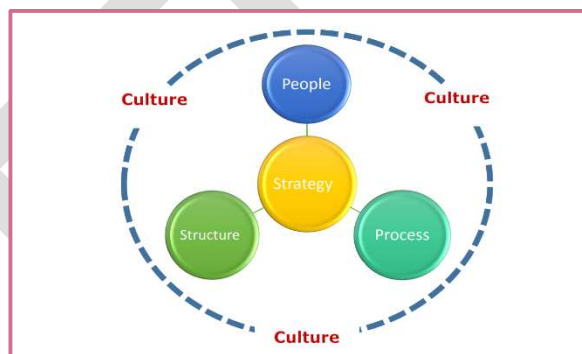
Organisational Development Framework

The role of this framework is to focus on improving the effectiveness of Powys Teaching Health Board (PTHB) and to support the alignment, delivery and improvement approach across all areas and levels of the Health Board, whilst recognising the significant progress that has already been made with organisational effectiveness, as demonstrated through the Audit Wales Structured Assessment, Staff Survey results and previously approved IMTP status.

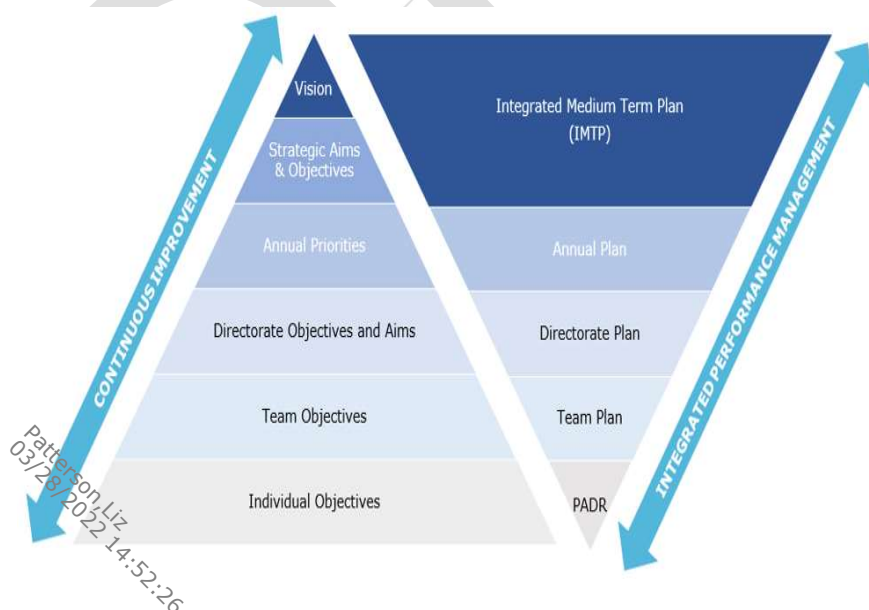
The OD Framework is underpinned by the OD Operating Model. This seeks to balance the key elements that exist within any organisation, knowing that a lack of focus in any area will have an impact on the others. The model is based on Tushman and O'Reilly – Leading Organisational Change and Renewal – with some simplifications.

The focused actions from the Framework centre on:

- Culture - What we want to achieve for patients, service users and their families, needs to be reflected in our organisational culture, which includes our written and unwritten rules, principles and policies that shape and reflect the way the organisation operates.
- People – the right people, with the right skills, behaviour and experience in the organisation to achieve the strategy. The skills that individual people have in order for the organisation as a whole to have the capabilities it needs.
- Process - the processes, systems and procedures to enable staff to achieve their role. The processes that exist to support the service user/patient.
- Structure - people are organised in a manner that enables them to be focussed on and deliver the strategy. Structures are aligned to the strategy. Structures enable clarity of lines of communication and control.



Delivery and Tracking of this Plan



The Improving Performance Framework outlines the way in which delivery of the Plan will be tracked, escalated and published. The health board seeks the highest levels of openness and transparency and therefore regular reporting of progress will be made, including where there are escalations.

Transforming in Partnership

Summary of Three Year Strategic Priorities and Key Actions

22. **Improve quality** (safety, effectiveness and experience) across the whole system; building organisational effectiveness

Key Actions:

- Deliver the Clinical Quality Framework with a focus on key priority areas including Maternity and Neonatal; Care Home sector and provider assurance	DoN, DOTH
- Revise the Commissioning Assurance Framework and Integrated Performance Approach, to track system resilience and improvement	DoPP
- Delivery of the Research and Innovation Plan <i>Research innovation hub, innovation and improvement to enable high quality clinical care, Quality Improvement capacity, clinical audit</i>	MD

23. **Enhance integrated/partnership system working**, both in Wales and England, improving regional approaches to the planning and delivery of key services

Key Actions:

- Delivery of Regional Partnership Board priorities, with mid-year review of Health and Care Strategy	Various
- Delivery of the North Powys Well-being Programme	Various
- Management of Strategic Change with targeted action for live programmes with an impact on the Powys population	Various
- Revise and update Section 33 arrangements for care homes	DoN
- Delivery of programme of Communications, with continuous and targeted engagement to support priorities in this plan	ADCS

24. **Implement value-based healthcare**, to deliver improved outcomes and experience, including the effective deployment and management of resources

Key Actions:

- Delivery of the value based healthcare programme (<i>Renewal Portfolio</i>)	Various
- Delivery of Financial Strategy and Financial Plan	DoF

25. Implement key **governance improvement** priorities including embedding risk management, effective policies, procedures and guidance; audit and effectiveness; Board effectiveness and systems of accountability

Key Actions:

- Revise the Commissioning Assurance Framework and Integrated Performance Approach, to track the 6 domains (safety, effectiveness,	DoPP
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experience, access, cost/finance/value, governance (incl. system resilience and improvement)	
- Delivery of Governance Work Programme	BS
- Delivery of the Organisational Development Framework	CEO/WOD

THE CHANGES WE EXPECT TO SEE

WHERE WE ARE NOW	WHERE WE WOULD LIKE TO BE BY 2027
Most people receive diagnostics, outpatient and day case treatments outside of Powys.	Most people receive diagnostics, outpatient and day case treatments in Powys.
Most children receive paediatric diagnostics, outpatient and day case treatments outside of Powys.	There is a small increase in the number of children who receive paediatric diagnostics, outpatient and day case treatments in-county. However, due to the specialist skills required for more complex diagnostics and treatments, most children will continue to receive this care outside of Powys.
Most people receive specialist care outside of Powys.	More people receive specialist care in Powys, including via digital applications when it is safe and effective to do so.
People receive rehabilitation services in a mix of acute and community settings.	More people receive rehabilitation services in community settings and their own home.
People travel to Cardiff or Stoke for complex rehabilitation services.	Some people receive complex rehabilitation services in Powys.
People receive most of their cancer diagnostics and treatments outside of Powys.	People who need less complex cancer diagnostics and treatments can receive these at the Rural Regional Centre or, where possible, in their home.
People can access different care and support services at home, depending on where they live.	All people can access the same care and support services at home and, when needed, can access 24/7 multi-agency care.
A small number of people can access urgent care at home or in a minor injuries unit.	More people can access urgent care at home, in the community or at the Rural Regional Centre.
Some people have access to technology that helps them self-care and live independently.	Most people who need it have access to technology that helps them self-care and live independently.
A large number of adults and children receive care through statutory services.	Multi-agency early help and support teams identify people in need early so fewer adults and children go into the care system.

Useful Links

Powys Teaching Health Board	https://pthb.nhs.wales/
Powys Regional Partnership Board	https://www.powysrpb.org/
Powys Health & Care Strategy	http://www.powysthb.wales.nhs.uk/sitesplus/documents/1145/Board_Item_2.2_H%26CS_Appendix%2011.pdf
Powys Public Service Board Well-being Plan	https://en.powys.gov.uk/article/5789/Towards-2040---the-Powys-Well-being-Plan
Powys Well-being Assessment	https://en.powys.gov.uk/article/5794/Full-Well-being-assessment-analysis
Powys Wellbeing Bank	https://en.powys.gov.uk/article/5800/Wellbeing-Information-Bank
Powys Community Health Council (CHC)	http://www.wales.nhs.uk/sitesplus/1144/home
Powys County Council	http://www.powys.gov.uk/
Powys Association of Voluntary Organisations (PAVO)	http://www.pavo.org.uk/home.html
Mid Wales Joint Committee	http://www.midwalescollaborative.wales.nhs.uk/
Rural Health and Care Wales	https://ruralhealthandcare.wales
Welsh Ambulance Services NHS Trust	https://www.ambulance.wales.nhs.uk/
Welsh Health Specialised Services Committee	http://www.whssc.wales.nhs.uk/home
Emergency Ambulance Services Committee	http://www.wales.nhs.uk/easc/about-us
Welsh Government	https://gov.wales/

Health Education and Improvement Wales (HEIW)	https://heiw.nhs.wales/
Public Health Wales	https://phw.nhs.wales/
Digital Health and Care Wales	https://dhcw.nhs.wales/
NHS Wales Shared Services Partnership (NWSSP)	http://www.nwssp.wales.nhs.uk/home
NHS England / Improvement	https://www.england.nhs.uk/

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Integrated Medium Term Plan – Delivery Plan 2022 - 2023

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Focus on Wellbeing – 3 Year Delivery Plan

Strategic Priority and Key Actions	Key Milestones	
1 - Take Action to Reduce Health Inequalities and Improve Population Health <i>Executive Lead – DPH & DoTH</i>		
Provide expert advice, leadership and action on public and population health and inequalities (including the five harms)	Provide expert advice and leadership on final stage of the Wellbeing and Population Assessments, including identification of key implications for strategy and planning Manage transfer of Public Health team and implement actions in accordance with Public Health Wales transfer timetable Work with staff as part of the transfer to develop the public health function as a wellbeing service offer for Powys	Q1 Q1-4 Q1-4
Explore and respond to impact of COVID on population health outcomes	Provide expert analysis of emerging evidence base to identify implications for strategy, planning and delivery Quarterly horizon scanning	Q1 – Q4 Q1 – Q4
Support the revision to the Public Service Board Wellbeing Plan to ensure population health priorities are recognised	PTHB active leadership and participation in PSB Board business and PSB Wellbeing Plan workshops	Q1 – Q4
Deliver Equalities and Welsh Language Work Plans	Delivery of Equalities and Welsh Language Work Plan	Q1 – Q4
2 - Deliver Health Improvement Priorities <i>Executive Lead - DPH</i>		
Implement local actions in <i>Healthy Weight: Healthy Wales 2020-2022</i> , implement comprehensive weight management pathway for adults, children, young people and families	Implement Plan Review progress as part of annual priority setting Implement weight management pathway for adults, children, young people and families Further develop and refine all age weight management pathways in Powys	Q1 – Q4 Q4 Q2 Q3 – Q4

Integrate specialist stop smoking service and re-engage with community pharmacies stop smoking services and explore options for delivering in primary care	Develop plan to better integrate into wellbeing service offer; Implementation of plan Review pharmacy delivery model and coverage / options in primary care; Develop proposals Implement agreed changes; Review learning	Q1 Q2 – Q4 Q1 Q2 Q3 – Q4 Q4
Invest <i>Building a Healthier Wales</i> prevention and early years funding in line with national priorities and governance	Ensure <i>Building a Healthier Wales</i> prevention and early years investment and governance in place in line with national priorities and implement agreed service developments	Q1 – Q4
Continue to deliver Healthy Schools and Healthy Pre-schools/Bach a Iach schemes, focusing on healthy weight, emotional and mental health and wellbeing and RSE (relationships and sex education)	2022 targets agreed with PHW; Implement scheme. Scheme monitoring reports submitted to PHW.	Q1 Q2-Q3 Q4:
Manage the transfer of Powys Local Public Health Team staff from PHW into PTHB	Establish Project team and implement project plan/actions in accordance with agreed HB/PHW transfer timetable	Q1-4
3 - Deliver Covid-19 Prevention and Response and Integrated, Comprehensive Vaccination <i>Executive Lead – DPH</i>		
Implement the COVID-19 Prevention and Response transition plan "Together For A Safer Future"	Implement Annual Planning cycle in line with extant WG policy/guidance Phased transition of TTP arrangements subject to public health conditions Implement 'Covid Stable' model with contingencies for 'Covid urgent' Continue transition of TTP arrangements to 'business as usual' model Fully integrate approach to COVID-19 prevention and response Develop a Responsive Plan to meet emerging requirements for anti-viral treatments and other therapeutic options based on latest available evidence	Q1 Q1 Q2 Q3 Q4 Q1 – 4

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Offer anti-viral treatments and other therapeutic options based on the latest available evidence Deliver the COVID-19 Vaccination Strategy for 2022 and implement the National Immunisation Framework for Wales	Deliver the COVID-19 Vaccination Strategy for 2022 and implement the National Immunisation Framework for Wales <ul style="list-style-type: none"> - Q1 Spring Booster campaign delivery - Q2 Develop and test models for future delivery - Q3 Autumn Booster campaign Delivery - Q4 Transition to future model aligned with National Immunisation Framework 	Q1 – 4
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Early Help and Support – 3 Year Delivery Plan

Strategic Priority and Key Actions	Key Milestones	
4 - Improve Access to High Quality Sustainable Primary Care <i>Executive Lead - DPCCMH</i>		
General Practice: General Medical Service renewal and recovery, contract reform, sustainability, integrated working, out of hours	Strengthen GMS renewal and recovery, Review Q1; implement Contract Reform changes	Q1 – 4
	Expand MDT roles to support sustainability: recruit First Contact Practitioners (Acute MSK); Mental Health Practitioners; Physician Associates internship scheme and development programme	Q1 Q2-Q3 Q1; Q2
	Relaunch Practice in Powys website, followed by content expansion	
	Annual CPD programme for medical, wider clinical and non-clinical staff; establish Careers workshops (Q2)	Q1-Q4
	Finalise service specification and Award of Out of Hours contract, Implementation revised contract for OOHs	Q1 Q2 – 4
	Tele-Dermatology Diagnostic Project – agree and implement plan	Q1-Q2
Dental Services: Recovery, additional access for mid Powys, Directed Enhanced Service, oral surgery, training offer, paediatric dental support, mobile unit, Community Dental Service	Reassess GDS access to inform recovery & renewal plans in conjunction with contract reform initiatives	Q1
	Scope appropriate models to further improve GDS delivery across Powys	Q1-2
	Implement contract reform	Q1 – 4
	Implement new contract for additional dental access in Mid Powys following recruitment	Q2

	<p>Develop professional practice and clinical governance approach to support local enhanced Community Dentistry skills</p> <p>Implement approach in team, including training additional CDS Nurses in extended duties (Q1 – 3)</p> <p>Scope / model local oral surgery offer, specification (Q1), recruitment and implementation</p> <p>Scope & develop paediatric dental specialist support, agree Service Level Agreement and Implementation</p> <p>Scope paediatric sedation services and investment / implementation</p> <p>Increase use of mobile dental unit for residential and care home sector</p> <p>Additional specialist / DES in special care dentistry including domiciliary care – investment scope/ case, implementation</p> <p>Develop undergraduate dental therapy placement programme with Cardiff Dental School</p>	<p>Q2</p> <p>Q3</p> <p>Q2 - Q4</p> <p>Q2 - Q3</p> <p>Q2 - Q4</p> <p>Q1 - Q4</p> <p>Q2- Q3</p> <p>Q2-Q3</p>
Optometry: Implementation of contract reform, development of clinical roles, delivery against national eye care recovery plan	<p>Implement contract reform with associated training plan/ progression of higher qualifications and clinical roles</p> <p>Review eye care access to inform recovery and renewal plans in conjunction with contract reform</p> <p>Refine business case and pathway for school vision screening, implement enhanced service (mid cluster pilot) Q1, evaluate to inform future model (Q4)</p> <p>Scope and develop health board led domiciliary service</p> <p>Agree and implement 'The Eyes Open' communication campaign</p>	<p>Q1 – Q4</p> <p>Q1</p> <p>Q1- Q4</p> <p>Q1 – Q4</p> <p>Q1 - Q4</p>
Pharmacy: Implementation of contract reform, training and role development, Independent Prescribing & Common Ailments	Implement contract reform	Q1 – Q4
Delivery of Cluster Plans 2022 – 2023	Delivery of Cluster Plans Q1 – Q4 (refer to separate Cluster Plans for detail)	

5 - Develop a Whole System Diagnostic, Ambulatory and Planned Care Model <i>Executive Lead – DoPP, DPCCMH, DoN & DoTH</i>		
Delivery of the Diagnostics, Ambulatory and Planned Care Renewal Programme; <i>incorporating Advice, Support and Prehabilitation Workstream</i> Mobilisation of Planned Care improvements Implement sustainable medical and wider clinical and non-clinical workforce model	<ul style="list-style-type: none"> Review and evaluate impact of the Insourcing project Secure access to medical speciality advice Agree phased implementation for the Diagnostic Strategic Plan; implementation Ensure clarity of opportunity for outpatient repatriation, implement phased plan Develop phased, creative workforce model, Develop ability of workforce to meet Welsh Language Act Implementation of the Eye Care Plan Implementation of Dermatology Plan Work with other health boards on regional diagnostic and planned care regional solutions including orthopaedics, cataracts and endoscopy Implement plan to maximise theatre and endoscopy utilisation Develop the Ambulatory Care Strategic Plan and Model, implementation including Ambulatory Care Centres Ensure robust improvement trajectories are in place and are being monitored 	Q1 Q1 Q1 Q2 – Q4 Q1 Q2 – Q4 Q1 Q1 – Q4 Q1 – Q4 Q1 – Q4 Q2 – Q4 Q2 Q3 – Q4 Q1 – 4
6 - Improve Access to High Quality Prevention and Early Intervention Services for Children, Young People and their Families <i>Executive Lead – DPH, DoN, DPCCMH & DoTH</i>		
Delivery of Regional Partnership Board 'Start Well' Priorities	Delivery of Start Well Programme; incl. <i>Healthy growth and development; children with complex needs and disabilities; access for children who are looked after</i> Delivery of Multi Agency Plan for Additional Learning Needs (ALN) and Education Tribunal (Wales) Act (2018)	Q1 – Q4 Q1 – Q4
Implementation of Maternity and Neonatal pathways <i>Taking into account NHS Wales Maternity & Neonatal Safety Improvement Plan and Ockenden Report in NHS England</i>	Further develop the Powys Maternity Assurance Framework to include Neonatal services Implementation of South Powys pathways, reassert plans for safe pathway changes monitoring and service change subject to Board decision Powys Project Board to consider WG Digital Maternity Cymru recommendations for implementation, including potential for funding and recruitment for implementation Develop a plan and timeline to implement Birth Rate plus recommendations	Q1 – Q4 Q1, Q1 – Q4 Q2

	Implement HIW recommendations including birth centre environments; (including CAD designs and programme of works for Llanidloes Q1/ Knighton Q2)	Q1 – Q4 Q1 – Q4
Deliver the Children and Young People Renewal Programme, including the Remodelling of key services for women and children <i>Including the Neurodevelopment service, sexual health services, gender identity and paediatric therapies.</i>	Design and delivery of sustainable model of paediatrics including Allied Health Professional framework in paediatric, transition and Learning Disability therapies Implement Healthy Growth and Development Plan including Universal Screening In line with comprehensive Vaccination Programme work (see Focus on Wellbeing objective) develop a robust plan for implementing Childhood Immunisations Develop and implement plan for Neurodevelopment Service Remodel including evaluation and review Develop and implement plan for Childrens Complex Care Develop and implement Healthy Weights pathway for children and young people, in line with organisational Strategic Plan Deliver Sexual Health Plan including Case Management Project; sustainable model and investment for STI testing service Q1; Confirm sustainable service and investment for Long Acting Reversible Contraception (LARC) provision Q1 with recruitment/ competency development Q3 and implementation Q4 Scope sustainable model and investment for Gender Identity Service including Demand and Capacity review Scale up Endometriosis & Menopause pilots, based on evaluation outcomes	Q1 – Q4 Q1 – Q4 Q1 – Q4 Q1 – Q4 Q1 – Q4 Q1 – Q4 Q4

Tackling the Big Four – 3 Year Delivery Plan

Strategic Priority and Key Actions	Key Milestones
7 - Implement Improvements in Early Diagnosis, Treatment and Outcomes for People with or suspected of having Cancer <i>Executive Lead - MD</i>	
Deliver Cancer Programme - Renewal Portfolio Improve access to testing and diagnostics	Progress plan to improve access to FIT testing Improve access for Powys residents to rapid diagnostic centres for vague symptoms Cytosponge implementation with BCUHB Transnasal endoscopy
	Q1 Q1 Q3

<ul style="list-style-type: none"> - Work with the Wales Cancer Network on Optimal pathways and quality statement - Progress suspected cancer pathway tracking & harm review approach 	Scope community diagnostics, including hospital CT, Scope the potential for a Powys provided Rapid Diagnostic Centre	Q2
	Work with the Wales Cancer Network on Optimal pathways and quality statement	Q1
	Finalise and implement the suspected cancer pathway tracking & harm review approach	Q1

8 - Implement Improvements in Outcomes, Experience and Value in Circulatory Disease (Stroke, Heart Disease, Diabetes)

Executive Lead - DPH

<p>Deliver Circulatory Programme - Renewal Portfolio</p> <ul style="list-style-type: none"> - Develop and progress phased plan including service and workforce development - Improve access to diagnostics - Progress primary and secondary stroke prevention; assess and manage strategic change proposals for Stroke (Wales and England) - Improve equitable access to cardiac rehabilitation for all pathways 	Gap analysis and Phased Plan	Q1
	Cardiac workforce development	Q1
	Community Cardiac Service development	Q1 – Q4
	Improve access to diagnostics in line with national programmes	Q1
	Impact assessment / management of strategic change proposals for Stroke	Q1 – Q4
	Evidence based primary and secondary stroke prevention	Q1 – Q4
	Equitable access to cardiac rehabilitation for all pathways	Q2

9 - Develop and Implement the next stage of the Breathe Well Programme

Specifically aimed at repatriating care closer to home and focusing on Children and Young People's Respiratory Care

Executive Lead - DoTH

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<p>Deliver Breathe Well Programme - Renewal Portfolio</p> <ul style="list-style-type: none"> - Develop and implement medical model - Develop and implement plan to meet Quality Standard - Deliver plan for Children and Young People - Improve access to diagnostics closer to home 	<p>Develop & implement plan to meet Respiratory Quality Standard</p> <p>Undertake next stage of outpatient activity redesign and repatriation through options appraisal and implementation of medical model</p> <p>Develop approach on advice, support and treatment provided to children and young people with respiratory conditions and their families, to strengthen adherence to asthma plans</p> <p>Phased approach to respiratory diagnostics closer to home, embedding spirometry model and sleep clinics, scoping fractionised exhaled nitric oxide and full lung function testing</p>	<p>Q1 – Q4</p> <p>Q1 – Q3</p> <p>Q1 – Q2</p> <p>Q1 – Q4</p>
<p>10 - Undertake Strategic Review of Mental Health, to improve outcomes from high quality, sustainable services, including specialist services</p> <p><i>Executive Lead - DPCCCMH</i></p>		
<p>Deliver Strategic Review of Mental Health</p> <p>Delivery of Live Well MH Partnership priorities (2022 – 2025)</p> <p>Develop services to improve outcomes and access in line with national plans</p> <p>Roll out children and young people's emotional health and resilience service</p> <p>Patterson.Liz 03/28/2022 14:52:26</p>	<p>Undertake a Strategic Review of Mental Health services; including specific work on the following areas:</p> <p>Design the approach to a Sanctuary House, including commissioning the service (potential Tender / Award) Provision & Monitoring</p> <p>Complete the roll out of the Single Point of Access 111 – Tender Q1, Provision & Monitoring</p> <p>Deliver against Dementia Action Plan 2018-22 including Memory Assessment Redesign</p> <p>Implement the milestones of the Deliver Powys Talk 2 Me 2 Strategy</p> <p>Roll out Children and young people's emotional health and resilience service</p>	<p>Q1 – Q4</p> <p>Q2 – Q4</p> <p>Q2 – Q4</p> <p>Q1 – Q4</p> <p>Q1 – Q4</p> <p>Q1 – Q4</p>

Joined Up Care – 3 Year Delivery Plan

Strategic Priority and Key Actions

Key Milestones

11 - Design and Deliver a Frailty and Community Model including improved access to Urgent and Emergency Care

enhancing outcomes, experience and value

Executive Lead – MD & DPCCMH

Develop and deliver a Frailty and Community Model
Including intensive community and home-based care; a frailty pathway including falls and home first ethos.

- Complete work on overarching model following Gap Analysis (community hospitals and community services)
- Frailty Scoring Project
- Culture and change – joint work with Improvement Cymru
- Development of workforce model
- Treatment Escalation Plan – confirmation of approach
- Complex Geriatric Assessment Development and Implementation
- Revise Falls pathway to ensure integrated
- Confirm cross-cutting approach for end of life within model
- Feedback loop from improved intelligence

Complete work on overarching model following Gap Analysis (community hospitals and community services)

Q1

Frailty Scoring Project

Q1 – Q4

Culture and change – joint work with Improvement Cymru

Q1 – Q4

Community hospital focus

Q2 – Q3

Development of workforce model

Q1 – Q4

Treatment Escalation Plan – confirmation of approach

Q1

Complex Geriatric Assessment Development, Implement

Q1 – Q4

Revise Falls pathway to ensure integrated

Q1 – Q3

Confirm cross-cutting approach for end of life within model

Q1

Feedback loop from improved intelligence

Q1 – Q4

Develop a place-based care approach in East Radnorshire, building on the expertise and resources in Knighton and District specifically

Establish a formal project of work to involve key stakeholders

Q1

Undertake an assessment of current provision including key priorities for development, e.g. end of life care

Q1 – Q2

Develop and assess key options for implementing a more joined-up, place-based multiagency care model

Q2 – Q3

Progress implementation

Q3 – Q4

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<p>Deliver an Urgent and Emergency Care 'Six Goals' model</p>	<p>Goal 1 Build on cluster led risk stratification and virtual wards</p>	<p>Q1 - Q2</p>
<p>Goal 1 Coordination, planning and support for people at greater risk of needing Unscheduled Emergency Care (UEC)</p>	<p>Goal 2 Deliver 24/7 Urgent Care Model, work with partners to review utilisation of NHS 111 Wales & Enhanced Directory of Services</p>	<p>Q1 - Q4</p>
<ul style="list-style-type: none"> ➤ Build on cluster led risk stratification and virtual wards 	<ul style="list-style-type: none"> ➤ Test potential for Urgent Primary Care Centres (UPCCs) 	
<p>Goal 2 Signposting, information and assistance</p>	<p>Goal 3</p>	
<ul style="list-style-type: none"> ➤ Deliver 24/7 Urgent Care Model, work with partners to review utilisation of NHS 111 Wales & Enhanced Directory of Services 	<ul style="list-style-type: none"> ➤ Review Same day emergency care pathways 	<p>Q1 - Q2</p>
<ul style="list-style-type: none"> ➤ Test potential for Urgent Primary Care Centres (UPCCs) 	<ul style="list-style-type: none"> ➤ Review Intermediate care (step up) pathways 	<p>Q1 - Q2</p>
<p>Goal 3 Clinically safe alternatives to admission</p>	<ul style="list-style-type: none"> ➤ Assess Specialty advice and guidance lines 	<p>Q1</p>
<ul style="list-style-type: none"> ➤ Review Same day emergency care pathways ➤ Review Intermediate care (step up) pathways ➤ Assess Specialty advice and guidance lines 	<p>Goal 4</p>	
<p>Goal 4 Rapid response in crisis</p>	<ul style="list-style-type: none"> ➤ Work with WAST to deliver optimal 999 pathways – ➤ Work with commissioned partners to ensure quality, safe and timely care in Emergency Departments – annual cycle 	<p>Q1 - Q2</p>
<ul style="list-style-type: none"> ➤ Work with WAST to deliver optimal 999 pathways ➤ Work with commissioned partners to ensure quality, safe and timely care in Emergency Departments 	<p>Goal 5</p>	
<p>Goal 5 Optimal hospital care and discharge practice from the point of admission</p>	<ul style="list-style-type: none"> ➤ Build on progress made across the system to improve patient flow to minimise harm for patients in hospital / in the community waiting for response and reduce average length of stay to 28 days 	<p>Q1</p>
<ul style="list-style-type: none"> ➤ Build on progress made across the system to improve patient flow to minimise harm for patients in hospital / in the community waiting for response and reduce average length of stay to 28 days ➤ Implement SAFER patient flow guidance 	<ul style="list-style-type: none"> ➤ Implement SAFER patient flow guidance 	<p>Q1 - Q2</p>
<p>Goal 6 Home first approach and reduce the risk of readmission</p>	<p>Goal 6 Home first approach and reduce the risk of readmission</p>	<p>Q1 - Q4</p>
<p>Optimise the home first ethos and support discharge to assess and recover, reducing lengths of stay and delays in transfers to improve outcomes, review rehabilitation and reablement arrangements</p>	<ul style="list-style-type: none"> ➤ Optimise home first ethos and support discharge to assess and recover, reducing lengths of stay and delays in transfers to improve outcomes, review rehabilitation and reablement arrangements – annual 	
	<ul style="list-style-type: none"> ➤ Work with the care sector to improve resilience in domiciliary and residential / nursing care and processes ➤ Partnership work with Welsh Ambulance Services; annual plan 	<p>Q1 - Q2</p>
		<p>Q1</p>

<ul style="list-style-type: none"> ➤ Working with the care sector to improve resilience in domiciliary and residential / nursing care and embed high impact changes and processes ➤ Partnership work with Welsh Ambulance Services; transformation ambitions as set out in the Emergency Ambulance Services Committee IMTP ➤ Learning from the System Resilience / Winter Plan; identification of further high impact changes across the Regional Partnership Board. 	<ul style="list-style-type: none"> ➤ Learning from the System Resilience / Winter Plan; identification of further high impact changes across the Regional Partnership Board 	
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12 - Support improved access to and outcomes from Specialised Services

Including specialist mental health services, specialist paediatrics, major trauma, neonates, PET, as well as recovery planning for bariatric surgery, cardiac surgery, plastic surgery, neurosurgery, paediatric surgery

Executive Lead - DoPP

<p>- Work with the Welsh Health Specialised Services Committee to implement Integrated Commissioning Plan</p> <p><i>Ensure equitable access and outcomes for the Powys population and work in partnership to address variation</i></p>	Participate in Management Group and Joint Committee	Q1 – Q4
	Appoint to specialised pathway lead	Q1
	Use MAIR data to identify opportunities for VBHC pathway improvement	Q2
	Develop routes for Powys Patient Experience feedback in relation to specialised services Participate in CIAG prioritisation process and ICP development informed by MAIR data and Powys patient experience	Q2 – Q3
	Align ICP and IMTP development	Q3 - 4
	Work with WHSS team on improved outcome measures	Q1 - 4
	Achieve agreed efficiency savings	Q1 - 4

Workforce Futures – 3 Year Delivery Plan

Strategic Priority and Key Actions

Key Milestones

13 - Designing, develop and implement a comprehensive approach to workforce planning

Focusing on attracting/securing workforce for targeted services (including international recruitment)

Executive Lead - DWOD

- Review and develop sustainable workforce model (including Covid Response, staffing/ medical model)	Support services to review and develop sustainable workforce model	Q1-2
- Implement All Wales Workforce Planning Toolkit	Begin implementation of the Toolkit, focusing on the Renewal Priorities	Q1-3
- Develop Workforce plan for North Powys Wellbeing Programme	NPWP Scoping exercise; Support workforce planning	Q1 - 4
- Widen apprenticeship offer	Widen the apprenticeship offer	Q1-2
- Progress international recruitment	Progress international recruitment, in line with a 'Once for Wales' approach	Q1-2
- Promote Health and Care careers	Deliver Schools Pilot project	Q3-4
- Progress Health Care Support Worker / Nursing Degree	Review further opportunities for part-time pre-registration Nursing degree / Health Care Support Worker route	Q1
- Enhance Student Streamlining offer for Powys	Work with HEIW and Shared Services to enhance Student Streamlining offer	Q2- Q4

14 - Review, redesign and implement leadership and team development

Enhancing clinical leadership and whole organisation focus on value

Executive Lead - DWOD

Roll out Management and Leadership Development programmes including Clinical Leadership Development	Roll out Assistant Director/Senior Manager/ Leadership Development, including Clinical Leadership Development	Q1- Q4
Launch Intensive Learning Academy	Launch the Intensive Learning Academy in Leading Digital Transformation	Q1

15 - Deliver improvements to staff wellbeing and engagement

Working closely with Trade Unions in Social Partnership on key joint priorities

Executive Lead - DWOD

Redesign the Occupational Health Service	Review and redesign the Occupational Health Service	Q1
Implement mechanisms to understand, support and track the wellbeing of the workforce	Launch Mental Health First Aid Training in Clinical areas; Co-lead Programme in Mental Health,	Q1
	Refresh Wellbeing at Work Group;	Q1
	Promote use of the national tool for Wellbeing Conversations;	Q1

	<p>Scope and progress wellbeing survey, subject to the timing of a national survey;</p> <p>Develop model and implement approach to financial wellbeing support</p>	<p>Q3</p> <p>Q2</p>
<p>16 - Enhance access to high quality education and training</p> <p>Across all disciplines, specifically focusing on 'grow our own'/apprenticeships</p> <p><i>Executive Lead - DWOD</i></p>		
Develop the Grow Our Own Model	Explore opportunities to develop innovative approaches to role and service development working with HEIW with an emphasis on the 'grow our own' model	Q1- Q2
Implement Nursing, Therapies and Healthcare Science Framework	Support relaunch of Advanced Practitioner Framework and associated forum across Nursing, Therapies and Healthcare science aligned to the national workstream	Q2
Enhance Continuous Professional Development for clinicians	Enhance CPD offer to Clinical Staff through scenario based Clinical Simulation	Q3 -Q4
<p>17 - Implement key actions that enhance the health boards role in partnership and citizenship</p> <p>Including maximising the opportunities for volunteering, and widening access to healthcare careers</p> <p><i>Executive Lead - DWOD</i></p>		
Implement Health and Care Induction Framework	Pilot the joint Health and Care Induction Framework	Q2
Support and develop volunteers	Complete Needs Analysis to identify the Wellbeing requirements of unpaid Carers and Volunteers,	Q1
	Develop Volunteer skills matrix as part of the School of Volunteers and Carers,	Q2

	As part of the comprehensive workforce planning approach, systematically examine opportunities for volunteers	Q1-4
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Digital First – 3 Year Delivery Plan

Strategic Priority and Key Actions	Year 1 Milestones	
18 - Implement Clinical Digital Systems that directly enable improved care Including cross border clinical records sharing, clinical service priorities (nursing, eye care, prescribing), and telecare <i>Executive Lead - DoF</i>		
Implement key programmes to deliver Digital Care	Range of milestones for each project area <i>including health records, WMCR, Phase 2 OfWCMS, Eye Digitisation, Electronic prescribing and bed management</i> Deliver Cross Border programme including sign off, recruitment Q1, design / build and implementation with user acceptance testing and integration Range of milestones for each project area (detailed Directorate Plan) Range of milestones for each project area (detailed Directorate Plan)	Q1 Q2 – Q4
Implement the cross border programme, liaising with Digital Health and Care Wales and English Trusts		
Enhance key systems to support delivery including replacement of Canisc, Electronic Test Request, Malinko		
Delivery of Telehealth and Telemedicine programmes		
19 - Implement key improvements to digital infrastructure and intelligence Undertaking a Digital Service Review for the medium/longer term, aligning to the Renewal Programmes and improving deployment of systems <i>Executive Lead - DoF</i>		

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Enhance business intelligence capability and systems	Range of milestones for each project area (detailed Directorate Plan)	
Improve key platforms to enhance access / implement role based training	Range of milestones within specific project plans including Office 365, virtual clinics, single sign in, inpatient access screens, electronic referrals, stock control	
Support North Powys Wellbeing Programme	In line with North Powys Wellbeing Programme timescales	
Develop and implement Artificial Intelligence in robotics, machine learning and support for out of hours	Range of milestones for each project area (detailed Directorate Plan)	
Delivery of phased infrastructure development	Range of milestones within specific project plans for managed print, telephony replacement, cyber security	

Innovative Environments – 3 Year Delivery Plan

Strategic Priority and Key Actions	Key Milestones	
20 - Implement ambitious commitments to Carbon Reduction, Biodiversity Enhancement and Environmental Wellbeing		
<i>Executive Lead - DoE</i>		
Implement Decarbonisation and Biodiversity Delivery Plans: <ul style="list-style-type: none"> • Use of ISO14001 Environmental Management System including biodiversity and ecosystem impact • Assess impact including use of COSHH to consider less environmentally harmful materials wherever practical • Maintain tree surveys and for every tree felled on PTHB land, at least 2 native trees planted • Waste reduction and management including recycling and reuse of waste products, pharmaceutical waste and medical gases, inhaler specific promotion/disposal and recycling, plastics in healthcare initiatives • Energy and water management including renewables; retrofit / energy efficient upgrade by 2030; low carbon heat generation solutions for 	Detailed Decarbonisation and Biodiversity Delivery Plans in place and reported separately via Environment and Sustainability Group / Committee and Board	Annual plans Q1 – Q4

<p>all sites larger than 1000m2 by 2030; LED lighting by 2025</p> <ul style="list-style-type: none"> • Sustainable transportation in line with Welsh Government's Active Travel Action Plan: vehicle management, remote working, pooling, future proofing site design for electric charging capability (in partnership with NHS Shared Services) • Procurement and purchasing including life cycle approach and weighting of sustainable services • Buildings Management Control System by 2023; BREAM standards for new build and refurbishments; enhanced biodiversity protections, future developments in line with net zero / Modern Methods of Construction • Proactive communication and engagement to ensure leadership and promote low carbon behaviours/ best practice and initiatives 		
<p>21 - Implement capital, estate and facilities improvements that directly enhance the provision of services to patients/public and the wellbeing/experience of staff</p> <p><i>Executive Lead - DoE</i></p>		
<p>Deliver Discretionary & Major Capital Programme <i>Including developments at Machynlleth; Brecon Car Park; Llandrindod Wells Phase 2; Llanfair Caereinion Primary Care Centre</i></p>	<p>Deliver agreed programme</p> <p>Completion of works at Machynlleth</p> <p>Completion of works at Brecon Car Park scheduled for</p> <p>Phase 2 Llandrindod Wells scheduled for start with Business Justification Case 2022/23 for infrastructure, subsequent clinical focused reconfiguration 3-5 years</p> <p>Llanfair Caereinion works scheduled for 14 month construction phase</p>	<p>Q1 - Q4</p> <p>Q4</p> <p>Q3</p>
<p>Deliver Facilities & Estates Compliance & Improvements <i>Stores & Distribution, Health & Safety, Catering & Food Hygiene, Support Services, Estates Compliance</i></p>	<p>Deliver Estates programme for fire, environment and infrastructure as agreed at Estates Funding Advisory Board</p> <p>Deliver Facilities work plan to include compliance with new food hygiene regulations Q1, implementation of Health & Safety Policy, compliance with</p>	<p>Q1 - 4</p> <p>Q1 - Q4</p>

	cleaning standards, review of hotel services career structure Q1 – 2, strengthen maintenance contracts Q4 Development of protocols to support agile working	Q1 – Q3
Delivery of Multi Agency Campus Development Programme <i>Part of the North Powys Well-being Programme</i>	As per North Powys Well-being Programme plan which is reported in detail separately via Partnership arrangements	Q1 – Q4

Transforming in Partnership – 3 Year Delivery Plan

Strategic Priority and Key Actions	Key Milestones	
22 - Improve quality (safety, effectiveness and experience) across the whole system; building organisational effectiveness <i>Executive Lead – MD, DoN, DoTH, DoPP</i>		
Deliver the Clinical Quality Framework with a focus on key priority areas including Maternity and Neonatal; Care Home sector and provider assurance	Implement clinical quality framework, including: Consolidate Putting Things Right approach and oversight, complete PTR improvement plan Q1, ensure compliance with PTR cycle Q2, annual review Q4 Finalise delivery of patient safety approach Patient experience approach re-launch, re-establish Executive and Independent Member engagement visits/opportunities Undertake exercise to secure and implement a Patient Experience digital system Agree clinical policy review plan Deliver Clinical Audit Plan Complete implementation of Once for Wales Concerns Management system Plan for implementation of Duty of Candour	Q1 – Q4 Q1 – Q4 Q1 Q1 – Q2 Q2 Q2 Q1 – Q4 Q3 Q2 – Q4
Delivery of the Research and development programme	Deliver 'I&I Portal' database	Q1 Q1

	<p>Explore the creation of a Research, Innovation and Improvement fund</p> <p>Align activity to School of Research Innovation and Improvement</p> <p>Adopt approach to clinical quality improvement ; training Q1; projects Q1-4; expert partnerships Q1, increase placements</p> <p>Deliver Clinical Audit and assessment (aligned to Clinical Quality Framework)</p> <p>Increase research participation and develop Powys led studies</p>	<p>Q1 – Q4</p> <p>Q1 - 4</p> <p>Q1 -4</p>
23 - Enhance integrated/partnership system working, both in Wales and England, improving regional approaches to the planning and delivery of key services <i>Executive Lead - Various</i>		
Delivery of Regional Partnership Board priorities, with mid-year review of Health and Care Strategy	<p>Deliver agreed RPB priorities</p> <p>Contribute to RPB mid year review of the Health and Care Strategy</p>	<p>Q1 – 4</p> <p>Q2</p>
Delivery of the North Powys Well-being Programme	As per North Powys Well-being Programme plan which is reported in detail separately via Partnership arrangements	Q1- Q4
Management of Strategic Change with targeted action for live programmes with an impact on the Powys population	<p>Strategic Change Stocktake process re-established Q1, with quarterly review and update Q2 – 4</p> <p>Targeted action on live programmes as required</p>	Q1 – Q4
Development of Section 33 arrangements for care homes	Development and delivery of Section 33 arrangements – agreement in place Q1, annual cycle of delivery and monitoring	Q1 – Q4
Delivery of programme of Communications, with continuous and targeted engagement	Annual cycle of delivery	Q1 – Q4

24 - Implement value-based healthcare, to deliver improved outcomes and experience, including the effective deployment and management of resources

Executive Lead - Various

Delivery of the value based healthcare programme <i>Renewal Portfolio</i>	Further strengthen and recruit to the Transformation and Value team, including research assistants, Masters and PHD Students	-
	Activity analysis to identify low value interventions Q1, Review of list working with BCUHB Q2, update Policy for Interventions Not Normally Undertaken (INNU) Q3	Q1 – Q3 Q1 – Q4
	Develop and implement consistent approach to PROMs and PREMs Linking with the OD Framework, implement a range of engagement activity that helps embed Value Based Healthcare	Q1 – Q4
Delivery of Financial Strategy and Financial Plan	Annual cycle of delivery and monitoring in place	Q1 – Q4

25 - Implement key governance improvement priorities including embedding risk management, effective policies, procedures and guidance; audit and effectiveness; Board effectiveness and systems of accountability

Executive Lead – BS, DoPP

Revise the Commissioning Assurance Framework and Integrated Performance Approach, to track the 6 domains (safety, effectiveness, experience, access, cost/finance/value, governance (incl. system resilience and improvement))	Refresh Commissioning Assurance Process Q1, annual cycle of delivery including the agreement and implementation of a Standard Operating Procedure for Quality and Safety as part of the commissioning assurance framework	Q1 - Q4
	Review the strengthen the Improving Performance Framework Q1, annual cycle of delivery to include dashboards, quarterly review of MDS and Progress Against Plan (IMTP)	Q1 – Q4
	Design and Delivery of Manager Training (Planning and Performance)	Q2
	Delivery of Annual Report	Q1
	IMTP Development – commencement Q3, submission tbc by Welsh Government	Q3
	Third sector review and agreement/phased implementation Q1 - 4	Q1 – Q4
Delivery of Governance Work Programme	As per Governance Work Plan	
Deliver the priorities of the Organisational Development Framework	As per OD Implementation Plan	Q1 – Q4

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IMTP 2022 - 2025 Supporting Information

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Schedule of Requirements

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NHS Wales Planning Framework 2022-25

Key Requirements	Alignment within IMTP
The vision and ambitions in 'A Healthier Wales'	<ul style="list-style-type: none"> - The PTHB IMTP 2022 - 2025 returns to the strategic framework in the shared long term Health and Care Strategy, A Healthy Caring Powys . This shares the ambitions in A Healthier Wales for integrated health and care, working together with a focus on communities and prevention.
The Wellbeing of Future Generations (Wales) Act	<ul style="list-style-type: none"> - The PTHB IMTP 2022 - 2025 returns to the Health and Care Strategy, A Healthy Caring Powys. This sets out Well-being Objectives with strong alignment to the national Well-being Goals and a clear shift of focus to prevention and sustainable models of care in line with the Five Ways of Working - There is an increased focus on climate change and biodiversity in this IMTP, underpinned by local Delivery Plans for Decarbonisation and Biodiversity which will drive forward progress towards the ambitious commitments shared across NHS Wales and the wider international community
The National Clinical Framework and associated Quality and Safety Framework / Quality Statements	<ul style="list-style-type: none"> - The National Clinical Framework is a key driver for the IMTP and there is alignment with the national life course approach and the Powys framework of 'Start Well, Live Well and Age Well' - Key interdependencies on national and local clinical service developments are noted throughout - The PTHB Clinical Quality Framework and Patient Experience Framework are noted and demonstrate the alignment between local priorities and the NHS Wales Quality and Safety Framework
The Foundational Economy in Health and Social Care Strategy	<ul style="list-style-type: none"> - The introductory section of the IMTP provides a summary of the evidence base in relation to population health, the syndemic impact of the pandemic and increasingly inequalities and the role of the health board, including its importance as an anchor institution within the foundational economy The Powys Population Assessment and Powys Wellbeing Assessment include analyses of the economic and wider determinants of health
Reduction of Health Inequalities and Health Inequity	<ul style="list-style-type: none"> - The IMTP provides a summary of the evidence base in relation to population health, the syndemic impact of the pandemic and increasing/ emerging inequalities as a result - The 'Focus on Wellbeing' section ensures a focus on population health and targeted action on inequalities, as a health board and in partnership across Powys
NHS Wales Decarbonisation Strategic Delivery Plan	<ul style="list-style-type: none"> - There is an increased focus on climate change and biodiversity in this IMTP, underpinned by local Delivery Plans for Decarbonisation and Biodiversity which will drive forward progress towards the ambitious commitments shared across NHS Wales and the wider international community

NHS Wales Planning Framework 2022-25

Key Requirements	Alignment within IMTP
Coronavirus Control Plan	<ul style="list-style-type: none"> - The PTHB IMTP 2022 - 2025 responds to the NHS Wales Coronavirus Control Plan - the final version will include a summary of the PTHB Prevention and Response Plan which incorporates delivery on Test Trace and Protect and the Vaccination Programme - The framework of 3 Rs 'Resilience, Recovery and Renewal' is used in this IMTP to reflect the need to continue to respond to the public health emergency and the ongoing uncertainty that presents - The Five Harms framework is embedded into the PTHB Planning approach
Health and Social Care Winter Plan	<ul style="list-style-type: none"> - There is a strong focus on system resilience throughout this IMTP, a framework of 3 Rs 'Resilience, Recovery and Renewal' is used in each delivery area - This IMTP reflects the need for greater agility to balance priorities to ensure system resilience and recovery whilst also looking at the longer term sustainability and renewal of healthcare - There is a shared commitment across the Powys Regional Partnership Board to a mid term review of the Health and Care Strategy which will include an appraisal of the RBP System Resilience plan
Strong leadership and accountability at local, regional and national levels	<ul style="list-style-type: none"> - Leadership development is included in the Workforce Futures section of the IMTP and includes programmes for Executive and Deputy / Assistant Director and Manager Development, with a focus on compassionate leadership and talent growth; in line with the PTHB 'grow your own' ambition and the next phases of the Health and Care Academy - Clear leads are identified for each delivery area; a detailed Delivery Plan has been developed which sets out clear milestones and timescales - A Minimum Data Set is completed, providing detailed operational, workforce and financial information
Health boards must work together across organisational boundaries	<ul style="list-style-type: none"> - The PTHB IMTP 2022 - 2025 returns to the partnership framework in the long term Health and Care Strategy, A Healthy Caring Powys. This is set in the context of the inter-generational Powys Well-being Plan, Towards 2040. There is a section on Transforming in Partnership which summarises the key local, regional and national partnership arrangements and plans.
NHS Wales Outcomes Framework and Delivery Framework	<ul style="list-style-type: none"> - The three year Strategic Priorities within the IMTP are set in the context of the NHS Wales Delivery Framework / NHS Wales Planning Framework - The arrangements for monitoring and performance reporting are based on these Frameworks - A Minimum Data Set is completed, providing detailed operational, workforce and financial information

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Key Enablers	Alignment within IMTP
Renewed focus on recovery	<ul style="list-style-type: none"> - There is a strong focus on recovery throughout this IMTP, a framework of 3 Rs 'Resilience, Recovery and Renewal' is used to balance priorities to ensure system resilience and recovery - The PTHB Renewal Portfolio is central to the recovery work and is set out throughout the IMTP - Recovery is also a key area for the renewed partnership work particularly the North Powys Well-being Programme which is driving forward the ambition in the Health and Care Strategy
Whole system approach	<ul style="list-style-type: none"> - The PTHB IMTP 2022 - 2025 returns to the strategic framework in the shared long term Health and Care Strategy, A Healthy Caring Powys, providing a whole system approach
Build on learning and experiences across health and care	<ul style="list-style-type: none"> - The introductory section of the IMTP provides a summary of the evidence base including the learning and experiences across health and care, innovations and ways of working - There is a shared commitment to a mid term review of the Health and Care Strategy in 2022
Digital technology and innovation	<ul style="list-style-type: none"> - Digital First is one of the PTHB IMTP Enablers and sets out the ambitions and priorities for Digital technology and innovation in Powys, aligned to national programmes of work
Accelerated and embedded change to revolutionise delivery	<ul style="list-style-type: none"> - The introductory section of the IMTP provides a summary of the evidence base including the learning and experiences across health and care, innovations and ways of working - Adaptations in ways of working have informed the underpinning Directorate Plans across service delivery and enabling functions such as workforce and Information Technology - The major transformation programmes are included in the IMTP including the PTHB Renewal Portfolio, which will drive forward work to embed the Value Based Healthcare approach, and the flagship partnership work on the North Powys Well-being Programme
Access to care closer to home	<ul style="list-style-type: none"> - A Healthy Caring Powys sets out an integrated model of care closer to home and the IMTP describes the work underway across the organisation to take this forward - including the PTHB Renewal Portfolio and the North Powys Well-being Programme

NHS Wales Planning Framework 2022-25

Key Enablers	Alignment within IMTP
Urgent and Emergency Care Six Goals	<ul style="list-style-type: none"> - The priorities for unscheduled care are set out in the section on Joined Up Care and reflect the alignment with the national programme. The recently published Handbook for the Urgent and Emergency Care Six Goals will be taken into account in the final version of the IMTP.
Planned care focus	<ul style="list-style-type: none"> - The priorities for planned care are set out in the section on Early Help and Support and demonstrate the work across the organisation which includes the North Powys Well-being Programme, the Renewal Portfolio and the operational delivery of planned care.
Prudent health care and value based healthcare	<ul style="list-style-type: none"> - The PTHB Renewal Portfolio includes work to embed the Value Based Healthcare approach and this is also reflected in the Financial Strategy and Plan included in the IMTP and the associated technical templates (Minimum Data Set)
Infection and protection control measures	<ul style="list-style-type: none"> - The priorities for infection prevention and control are set out in the section on Quality and are also reflected in the the associated technical templates (Minimum Data Set)
Health and care workforce, partnerships and cooperation	<ul style="list-style-type: none"> - The three year plan for Workforce Futures is set out in the IMTP - this includes the partnership framework and next phase of development for the flagship Health and Care Academy
Managing within existing resources, strong financial control	<ul style="list-style-type: none"> - Financial Strategy and Plan included in the IMTP and the associated technical templates (Minimum Data Set)
Working in partnership	<ul style="list-style-type: none"> - The IMTP 2022 - 2025 returns to the partnership framework in the long term Health and Care Strategy, A Healthy Caring Powys. - This is set in the context of the inter-generational Powys Well-being Plan, Towards 2040. - There is a section on Transforming in Partnership which summarises the key local, regional and national partnership arrangements and plans.

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Alignment to Ministerial Priorities

Ministerial Priority	Alignment within IMTP
Covid-19 Response	<ul style="list-style-type: none"> - The PTHB IMTP 2022 - 2025 responds to the NHS Wales Coronavirus Control Plan - the final version will include a summary of delivery against national requirements for the former Test Trace and Protect and the Vaccination Programmes - The framework of 3 Rs 'Resilience, Recovery and Renewal' is used in this IMTP to reflect the need to continue to respond to the public health emergency and the ongoing uncertainty that presents - The Five Harms framework is embedded into the PTHB Planning approach
NHS Recovery	<ul style="list-style-type: none"> - There is a strong focus on recovery throughout this IMTP, a framework of 3 Rs 'Resilience, Recovery and Renewal' is used to balance priorities to ensure system resilience and recovery - The PTHB Renewal Portfolio is central to the recovery work and is set out throughout the IMTP - Recovery is also a key area for the renewed partnership work particularly the North Powys Well-being Programme
Working alongside social care	<ul style="list-style-type: none"> - The PTHB IMTP 2022 - 2025 returns to the partnership framework in the long term Health and Care Strategy, A Healthy Caring Powys. This is set in the context of the inter-generational Powys Well-being Plan, Towards 2040. - There is a shared commitment across the Powys Regional Partnership Board to a mid term review of the Health and Care Strategy which will include an appraisal of the RPB System Resilience plan - The North Powys Well-being Programme is driving forward the ambition on the shared Health and Care Strategy.
A Healthier Wales	<ul style="list-style-type: none"> - The PTHB IMTP 2022 - 2025 returns to shared long term Health and Care Strategy, A Healthy Caring Powys which shares the ambitions set out in A Healthier Wales for an integrated health and care system
NHS finance & managing within resources	<ul style="list-style-type: none"> - Financial Strategy and Plan included in the IMTP and the associated technical templates (Minimum Data Set)
Mental health and emotional well-being	<ul style="list-style-type: none"> - The introductory section of the IMTP provides a summary of the evidence base in relation to population health, the impact of the pandemic and the Five Harms; the Population Assessment /Wellbeing Assessment - The three year plan for Mental Health and Emotional Wellbeing is set out on in the IMTP
Supporting the health and care workforce	<ul style="list-style-type: none"> - The three year plan for Workforce Futures is set out in the IMTP with a clear focus on workforce planning to support 'Resilience, Recovery and Renewal' and key priorities including those for staff wellbeing
Population health, notably through the lens of pandemic experience and health inequity, is fundamental	<ul style="list-style-type: none"> - The IMTP provides a summary of the evidence base in relation to population health, the syndemic impact of the pandemic and increasing/ emerging inequalities as a result - The 'Focus on Wellbeing' section of the IMTP ensures a focus on population health and targeted action on health inequalities, as a health board and in partnership across Powys with regards to longer term transformation

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Agenda item: 2.3

BOARD MEETING		Date of Meeting: 30 March 2022
Subject :	BOARD COMMITTEE ARRANGEMENTS FOR 2022/23, INCLUDING MEMBERSHIP	
Approved and Presented by:	Vivienne Harpwood, PTHB Chair James Quance, Interim Board Secretary	
Prepared by:	James Quance, Interim Board Secretary	
Other Committees and meetings considered at:	<ul style="list-style-type: none"> • Discussion with Board Members since February 2022 	

PURPOSE:

This paper has been prepared to seek the Board's AGREEMENT to committees of the Board being constituted for 2022/23, and APPROVAL of the associated Membership.

RECOMMENDATION(S):

It is recommended that the Board:

1. AGREES the following board committees being constituted for the financial year 2022/23:
 - a) Audit, Risk and Assurance Committee;
 - b) Patient Experience, Quality & Safety Committee
 - Mental Health Act Power of Discharge Group
 - c) Workforce & Culture Committee
 - d) Delivery & Performance Committee
 - e) Planning, Partnership and Public Health Committee
 - f) Charitable Funds Committee;
 - g) Remuneration and Terms of Service Committee; and
 - h) Executive Committee.

2. APPROVES Membership for those Committees proposed above.

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3. AGREES that Terms of Reference & Operating Arrangements approved by the Board in September 2021 will continue to operate and be refined during 2022-23, subject to regular monitoring, review and feedback.
4. NOTES the Schedule of Board and Committee meetings attached at **Appendix A.**
5. NOTES that Annual Work Programmes for each committee are under development and will be aligned to priority areas for 2022-23 identified in the IMTP, the Board Assurance Framework (when populated) and Corporate Risk Register; and
6. NOTES arrangements established in addition to formal Board and Committee meetings to support the Board in fulfilling its responsibilities.
7. NOTES the allocation of Board champion roles

Approval/Ratification/Decision	Discussion	Information
✓	✓	x

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

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

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EXECUTIVE SUMMARY:

Powys Teaching Health Board's Standing Orders state that:

"The Board may and, where directed by the Welsh Ministers must, appoint Committees of PTHB either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board shall establish a Committee structure that it determines best meets its own needs, taking account of any regulatory or Welsh Government requirements. As a minimum, it must establish Committees which cover the following aspects of Board business: Quality and Safety; Audit; Information governance; Charitable Funds; Remuneration and Terms of Service; and Mental Health Act requirements."

There is scope to bring committees together so long as the Board can be assured that in doing so these areas can be addressed effectively. Conversely, the Board may increase the number of committees as deemed necessary to provide assurance. There is also scope to establish sub committees and joint committees with other NHS bodies.

DETAILED BACKGROUND AND ASSESSMENT:

In April 2021, the Board held discussion regarding the effectiveness of Board and Committee arrangements, including its committee structure and identified the following areas for strengthening and improvement:

- the need to ensure strategy development was a collective board matter and not a committee responsibility;
- the need to ensure assurances could be received on the Health Board's arrangements for strategy development;
- ensuring the right balance between strategy and operational matters;
- ongoing board development opportunities to continually ensure the appropriate culture and practice;
- opportunity for committee chairs to come together to share intelligence to inform learning;
- the need for improved reporting to include intelligence and analysis to support scrutiny, assurance and action tracking.

As a result, the following committees were constituted for 2021/22 and approved at the Board meeting September 2021:

- a) Audit, Risk & Assurance Committee
- b) Patient Experience, Quality & Safety Committee
 - Mental Health Act Power of Discharge Group
- c) Workforce & Culture Committee
- d) Delivery & Performance Committee
- e) Planning, Partnership and Public Health Committee
- f) Charitable Funds Committee
- g) Remuneration and Terms of Service Committee
- h) Executive Committee

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The Terms of Reference and Operating Arrangements Committees will be kept under review during 2022-23 as they continue to be embedded and a formal review will be reported to Board in September 2022 for inclusion in Standing Orders.

a) Audit, Risk & Assurance Committee

The purpose of the Audit, Risk and Assurance Committee is to review the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements and the annual report.

It is proposed that the Audit, Risk and Assurance Committee continues as currently constituted, meeting on a bi-monthly basis.

Committee membership for 2022/23, is proposed as:

Chair	Tony Thomas
Vice Chair	Mark Taylor
Member (Independent)	Matthew Dorrance
Member (Independent)	Rhobert Lewis
Member (Independent)	Ronnie Alexander
<i>Executive Lead (not a formal member)</i>	<i>Board Secretary with Director of Finance and IT</i>

b) Patient Experience, Quality & Safety Committee

The purpose of the Patient Experience, Quality and Safety Committee is to provide:

- evidence based and timely advice to the board to assist it in discharging its functions and meeting its responsibilities with regard to the quality and safety of healthcare (provided and commissioned); and
- assurance to the Board in relation to the Health Board's arrangements for safeguarding and improving the quality and safety of patient centred healthcare (commissioned and provided) in accordance with its stated objectives and the requirements and standards determined for the NHS in Wales.

It is proposed that the Patient Experience, Quality & Safety Committee continues as currently constituted, meeting on a bi-monthly basis.

Committee membership for 2022/23, is proposed as:

Chair	Kirsty Williams
Vice Chair	IM Third Sector
Member (Independent)	Ian Phillips
Member (Independent)	Mark Taylor
Member (Independent)	Frances Gerrard
<i>Executive Lead (not a formal member)</i>	<i>Director of Nursing & Midwifery</i>

The Health Board is required under the Mental Health Act (MHA) Code of Practice (para 37.8) to develop a scheme of delegation for the duties identified by the MHA legislation. The Health Board has taken a decision to delegate the power of discharge under the MHA to the **MHA Power of Discharge Group**. It is proposed that this Group continues as currently constituted. The Terms of Reference for this were reviewed and presented to Board in April 2021.

c) Workforce & Culture Committee

The purpose of the Workforce and Culture Committee is to advise the Board on all matters relating to staff and workforce planning of the Health Board and enhance the environment that supports and values staff in order to engage the talent and nurture the leadership capability of individuals and teams working together to drive the desired culture throughout the Health Board to deliver safer better healthcare.

The Committee will also provide advice and assurance to the Board in relation to the direction and delivery of the Organisational Development Strategic Framework and other related frameworks to drive continuous improvement and to achieve the objectives of the Health Board.

It is proposed that the Workforce & Culture Committee continues as currently constituted, meeting on a bi-monthly basis.

Committee membership for 2022/23, is proposed as:

Chair	Ian Phillips
Vice Chair	Matthew Dorrance
Member (Independent)	Cathie Poynton
Member (Independent)	IM Third Sector
Member (Independent)	Ronnie Alexander
<i>Executive Lead (not a formal member)</i>	<i>Director of Workforce & OD</i>

d) Delivery & Performance Committee

The purpose of the Delivery & Performance Committee is to provide advice and assurance to the Board on the effectiveness of arrangements in place for securing the achievement of the Board's aims and objectives, in accordance with the standards of good governance determined for the NHS in Wales.

In doing so, the Committee will seek assurance that there is ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Framework for Improving Performance.

It is proposed that the Delivery & Performance Committee continues as currently constituted, meeting on a bi-monthly basis.

Committee membership for 2022/23, is proposed as:

Chair	Mark Taylor
Vice Chair	Ronnie Alexander
Member (Independent)	Kirsty Williams
Member (Independent)	Tony Thomas
Member (Independent)	Cathie Poynton
<i>Executive Lead (not a formal member)</i>	<i>Director of Planning & Performance with the Director of Finance & IT</i>

e) Planning, Partnerships & Population Health Committee

The purpose of the Planning, Partnership & Population Health Committee is to provide the Board with advice and assurance on the effectiveness of arrangements for developing the Health Board's strategies and plans to achieve the delivery of high quality and safe services, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales.

The Committee also provides advice and assurance to the Board on arrangements for ensuring that strategic collaboration and effective partnership arrangements are in place and that there are effective mechanisms in place in respect of improving public health and reducing health inequities.

It is proposed that the Planning, Partnerships & Population Health Committee continues as currently constituted, meeting on a bi-monthly basis.

Committee membership for 2022/23, is proposed as:

Chair	Rhobert Lewis
Vice Chair	Ian Phillips
Member (Independent)	Kirsty Williams
Member (Independent)	Ronnie Alexander
Member (Independent)	IM Third Sector
<i>Executive Lead (not a formal member)</i>	<i>Director of Planning & Performance with the Director of Public Health</i>

f) Charitable Funds Committee

The purpose of the Charitable Funds Committee is to make and monitor arrangements for the control and management of charitable funds, on behalf of the Board, as corporate trustees of the charitable funds held and administered by the Health Board.

It is proposed that the Charitable Funds Committee continues as

currently constituted, meeting on a bi-monthly basis.

Committee membership for 2022/23, is proposed as:

Chair	Vivienne Harpwood
Vice Chair	Rhobert Lewis
Member (Independent)	IM Third Sector
Member (Independent)	Frances Gerrard
Member (Executive)	Pete Hopgood
Member (Executive)	Claire Madsen
<i>Operational Lead (not a formal member)</i>	<i>Associate Director of Corporate Business</i>

g) Remuneration and Terms of Service Committee

The purpose of the Remuneration and Terms of Service Committee is to consider and approve the remuneration and terms of service for the Chief Executive, Executive Directors and other very senior staff within the framework set by the Welsh Government, on behalf of the Board.

It is proposed that the Remuneration and Terms of Service Committee continues as currently constituted, meeting at least quarterly.

Committee membership for 2022/23, is proposed as:

Chair	Vivienne Harpwood
Vice Chair	Kirsty Williams
Member (Independent)	Tony Thomas
Member (Independent)	Ian Phillips
Member (Independent)	Mark Taylor
<i>Executive Lead (not a formal member)</i>	<i>Chief Executive Officer</i>

h) Executive Committee

The Executive Committee is the executive decision-making committee of the organisation, chaired by the Chief Executive as Accountable Officer.

The Accountable Officer is responsible for the overall organisation, management and staffing of the Health Board. This includes its arrangements related to quality, safety and standards of care, as well as matters of finance, together with any other aspect relevant to the conduct of the Health Board's business, such as partnership responsibilities, in pursuance of the strategic directions set by the Health Board's Board, and in accordance with its statutory responsibilities and the Strategic Objectives approved by the Health Board.

The Executive Committee is responsible for ensuring the effective and efficient operational co-ordination of all functions of the organisation,

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and thus supporting the Chief Executive to discharge the responsibilities delegated to the Accountable Officer.

The Terms of Reference and Operating Arrangements for this Committee are currently under review and will be presented to the Board in May 2022 for further consideration.

Membership of this Committee is inclusive of all Executive Directors.

Compliance with Standing Orders

As mentioned earlier in the paper, the Health Board's Standing Orders state that, *"as a minimum, it must establish Committees which cover the following aspects of Board business: Quality and Safety; Audit; Information Governance; Charitable Funds; Remuneration and Terms of Service (RaTS); and Mental Health Act requirements."*

The table below confirms that the proposed committee arrangements have taken into consideration the requirements placed upon the Health Board:

Standing Orders Requirement	Patient Experience, Quality and Safety Committee	Delivery and Performance Committee	Planning, Partnerships & Public Health Committee	RaTS Committee	Audit, Risk & Assurance Committee
Quality and Safety	✓				
Audit					✓
Information Governance		✓			
RaTS				✓	
Mental Health Act requirements	✓				

Committee Operating Arrangements

In line with the proposed committee arrangements, a Schedule of Board and Committee meetings has been prepared. This is attached at **Appendix A** for the Board's consideration. This has been developed to take into consideration, as far as possible, school holidays and standing commitments of board members.

Annual Work Programmes for each committee are under development and will be aligned to priority areas identified through the IMTP, the Board Assurance Framework (when populated) and Corporate Risk Register.

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Other Arrangements

In addition to the Board's formal meetings and formal Committee meetings, the following arrangements will be established to support the Board to fulfil its responsibilities:

- Board Development Sessions, held bi-monthly, to focus on the development and effectiveness of the Board as a cohesive and unitary Board;
- Board Briefing Sessions, held bi-monthly, to focus on key matters where informal discussion is required and to raise awareness of matters such as changes in policy or legislation;
- Board Strategic Planning Sessions, held quarterly, to allow the Board informal development time to discuss collectively strategic developments and horizon planning; and
- Chair with Committee Chairs Sessions, held twice yearly, to share intelligence to inform learning.

Advisory Groups

The Board has an established **Local Partnership Forum** which is the formal mechanism where NHS Wales's employers and trade unions/professional bodies work together to improve health services. It is the forum where key stakeholders will engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues.

The Terms of Reference for the Local Partnership Forum are currently under review and will be discussed at its next meeting in April 2022.

Model Standing Orders also provide for two further advisory groups that assist Health Boards by providing advice to Boards in fulfilling their responsibilities:

- Stakeholder Reference Group
- Healthcare Professionals Forum

The Stakeholder Reference Group provides a forum to facilitate full engagement and active debate amongst stakeholders from across the communities served by the LHB, with the aim of reaching and presenting a cohesive and balanced stakeholder perspective to inform the LHB's decision making.

The Healthcare Professionals Forum's role is to provide a balanced, multi-disciplinary view of healthcare professional issues to advise the Board on local strategy and delivery.

It is intended that advisory groups will become established during 2022-23 in order to ensure that the Board has breadth of advice from these groups as the IMTP priorities are implemented.

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Board Champions

A number of Board Champions are required under statute or Welsh Health Circulars. The following Board Champion roles are proposed, in order to ensure compliance with these requirements:

Role	Executive Director/ Independent Member	Reason for Maintaining	Nominated Individual
Health and Safety and Fire Safety	ED	The role is considered essential (WHC/054/2002)	Director of Environment
Emergency Planning	ED	NHS organisations have a duty under the Civil Contingency Act 2004.	Executive Director of Public Health
Caldicott	ED	Ongoing activity. (WHC (99) 92)	Executive Medical Director
Infection prevention and control	IM	Continued need for the role to ensure infection prevention and control is embedded in the organisation and reflected by policy and procedures	Kirsty Williams, Vice-Chair
Armed Forces and Veterans	IM	Advocate for veterans and service personnel to ensure their needs are reflected in local service plans	Kirsty Williams, Vice-Chair
Mental Health	Vice Chair	Continuing need and a specific responsibility of Vice Chairs. Routine meetings between Vice Chairs and Minister	Kirsty Williams, Vice-Chair
Equality	IM	Continuing need for the role	Matthew Dorrance, Independent Member
Children and Young People	ED and IM	Specified in Chapter 31 of The Children's Act 2004	Executive Director, Nursing & Midwifery Kirsty Williams, Vice-Chair, Vice Chair
Putting Things Right	ED and IM	Specified by the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011	Executive Director, Nursing & Midwifery

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NEXT STEPS:

Upon agreement of the Board's committee arrangements for 2022-23, meetings will be confirmed and annual work programmes developed for presentation to Board in May 2022.

All Committees will be subject to formal annual review to be reported to the Board in September 2022.

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GIG
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WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 2.4

BOARD MEETING		Date of Meeting: 30 March 2022
Subject:	DISCRETIONARY CAPITAL PROGRAMME 2022/23 and 2023/24	
Approved and Presented by:	Jamie Marchant, Director of Environment	
Prepared by:	Wayne Tannahill, Associate Director Estates and Property	
Other Committees and meetings considered at:	Capital Control Group, 2 February 2022 Innovative Environments Group, 15 February 2022 Executive Committee, 9 March 2022 and 23 rd March 2022	

PURPOSE:

To endorse the Discretionary Capital Programme 2022-24 and provide a brief update on the general Capital funding status including risks and opportunities.

RECOMMENDATION(S):

It is recommended that the Board **DISCUSS** and **APPROVE** the Discretionary Capital Programme, 2022/2023–2023/24

The position on All Wales Capital Funding (AWCF) and its impact on the project programme of activity is provided for **information**.

Approval/Ratification/Decision¹	Discussion	Information
✓	✓	x

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

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

Strategic Objectives:	1. Focus on Wellbeing	x
	2. Provide Early Help and Support	x
	3. Tackle the Big Four	x
	4. Enable Joined up Care	x
	5. Develop Workforce Futures	x
	6. Promote Innovative Environments	✓
	7. Put Digital First	x
	8. Transforming in Partnership	x
Health and Care Standards:	1. Staying Healthy	x
	2. Safe Care	x
	3. Effective Care	x
	4. Dignified Care	x
	5. Timely Care	x
	6. Individual Care	x
	7. Staff and Resources	x
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

The development of the proposed capital pipeline 2022-24 has been re-worked following the positive announcement from Welsh Government (WG) that the Programme Business Case (PBC) for phase 2 of the redevelopment of Llandrindod Wells Hospital (LWH) has now been **endorsed**.

Pipeline development has taken into account the notification received from WG in January that discretionary capital funding will be cut during 2022/23 from **£1.431M** to **£1.089M**. In addition, Estates Funding Advisory Board (EFAB) funding will also be paused during 2022/23 – this contributed £2.2M of additional capital in current financial year. The proposed capital pipeline is attached for discussion and approval.

Discretionary Capital: A proposed capital programme pipeline for 2022/23-2023/24 has been developed by Capital Control Group to respond to the reduced funding availability and identifies schemes to be developed in order to maximise opportunities as further funding/slippage potentially becomes available.

All Wales Capital Funding (AWCF): The NHS Capital allocation of funding has been significantly reduced (£100M) in 2022/23, however, PTHB funding is

secured for Machynlleth and Brecon car park projects. Work is continuing on the development of the North Powys Health and Wellbeing Campus with the Strategic Outline Case (SOC) due to be submitted to WG in April 2022.

The Programme Business Case (PBC) for Llandrindod Phase 2 has now been endorsed with WG funding design and business case writing fees separately, taking pressure off Discretionary Capital, for the preparation of the first BJC to seek All Wales Capital Funds. The first BJC will address urgent compliance risks and infrastructure improvements and will ensure the original investment in Llandrindod is protected by tackling issues such as window replacements and roof leaks. Securing this funding for the compliance work will also take significant pressure off the Discretionary funding.

The initial 2022 to 2024 Capital pipeline was discussed and endorsed at the Innovative Environments Group on 15 February. The principles and risks associated with the reduction in capital allocation in the next financial year were highlighted at the Delivery and Performance Committee meeting on 28 February, along with a paper outlining status of the general capital programme. The pipeline has now been revised following Executive Committee on 9 March to take account of the recent endorsement of the PBC for Llandrindod Wells Hospital and discussions at Executive Committee.

DETAILED BACKGROUND AND ASSESSMENT:

PTHB has the oldest built estate with 38% predating 1948 (compared to the Wales average of 12%) as well as the 'least new' estate with only 5% being built post 2005 (compared to the Wales average of 23%). This means that the Health Board has some significant challenges in terms of maintaining building stock and many competing priorities for a limited amount of ringfenced discretionary Capital.

The overall capital position needs to be understood in a dynamic and changing situation, where early decision making enables focus on design and tender activity to deliver projects on the ground within financial year constraints. It is, therefore, essential that the pipeline remains agile with a number of 'reserve' schemes ready to progress should the situation or funding availability change and sufficient contingency to address emerging issues and priorities.

Funding Availability: The Health Board was advised in January that NHS Wales Capital funding for 2022/23 would be reduced by £100M, and as a consequence, the usual sum of £83M earmarked for distribution as Discretionary Capital across the Health Boards would be reduced proportionally to £63M. The PTHB Discretionary Capital funding allocation for 2022/23 has been confirmed at £1.089M (reduced from £1.431M). In order to manage the

impact of this reduction, it is proposed that the £200K usually ringfenced for 'equipment' and 'IT' is not funded in 2022/23 only, as these areas historically secure considerable additional/alternative funding through slippage.

In addition, Estates Funding Advisory Board (EFAB) funding will also be paused during 2022/23. Last year PTHB successfully secured £2.2M of additional funding across a number of technical / specialist areas including; decarbonisation, fire and infrastructure, providing significant assistance in accelerating important and high-risk estates compliance programmes. This new funding stream also alleviating pre-existing compliance related pressures on the discretionary pipeline. The funding also enabled bids for larger elements of work, such as the Ystradgynlais roof scheme, to be progressed which would otherwise not have been possible within the normal limited Discretionary Capital allowance. In anticipation of this funding being available in 2023/24 an important part of this year's pipeline will be to continue develop programmes of work such as decarbonisation (EV Charging and PV's), roof repairs and fire compliance.

Many of the most significant and urgent risks on the compliance pipeline relate to issues at Llandrindod including boilers, lifts, and electrical infrastructure. In previous versions of the capital pipeline as considered at Innovative Environments Group and Executive Committee, and prior to the WG endorsement of the PBC, these risks and costs amounted to £625k of the discretionary allocation for 2022/23 of £1.089M.

By prioritising the first Business Justification Case (BJC) for Llandrindod Phase 2, PTHB could secure funding to deal with all compliance issues at Llandrindod which would, in turn, relieve pressures on the Discretionary Capital programme and release funds to be able to support other priority schemes. A separate paper produced in relation to the initiation of the BJC and discussed and supported at the Innovative Environments Group (IEG) meeting on 15 February. On a positive note, subsequent to the IEG meeting, Welsh Government have advised the Health Board that the Minister had endorsed the PBC. The formal written notification arrived on 4 March and a Ministerial visit took place on the 10 March. WG have also indicated that they will pre-fund business case preparation fees for the first BJC and this will also act to reduce pressure on the Health Board's capital funding in 2022/23.

The works at Llandrindod include an electrical infrastructure upgrade, which is a crossover scheme, currently onsite (funded during 2021/22 from EFAB) and therefore the £285k allocated for this scheme needs to remain committed to ensure the works can be concluded with the existing on-site contractors. This investment would then be replenished on approval of the BJC later in 2022/23 and would act to significantly enhance the contingency allowance (over and above the £121K initial allocation). In anticipation of this approval, schemes will be developed and made ready for initiation, which are currently lower in

the pipeline so they can be delivered once BJC funding has been confirmed. As a consequence of the above amendments to the pipeline £290K has now been redistributed to address the next priorities in the pipeline as well as ensuring a larger contingency is maintained. The issue of an increased contingency is a consequence of discussions at Executive Committee, recognising current inflation, Ukraine related fuel cost increases and other factors.

Discretionary Capital – principles applied to programme prioritisation:

The proposed programme of works which relates to the £1.089M capital allocation has been developed and reviewed by Capital Control Group (CCG) considering the following influencing factors:

- The annual programme includes four elements, namely;
 - wider business needs identified by the organisation and considered and prioritised by a cross organisational Capital Control Group
 - Estates Compliance projects within a reduced ringfenced value of £385k (normally £477K). These are prioritised using a risk-based approach by specialist compliance subgroups under the overarching direction of the CCG.
 - Equipment – this includes medical devices and other items such as catering equipment, vehicles, etc. with individual values over £5K. The annual allocation has been in recent years been £150K (proposed £0 in 2022/23)
 - IT – this annual allocation has been £50K in recent years (proposed £0 in 2022/23)
- **Equipment and IT allocations:** in order to alleviate the immediate pressures on the pipeline, it is recommended that funding is not allocated to 'equipment' and 'IT' for the 2022/23 period only, which would free up £200K of the £300K reduction in Discretionary Capital, maintaining funding as far as possible for project activity. The equipment and medical devices pipeline was fully funded at the end of 2021, resulting in no 'pending' requests, furthermore, equipment is an accepted means by which 'slippage' monies from WG can be spent that the end of the financial year cycle. Any emergency requests in the meantime, could be funded from contingency. Similarly, ICT services attract significant additional WG funding, with £1.5M allocated in early 2022.
- **Carry-over scheme commitments:** the compliance pipeline often includes programmes of work planned across several years or individual financial year 'cross over' schemes where project parameters do not coincide with a March completion. An example would be the electrical infrastructure upgrade works at Llandrindod; the total scheme value is £505K of which £220K was secured via EFAB funding during 2021/22,

however, with the absence of EFAB funding next year, the remaining £285K will need to be funded out of discretionary capital in order to complete this essential work. Further crossover commitments include Newtown fire alarm replacement and Health and Care Academy, Bronllys.

- **COVID-19 impact:** project activity continues to be impacted due to lack of access as a result of COVID-19. An example would be the Theatre Means of Escape works planned at Llandrindod. The scheme is ready to commence on site, however, the project team have been unable to secure access to complete the work due to theatre activity and COVID recovery. This project has, therefore, been deferred to 2022/23.
- **COVID-19 opportunities:** conversely, the opportunities arising as a result of the closure of wards, for example, the roofing scheme at Ystradgynlais, has enabled a number of schemes to be undertaken in parallel.
- **Prioritisation:** schemes have been listed in priority order based on a number of factors including; business continuity/criticality, health and safety, statutory compliance, audit and service delivery/development. It is important to remain agile to respond to changes in priority or opportunities such as alternative funding streams. A well established and audited (NWSSP Audit – Reasonable Assurance) Capital Control Group process is in place, with representation from Estates, Health and Safety, Finance, staff side, medical devices, operational teams including Mental Health, Women and Children's, Community Services, etc.
- **Contingency:** it has been usual to retain a contingency for unforeseen or priority works that emerge during a financial year as a prudent approach. In the proposed capital pipeline, the overall contingency is circa £120K and to some degree, this is as a result of the reduction in funding. It should be borne in mind that the work to 'put schemes on the shelf' will also incur consultancy and design costs. This places a high degree of reliance on the only other avenues for additional capital funding; Llandrindod Phase 2 and WG All Wales Capital Funding slippage – these will become essential in order to meet capital commitments in the coming year and this carries a degree of risk.

The Proposed Discretionary Capital Programme 2022/2023-2023/24 is outlined at **Appendix A**.

The Welsh Government, NHS Capital Programme attached at **Appendix B** for information.

All Wales Capital Funding position: There are currently a number of schemes which have either been approved or are currently being reviewed by WG. The position in relation to AWCF would currently be: -

Project Title	Status
AWCF: Machynlleth Redevelopment	£15.2M secured with £7.2M to be spent in 2022/23. Project due to complete December 2022
AWCF: Llandrindod Phase 2	£11-14M Programme Business Case has been endorsed: the funding will be allocated in tranches supported by BJC submissions. BJC 1 in 2022/23 could ease pressure on the Discretionary Capital in year.
Community / AWCF: Brecon Car Park	£1.6M secured due to commence on site in February 2022

RISKS:

- Discretionary Capital carries the risk burden for any cost overrun implications from major project activity – it is not anticipated that this will have a significant impact on Discretionary Capital this coming year at this juncture.
- There are significant pressures on the compliance pipeline, now compounded by the suspension of EFAB funding in the coming financial year – the immediate impact is demonstrated by the compliance pipeline which already shows an overcommitment in terms of funding. Failure to undertake remedial actions for known high level risks, carries a risk at organisational level. This is acknowledged by Corporate Risk Register entry 005 related to a 'fit for purpose' estate – a risk-based approach has been adopted to address any high or immediate risks.
- The estates compliance programmes of work are essential to the reduction in risk for an aging estate. PTHB is one of the minority of Health Boards that do not currently have Fire Service Enforcement Notices and this in large part is due to the fact that PTHB has actively planned and is currently delivering a programme of fire compartmentation remedial works. The pause in this activity in 2022/23 could undermine the confidence of the Fire Service whilst additionally putting pressure on maintenance alone to mitigate the risks and sustain deficient infrastructure. Similarly, other programmes of work related to water hygiene, electrical upgrades, etc. will not be able to progress as intended and this will act to heighten the risk.

Opportunities: It is important to utilise the early part of 2022/23 to develop schemes in readiness to take advantage of any slippage/further funding opportunities as they arise.

WG note on the reduction in capital stated; *We will pick up with individuals through the Capital Review Meetings but are keen that organisations are able to gear up to deliver should additional capital funding become available. NHS*

organisations have historically responded well to opportunities for additional funding and significant sums have been secured in previous years to assist in the main with the backlog of equipment replacement and smaller infrastructure schemes.'

NEXT STEPS:

- Progress the approval process for the Discretionary Capital Programme for 2022/2023-2023/24 through committee and Board.
- Maintain close communication with WG in relation to any changes and opportunities for further capital funding: develop 'on the shelf' projects in readiness to take advantage of any additional capital in latter part of the financial year.
- Following recent endorsement of the PBC for Llandrindod Phase 2 project, develop associated BJC submission in 2022/23 to address estates compliance issues and ease pressure on Discretionary Capital in-year.
- Review the Corporate Risk Register 005 (estate) accordingly.
- Maintain an agile approach to the capital programme in 2022/23 – continue to report on and escalate compliance and operational risks as they emerge.

The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age	X			
Disability	X			
Gender reassignment	X			
Pregnancy and maternity	X			
Race	X			
Religion/ Belief	X			
Sex	X			
Sexual Orientation	X			
Marriage and civil partnership	X			
Welsh Language	X			
Statement <i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical		X		
Financial			X	
Corporate		X		
Operational			X	
Reputational		X		
Statement Pressures are apparent on capital expenditure due to the aging estate, health board ambitions for transformational change and decarbonisation imperatives. Funding limitations in 2022/23 will act to limit critical compliance improvement programmes and impact service improvement.				

APPENDIX A; PROPOSED DISCRETIONARY CAPITAL PROGRAMME 2022/2023-2023/24 - budget 1.089M:

Part 1: Discretionary Schemes

PROJECT DESCRIPTION:	2022/23	2023/24	COMMENTS:
Equipment budget	£0	£150,000	Funding deferred 2022/23 to mitigate overall funding reduction
IT Budget	£0	£50,000	Funding deferred 2022/23 to mitigate overall funding reduction
Health and Care Academy Phase 2	£21,000		Scheme largely completed 2021/22: crossover
Essential Ward Improvements, Machynlleth	£42,000		Scheme commenced 2021/22: crossover
Bin Storage Compliance Scheme, Llandrindod	£15,000		Scheme commenced 2021/22: crossover
Means of Escape (fire) from Theatre Wing, Llandrindod	£26,000		Deferred in 2021/22 due to COVID
Brecon Reception	£5,000		Scheme largely completed 2021/22: crossover
Ligature minimisation programme	£30,000		Scheme largely completed 2021/22: crossover
Outpatients Department Office, Llanidloes	£35,000		Design commenced
Refurbishment of Birth Centre, Llanidloes	£100,000		Design commenced
Llanwrtyd Wells Pharmacy Conversion	£95,000		Service continuity prioritisation
Llandrindod Audiology – additional clinic	£9,000		*Scheme brought forward
Knighton Audiology – convert to multi-use room	£9,000		*Scheme brought forward
Waste Storage Compliance scheme, Knighton	£7,000		*Scheme brought forward
Waste Storage Compliance scheme, Newtown	£7,500		*Scheme brought forward
Replace Defective Flooring, Felindre, Bronllys		£6,500	
Conversion of Workshops into record storage, Caersws		£38,000	
Conversion of Mortuary into Medical Records Storage, Welshpool		£64,000	Further development required
Waste Storage Compliance Scheme, Welshpool		£10,000	Programme of works agreed
Installation of a sink in the dining room behind Llewellyn		£7,000	Further development required

PTHB Discretionary Capital Programme 2022/23 – 2023/24

Ward, to create a clinic space, Bronllys			
Refurbishment of Occupational Therapy workshop room, Bronllys		£18,000	Further development required
Concert Hall roof repairs, Bronllys		£150,000	Patch repair undertaken, defer to 2023/24
Refurbishment of Podiatry Waiting area, Welshpool		£28,000	
Crug Day Hospital, Brecon, alterations to layout		£32,000	
Height and Weight Measurement Facility at Children's Centre, Brecon		£24,000	
Relocation of Orthotics Lab, Brecon		£16,000	
Waste Storage Compliance Scheme, Ystradgynlais		£7,000	
Sub Total	£397,500	£599,600	

Part 2 - Compliance Schemes

Project	Cost 2022/23	Cost 2023/24	Comments
Llandrindod: electrical upgrade	£285,000		Infrastructure - essential scheme started in 2021/22 with £220K spend, [#include in Llandrindod BJC and subsequent addition to contingency]
Llandrindod: boilers	N/A		Infrastructure - multiple failures of boilers in 2021/22 [#£160k included in Llandrindod BJC]
Llandrindod: lift	N/A		Health & Safety - multiple Datix, beyond end of life [#£180k included in Llandrindod BJC]
Newtown Fire Alarm	£80,000		Fire - Already committed cross over scheme, £60K allocated in 2021/22
Knighton: collapsed boundary wall,	£35,000		Estates - health and safety risk
Medical Gas pipeline work, Brecon	£5,000		Scheme largely completed 2021/22: crossover
Fire Precautions Programme	£40,000		Scheme largely completed 2021/22: crossover
Llandrindod, Waterloo Road: external defects	N/A		Estates - H&S risk [#£40K included in Llandrindod BJC]
Welshpool: electrical infrastructure upgrade programme	100,000	£220,000	Infrastructure - phased scheme started in 2021/22 [# could complete in year if Llandrindod infrastructure is replenished]
Roof leak programme: Bronllys (Felindre Ward) and Knighton		£250,000	Infrastructure - temporary fixes no longer suitable
Fire Compartmentation programme: Llanidloes and Brecon	25,000		Fire - next two sites, survey/development work only

PTHB Discretionary Capital Programme 2022/23 – 2023/24

Llandrindod medical gas Vacuum Plant	N/A		Medical Gas – end of life, requires replacement [# £35k include in Llandrindod BJC]
TMV programme: Llanidloes		£60,000	Water Safety – undertake development work in 2022/23 with work commencing in 2023/24
Bronllys Car Parks		£350,000	Health & Safety – link with EV
Electrical switchgear Brecon		£60,000	Electrical
Electrical remedial works, pan Powys		£50,000	Electrical - remedial works identified during statutory 5 year fixed wire tests
Ventilation Systems - Ystradgynlais		£60,000	Ventilation – Brecon as follow on scheme
Sub Total	£570,000	£1,050,000	
OVERALL DISCRETIONARY TOTALS	£967,000	£1,650,000	*Assume Discretionary Capital returns to £1.431M in 2023/24 and EFAB reinstated.
OVERALL DISCRETIONARY CONTINGENCY	£121,000	-£219,000	

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APPENDIX B; WELSH GOVERNMENT, NHS CAPITAL PROGRAMME 2022/23

NHS Wales Capital Programme

Discretionary Capital Funding	2021-22	2022-23
Aneurin Bevan	8.159	8.227
Betsi Cadwaladr	14.421	10.971
Cardiff & Vale	15.921	10.263
Cwm Taf Morgannwg	10.945	7.782
Hywel Dda	7.401	5.645
Powys	1.431	1.089
Swansea Bay	11.188	8.496
Velindre	1.911	1.454
Digital Health Care Wales	2.969	2.259
NHS Wales Shared Services Partnership	0.850	0.647
Health Education Improvement Wales	0.100	0.076
Public Health Wales	1.580	1.202
Welsh Ambulance Services	6.251	4.431
Discretionary Total	83.127	62.542

Approved Capital Schemes Funding

ANEURIN BEVAN	2021-22	2022-23
Primary Care - Fees - Tredegar - Main scheme	2.899	9.919
Breast Centralisation at Ysbyty Ystrad Fawr		8.957
Radiotherapy Satellite - FBC fees	1.334	0.120
Covid Recovery Funding	8.040	1.200
National Programme - Imaging P2	2.815	4.765
Grange University Hospital - VAT recovery		- 2.232
Subtotal - Approved	15.088	22.729

BETSI CADWALADR	2021-22	2022-23
National Programme - Imaging P2	3.142	4.483
Linear Accelerator Replacement	2.210	2.267
Subtotal - Approved	5.352	6.750

CARDIFF & VALE	2021-22	2022-23
Maelfa - Primary Care Pipeline - FBC	9.788	2.268
National Programme - Imaging P2	1.830	5.880
Covid Recovery Funding	5.982	0.300
Genomics	2.765	12.535
Major Trauma & Hybrid Theatres Fees	1.406	0.503
CAVOC Theatres	0.370	0.350
UHL Electrical Infrastructure	2.409	3.466
Eye Care - e-referral system (funded through DPIF)	0.499	0.643
Endoscopy Unit UHL	0.250	5.720
Refit - Phase 2	3.180	4.020
Rookwood reprovision at Llandough	0.400	0.750
Subtotal - Approved	28.879	36.435

CWM TAF MORGANNWG	2021-22	2022-23
Primary Care - Sunnyside	0.603	6.000
National Programme - Imaging P2	2.600	3.080
Fire Enforcement Works - Princess of Wales - fees	0.500	0.220
Prince Charles Hospital Refurbishment - Phase 2	33.592	51.648
Anti-ligature works	2.851	0.500
Subtotal - Approved	40.146	61.448

HYWEL DDA	2021-22	2022-23
I2S - Multi-site projects	0.389	0.373
Withybush - Fire Enforcement works - Phase 1	4.585	4.540
Withybush - Fire Enforcement works - Phase 1 - Contingency		3.832
Glangwili - Fire Enforcement works - Phase 1	0.590	6.940
Solar Farm	1.420	0.593
Imaging	4.201	0.314
Imaging - CT Scanner PPH	1.015	1.385
Imaging - CT Scanner BGH		2.400
Imaging - DR Rooms		2.200
Imaging - Fluoroscopy Rooms		2.820
Neonates - Phase II - main	2.509	0.806

Subtotal - Approved	14.709	26.203
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POWYS	2021-22	2022-23
Machynlleth - FBC	6.152	7.733
Brecon Car Park	0.225	0.825
Subtotal - Approved	6.377	8.558

SWANSEA BAY	2021-22	2022-23
Singleton Cladding - Main works	3.801	5.828
Anti-ligature funding	2.778	1.073
DPIF - HEPMA	0.581	0.305
National Programme - Imaging P2	2.512	8.440
Linear Accelerator D at Singleton Hospital	2.083	2.167
Covid Recovery Funding	7.840	1.500
Swansea - Wellness - Primary Care Pipeline	0.472	0.188
PET CT Scanner Fees	0.069	0.211
EMRTS - equipment	0.463	0.550
Subtotal - Approved	20.599	20.262

VELINDRE NHS TRUST	2021-22	2022-23
Velindre - Fire Safety	0.600	0.500
NVCC - project costs, fees, advisory activities and non-works costs from OBC to FBC	3.461	2.089
NVCC - Enabling Works	1.786	21.813
Subtotal - Approved	5.847	24.402

Digital Health and Care Wales (formerly NWIS)	2021-22	2022-23
Test, Trace and Protect	0.411	0.500
DPIF - National Data Repository (NDR)	0.500	0.800
DPIF - Digital ICU	1.184	2.561
DPIF - CaNISC	1.818	1.334
Subtotal - Approved	3.913	5.195

Health Education Improvement Wales (HEIW)	2021-22	2022-23
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Subtotal - Approved	-	-

SHARED SERVICES (NWSSP)	2021-22	2022-23
Scan for Safety	1.331	0.826
Subtotal - Approved	1.331	0.826

PUBLIC HEALTH WALES (TRUST)	2021-22	2022-23
Screening Equipment Replacement	4.770	3.075
DPIF - LINC	1.331	3.618
DPIF - RISP	0.125	0.317
Subtotal - Approved	6.226	7.010

WELSH AMBULANCE	2021-22	2022-23
ESMCP - Control Room Solutions	0.026	0.466
111 Project Costs	1.094	13.277
DPIF -EPCR	0.822	1.299
Phone First	0.000	1.040
CAD contingency	0.000	0.480
GUH transfer vehicles	0.412	0.392
Ambulance Replacement Programme 21-22	6.250	2.595
Ambulance Replacement Programme 22-23	3.473	9.905
Subtotal - Approved	12.077	29.454

All Wales - Centrally Managed Schemes (including £50m Social Care)		67.095
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ANALYSIS	2021-22	2022-23
Opening Budget	387.600	335.000
Budget transfers		4.393
Discretionary total	83.127	62.542
Approved total		316.367

Expenditure total		378.909
Balance of funding available (overcommitment)		- 39.516

Patterson, Liz
03/28/2022 14:57:26

Agenda item: 3.1

BOARD MEETING		Date of Meeting: 30 March 2022
Subject:	Performance Overview against National Outcome Framework – March update, 2021/22	
Approved and Presented by:	Director of Planning and Performance	
Prepared by:	Assistant Director of Commissioning & Performance	
Other Committees and meetings considered at:	Delivery & Performance Committee held on the 28 February 2022	

PURPOSE:

This report provides a brief update on the changes to the latest performance position for Powys Teaching Health Board up until December 2021 with the latest availability of data, including a high-level overview of COVID, Test, Trace and Protect and mass vaccination performance.

RECOMMENDATION(S):

The Board are asked to DISCUSS and NOTE the content of this report.

Approval/Ratification/Decision	Discussion	Information
x	✓	✓

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

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

This report provides the Board with a performance update against the 2021/22 NHS Delivery Framework, and limited local measures.

This continues to be an interim process as a result of the COVID pandemic in the absence of the regular Integrated Performance Report.

The report contains a high-level summary of COVID e.g. infection rates, mortality and vaccination progress and a brief update on Powys Teaching Health Board's (PTHB) performance, set against the revised 2021/22 National Outcome and Delivery Frameworks four aims, and their measures. The document contains relevant dashboards and extra analysis data showing the levels of compliance against the National Framework, and Powys Teaching Health Board local measures.

Using this data, we highlight performance achievements, and challenges at a high level, as well as brief comparison to the All Wales performance benchmark where available.

The Health Board is in the process of reviewing performance reporting both to service leads and formal report forums. As part of the review the main performance report has been reformatted with the aim of producing and supplying more insightful information. The new format has been included in this report.



Powys Teaching Health Board

Integrated Performance Report

Month 9 – Updated 17/02/2021

Select one of the below boxes to navigate to the required section of the report

[Executive Summary](#)

[COVID-19](#)

[NHS Delivery Framework Performance](#)

[National Outcomes Framework: Performance Scorecard](#)

[Quadruple Aim 1](#)

[Quadruple Aim 2](#)

[Quadruple Aim 3](#)

[Quadruple Aim 4](#)

[Next Steps](#)

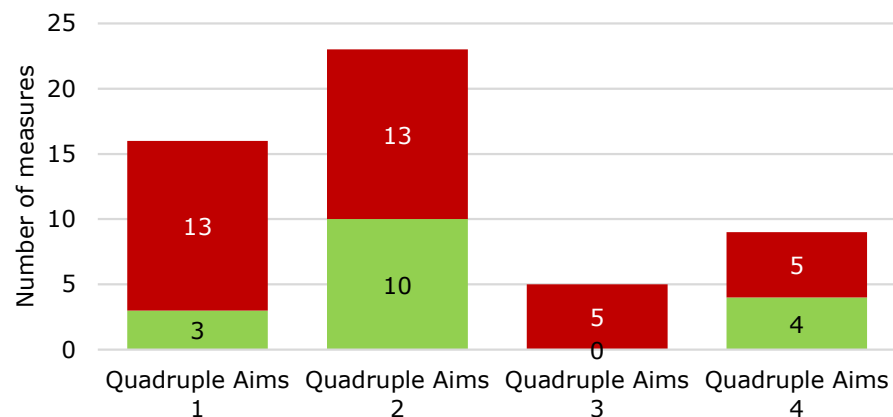
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Executive Summary

This report provides the Board with a performance update against the 2021/22 NHS Delivery Framework. The data, drawn from various sources has been supported by statistical process charts, and includes officer lead narrative for challenges, actions, and further mitigations. With the ongoing pressure of COVID 19 and the impact on services, staff and capacity, this report unfortunately is not fully integrated with the Board Assurance Framework at present but this will be completed. It should also be noted that the availability of recent performance data varies by measure with monthly, quarterly, and annual updates to the key frequencies, this resulting in some metrics not having an update for a 12+ month period.

Target Compliance Summary By Quadruple Aim
Area - Source Performance Monthly Snapshot Scorecards



Performance for the health board remains challenging against the relevant outcome measures with 32.1% meeting Welsh Government set targets at the end of December 2021. Significant challenge has and continues to be as a result of the COVID-19 pandemic which continues to impact local and commissioned services especially the resulting sickness absence caused by Omicron variant. As a provider of care Powys Teaching Health Board has made improvement to meet existing access targets, and when nationally benchmarked leads the way in Wales. Mental health care remains robust with all metrics barring +18 interventions and neurodevelopment meeting the target in December.

The urgent care system continues to be highly pressurised across primary, secondary and community care with ambulance services struggling to meet demand or not being able to deploy back to active operation quickly enough from A&E hospital sites. The Health Board has increased management input and focus to this area to ensure that Powys as a provider has enough beds to cope with demand and that out of county acute hospital repatriation delays are kept to an absolute minimum.

The impact of the Covid 19 pandemic continues to have an impact on service delivery, staffing levels and the sustainability of services. The Health Board has not had to deploy the Local Options Framework as extensively as other Health Boards but there has been some adverse impact on service delivery and performance locally that are now being reported across the Quadruple Aims.



COVID-19 Infection Reporting – Source Public Health Wales

Reporting of COVID-19 infection data is now sourced directly from Public Health Wales reporting. The below table is based on cases and tests by Local Authority of residence.

Snapshot date 15/02/2022 – Source Public Health Wales

Time Period	Cases	Cases per 100k population	Testing Episodes	Testing per 100k population	Positive proportion
All Cases	23,965	18,095.7	159,635	120,538.4	15%
Rolling 7 days (5 th to 11 th of Feb)	348	262.8	1,218	919.7	28.6%

Daily charts



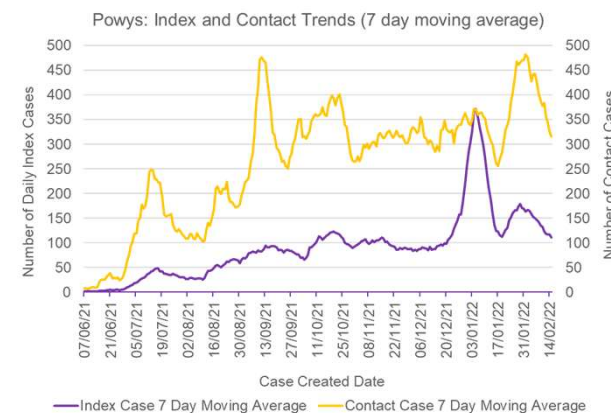
PHW data caveat – Individuals may be tested more than once for COVID-19. Information presented here is based on a 6-week episode periods. If an individual is tested more than once within a 6-week period they are only counted once and if any of their test results are positive, that is the result which is presented.

COVID-19 Test, Track, and Protect (TTP) – Source Powys County Council

Reporting of COVID-19 TTP data is now sourced directly from Powys County Council Business Intelligence team.

The Test, Trace, and Protect process remains robust with **2197** identified contact cases during the period **09/02/2022** and **15/02/2022**. Of these **1607** were eligible for follow-up, of which **95%** were followed up (**1525**). Of these **93%** were followed up within 24hr and **96%** followed up within 48hrs.

For index cases **837** were identified during the same period, of these **766** were eligible for follow-up, of with **89%** were successfully followed-up, **75%** within 24hrs and **90%** followed up within 48hrs



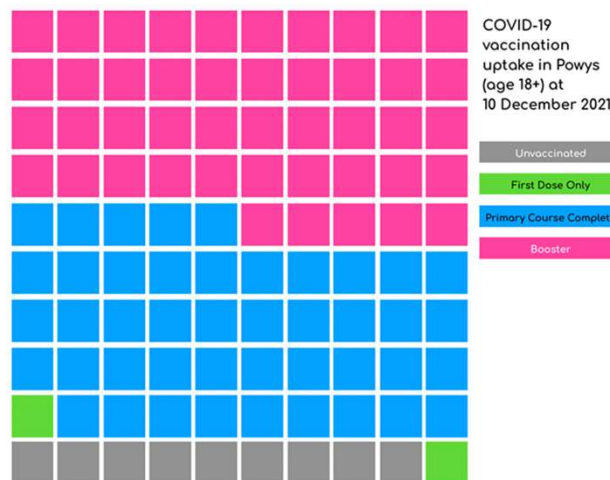


COVID-19 Vaccination Programme

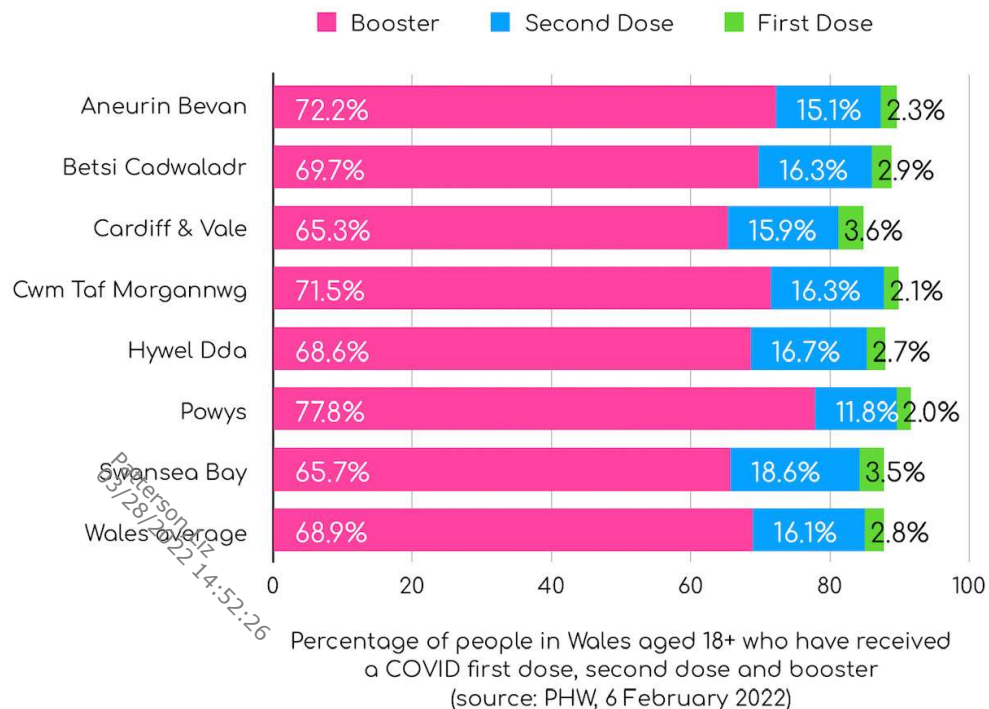
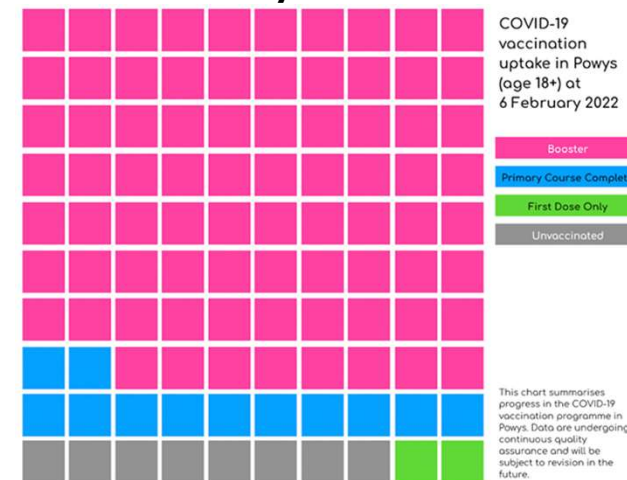
Where are we now?

- 78% of all adults in Powys have received their booster.
- This represents over 86% of all those adults who completed their primary course.
- This remains the strongest performance of all health boards across Wales and is among the leading rates in the UK.
- The charts on the right show the progress made in accelerating the booster programme following national announcements in mid December.

December 2021



February 2022



- The latest published all-Wales data (PHW weekly statistics, published on 10 February for data up to 6 February) shows that Powys has the highest rates for adult first dose, second dose and booster dose of all health boards in Wales
- Powys has the highest rates of first dose and second dose vaccination for people aged 16-17 of all health boards in Wales.
- Powys has the highest rates of first dose vaccination for people aged 12-15 of all health boards in Wales.

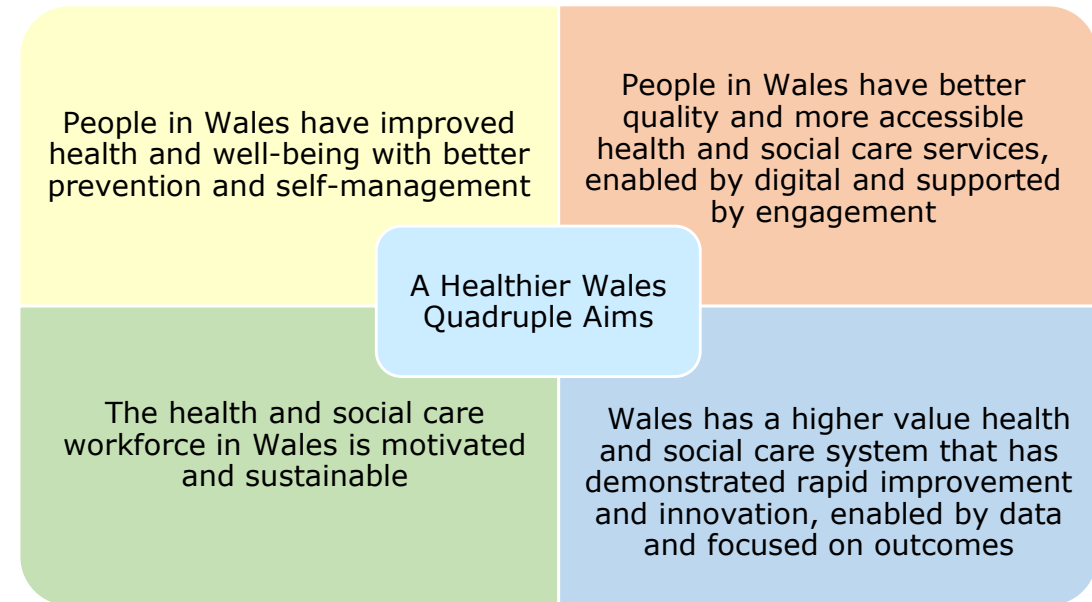


NHS Delivery Framework Performance

NHS DELIVERY FRAMEWORK PERFORMANCE

The NHS Delivery framework has been updated for 2021/22. The challenge for the health board relates to new, revised or retired measures, their relevance for the organisation, and the data source, reporting schedule, and officer lead requirements to support national reporting and benchmarking. As this update has been finalised at the start of Q3 the health board is working to integrate those changes into the overarching plan.

The new 2021/22 framework reports against 73 delivery measures mapped to the Healthier Wales quadruple aims.



A brief introduction to statistical process control charts (SPC)

SPC charts are used as an analytical technique to understand data (performance) over time. Using statistical science to underpin data, and using visual representation to understand variation, areas that require appropriate action are simply highlighted. This method is widely used within the NHS to assess whether change has resulted in improvement. The use of SPC allows us to view the information with an understanding of the Covid-19 pandemic in Wales. Covid caused a significant event altering the normal working practices for health care, in Wales this escalated at the end of March 2020, for consistency this will be used as the default step change as a special cause point for measures linked predominately to patient access.

SPC charts

The charts used will contain a variation of icons and coloured dots, these do not link directly to the existing RAG based measurement currently used within the outcome framework but provide a guide. SPC charts provide an excellent view of trends, highlighting areas of improvement, or concern over a significant time period (e.g. common or special cause variation). The graphs also contain a mean (average) value, and two process control limits UCL & LCL (expected maximum & minimum performance).

Work to integrate this approach into Powys Teaching Health Board performance reporting, and assurance will be ongoing and will mature throughout 2021/22.



National Outcomes Framework: Performance Scorecard

Quadruple Aim 1: People in Wales have improved health and wellbeing with better prevention and self management

			2021/22 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking	
Aim	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 1: People in Wales have improved health and wellbeing with better prevention and self management	Director of Nursing		1	Percentage of babies who are exclusively breastfed at 10 days old	Annual Improvement	2020/21	51.9%		52.0%	1st	36.8%
	Director of Public Health	Consultant in Public Health	2	'6 in 1' vaccine by age 1	95%	Q2 21/22	98.5%	97.3%	93.9%	6th	95.2%
	Director of Public Health	Consultant in Public Health	3	2 doses of the MMR vaccine by age 5	95%	Q2 21/22	94.4%	91.7%	91.5%	3rd	91.4%
	Director of Public Health	Consultant in Public Health	4	Attempted to quit smoking - Cum	5%	Q2 21/22	1.44%		1.62%	6th	2.06%
	Director of Primary Care, Community and Mental Health		5	Standardised rate of alcohol attributed hospital admissions	4 quarter reduction trend	Q2 21/22	359.4	430.1	375.1	6th	382.3
	Director of Primary Care, Community and Mental Health	Assistant Director of Mental Health	6	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	4 quarter improvement trend	Q2 21/22	59.0%	63.8%	63.9%	6th	70.3%
	Director of Public Health	Consultant in Public Health	7a	Flu Vaccines - 65+	75%	2020/21	67.1%		73.5%	7th	76.5%
	Director of Public Health	Consultant in Public Health	7b	Flu Vaccines - under 65 in risk groups	55%	2020/21	44.3%		52.2%	3rd	51.0%
	Director of Public Health	Consultant in Public Health	7c	Flu Vaccines - Pregnant Women	75%	2020/21	93.3%		92.3%	2nd	81.5%
	Director of Public Health	Consultant in Public Health	7d	Flu Vaccines - Health Care Workers	60%	2020/21	64.3%		56.5%	8th	65.6%
	Director of Public Health	Consultant in Public Health	8a	Coverage of cancer screening for: bowel	60%	2019/20	56.4%		59.5%	1st	58.9%
	Director of Public Health	Consultant in Public Health	8b	Coverage of cancer screening for: breast	70%	2018/19	73.7%		69.1%	7th	72.8%
	Director of Public Health	Consultant in Public Health	8c	Coverage of cancer screening for: cervical	80%	2018/19			76.1%	1st	73.2%
	Director of Primary Care, Community and Mental Health	Assistant Director of Mental Health	9a	MH Part 2 - % residents with CTP <18	90%	Dec-21	95.2%	100.0%	100.0%	1st*	87.1%
	Director of Primary Care, Community and Mental Health	Assistant Director of Mental Health	9b	MH Part 2 - % residents with CTP 18+	90%	Dec-21	91.1%	90.5%	88.6%	2nd*	84.9%
	Director of Primary Care, Community and Mental Health	Assistant Director of Mental Health	10	% 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%

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National Outcomes Framework: Performance Scorecard

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

			2021/22 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking	
Aim	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	Director of Primary Care, Community and Mental Health	Assistant Director of Primary Care	15	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	100%	2020/21	56.3%		93.8%	2nd	75.9%
	Director of Primary Care, Community and Mental Health	Assistant Director of Primary Care	16	Percentage of children regularly accessing NHS primary dental care within 24 months	4 quarter improvement trend	Q1 21/22	60.5%	52.8%	50.6%	5th	55.9%
	Director of Primary Care, Community and Mental Health	Assistant Director of Primary Care	17	Percentage of adults regularly accessing NHS primary dental care within 24 months	4 quarter improvement trend	Q1 21/22	49.8%	45.3%	42.7%	4th	42.4%
	Director of Primary Care, Community and Mental Health	Assistant Director of Primary Care	18	Percentage of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed	90%	Jun-21	92.3%	89.8%	96.3%		
	Director of Primary Care, Community and Mental Health	N/A	19	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	Dec-21	52.1%	41.8%	43.0%	6th	51.1%
	Director of Primary Care, Community and Mental Health	Assistant Director of Community Services	21	MIU % patients who waited <4hr	95%	Dec-21	100.0%	100.0%	100.0%	1st	67.6%
	Director of Primary Care, Community and Mental Health	Assistant Director of Community Services	22	MIU patients who waited +12hrs	0	Dec-21	0	0	0	1st	8,819
	Director of Primary Care, Community and Mental Health	Assistant Director of Community Services	23	Median time from arrival at an ED to triage by a clinician	12 month reduction trend	No data locally available due to metric revision					
	Director of Primary Care, Community and Mental Health	N/A	24	Median time from arrival at an ED to assessment by a senior clinical decision maker	12 month reduction trend						
	Director of Primary Care, Community and Mental Health	Assistant Director of Community Services	32	Number of diagnostic breaches 8+ weeks	0	Dec-21	177	184	222	1st*	45,682
	Director of Primary Care, Community and Mental Health	Assistant Director of Community Services	33	Number of therapy breaches 14+ weeks	0	Dec-21	237	42	51	1st*	8,355
	Director of Primary Care, Community and Mental Health	Assistant Director of Community Services	34	RTT patients waiting less than 26 weeks (excluding D&T)	95%	Dec-21	58.8%	83.9%	83.1%	1st*	54.7%
	Director of Primary Care, Community and Mental Health	Assistant Director of Community Services	35	RTT patients waiting over 36 weeks (excluding D&T)	0	Dec-21	1337	247	211	1st*	241,667

National Outcomes Framework: Performance Scorecard

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

			2021/22 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking	
Aim	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement Patterson Liz 03/28/2022 14:52:18	Director of Primary Care, Community and Mental Health	Assistant Director of Community Services/Assistant Director of Mental Health	38	Number of patients waiting for a follow-up outpatient appointment	<= 3,864	Dec-21	6,324	6,458	6,439	1st	784,834
	Director of Primary Care, Community and Mental Health	Assistant Director of Community Services/Assistant Director of Mental Health	39	Number of patient follow-up outpatient appointment delayed by over 100%	<= 201	Dec-21	484	400	660	1st	198,444
	Director of Primary Care, Community and Mental Health	Assistant Director of Community Services	40	Percentage of ophthalmology R1 patients who are waiting within their clinical target date (+25%)	95%	Dec-21	75.4%	56.5%	69.1%	2nd	61.7%
	Director of Primary Care, Community and Mental Health	Assistant Director of Community Services	Local	Percentage of patient pathways without a HRF factor	<= 2.0%	Dec-21	1.6%	1.1%	0.6%		
	Director of Primary Care, Community and Mental Health	Assistant Director of Mental Health	41	Rate of hospital admissions with any mention of self-harm from children and young people per 1k	Annual Reduction	2020/21	5.06		2.42	2nd	3.54
	Director of Primary Care, Community and Mental Health	Assistant Director of Mental Health	42	CAMHS % waiting <28 days for first appointment	80%	Dec-21	85.4%	91.4%	91.7%	3rd	22.1%
	Director of Primary Care, Community and Mental Health	Assistant Director of Mental Health	43a	MH Part 1 - Assessments <28 days <18	80%	Dec-21	97.8%	95.6%	100.0%	1st*	57.2%
	Director of Primary Care, Community and Mental Health	Assistant Director of Mental Health	43b	MH Part 1 - Assessments <28 days 18+	80%	Dec-21	97.7%	94.8%	89.7%	2nd*	70.6%
	Director of Primary Care, Community and Mental Health	Assistant Director of Mental Health	44a	MH Part 1 - Interventions <28 days <18	80%	Dec-21	100.0%	93.1%	100.0%	2nd*	52.6%
	Director of Primary Care, Community and Mental Health	Assistant Director of Mental Health	44b	MH Part 1 - Interventions <28 days 18+	80%	Dec-21	95.2%	64.4%	70.9%	6th*	72.6%
	Director of Primary Care, Community and Mental Health	Assistant Director of Womens and Children's	45	Children/Young People neurodevelopmental waits	80%	Dec-21	37.1%	58.8%	63.6%	2nd*	36.4%
	Director of Primary Care, Community and Mental Health	Assistant Director of Mental Health	46	Adult psychological therapy waiting < 26 weeks	80%	Dec-21	92.2%	98.1%	97.3%	2nd*	73.8%
	Director of Nursing	Deputy Director of Nursing	47a	HCAI - E.coli per 100k pop cum	TBC	Dec-21				2.99	PTHB is not nationally benchmarked for infection rates
	Director of Nursing	Deputy Director of Nursing	47b	HCAI - S.aureus bacteraemia's (MRSA and MSSA) per 100k pop cum	TBC	Dec-21				0.00	
	Director of Nursing	Deputy Director of Nursing	47c	HCAI - C.difficile per 100k pop cum	TBC	Dec-21				7.98	
	Director of Nursing	Deputy Director of Nursing	48a	HCAI - Klebsiella sp cumulative number	TBC	Dec-21				0	
	Director of Nursing	Deputy Director of Nursing	48b	HCAI - Aeruginosa per 100k cumulative number	TBC	Dec-21				0	

National Outcomes Framework: Performance Scorecard

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

			2021/22 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking	
Aim	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable	Director of Nursing	Assistant Director of Primary Care	49	Percentage satisfied or fairly satisfied about the care that is provided by their GP/family doctor (16+)	Annual Improvement	2020/21	87.9%		78.0%	7th	88.0%
	Director of Workforce and OD		52	Performance Appraisals (PADR)	85%	Dec-21	68.0%	74.0%	74.0%	1st (Aug-21)	58.9% (Aug-21)
	Director of Workforce and OD		53	Core Skills Mandatory Training	85%	Dec-21	78.7%	81.3%	81.7%	2nd (Aug-21)	79.9% (Aug-21)
	Director of Workforce and OD		55	(R12) Sickness Absence	12m↓	Dec-21	5.03%	5.34%	5.30%	3rd (Aug-21)	5.08% (Aug-21)
	Director of Workforce and OD		56	Percentage of staff reporting their line manager takes a positive interest in their health and wellbeing	Annual Improvement	2020		77% (2018)	75.5%	2nd	65.90%

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National Outcomes Framework: Performance Scorecard

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

			2021/22 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking	
Aim	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes	Director of Nursing	Assistant Director Quality & Safety	59	Concerns & Complaints	75%	Q2 2021/22	50.0%	47.0%	62.0%	10th*	67.20%
	Medical Director		60	Percentage of Health and Care Research Wales non-commercial portfolio studies recruiting to target	100% of studies	No data locally available due to metric revision					
	Medical Director		61	Percentage of Health and Care Research Wales portfolio commercially sponsored studies recruiting to target	100% of studies						
	Medical Director		62	Crude hospital mortality rate (74 years of age or less)	12m↓	Dec-21	3.64%	2.35%	2.46%	Not applicable	1.44%
	Medical Director	Chief Pharmacist	66	New medicine availability where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal	100%	Q1 21/22	96.6%	97.2%	97.4%	6th	98.6%
	Medical Director	Chief Pharmacist	67	Total antibacterial items per 1,000 STAR-PUs	189.6	Q1 21/22	199.6	195.6	196.9	1st	227.5
	Medical Director	Chief Pharmacist	68	Percentage of secondary care antibiotic usage within the WHO access category	55%						
	Medical Director	Chief Pharmacist	69	Number of patients age 65 years or over prescribed an antipsychotic	Quarter on quarter reduction	Q1 21/22	478	487	485	1st	10,221
	Medical Director	Chief Pharmacist	70	Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age	Quarter on quarter reduction	Q1 21/22	0.134%	0.109%	0.104%	1st	0.145%
	Medical Director	Chief Pharmacist	71	Opioid average daily quantities per 1,000 patients	4 quarter reduction trend	Q1 21/22	4001.2	4068	4059.8	2nd	4462.6
	Director of Finance and ICT		74	Agency spend as a percentage of the total pay bill	12m↓	Dec-21	6.8%	10.4%	9.7%	10th (May-21)	4.1% (May-21)
	Director of Finance and ICT		75	Percentage of episodes clinically coded within one reporting month post episode discharge end date	12m improvement trend towards achieving the 95% target	Oct-21	100.0%	100.0%	100.0%	1st	90.3%

Patterson, Liz
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Quadruple Aim 1

No.

1

People in Wales have improved health and well-being and better prevention and self-management

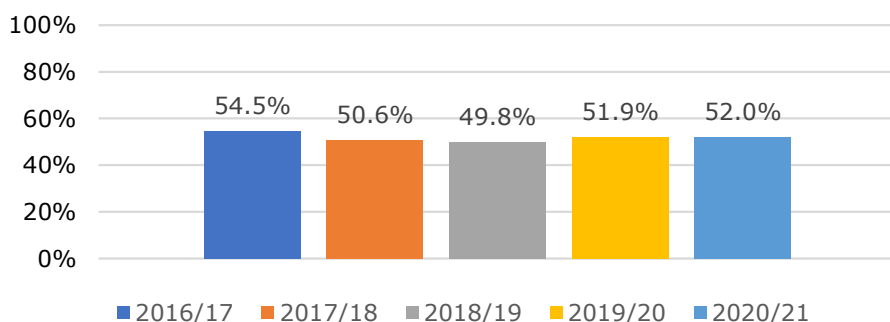
Measure: Percentage of babies who are exclusively breastfed at 10 days old

Executive Lead Director of Nursing

Officer Lead TBC

BAF TBC

Percentage of babies who are exclusively breastfed at 10 days old



Performance 2020/21	
Local Performance	All Wales Benchmark
52%	1 st (36.8%)
Variance Type	
N/A	
Target	
Annual Improvement	
Data Quality	

What the data tells us	Issues	Actions	Mitigations
<p>2020/21 performance slightly above the average performance over the last 5 years. Powys benchmarks positively against the All Wales figure of 36.8%.</p> <p>Patterson, Liz 03/28/2022 14:52:26</p>	<p>Although breastfeeding rates are above the Wales average there is a reduction in exclusive breastfeeding rates between birth (77% in 2020, Source NCCHD) and 10 days.</p> <p>Some areas of Powys are noted anecdotally to have lower breastfeeding rates than others, but the current data collection methods do not support identification of specific areas.</p> <p>COVID19 has resulted in some reduced visiting in the postnatal period, which may have impacted on the level of support provided to some breastfeeding mothers.</p>	<p>The Powys Infant Feeding Steering Group will be restarting in 2022 with revision of the infant feeding action plan.</p> <p>There is an infant feeding coordinator in post who will be reviewing the data requirements and including in training the importance of accurate data collection by staff.</p> <p>Maternity and health visiting staff who have not completed the Baby Friendly Initiative (BFI) training in the last 3 years are required to complete it in 2022.</p>	<p>Powys is now a site for a multi-centre UK randomised control trial looking at the use of infant feeding helpers in supporting families antenatally and postnatally, with one aim being to identify if this results in improved breastfeeding rates in the intervention group. The study has commenced recruitment in January 2022.</p> <p>Powys volunteer breastfeeding groups have recommenced some face to face groups across Powys, increasing the support available to families.</p>



Quadruple Aim 1

No.

2

People in Wales have improved health and well-being and better prevention and self-management

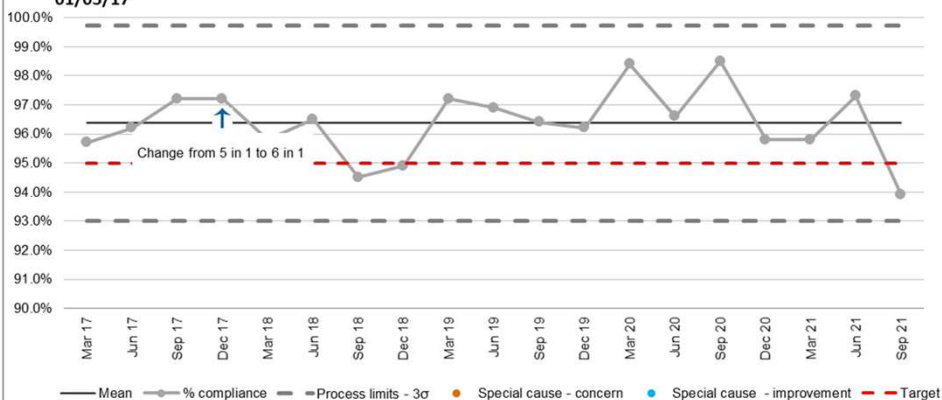
Measure: Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1

Executive Lead Director of Public Health

Officer Lead Consultant in Public Health

BAF TBC

Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1-Source PHW starting 01/03/17



Performance Q2 2021/22

Local Performance	All Wales Benchmark
93.9%	6 th (95.2%)

Variance Type

Common Cause



Target

95%

Data Quality

What the data tells us

PTHB normally performs consistently above the 95% target for coverage of the 6 in 1 vaccinations. However Q2 2021/22 has seen the first below target performance since Q3 2018. The health board ranks 6th against the All Wales average of 95.2%.

Issues

Actions

Work is underway to develop a enhanced primary care dashboard to identify any variation and work with individual practices to address under performance.

Mitigations

None required.



Quadruple Aim 1

No.

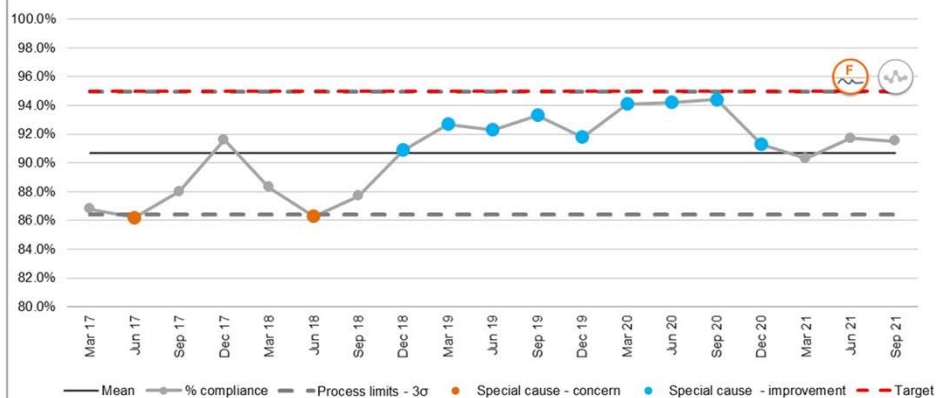
3

People in Wales have improved health and well-being and better prevention and self-management

Measure: Percentage of children who received 2 doses of the MMR vaccine by age 5

Executive Lead	Director of Public Health
Officer Lead	Consultant in Public Health
BAF	TBC

Percentage of children who received 2 doses of the MMR vaccine by age 5-Source PHW starting 01/03/17



Performance Q2 2021/22

Local Performance	All Wales Benchmark
91.5%	3rd (91.4%)
Variance Type	
Common Cause	
Target	
95%	
Data Quality	

What the data tells us

PTHB has not met the target for 2 doses of MMR by age 5, performance is above calculated mean. PTHB benchmarks 3rd against and All Wales performance of 91.4%.

Patterson, Liz
03/28/2022 14:52:26

Issues

We have seen uptake drop off for MMR at 5 years, we believe that this is two fold; a reluctance by parents to take children to be vaccinated at this age, and the pressure on primary care to provide face to face appointments.

Actions

Due to current pressures as a result of Covid-19 we have not been able to focus on this as much as we would have liked. Actions have included a discussion with primary care where uptake is lowest asking for recovery plans.

Mitigations

A recovery plan will be developed during Q4 to catch up on children under vaccinated in previous quarters and ensure the direction of travel is improved.

Data cleansing is also being undertaken with the child health departments as staffing capacity was reduced during the pandemic.



Quadruple Aim 1

No.

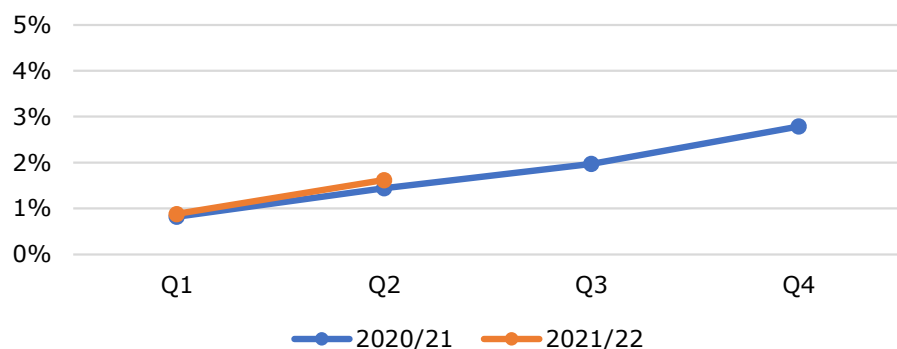
4

People in Wales have improved health and well-being and better prevention and self-management

Measure: Percentage of adult smokers who make a quit attempt via smoking cessation services

Executive Lead	Director of Public Health
Officer Lead	Consultant in Public Health
BAF	TBC

Percentage of adult smokers who make a quit attempt via smoking cessation services



Performance Q2 2021/22	
Local Performance	All Wales Benchmark
1.62%	6th (2.06%)
Variance Type	
N/A	
Target	
5% Annual Target	
Data Quality	

What the data tells us	Issues	Actions	Mitigations
The cumulative quit attempts for both Q1 and 2 show a slight increase on 2020/21 but they are still lower than expected and well below the national expectation. This includes the total quit attempts across Powys. The numbers of smokers within Powys attempting to stop smoking is in the main lower than other health board areas.	The most significant issue driving the reduction in smoking quit attempts appears to be a reduction in access specifically through level 3 pharmacy provision with over a 50% reduction in activity between the same periods in 2019 and 2021 from 4,749 to 2,264 respectively. Both community and maternity provision has increased slightly.	With the removal of some social distancing and IPC requirements it is hoped community pharmacy will increase the offer to those wishing to quit. We are also currently working through a bidding process to try and secure extra funding to enhance the support to those who find it hardest to quit and those who are awaiting a planned procedure.	Mitigation is limited at the current time although the community services are increasing slot for smokers wishing to be supported through quit attempts.



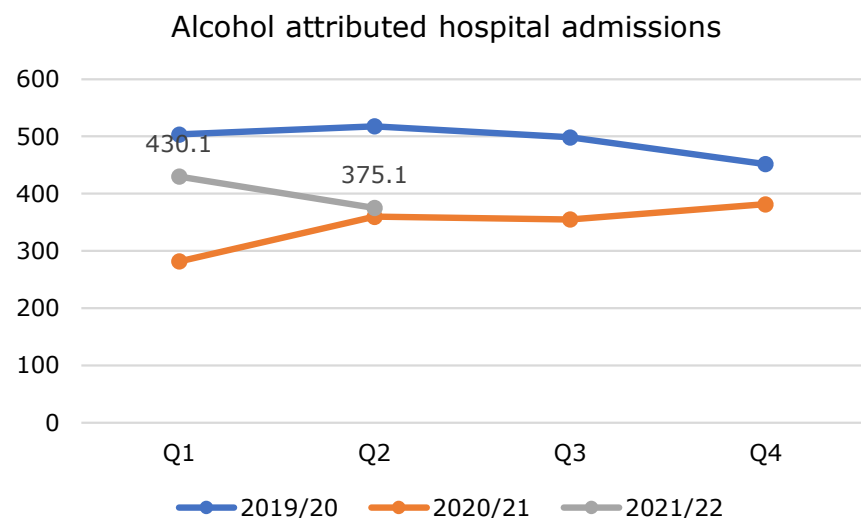
Quadruple Aim 1

No.

5

People in Wales have improved health and well-being and better prevention and self-management

Measure: European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)



Performance Q2 2021/22	
Local Performance	All Wales Benchmark
375.1	6th (382.3)
Variance Type	
N/A	
Target	
4 quarter reduction trend	
Data Quality	

Executive Lead	Director of Therapies and Health Sciences (Interim)
Officer Lead	TBC
BAF	TBC

What the data tells us

Increasing four quarter trend in alcohol attributed hospital admissions, however rates in 2021/22 are below 2019/20 reported levels. Welsh average for Q2 2021/22 is 382.3 and PTHB ranks 6th.

Issues

A recent Public Health England study reported that alcoholic liver deaths increased by 21% during the pandemic year 20/21. And 24.4% more alcohol was sold, it is likely that increases in drinking habit as a result of COVID-19 have affected admission rates for Powys residents in line with UK findings

Actions

Continue to monitor reduction noted in quarter 2. Review public health information provision in terms of messaging to general public. Identify any repetitive patients accessing services and consider alternative support as appropriate.

Mitigations

To be confirmed once further action has been taken.



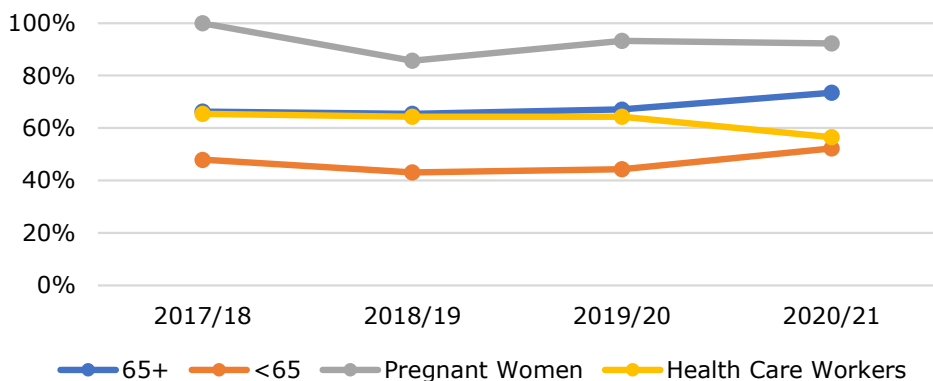
Quadruple Aim 1

No. 7

People in Wales have improved health and well-being and better prevention and self-management

Uptake of the influenza vaccination among: 65 year olds and over, under 65s in risk groups, pregnant women, and health care workers.

Influenza vaccination uptake by group – source PHW



Performance 2020/21		
Metric	Local	All Wales
65+	73.5%	7 th (76.5%)
< 65 in risk groups	52.2%	3 rd (51.0%)
Pregnant Women	92.3%	2 nd (81.5%)
Health Care Workers	56.5%	8 th (65.6%)

Executive Lead	Director of Public Health
Officer Lead	Consultant in Public Health
BAF	TBC

Variance Type
N/A
Target
65+ 75%, <65 @ risk 55%, Pregnant Women 75%, Health care workers 60%.
Data Quality

What the data tells us	Issues	Actions	Mitigations
<ul style="list-style-type: none"> 65+ yrs: Performance was close to the 75% target in 2020/21 and shows a year on year improvement. <65ys at risk: Performance was above the Wales average but below target. Pregnant women uptake remains robust well above all Wales average. Health care worker uptake fell in 2020/21, partly due to COVID-19, with remote working, shielding staff members and corresponding difficulty accessing vaccinations. 	<p>During 2020/21 the numbers vaccinated in the key risk groups increased, however, primary care workforce capacity and social distancing arrangements made vaccination difficult.</p>	<ul style="list-style-type: none"> We are actively engaging primary care regarding delivery of the flu vaccine for 2021/22. Practices have been offered up to six sessions where they can close the practice and routine work will be covered by the out of hours provider. We do however still face problems with vaccine supply. A separate staff vaccination steering group has been put in place. Every effort has been made to increase the numbers of peer vaccinators available to increase staff vaccination. 	<p>We have increased the offer of flu vaccinations through community pharmacy and for staff have strengthened the offer through additional community clinics and extended hours sessions.</p>



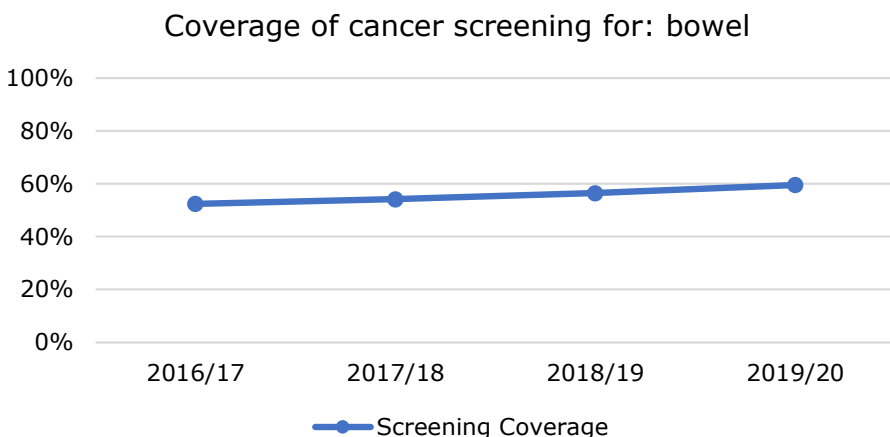
Quadruple Aim 1

No.

8a

People in Wales have improved health and well-being and better prevention and self-management

Percentage of eligible people that have participated in the bowel screening programme within the last 2.5 years



Performance 2019/20	
Local Performance	All Wales Benchmark
59.5%	1 st (58.9%)
Variance Type	
N/A	
Target	
60%	
Data Quality	

Executive Lead	Director of Public Health
Officer Lead	Consultant in Public Health
BAF	TBC

What the data tells us

Coverage for bowel screening has improved consistently for PTHB, and the health board now ranks 1st above the All Wales average of 58.9% narrowly missing the national target. Public Health Wales are currently unable to provide a timescale for data reporting 2020/21 financial year.

Issues

There is an issue with timely release of data to enable us to understand ongoing uptake of the bowel screening programme.

Actions

We will continue to support the roll out and extension of the bowel screen programme where possible.

Mitigations

None required – awaiting more up to date data.



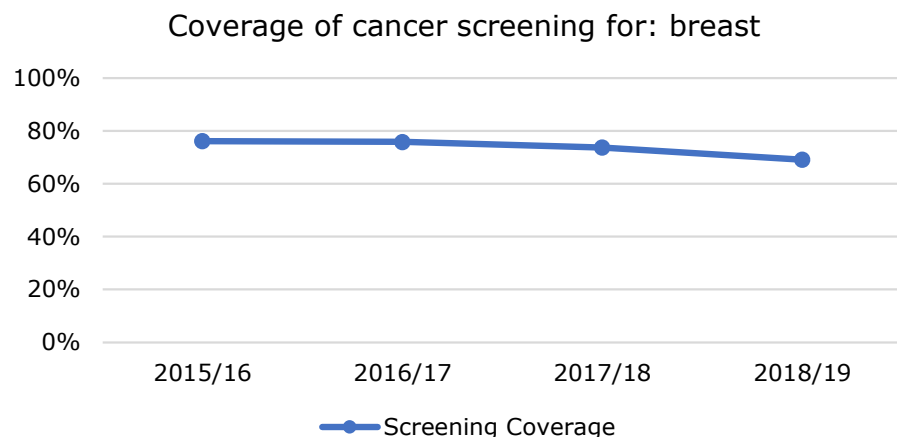
Quadruple Aim 1

No.

8b

People in Wales have improved health and well-being and better prevention and self-management

Percentage of women resident and eligible for breast screening at a particular point in time who have been screened within the previous 3 years



Performance 2018/19	
Local Performance	All Wales Benchmark
69.1%	7 th (72.8%)
Variance Type	
N/A	
Target	
70%	
Data Quality	

Executive Lead	Director of Public Health
Officer Lead	Consultant in Public Health
BAF	TBC

What the data tells us	Issues	Actions	Mitigations
Coverage for breast screening has fallen by 7% in the 4 years up to 2018/19. In 2018/19, the health board ranked 7th below the Wales average of 72.8%. Public Health Wales are currently unable to provide a timescale for data reporting for 2019/20 or 2020/21 financial years.	Currently the health board has limited control of performance of this target as eligible women are required to be called on a three yearly cycle for an appointment, these appointments are offered by PHW. We are still awaiting 2019/20 data to see if there is an improvement in coverage for women within Powys. We know that this is to do with the timeliness of invitation letters (from PHW), rather than attendance once invited.	We have had discussions with the Director of Screening Programmes, PHW and we have agreed to wait until 2019/20 data is available so we can further understand screening coverage.	Not possible at this stage as outside the control of the Health Board.



Quadruple Aim 1

No.

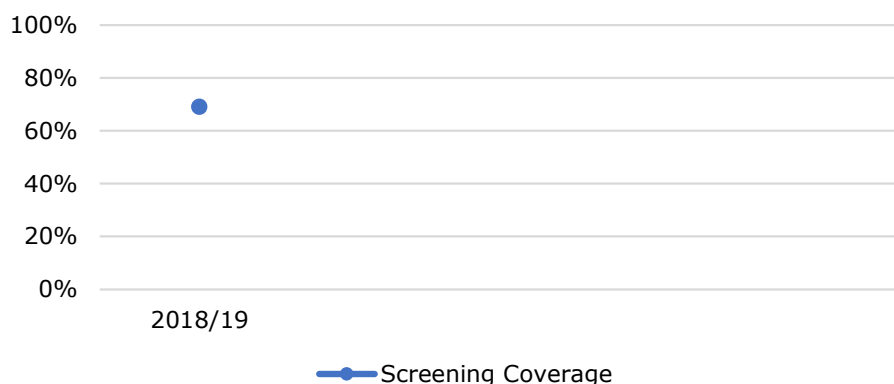
8c

People in Wales have improved health and well-being and better prevention and self-management

Percentage of eligible people aged 25-49 will have participated in the cervical screening programme within the last 3.5 years and eligible people aged 50-64 within the last 5.5 years

Executive Lead	Director of Public Health
Officer Lead	Consultant in Public Health
BAF	TBC

Coverage of cancer screening for: cervical



Performance 2018/19	
Local Performance	All Wales Benchmark
76.1%	1 st (73.2%)
Variance Type	
N/A	
Target	
80%	
Data Quality	

What the data tells us	Issues	Actions	Mitigations
Data prior to 2018/19 for cervical screening is not comparable due to a change in the age coverage. For the available data point in 2018/19 Powys ranked 1 st above the Wales average of 73.2%, however, the 80% target was not met. Public Health Wales are currently unable to provide a timescale for data reporting for 2019/20 or 2020/21 financial year.	There is an issue with timely release of data to enable us to understand ongoing uptake of the cervical screening programme.	Once timely data is available we will look to assess variation in uptake of screening across practice / geographical areas and work to support women access timely screening.	None currently



Quadruple Aim 1

No.

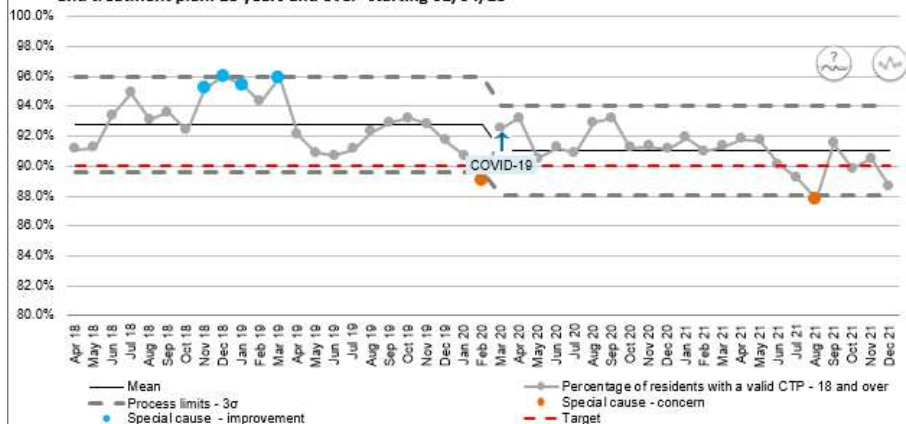
9

People in Wales have improved health and well-being and better prevention and self-management

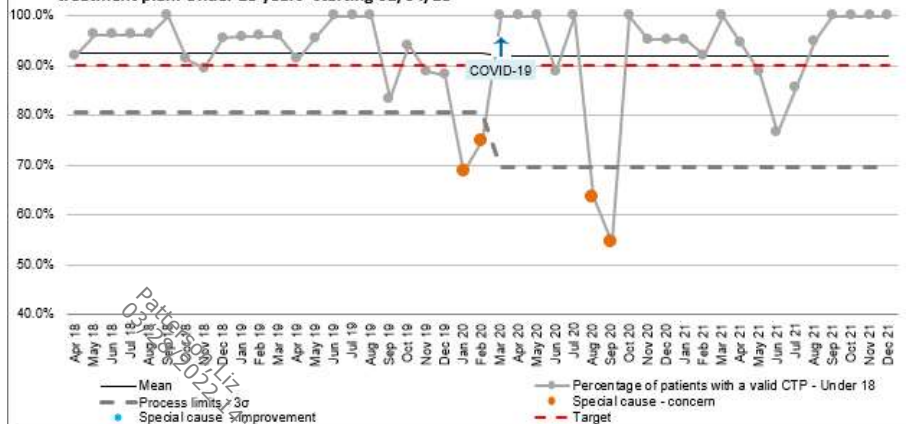
Mental Health - Part 2

Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan

Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan: 18 years and over- starting 01/04/18



Percentage of health board patients in receipt of secondary mental health services who have a valid care and treatment plan: Under 18 years- starting 01/04/18



December 2021 Actual Performance

18 years & over		Under 18 years	
Local	All Wales	Local	All Wales
88.6%	*84.9%	100%	*87.1%
Variance Type			
Common Cause			
Target			
90%			
Data Quality			

Executive Lead	Director of Therapies and Health Sciences (Interim)
Officer Lead	Assistant Director of Mental Health
BAF	TBC

* Benchmark from previous available period

What the charts tell us

A small number of CTP have not been reviewed within the last 12 months.

Issues

The majority of these are within North Powys services where there have been considerable staff vacancies. This is also impacted by Social Services inability to undertake their share of Office Duty, with this responsibility falling to PTHB Staff, impacting on clinicians ability to care coordinate.

Actions

Series of meetings set with Director of Social Services and Head of Adults over Powys County Council responsibilities in CMHTs.

Recruitment to vacant posts.

Mitigations

Clinical assessment and prioritisation of case loads.



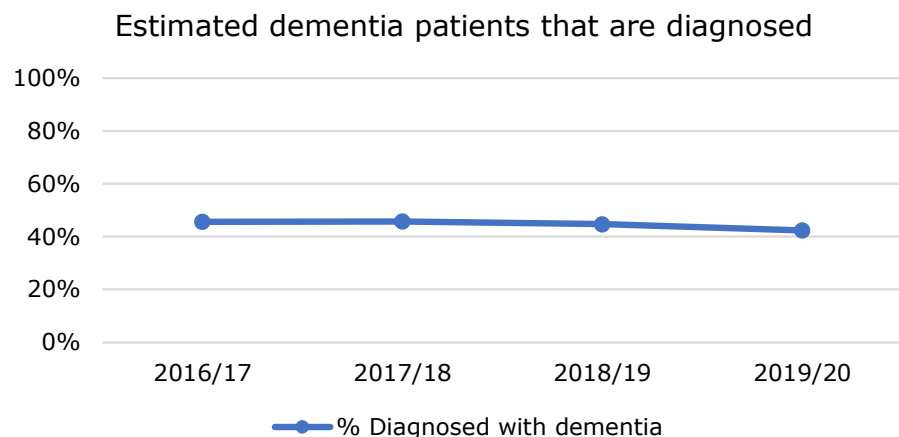
Quadruple Aim 1

No.

10

People in Wales have improved health and well-being and better prevention and self-management

Percentage of people in Wales at a GP practice (age 65 years or over) who are estimated to have dementia that are diagnosed



Performance 2019/20	
Local Performance	All Wales Benchmark
42.4%	7 th (53.1%)
Variance Type	
N/A	
Target	
Annual Improvement	
Data Quality	

Executive Lead	Director of Therapies and Health Sciences (Interim)
Officer Lead	Assistant Director of Mental Health
BAF	TBC

What the chart tells us	Issues	Actions	Mitigations
<p>Powys has failed to meet the target for the last 3 years of improvement. The health board ranks 7th against an All Wales average of 53.1%.</p> <p>Patterson, Liz 03/28/2022 14:52:26</p>	<p>The target has proved challenging for Memory Assessment services for a number of years, compounded during the C19 pandemic.</p> <p>This is because:</p> <ul style="list-style-type: none">• Difficult access to diagnostic CT (now improving)• Difficulties in recruiting Memory Assessment Nurses.• Medical Vacancies.• Reluctance for patients to visit clinics during the pandemic, and difficulties in communicating via VC or telephone for remote consultation.	<p>A key priority for 2022 is to redesign Memory Assessment Services. A medical recruitment SBAR that identifies a number of options to improve recruitment of psychiatrists is under consideration. This includes the introduction of non medical prescribers and assessors within the service. If approved, this will change the pathway so that other clinicians take the lead on diagnosis (supervised by a consultant), and creates additional capacity to improve performance.</p>	<p>See the action segment.</p>



Quadruple Aim 2

No.

15

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS

Executive Lead

Director of Finance & ICT (Interim)

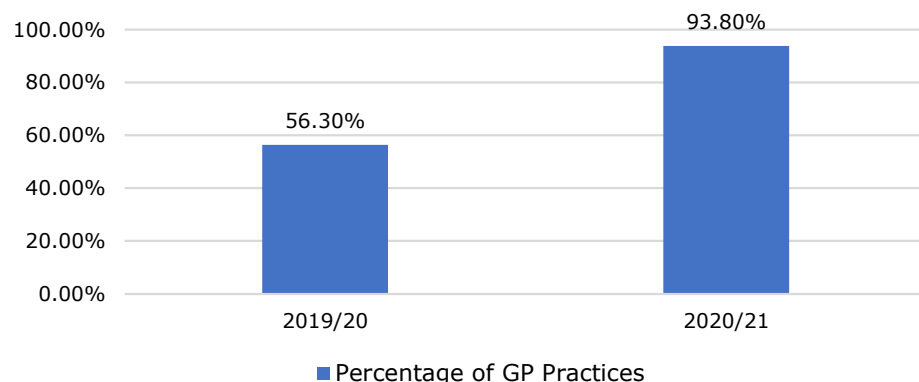
Officer Lead

Assistant Director of Primary Care

BAF

TBC

Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS



Performance 2020/21

Local Performance	All Wales Benchmark
93.8%	75.9%

Variance Type

N/A

Target

100%

Data Quality

What the chart tells us

Limited data (2 points) available for this metric makes long term trend hard to ascertain. Performance shows a significant improvement to 93.8% from the previous year. PTHB performs above the All Wales average

General Practice participation in meeting the Access Standards is not a mandatory contractual requirement and therefore practice participation is optional, however 100% of Powys practices are committed to aspire to achieve the Access Standards.

Issues

Out of all the standards, only one standard was not achieved by one practice. This is Standard 5 - email facility for patients to make appointments or have a call back.

Actions

The Mid Cluster Practice representative on the PTHB Access Forum is linking in with the practice to offer support and advice to meet this indicator in 2021/22

Mitigations

PTHB provides an ongoing supportive role in assisting practices with achievement of the standards. Through the local Access Forum and aligned to the national work, PTHB work closely with all practices to improve access standards achievement.

Specific mitigation for this issue is as per the Action.



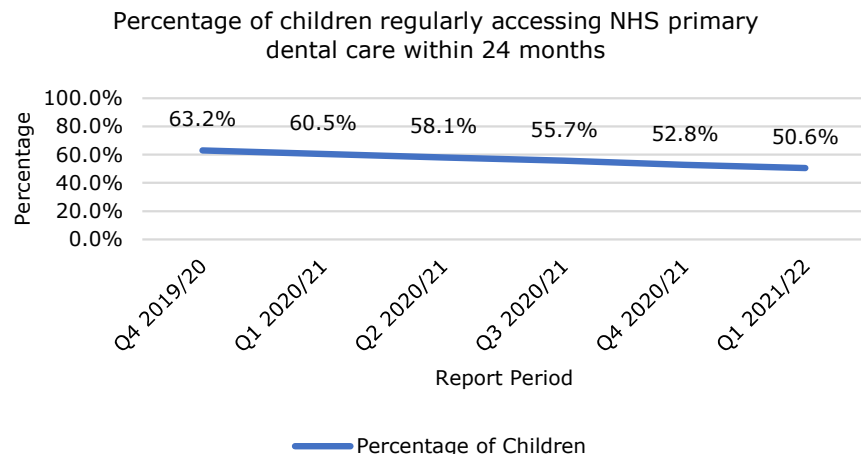
Quadruple Aim 2

No.

16

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Percentage of children regularly accessing NHS primary dental care within 24 months



Q1 2021/22 Performance

Local Performance	All Wales Benchmark
50.6%	(5 th) 55.9%
Variance Type	
N/A	
Target	
4 quarter improvement trend	
Data Quality	

Executive Lead	Director of Finance & ICT (Interim)
Officer Lead	Assistant Director of Primary Care
BAF	TBC

What the chart tells us	Issues	Actions	Mitigations
<p>Performance has continued to fall across the displayed time period. PTHB performs below the All Wales average and ranks 5th for this metric.</p> <p>Patterson, Liz 03/28/2022 14:52:26</p>	<p>Welsh Government has continued to suspend the normal contract monitoring metrics (UDA's). Dentistry has been hugely affected by the pandemic. Routine dentistry ceased on 23rd March 2020 until the end of Q3 2021/22 and routine care was delayed, along with non-urgent/non-emergency aerosol generating procedures. Meeting the ventilation standards/requirements for the clinical environment impacted further on dental practices.</p>	<ul style="list-style-type: none">A new national metric was introduced in Q4 2020/21, for Practices to accept at least 2 new patients per week including children not seen >12 months.Monthly monitoring is in place to review the Practice requirement to accept at least 2 new patients per week including children not seen >12 months.	<p>Child access is monitored monthly via the Primary Care GDS Monitoring Group. Practices not meeting the metric are followed up and a local action plan agreed. Contract sanctions will be put in place for practices not meeting the metric.</p>



Quadruple Aim 2

No.

17

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Percentage of adults regularly accessing NHS primary dental care within 24 months

Executive Lead

Director of Finance & ICT (Interim)

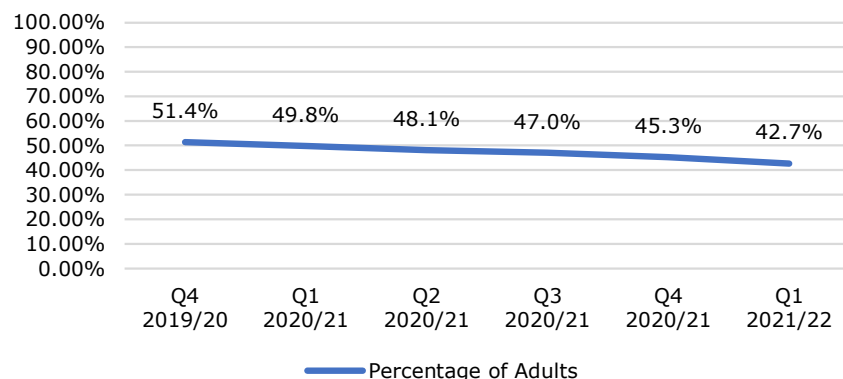
Officer Lead

Assistant Director of Primary Care

BAF

TBC

Percentage of adults regularly accessing NHS primary dental care within 24 months



Q1 2021/22 Performance

Local Performance	All Wales Benchmark
42.7%	(4 th) 42.4%

Variance Type

N/A

Target

4 quarter improvement trend

Data Quality

What the chart tells us

Performance has continued to fall for this measure over the displayed period. PTHB performs slightly above the All Wales average of 42.4% ranking 4th.

Patterson, Liz
03/28/2022 14:52:26

Issues

Welsh Government has continued to suspend the normal contract monitoring metrics (UDA's). Dentistry has been hugely affected by the pandemic. Routine dentistry ceased on 23rd March 2020 until the end of Q3 2021/22 and routine care was delayed, along with non-urgent/non-emergency aerosol generating procedures. Meeting the ventilation standards/requirements for the clinical environment impacted further on dental practices.

Actions

A new national metric was introduced in Q4 2020/21, for Practices to accept at least 2 new patients per week including children not seen >12 months.

Monthly monitoring is in place to review the Practice requirement to accept at least 2 new patients per week including children not seen >12 months.

Mitigations

Access is monitored monthly via the Primary Care GDS Monitoring Group. Practices not meeting the metric are followed up and a local action plan agreed. Contract sanctions will be put in place for practices not meeting the metric.



Quadruple Aim 2

No.

18

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Percentage of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed

Executive Lead

Director of Finance & ICT (Interim)

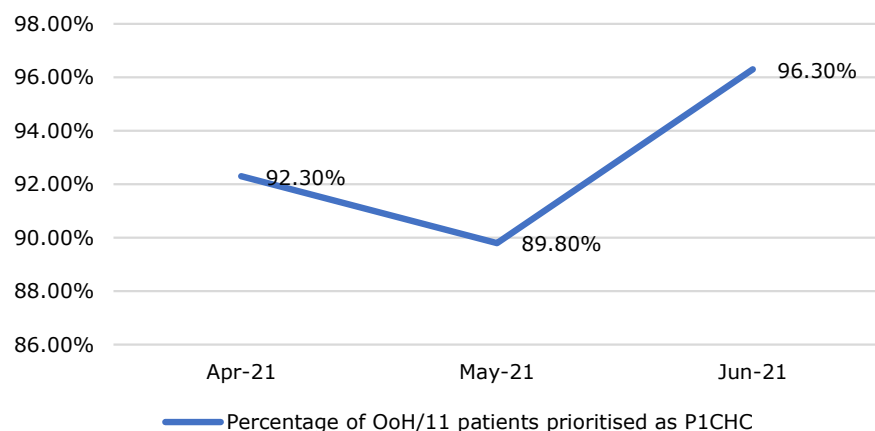
Officer Lead

Assistant Director of Primary Care

BAF

TBC

Percentage of Out of Hours/111 patients prioritised as P1CHC

**June 2021 Performance**

Local Performance

All Wales Benchmark

96.3%

N/A

Variance Type

N/A

Target

90%

Data Quality**What the chart tells us**

The availability of only three datapoints via national sources results in limited analysis for the out of hours metric, PTHB has met the target twice since reporting started. Due to the national availability of data no All Wales benchmarking is available.

Patterson, Liz
03/28/2022 14:52:26

Issues

The provider IT systems supporting the PTHB out of hours service (OOH) provision are not able to fully report against the OOH standards. The data provided is limited.

The reasons for this vary with each provider:

- Shropdoc - It is currently not possible to report against the OOH measures for the whole patient journey as end to end reporting between 111 and Shropdoc is unachievable as the 'time stamp' of referral from the 111 service to the Shropdoc face to face service is not transferred between the systems.
- Swansea Bay University Health Board (SBUHB) - Due to the lack of inter-operability between 111 and the Adastra SBUHB OOH system causes limitations in being able to specifically report on Powys patients and the Powys data.

Accurate OOH reporting is a national issue and given the need for accurate reporting a replacement IT system, SALUS, is currently being developed for implementation in 2022.

Actions

To overcome the ongoing assurance reporting deficiencies, PTHB has commissioned a bespoke development to enable PTHB access to a data feed to access all the data involved in a patient OOH contact, irrespective of the provider of the service to enable full reporting against the OOH standards. This will provide PTHB with assurance on both the quality and efficiency of the service it has commissioned with all providers since the inception of 111 in October 2018. Future robust reporting against the OOH standards should be available from quarter 4, 2021/2022.

Mitigations

The PTHB OOH Performance Management Group continue to seek alternative ways to gain assurance, for example standard achievement from an individual provider perspective, quarterly reviews of clinical risk registers, Incidents, Complaints, Compliments, 111 Health Profession Feedback and Safeguarding issues.



Quadruple Aim 2

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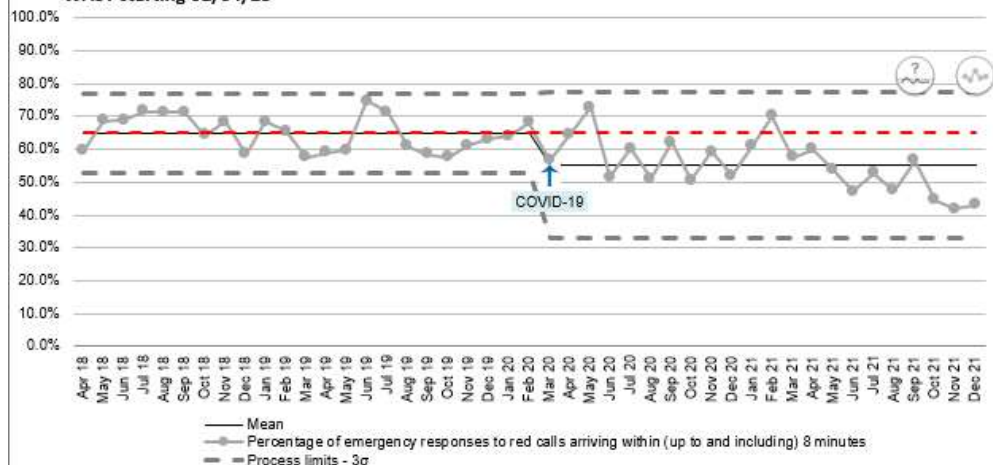
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Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes

Executive Lead	Director of Finance & ICT (Interim)
Officer Lead	
BAF	TBC

Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes- Source WAST starting 01/04/18



December 2021 Performance	
Local Performance	All Wales Benchmark
43.0%	(6 th) 51.1%
Variance Type	
Common Cause	
Target	
65%	
Data Quality	

What the chart tells us

That performance has deteriorated since the start of the Covid 19 pandemic with only 2 months during the pandemic where performance has been above the targeted performance.

Issues

Demand for urgent care services continues to increase including calls to 999 ambulance services

Handover delays at A&E sites are increasing the time ambulance crews are spent static as opposed to quick turnaround times

Impact of Covid 19 on ambulance staffing continues to cause significant impact on staff availability and rotas.

Delayed discharges - for patients declared medically fit for discharge (MFFD) the number occupying hospital beds

Actions

WAST have deployed additional staff resource including military personnel to cover actual ambulance crew sickness. Military support is expected to end at the end of March

All hospital providers running A&E services have been asked to improve flow so that ambulance turnaround times can be improved

All Wales urgent care system escalation calls being held daily (often more than once per day)

Health Boards asked to review Local Options Frameworks. Most Health Board who run acute services have now deployed elements of this service resilience option. Staff have been redeployed to support urgent care flow

Mitigations

Wider system calls being held daily with the aim to improve overall system flow.

Day of Care audit undertaken across Wales in med Feb. National Risk Summit held on 15th Feb to understand the reasons for such high numbers of MFFD.

Powys Teaching Health Board and Powys County Council to hold their own local risk summit in March 2022

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Quadruple Aim 2

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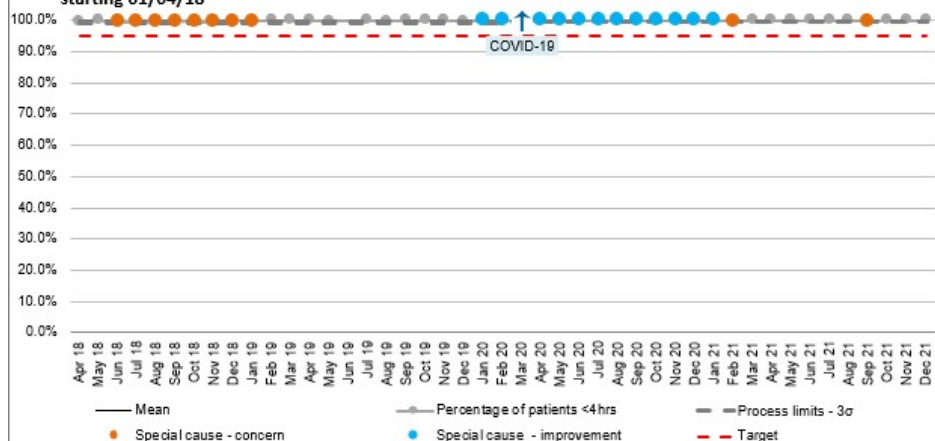
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Minor Injury Unit (MIU) Performance

Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge

Executive Lead	Director of Planning and Performance (Interim)
Officer Lead	Assistant Director of Community Services
BAF	TBC

Percentage of patients who spend less than 4 hours in all major and minor emergency care -Source WPAS starting 01/04/18



December 2021 Performance

Local Performance	All Wales Benchmark
100%	(1 st) 67.6%

Variance Type

N/A

Target

95%

Data Quality

What the chart tells us

MIU performance against the access target remains excellent circa 99+% on a monthly basis. The All Wales average is 65% but this is non comparable due to the provider service types.

Issues

No issues with MIU performance as reflected in data.

Ambulance arrival times for 999 patients have caused delays in transferring but attributed to transport.

Actions

A standard operating procedure (SOP) and training has been done on the management of delays which has been signed off by the medical director and head of nursing.

Mitigations

Ensure maintenance of robust staffing in all MIU's for handovers and continuity of care for longer waits.

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Quadruple Aim 2

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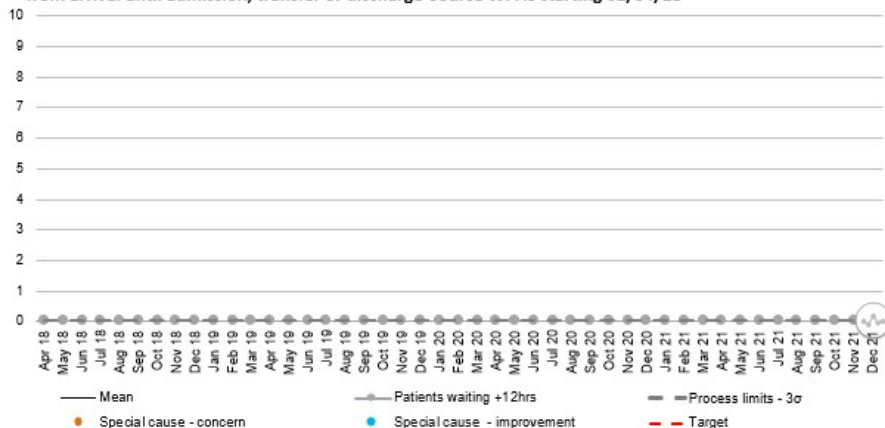
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Minor Injury Unit (MIU) Performance

Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge

Executive Lead	Director of Planning and Performance (Interim)
Officer Lead	Assistant Director of Community Services
BAF	TBC

Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge-Source WPAS starting 01/04/18



December 2021 Performance

Local Performance	All Wales Benchmark
0	8,819
Variance Type	
N/A	
Target	
0	
Data Quality	

What the chart tells us

MIU performance against the access target remains excellent with no 12hr breaches on a monthly basis. The All Wales total of patients waiting over the target is 9,484.

Issues

No issues with 12 hour breaches but as per previous slides amounting pressures in WAST are likely to cause increasing delays in transfers, including red calls.

Actions

Implement standard operating procedures (SOP) & escalation of any transfer delays.

Mitigations

Ensure maintenance of robust staffing in all MIU's for handovers and continuity of care for longer waits.

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Quadruple Aim 2

No.

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Diagnostic Breaches

Number of patients waiting more than 8 weeks for a specified diagnostic

Executive Lead

Director of Planning and Performance (Interim)

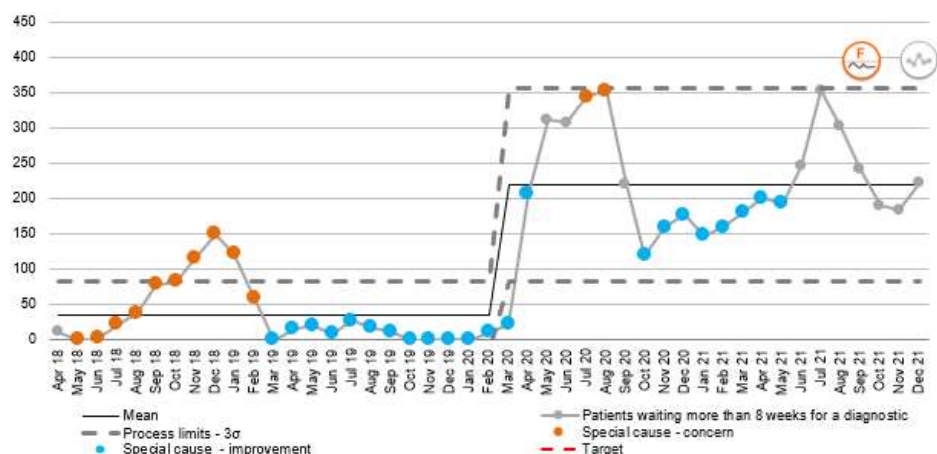
Officer Lead

Assistant Director of Community Services

BAF

TBC

Patients waiting more than 8 weeks for a diagnostic- Source WPAS starting 01/04/18



December 2021 Performance

Local Performance	All Wales Benchmark
222	*(1 st)45,682

Variance Type

Common Cause

Target

0

Data Quality

What the chart tells us

The diagnostic performance recovery remains fragile for the provider since the impact, and suspension of services from COVID-19 in Wales. The most recent performance shows an increase to 222 breaches, the increase is predominately within the Non Obstetric ultrasound specialty. PTHB has the lowest number of breaches of any Welsh health board as a provider, although Powys residents breach the 8 week target within commissioned acute health care providers.

[Please find Issues, Actions, and Mitigations for diagnostics on the next page](#)

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Diagnostic Breaches

Number of patients waiting more than 8 weeks for a specified diagnostic

Issues	Actions	Mitigations
<p>Endoscopy</p> <ul style="list-style-type: none"> Good progress was made during the first quarter of 2021/22 with backlogs of Urgent Suspected Cancers/urgents cleared. However during Q2/Q3 there have been significant shortfalls in endoscopist capacity (lowers – colonoscopy) due to unplanned absences – with capacity as low as 10% of normal in July 21. The service is fragile and reliant on in reach particularly for lowers There is a national shortage of colonoscopists. Awaiting notification from Joint Advisory Committee (JAG) with regards to the Annual Report to confirm JAG status for the unit. Also due to covid protocols social distancing which has led to national reduction in templates for much of the year. <p>Cardiology</p> <ul style="list-style-type: none"> Cardiology – due to changes in clinical practice requirement for echocardiograms has increased which has led to shortfalls in SLA capacity. <p>Non Obstetric Ultrasound</p> <ul style="list-style-type: none"> Non Obstetric Ultrasound - There have been periods of sickness within the non obstetric ultrasound service and the North SLA with BCU HB has had some changes of provision for specialist scans which caused the increase in referrals waiting over 8 weeks. 	<p>Endoscopy</p> <ul style="list-style-type: none"> Additional insourcing capacity for endoscopy will come on line from February 2022. Templates have been increased in line with guidance, service SOPs continue to be updated in line with latest NEP and PHW guidance. Review of endoscopist workforce and succession planning requirements to be undertaken in 2022. Good progress has been made with recruiting to endoscopy specific nursing posts, currently recruiting lead nurse for endoscopy as part of service transformation. Neighbouring HBs & NHS Trusts have been asked for availability of any additional in sourcing sessions – to date none have been forthcoming. Working with National Endoscopy Programme on demand and capacity modelling and regional plans/solutions (across 3 regions South East, South West, North) Insourcing in place to support backlog management New endoscopy reporting system medilogik in place Planned capital works to support installation of new renewal funding endoscopy decontamination equipment progressing to plan Joint Advisory Committee(JAG) annual review successfully completed for Brecon 1st PTHB trainee nurse endoscopist successfully JAG accredited PTHB gastroenterology service in place in Llandrindod with repatriation plans in place, place in place for JAG accreditation Workforce plans and Clinical Endoscopist Development Strategy under development for PTHB Clinical Endoscopists to support service sustainability/reduce reliance on in reach services and underlying capacity deficit in lower endoscopy Plans in place for medical model & leadership review Band 7 Senior Nurse for Endoscopy successfully appointed Scoping service development cytosponge and nasoendoscopy <p>Cardiology</p> <ul style="list-style-type: none"> Requested additional echo capacity from host service provider and some additional capacity has been made available from Jan 22 but will require further capacity. Insourcing options are being considered along with requests to other providers. <p>Non Obstetric Ultrasound</p> <ul style="list-style-type: none"> Locum sessions in place, staff absence rates improved. BCU UHB reviewing the delivery of specialist radiologist sessions in North Powys. The service development to recruit 2 additional sonographers has been approved therefore future risk of single point failure should be reduced. 	<ul style="list-style-type: none"> Rolling programme of clinical and administrative waiting list validation. Additional capacity to be provided to address backlog from February 22.



Quadruple Aim 2

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Therapy Breaches

Number of patients waiting more than 14 weeks for a specified therapy

Executive Lead

Director of Planning and Performance (Interim)

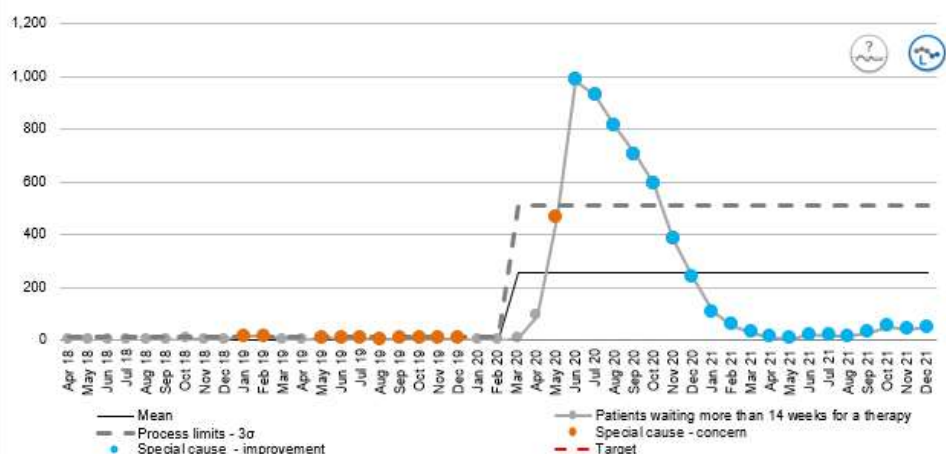
Officer Lead

Assistant Director of Community Services

BAF

TBC

Patients waiting more than 14 weeks for a therapy - Source WPAS starting 01/04/18



December 2021 Performance

Local Performance	All Wales Benchmark
51	8,355

Variance Type

Special Cause - Improvement

Target

0

Data Quality

What the chart tells us

Therapy performance was significantly impacted by the suspension of services at the start of COVID-19 in Wales. The service since June 2020 has been reporting special cause improvement and breach levels have recovered to near pre covid levels.

Issues

- Cancellations of clinics at short notice due to staff having to isolate due to covid causes breaches
- Vacancies across services particularly physiotherapy and Dietetics having some impact.

Actions

- Locums have been employed; however, the market is becoming limited.
- Weekly management of waiting lists by Heads of Service.

Mitigations

To be confirmed if actions fail to resolve current performance shortfall



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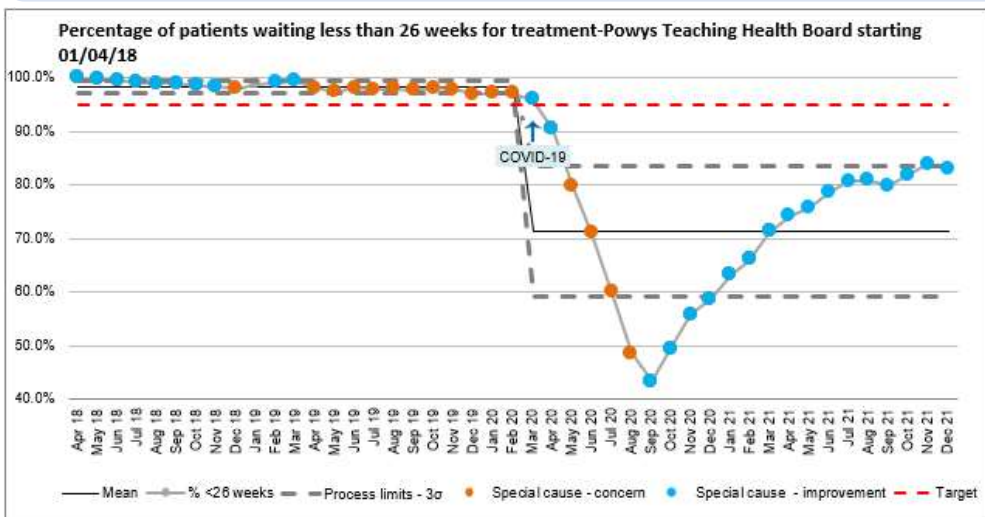
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Referral to Treatment – Powys Teaching health board as a provider

Percentage of patients waiting less than 26 weeks for treatment

Executive Lead	Director of Planning and Performance (Interim)
Officer Lead	Assistant Director of Community Services
BAF	TBC

December 2021 Performance	
Local Performance	All Wales Benchmark
83.1%	* 54.7%
Variance Type	
Special Cause - Improvement	
Target	
95%	
Data Quality	



RTT waits by specialty and band	Weeks wait band						Grand Total
	0 to 25 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 weeks	
Main Specialty							
100 - GENERAL SURGERY	352	76	63	13	5	0	509
101 - UROLOGY	114	20	6	1	0	0	141
110 - TRAUMA & ORTHOPAED	442	58	13	2	0	0	515
120 - ENT	345	20	6	1	0	0	372
130 - OPHTHALMOLOGY	612	74	21	0	0	0	707
140 - ORAL SURGERY	279	49	29	32	12	1	402
143 - ORTHODONTICS	6	0	0	0	0	0	6
191 - PAIN MANAGEMENT	91	0	0	0	0	0	91
300 - GENERAL MEDICINE	38	4	1	0	0	0	43
320 - CARDIOLOGY	113	5	0	0	0	0	118
330 - DERMATOLOGY	34	0	0	0	0	0	34
410 - RHEUMATOLOGY	97	9	1	0	0	0	107
420 - PAEDIATRICS	48	0	0	0	0	0	48
430 - GERIATRIC MEDICINE	25	1	0	0	0	0	26
502 - GYNAECOLOGY	255	50	3	1	0	0	309
Grand Total	2851	366	143	50	17	1	3428

What the chart tells us	Issues
Powys provider planned care has continued to report special cause improvement since Q3 2020. The service in December reported 83.1% compliance in patients waiting under 26 week (considerably better than other Welsh providers). Challenged specialties include General surgery, Oral Surgery, and Trauma & Orthopaedics.	<ul style="list-style-type: none"> Covid protocols social distancing which has led to national reduction in templates for much of the year. Fragility of in reach providers and DGH Covid-19 pressures. Fragility of theatre staffing due to sickness absence, former shielding and vacancies.

[Actions and Mitigations on next page](#)



Quadruple Aim 2

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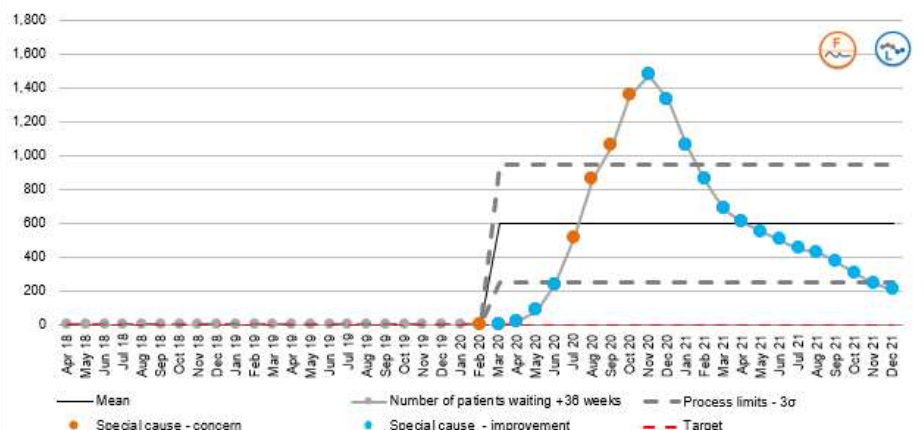
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Referral to Treatment – Powys Teaching health board as a provider

Number of patients waiting more than 36 weeks for treatment

Patients Waiting +36 weeks-Powys Teaching Health Board starting 01/04/18



December 2021 Performance

Local Performance	All Wales Benchmark
211	*241,667

Variance Type

Special Cause - Improvement

Target

0

Data Quality

Executive Lead

Director of Planning and Performance (Interim)

Officer Lead

Assistant Director of Community Services

BAF

TBC

What the chart tells us

Long waiting patients on treatment pathways within Powys provider services continue to fall in December. As expected performance is not yet meeting the national target of zero, but service provision remains special cause improvement. The number of very long waiters (Over 52 weeks) has reduced to 68 (2%) of the total waiting list.

Actions

- Theatre/Endoscopy service transformation, review of staffing roles and skill mix undertaken by Senior Nurse Manager with service staffing plan in place.
- Rolling recruitment programme for theatre and endoscopy nursing – on-going.
- Full templates in place in out patient departments (OPD) from Oct 21.
- Working with BSW around options for PTHB. BSW service looking at regional working with CTMUHB.
- Establishment pan Powys dedicated specialist out patients (OP) nursing team Welshpool, Newtown, Llanidloes, Llandrindod, Bronllys, Ystradgynlais, Brecon. Pan Powys OP clinical standards, protocols, clinical governance/ICP structure. Significant improvement updating in PTHB OP estate and equipment.
- 1st HB in Wales to introduce LocSSIPs locally derived safety standards for invasive procedures. Patient PROMs developed for OP.
- Nurse-led pessary clinics pan Powys working alongside consultant clinics – one stop shop. Hysteroscopy service in North Powys supported by OP nursing.
- Vascular “mega” clinic established in North Powys Aug 21 vascular surgeon, ultrasonography, podiatry, district nursing – one stop clinic. Vascular service model could be rolled out into South Powys.
- Parallel clinics in orthopaedics pan Powys. Further parallel development of foot clinics planned for North Powys with OP nursing supporting so that patients no longer have to travel out of county for dressings, removal of metalwork.
- Dedicated paediatric eye care clinic South Powys children no longer have to travel to Hereford. One stop clinic with consultant, orthoptist, PTHB eye care nurse,
- All areas of OP have potential for MDT development general surgery, ENT, colorectal surgery, one stop colorectal/gynae clinics, diabetes, urology a few examples.
- Digital health care/virtual appointment encouraging consultant teams to use virtual healthcare initiatives including SOS. PIFU (PTHB rates for key specialities ENT/Orthopaedics are best in Wales), clinical support and advice to patients.
- Cervical screening wales significant improvement across all key quality indicators for PTHB service.

Mitigations

- Clinical and administrative review of waiting lists – rolling review
- National Planned Care Programme is developing national harm review processes and national system.
- Additional capacity in place from February 2022 – insourcing
- SOPs continually reviewed in line with updated Royal College, PHW and national guidance.
- SLAs managed via PTHB Commissioning Assurance Framework

Quadruple Aim 2

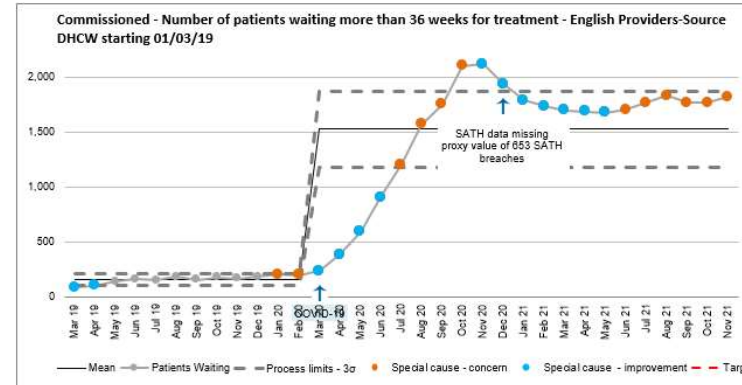
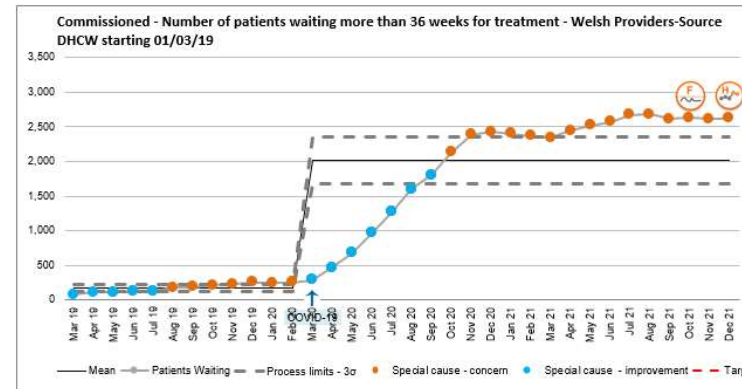
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Referral to Treatment Percentage of patients waiting less than 26 weeks for treatment & Number of patients waiting more than 36 weeks for treatment

Welsh Providers	Dec-21	Patients Waiting						Total Waiting
	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	
Aneurin Bevan Local Health Board	56.9%	1224	290	211	172	148	106	2151
Betsi Cadwaladr University Local Health Board	44.0%	229	55	87	46	63	41	521
Cardiff & Vale University Local Health Board	51.4%	203	43	50	30	38	31	395
Cwm Taf Morgannwg University Local Health Board	46.6%	231	42	49	52	55	67	496
Hywel Dda Local Health Board	50.9%	734	163	151	201	127	67	1443
Swansea Bay University Local Health Board	46.5%	892	194	212	195	175	249	1917
Totals		3513	787	760	696	606	561	6923

English Providers	Nov-21	Patients Waiting						Total Waiting
	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	
English Other	74.5%	231	47	19	7	3	3	310
Robert Jones & Agnes Hunt Orthopaedic & District Trust	65.8%	1692	270	341	175	70	25	2573
Shrewsbury & Telford Hospital NHS Trust	72.1%	2653	430	386	170	40	0	3679
Wye Valley Trust	68.2%	2199	443	390	114	67	12	3225
Total		6775	1190	1136	466	180	40	9787



What the chart tells us

That the overall waiting list size is increasing across Welsh providers with Swansea Bay having the greatest number of long waiters

That English providers have a greater total number of patients waiting, reflective of the greater number of treatments undertaken in England as opposed to Wales, but performance is actually better than Welsh providers.

That no providers are delivering the RTT Standard

Actions and Mitigations

The outlook for Referral To Treatment times and the recovery of performance back to the standard is forecast to take a number of years (3 to 5) to achieve for most acute hospital providers. In the meantime patients are being managed in accordance with clinical need, clinical surgical prioritisation and duration of wait.

Most providers, including Powys provider services have mobilised additional capacity be that insourcing, outsourcing or the increase usage of additional payments for clinical activity. Overall progress is being hampered by the impact of Covid 19 on staff and patient availability plus the ongoing impact of urgent care on the delivery of planned care services.

Actions to improve access and target times for the eradication of very long waiting patients have been published by the NHS and additional funding has been made available. Once the impact both of the Covid 19 pandemic and urgent care pressures start to alleviate, capacity to improve access will be available again.

As part of planning for 2022/23, the Health Board will be working with all providers to ascertain what progress will be made particularly with the reduction in extreme long waiters. It is envisaged that improvement trajectories will be agreed with all providers.



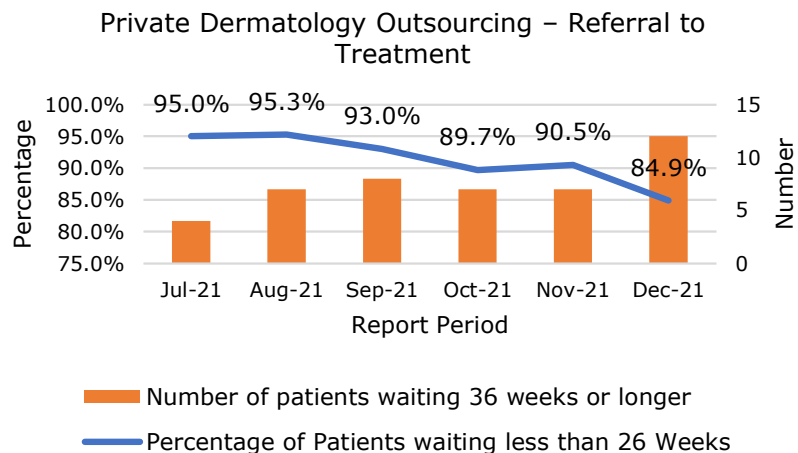
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Insourcing/Outsourcing

Private Dermatology Outsourcing – Referral to Treatment



Waits by Week Band	Open Clocks at 31st December 2021	Open Clocks at 30th November 2021
0-25 Weeks	338	354
26-35 Weeks	48	30
36-52 Weeks	12	7
53-76 Weeks	0	0
77-104 Weeks	0	0
Over 104 Weeks	0	0
Total	398	391

Private Dermatology Provider	Wait bands				Total
	0-25 Weeks	26-35 Weeks	36-51 Weeks	52 Weeks and Over	
Dec-21	338	48	12	0	398

What the chart tells us

That the number of patients waiting for treatment has increased since July 21 reflecting the increase in referrals to that service. This has impacted performance with a reduction in the compliance against <26 week target to 84.9%.

Despite an increase in referrals actual treatments times remain responsive but a small cohort of patients waiting over 36 weeks (12) is reported.

Actions

- This service provider is the largest provider of outpatient dermatology services that Powys residents access.
- A review of the contract mechanism to mitigate against annual award is required.

Mitigations

- Review contract duration as part of 2022/23 planning.

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Quadruple Aim 2

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Follow Ups

Number of patients waiting for a follow-up outpatient appointment

Executive Lead

Director of Planning and Performance (Interim)

Officer Lead

Assistant Director of Community Services

BAF

TBC

Please note PTHB performance data is currently not available for this metric. A reporting issue has been identified, and although the overall number of waiters has been reported correctly there is an error within the bandings. Work to resolve this includes engagement with Welsh Government, methodology leads, and the National Information team (DHCW)

December 2021 Performance

Local Performance	All Wales Benchmark
	784,834

Variance Type

N/A

Target

<= 3,864

Data Quality

What the chart tells us

No performance data for this metric is currently available.

Issues

Non Mental Health

- Fragility of in reach providers and DGH Covid-19 pressures.
- Fragility of theatre staffing due to sickness absence, former shielding and vacancies
- Covid-19 protocols social distancing reduced templates
- MH, GS, and GM respiratory are the key areas of challenge MH/Respiratory form the bulk of 100% overdue follow ups

Mental Health

- The majority of over due follow-ups in Mental Health are within the Older Adult Mental Health Teams, and are Medic initiated follow up. OA Medical staffing has struggled to recruit substantive medics for a significant period, 66% of medics in this service are locum and this has led to an inconsistency in approach to FU.

Actions

Non Mental Health

- Implementing MDT approach as described in previous slides.
- Breathe Well Programme undertaking clinical review of all overdue follow ups with support from respiratory nurses.
- Excellent progress is being made in terms of SOS & PIFU pathways best in Wales for ENT, Orthopaedics & Gynae.

Mental Health

- Medical Staffing recruitment paper is with the CEO and Executive Team.
- Data improvement work is underway.
- Clinical Director engaging with Medical workforce to achieve consistency in approach to FU.

Mitigations

- Clinical and administrative review of waiting lists

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Quadruple Aim 2

No.

39

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Follow Ups

Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%

Executive Lead

Director of Finance & ICT (Interim)

Officer Lead

Assistant Director of Community Services

BAF

TBC

December 2021 Performance

Local Performance	All Wales Benchmark
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198,444

Variance Type

N/A

Target

<=201

Data Quality

Please note PTHB performance data is currently not available for this metric. A reporting issue has been identified, unfortunately the incorrect numbers of patients waiting over 100% have been submitted to Welsh Government which will affect the target calculations and goals provided to the health board nationally. Work to resolve this includes engagement with Welsh Government, methodology leads, and the National Information team (DHCW)

What the chart tells us

No performance data for this metric is currently available.

Issues

As per measure 38

Actions

As per measure 38

Mitigations

As per measure 38

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Quadruple Aim 2

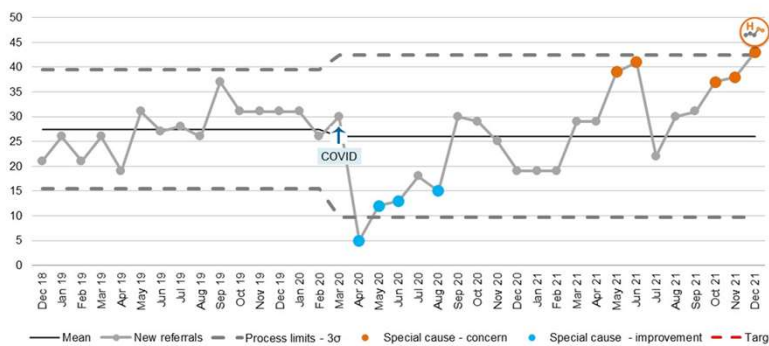
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Single Cancer Pathway (SCP) Performance

Executive Lead	Medical Director
Officer Lead	TBC
BAF	TBC

Single Cancer Pathway Referrals into Powys THB- Source WPAS CWS starting 01/12/18

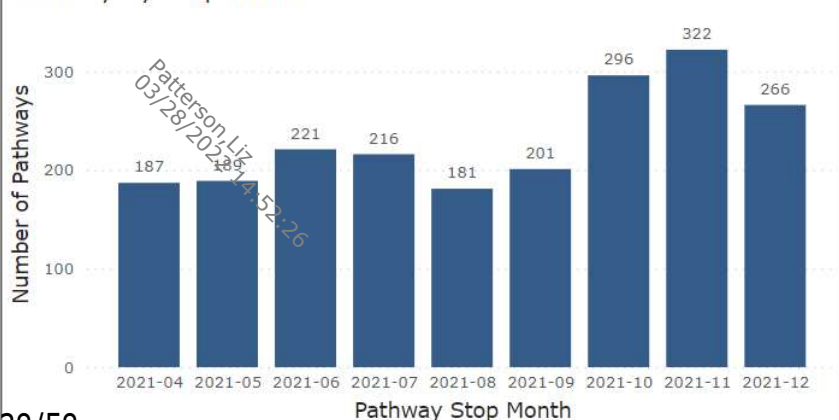


Provider - What the chart tells us

During December 43 patients started an SCP pathway within provider, this is above the pre (27.4) and post (25.2) COVID-19 mean level per month. During the same period of those that didn't require treatment e.g. downgrades 63.4% were informed within 28 days as recommended by best practice guidance.

All pathways by stop month – source DHCW

Pathway By Stop Month



Commissioned services - What the table tells us

Welsh Providers

The total number of pathways closed remains above average in December. The number of breaches reported has not significantly changed with 11 reported across all Welsh treatment providers for December, the average for the 2021/22 financial year is 12.2 per month. Further information of breach by provider within below table.

English Providers

- Shrewsbury and Telford hospital (SATH) NHS trust reported 4 breaches of their cancer pathway for November 2021, 2 patients waiting over 104 days. Reason for delays include complex pathways, elective capacity, and radiological capacity.
- Wye Valley NHS Trust (WVT) reported 6 breaches of their cancer pathway in November 2021, the challenge of issues mirrors SATH including radiological investigation delays and elective capacity challenges.

Welsh SCP pathways breaching by provider – source DHCW

Welsh Provider	Month									Grand Total
	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	
Aneurin Bevan LHB	8	2	4	3	3	5	4	2	2	33
Betsi Cadwaladr University LHB				1	1					2
Cwm Taf Morgannwg University LHB	2		3	2	3	1	1	2	1	15
Hywel Dda LHB	5	2	4	4	1	2	4	4	5	31
Swansea Bay University LHB	2	2	2	7	2	3	2	6	3	29
Grand Total	17	6	13	17	10	11	11	14	11	110

Issues

- Powys Teaching health board does not have access to the SCP open pathways information, as such breaches are reported post event.
- COVID-19 pressures impacting cancer treatment, flow, surgical, and diagnostic capacity.

Actions

- DHCW approached for open pathway view for Powys residents.
- Discussions have taken place with DCHW & Public Health Wales to develop open pathway views for Powys residents using the Power BI platform. Initial development work to be undertaken in February & March 2021 using non-recurrent WG funding and roll out anticipated in 2022-23 (using 2022-23 non-recurrent WG funding).



Quadruple Aim 2

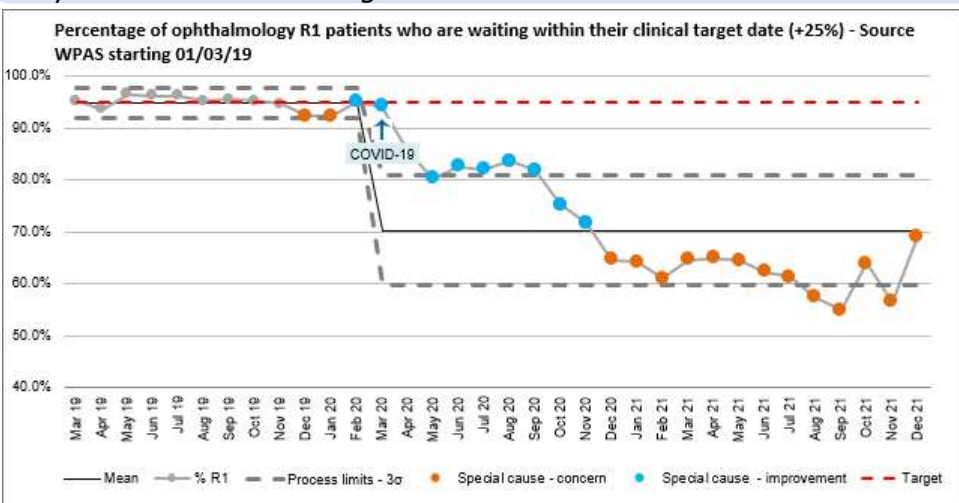
No. 40

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Ophthalmology

Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date

Executive Lead	Director of Planning and Performance (Interim)
Officer Lead	Assistant Director of Community Services
BAF	TBC



December 2021 Performance	
Local Performance	All Wales Benchmark
69.1%	(2 nd) 61.7%
Variance Type	
Special Cause - Concern	
Target	
95%	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
<p>Performance in December has improved to 69.1% although remains special cause concern. Powys benchmarks well against other Welsh providers ranking 2nd.</p> <p>Patterson Liz 03/28/2022 14:52:26</p>	<ul style="list-style-type: none"> Fragility of in reach providers and DGH Covid-19 pressures. Fragility of theatre staffing due to sickness absence, former shielding and vacancies Covid protocols social distancing reduced templates 	<ul style="list-style-type: none"> Wet AMD service has been extended into mid Powys. PTHB 1st nurse eye care injector. Excellent clinical outcomes above national average for Wet AMD. MDT for eye care including ophthalmic scientist and hospital optometry. One stop eye care clinic established in Llanidloes Oct 21 with MDT patients no longer need to travel to Bronglais Hospital (HDUHB) and face significant wait for eye care scans/biometrics. Plans in progress to further extend all eye care pathways into North Powys as part of North Powys Transformation Programme, one stop clinics in Welshpool/Newtown and potential cataracts in OP setting, ocularplasty in OP setting undertaken by specialist nurses etc. Digital eye care record roll out in PTHB to be lead with pilot in YCH with National Planned Care Clinical Lead who is a PTHB in reach ophthalmologist, 1st site outside Cardiff. Hydroxychloroquine Screening Service for eye care & rheumatology patients. Dedicated paediatric eye care clinic South Powys children no longer have to travel to Hereford. One stop clinic with consultant, orthoptist, PTHB eye care nurse. 	<ul style="list-style-type: none"> Community optometry support to risk stratify long waits/overdue follow ups



Quadruple Aim 2

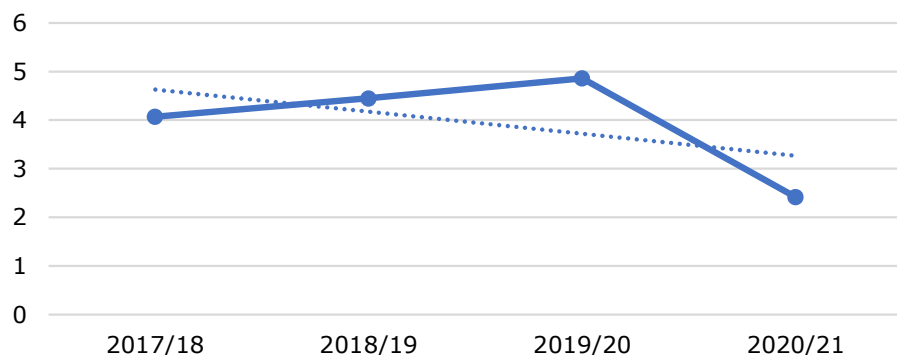
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41

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Rate of hospital admissions with any mention of intentional self-harm from children and young people (age 10-24 years) per 1,000 population

Rate of hospital admissions with any mention of self-harm from children and young people per 1k



Performance 2020/21

Local Performance	All Wales Benchmark
2.42	2 nd (3.54)

Variance Type

N/A

Target

Annual Reduction

Data Quality

Executive Lead

Director of Therapies and Health Sciences (Interim)

Officer Lead

Assistant Director of Mental Health

BAF

TBC

What the chart tells us

Performance meets the annual reduction target for 2020/21. PTHB performance in comparison to the All Wales average (3.54) is good with the health board ranking 2nd.

Patterson, Liz
03/28/2022 14:52:26

Issues

Presentations of self harm amongst Young people has increased during the pandemic, although incidents of self harm are amongst the lowest in Wales.

Actions

- Suicide and Self harm coordinator is leading an all age focused intervention to reduce the impact of harm.
- School CAMHS outreach service will be operational from Q4 2021/22 (through the WG funded programme to provide MH and Wellbeing practitioners in every Powys secondary school

Mitigations

See actions.



Quadruple Aim 2

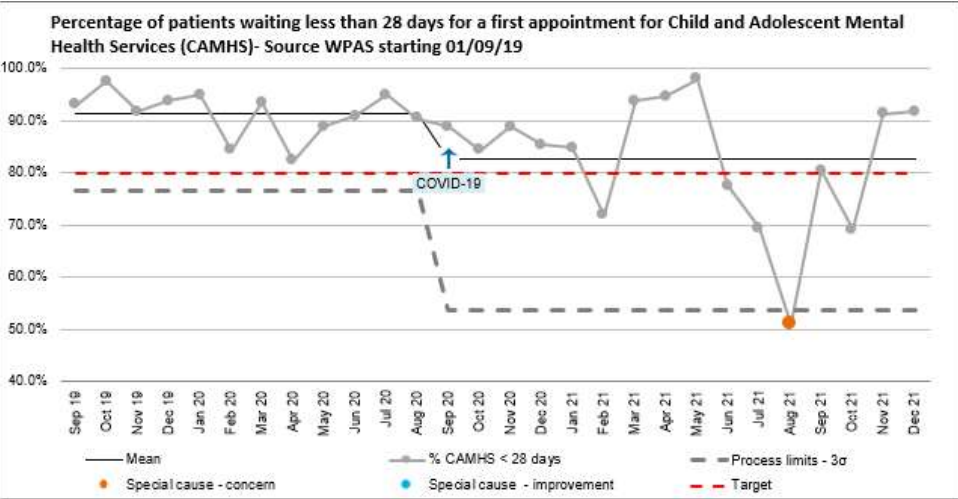
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42

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Percentage of patients waiting less than 28 days for a first appointment for Child and Adolescent Mental Health Services (CAMHS)

Executive Lead	Director of Therapies and Health Sciences (Interim)
Officer Lead	Assistant Director of Mental Health
BAF	TBC



Performance December 2021	
Local Performance	All Wales Benchmark
91.7%	3 rd (22.1%)
Variance Type	
Common Cause	
Target	
80%	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
<p>Performance meets the national target and exceeds the All Wales average of 22.1% ranking 3rd.</p> <p>Patterson, Liz 03/28/2022 14:52:26</p>	<p>Performance would be further improved by;</p> <p>Recruitment to vacant posts remains a significant challenge within PCAMHS.</p> <p>A number of posts have been advertised on 3+ occasions, without success. All options to further skill mix are being considered.</p>	<p>New recruitment campaign due to commence, and 1 member of staff returns from maternity leave in Jan 22.</p> <p>Silvercloud service has commenced in CAMHS and uptake has been encouraging. Further promotion of the service will further improve performance.</p> <p>Work underway to redesign a 'single assessment approach' for access to both PCAMHS and SCAMHS – reducing duplicate assessments and clinical time.</p>	<p>See actions.</p>



Quadruple Aim 2

No.

43

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Mental Health - Part 1

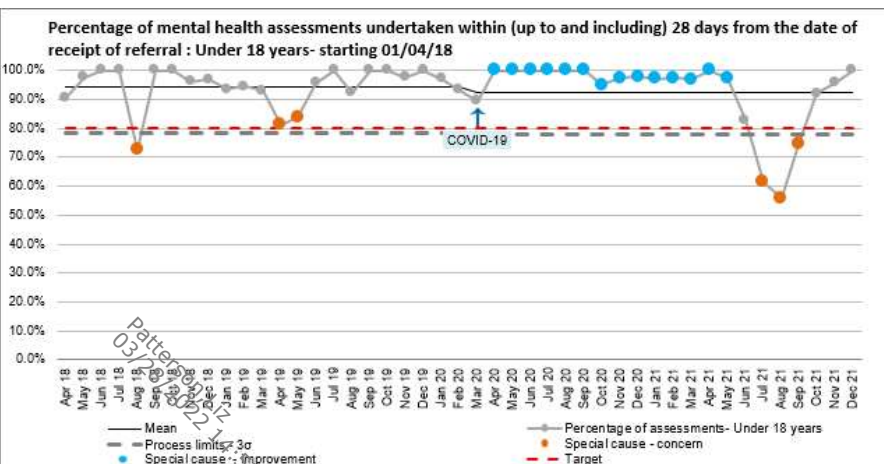
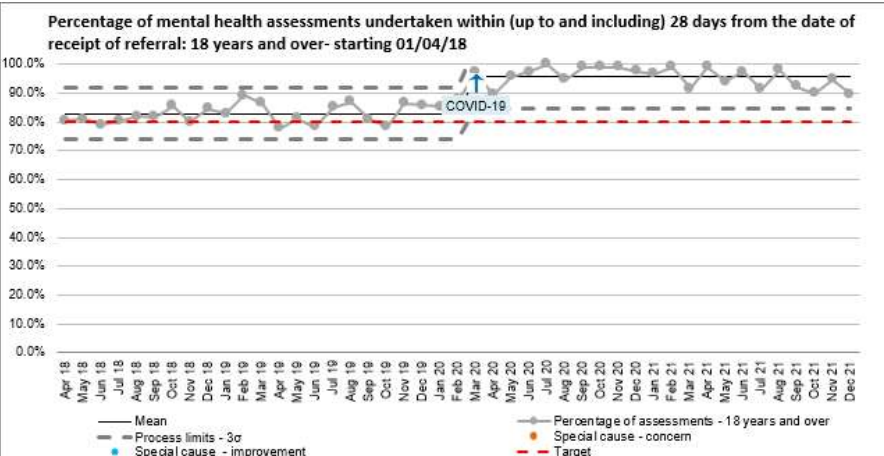
Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral : Under 18 years, and 18 years and over

Executive Lead	Director of Therapies and Health Sciences (Interim)
Officer Lead	Assistant Director of Mental Health
BAF	TBC

* Benchmark from previous available period

December 2021 Actual Performance

18 years & over		Under 18 years	
Local	All Wales	Local	All Wales
89.7%	*70.6%	100%	*57.2%
Variance Type			
Common Cause			
Target			
80%			
Data Quality			



What the chart tells us	Issues	Actions	Mitigations
Part 1 performance meets both targets during December, and benchmarks positively against the All Wales average.	No issues, the target has consistently been met.		



Quadruple Aim 2

No.

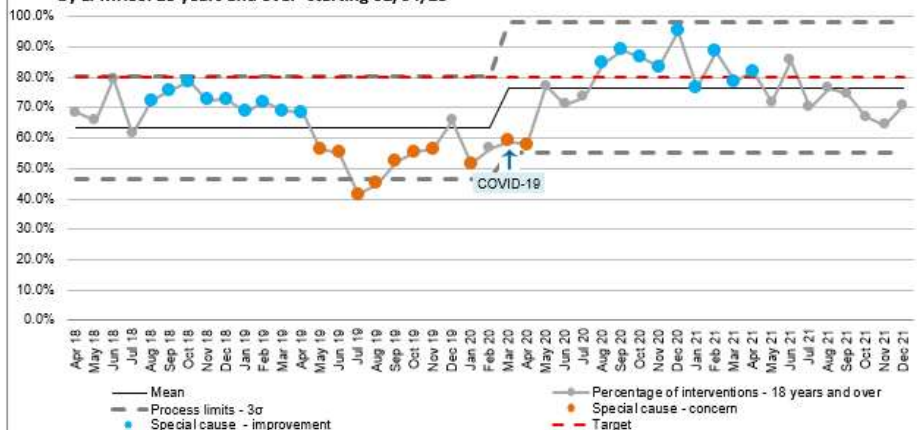
44

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

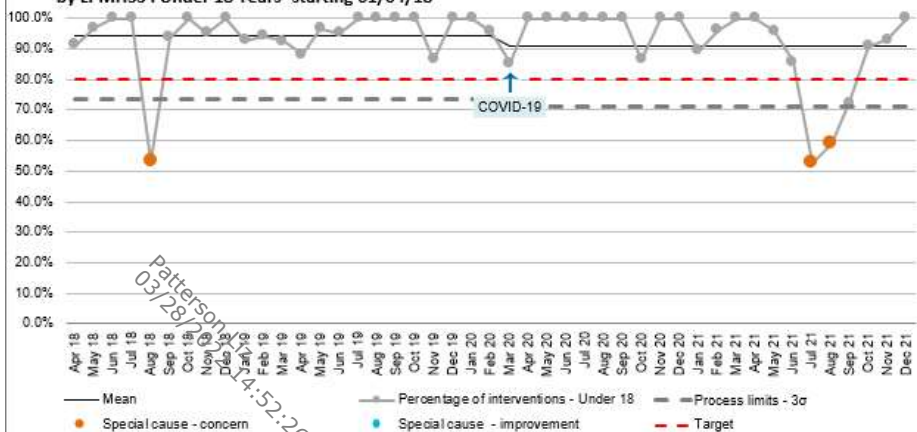
Mental Health - Part 1

Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS : Under 18 Years, and 18 years and over.

Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS: 18 years and over- starting 01/04/18



Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS : Under 18 Years- starting 01/04/18



December 2021 Actual Performance

18 years & over		Under 18 years	
Local	All Wales	Local	All Wales
70.9%	*72.6%	100%	*52.6%
Variance Type			
Common Cause			
Target			
80%			
Data Quality			

Executive Lead	Director of Therapies and Health Sciences (Interim)
Officer Lead	Assistant Director of Mental Health
BAF	TBC

* Benchmark from previous available period

What the chart tells us

Part 1 intervention performance has not met the 80% target for adults at 70.9% in December. Under 18s performance is very good reporting 100% for the same period.

Issues

The LPMHSS service has seen a significant increase of presentations in South Powys, while North Powys has remained more consistent throughout the pandemic. Performance in terms of interventions within 28 has dipped because of;

- Increase in acuity and patients.
- Service delivering more intensive services to prevent escalation into secondary care (e.g. CBT, EMDR) these courses of treatment take longer.

Actions

- Recruitment to unfilled posts.
- Continued promotion of Silvercloud.
- Short term (3 month) intervention to reduce waiting lists (Jan to March 2022).

Mitigations

See Actions



Quadruple Aim 2

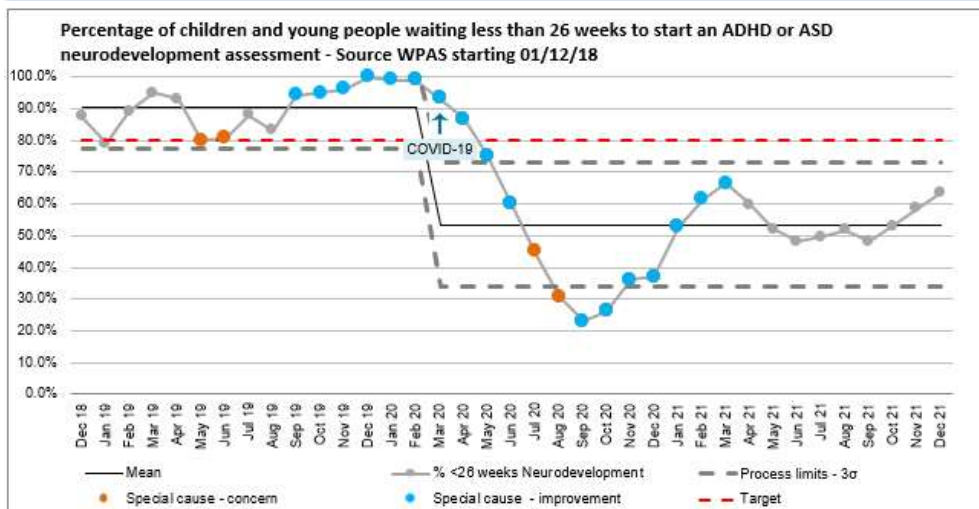
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45

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Neurodevelopment Assessment

Percentage of children and young people waiting less than 26 weeks to start and ADHD or ASD neurodevelopment assessment



Performance December 2021/22

Local Performance	All Wales Benchmark
63.6%	36.4%*
Variance Type	
Common Cause	
Target	
80%	
Data Quality	

Executive Lead

Director of Therapies and Health Sciences (Interim)

Officer Lead

Assistant Director of Women's and Childrens Services

BAF

TBC

What the chart tells us

Performance against the national neurodevelopment assessment target does not meet the 80% target reporting 63.6% in December 2021. The service has seen a 3 month improvement and benchmarks positively against the All Wales benchmark average of 36.4% in November 2021.

Issues

- There has been an increase in monthly referral demand during 2021/22 as anticipated due to the COVID legacy. There has been a consistently growing trend since June 2021 that continues up to Dec with the referral demand doubling from 20 per month to 40.
- Four (of eleven) new ND Remodel renewal appointments commencement dates were delayed therefore the full capacity enabled by investment was not realised creating delays in addressing the ND diagnostic assessment process and waiting list backlog by financial year end.

Actions

- ND service capacity is being ratioed to enable both the Referral To Treatment (RTT) and 'hidden' waiting lists to be addressed simultaneously. (The latter being the assessments that have commenced but are yet to be concluded.) However, it must be recognised that there will not be sufficient time nor capacity to fully address the waiting lists by 31st March 2022.

Mitigations

- Additional non recurrent renewal funding has been extended for 5 key posts until Dec 2022 to enable the current waiting list backlog to continue to be addressed.
- An IBG funding application will be submitted to secure core recurring monies beyond December 2022. This will support the essential capacity required to meet the increase in referral demand.



Quadruple Aim 2

No.

46

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

Executive Lead	Director of Therapies and Health Sciences (Interim)
Officer Lead	Assistant Director of Mental Health
BAF	TBC

Performance December 2021/22

Local Performance	All Wales Benchmark
97.3%	*73.8%

* Benchmark from previous available period

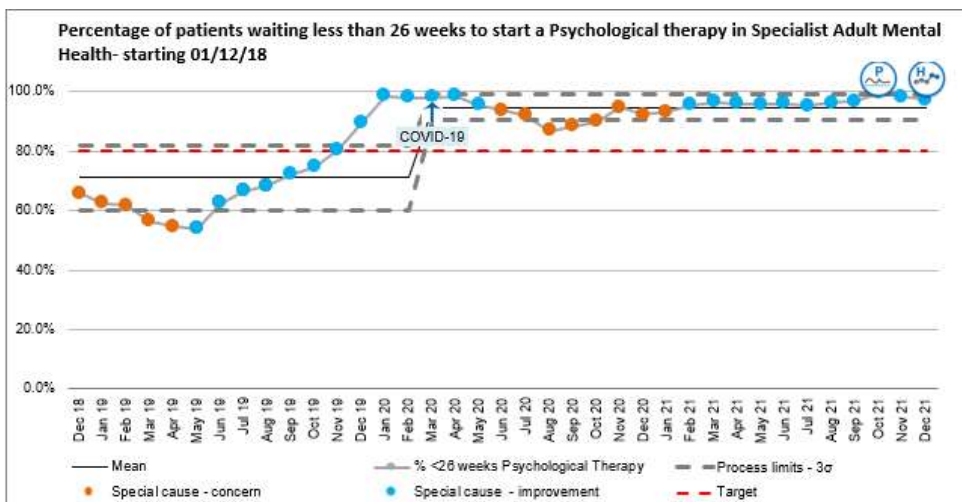
Variance Type

Common Cause

Target

80%

Data Quality



What the chart tells us

Performance continues to exceed target (97.3%) with special cause improvement. The All Wales average in November was 73.8%.

Issues

No issues: the RTT target is consistently met.

Actions

N/A

Mitigations

Patterson Liz
03/28/2022 14:52:26



Quadruple Aim 3

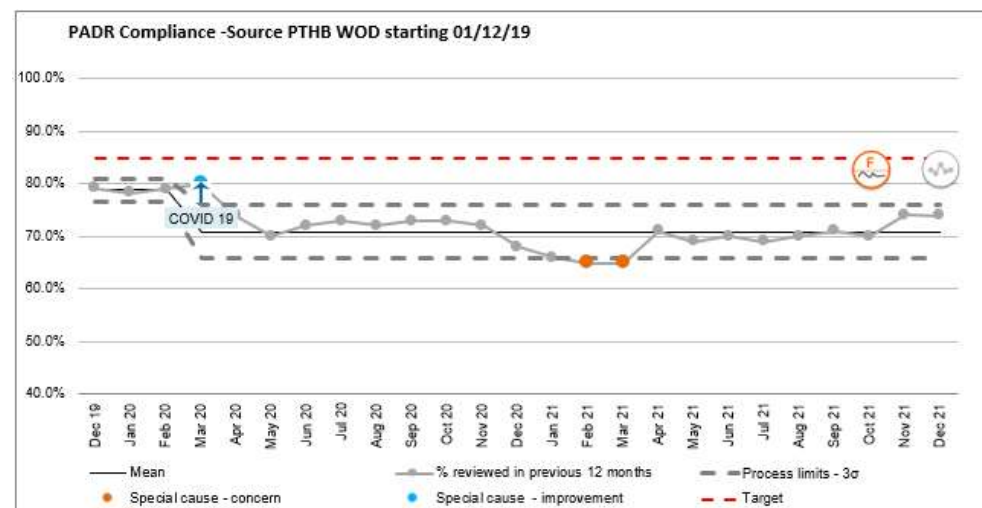
No.

52

The health and social care workforce in Wales is motivated and sustainable

PADR Compliance

Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excl. Doctors and Dentists in training)



December 2021 Actual Performance

Local Performance	All Wales Benchmark
74%	58.9% (Aug-21)

Variance Type

Common Cause

Target

85%

Data Quality

Executive Lead	Director of Workforce & OD
Officer Lead	TBC
BAF	TBC

What the chart tells us

Performance in December 2021 does not meet the 85% target reporting 74% compliance. Although no recent comparative All Wales performance data is available, historically the health board has always benchmarked very well.

Issues

Increased service pressure due to COVID-19, staff absence and vacancies has caused challenges in delivery of PADRs since the beginning of the pandemic. This has been exacerbated by the recent outbreak of the Omicron variant during the 21/22 winter pressure period.

Actions

- WOD HR Business Partners are discussing PADR compliance at senior management groups within services.
- Focus on managers to develop a recovery plan in performance needs to be agreed by the appropriate director.
- Monthly detailed analysis of compliance is shared via Assistant Directors.

Mitigations

- Regular conversations as normal management of staff being undertaken and supported within services.



Quadruple Aim 3

No. 53

The health and social care workforce in Wales is motivated and sustainable

Core Skills Mandatory Training

Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation

Executive Lead

Director of Workforce & OD

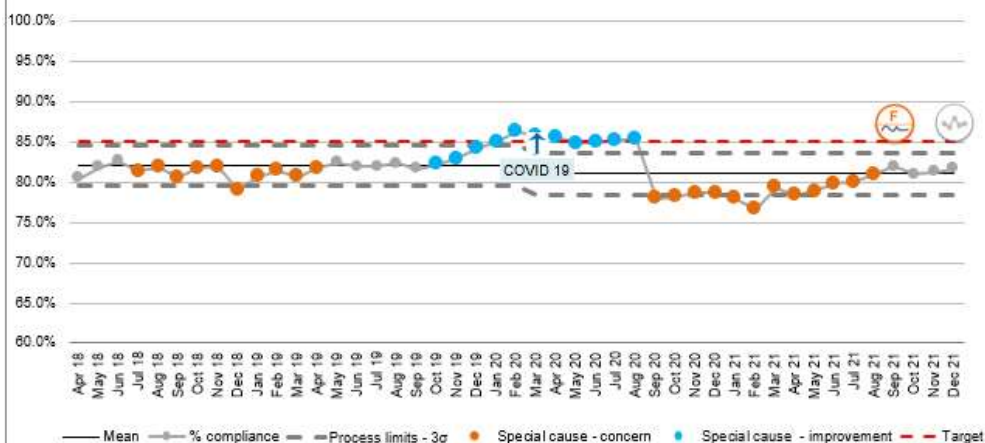
Officer Lead

TBC

BAF

TBC

Mandatory Training Compliance-Source PTHB WOD starting 01/04/18



December 2021 Actual Performance

Local Performance	All Wales Benchmark
81.7%	79.9% (Aug-21)

Variance Type

Common Cause

Target

85%

Data Quality

What the chart tells us

Performance in December 2021 does not meet the 85% target reporting 81.7% compliance. Although no recent comparative All Wales performance data is available, historically the health board has always benchmarked very well.

Issues

Increased service pressure due to COVID-19, staff absence and vacancies has caused challenges in completion of mandatory training since the beginning of the pandemic. This has been exacerbated by the recent outbreak of the Omicron variant during the 21/22 winter pressure period.

Actions

WOD HR Business Partners are discussing mandatory compliance at senior management groups within services.

Focus on managers to develop a recovery plan in performance needs to be agreed by the appropriate director.

Continue to promote awareness of the range of training avenues including online, virtual classrooms as well as face to face according to needs Monthly detailed analysis of compliance is shared via Assistant Directors

Mitigations

Prioritise staff groups to undertake essential training relevant to role.



Quadruple Aim 3

No.

55

The health and social care workforce in Wales is motivated and sustainable

Sickness Absence (R12)

Percentage of sickness absence rate of staff

Executive Lead

Director of Workforce & OD

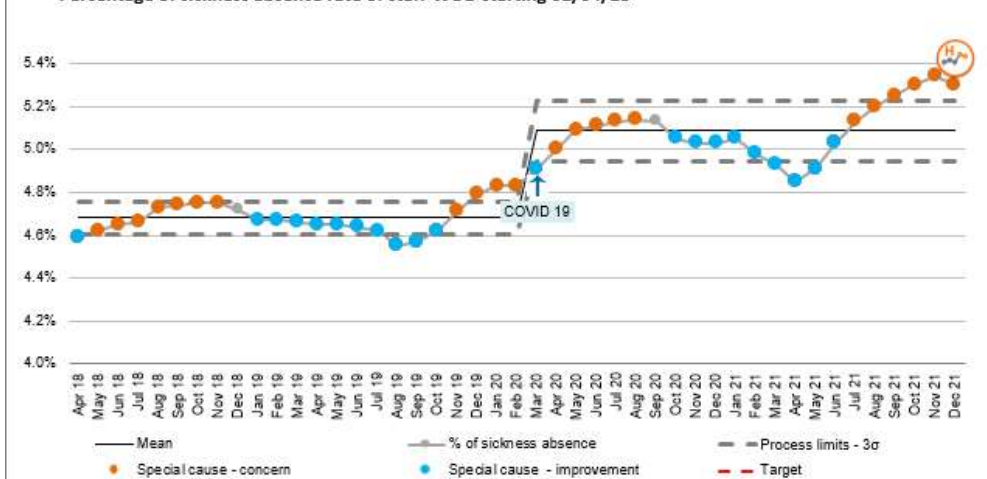
Officer Lead

TBC

BAF

TBC

Percentage of sickness absence rate of staff-WOD starting 01/04/18



December 2021 Actual Performance

Local Performance

5.30%

All Wales Benchmark

5.08%
(Aug-21)

Variance Type

Special Cause - Concern

Target

12 month reduction

Data Quality

What the chart tells us

The rate of rolling 12 sickness has reduced to 5.3% as reported in December 2021, however this statistically remains special cause concern as an impact of increased COVID-19 absence.

Issues

COVID-19 continues to have an impact on sickness absence percentage. High levels of stress & anxiety reflective of the overall population.

Occupational Health manager post is currently vacant and demand is exceeding current clinical capacity.

Waiting time for complex cases now at 13 weeks. Stress and anxiety was the primary reason for referral to counselling in December, with a high proportion of these coming from staff in clinical patient facing roles.

Actions

- Continues to be monitored by managers and HR Business Partners in line with All Wales Managing Attendance at Work policy.
- Well being action plan now in place.
- Business case to support OH team capacity has been shared via the IBG and is planned for the Executive Committee in March.

Mitigations

- Managing Attendance at Work Policy
- Well being action plan
- Staff counselling service
- Online CBT
- Long Covid Programme
- Occupational Health Service



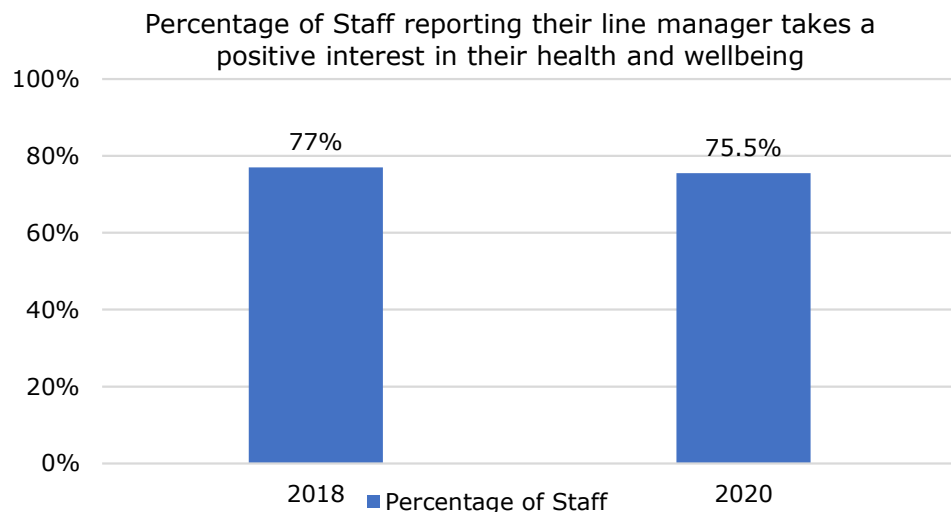
Quadruple Aim 3

No.

56

The health and social care workforce in Wales is motivated and sustainable

Percentage of staff reporting their line manager takes a positive interest in their health and wellbeing



2020 Actual Performance	
Local Performance	All Wales Benchmark
75.5%	65.9%
Variance Type	
N/A	
Target	
Annual Improvement	
Data Quality	

Executive Lead	Director of Workforce & OD
Officer Lead	TBC
BAF	TBC

What the chart tells us	Issues	Actions	Mitigations
Performance is good when compared to the All Wales benchmark, the health board ranks 2 nd in Wales. But has not met the improvement target when compared to the 2018 data point.	Sense of wellbeing overall in local survey was 4.15 out of 6. However, there is a difference between those working at home with an average score of 4.94, and those in the workplace (mainly clinicians) who scored 3.84.	All-Wales wellbeing conversation tool has been introduced and advertised. Wellbeing action plan being implemented.	Updated agile working policy. Continued focus on PADR.



Quadruple Aim 4

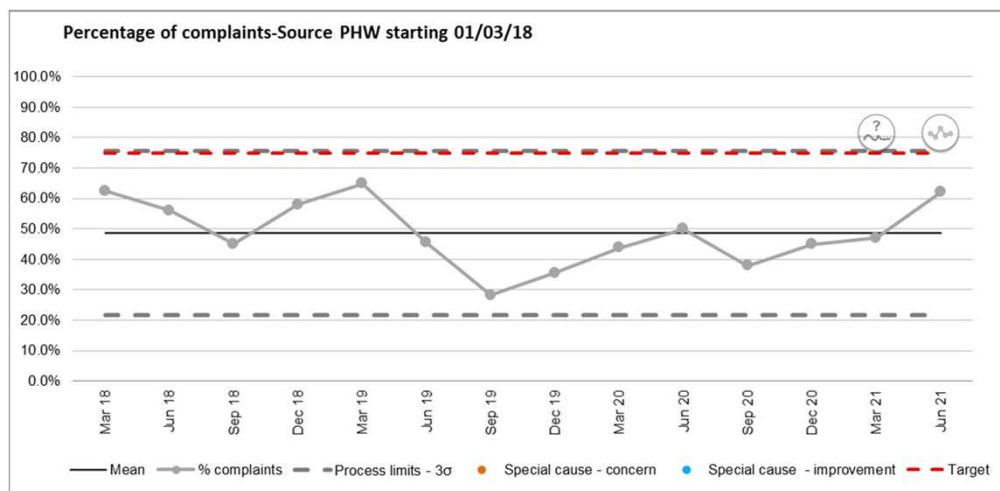
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59

Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Concerns and Complaints

Percentage of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation



Q2 2021/22 Actual Performance

Local Performance	All Wales Benchmark
62%	*67.2%

Variance Type

Common Cause

Target

75%

Data Quality

Executive Lead

Director of Nursing

Officer Lead

Assistant Director of Quality & Safety

BAF

What the chart tells us

There is improved compliance from 47% up to 62% for quarter 2 responding to concerns up to and including 30 working days. This reflects the improvement work progressed since December 2020.

Issues

Sustaining the level of compliance during the pandemic potential to be affected due to impact of reduced staffing available to undertake investigations and complete responses timely.

Actions

Weekly meetings with Directorates/ Service Groups to maintain momentum of improvement work and ensure timely action and responses to concerns.
Timely communication with complainants with regards management of their concerns.

Mitigations

Senior manager daily triage of all new concerns received.
Weekly meetings maintained with Directorates/ Service Groups to ensure investigations progressing and responses being prepared.
Escalation of concerns when no evidence of progress and timely responses not received.



Quadruple Aim 4

No. 62

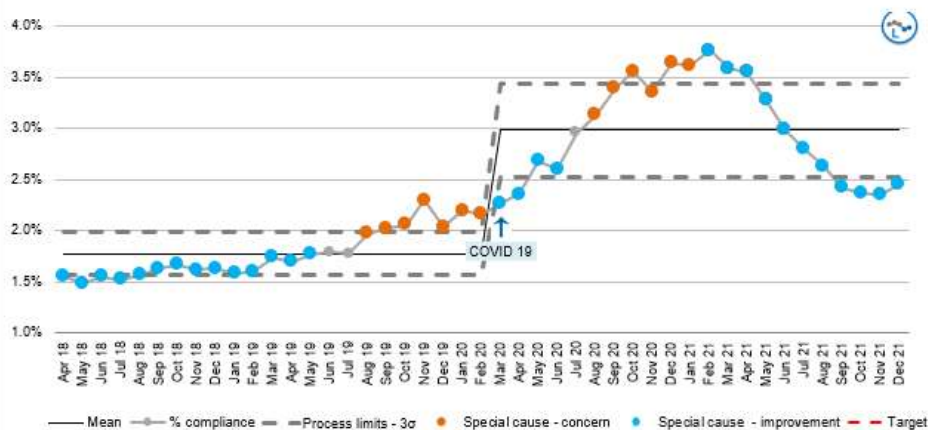
Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Crude Hospital Mortality Rate

Crude hospital mortality rate (74 years of age or less)

Executive Lead	Medical Director
Officer Lead	TBC
BAF	TBC

Crude Mortality Rate-Source CHKS starting 01/04/18



December 2021 Actual Performance

Local Performance	All Wales Benchmark
2.46%	1.44%

Variance Type

Special Cause - Improvement

Target

12 month reduction trend

Data Quality

What the chart tells us

There has been a small increase in rate since the last reporting period. The small patient numbers mean that caution is needed in interpreting trends. The recent small upturn for example may represent a change in profile of patients discharged to community hospitals during system pressures, or that Powys is providing more palliative care for example.

Issues

The key issue here is whether the number of deaths of the under 75s is increasing. Analysis of the WPAS (patient administration) database shows that the number of deaths of under 75s were as follows

Jan-Dec 2018	46 deaths
Jan-Dec 2019	60 deaths
Jan-Dec 2020	40 deaths
Jan-Dec 2021	43 deaths

The deterioration in performance is therefore due to fewer patients being admitted due to Covid restrictions, not an increase in deaths.

Actions

The Assistant Medical Director has reviewed the cases of patients who died from Covid 19 on Powys wards. None of those cases involved a patient who was younger than 75.

A senior team has reviewed all deaths of ward patients in the last 12 months and have identified only minor concerns. The Medical examiner service will shortly begin to review deaths in our community hospitals.

The ongoing elevated pattern is felt to indicate factors such as interruption of care pathways and delayed diagnostics.

Mitigations

No mitigations are considered needed at this time.

COVID mitigations are in place.

Renewal work is exploring reinstating care pathways that have been disrupted due to COVID.



Quadruple Aim 4

No.

66

Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

New Medicine Availability

All new medicines recommended by AWMSG and NICE, including interim recommendations for cancer medicines, must be made available where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal Determination and the AWMSG appraisal recommendation

Executive Lead

Medical Director

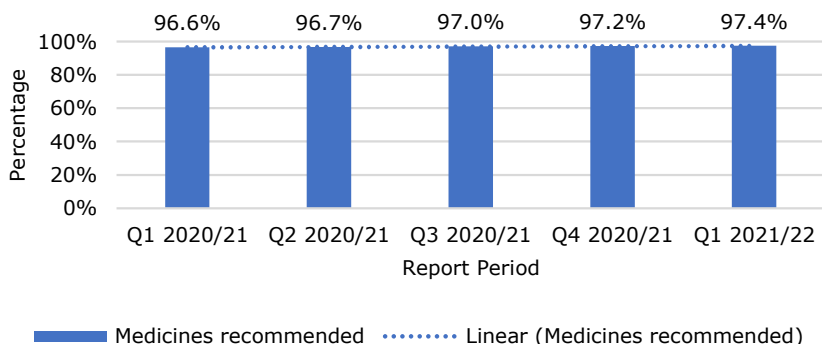
Officer Lead

Chief Pharmacist

BAF

TBC

New Medicine Availability



Q1 2021/22 Actual Performance	
Local Performance	All Wales Benchmark
97.4%	98.6%
Variance Type	
N/A	
Target	
100%	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
<p>The health board does not meet the national target but has an improvement trend reporting 97.4% for Q1 2021/22. The national All Wales average is 98.6%.</p> <p>The trend is based on the long term average since the New Treatment Fund began in 2017.</p> <p>The variation between national and local indicators is due to the way historic data was recorded.</p>	<p>The value does not reach 100% as there are 2 Technology Appraisals for the same medication outstanding. This has only been made available by 1 HB in Wales.</p> <p>COVID response creating challenge with prioritising</p>	<p>Contact made with the LHB that has made the medicine available to patients to understand how it is being commissioned.</p>	<p>Set aside dedicated time each week to ensure NTF access definition of within 2 months is met and our performance continues to improve.</p>



Quadruple Aim 4

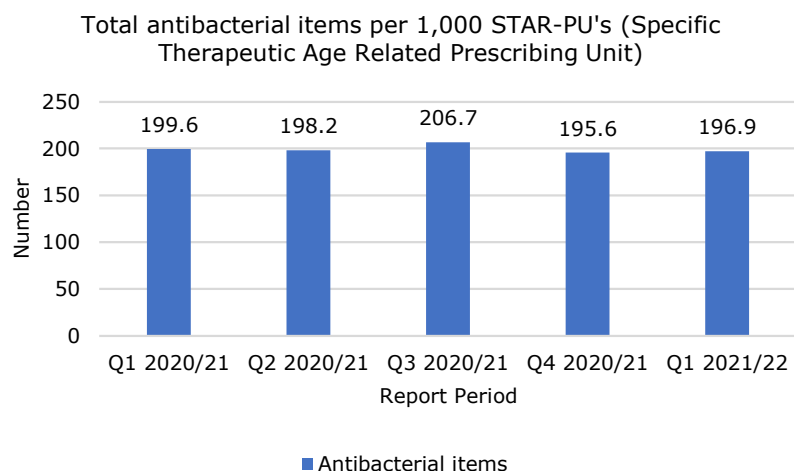
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67

Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Total Antibacterial Items per 1,000 STAR-PU's

Total antibacterial items per 1,000 specific therapeutic age-sex related prescribing units (STAR-PU)



Q1 2021/22 Actual Performance	
Local Performance	All Wales Benchmark
196.9	227.5
Variance Type	
N/A	
Target	
189.6	
Data Quality	

Executive Lead

Medical Director

Officer Lead

Chief Pharmacist

BAF

TBC

What the chart tells us	Issues	Actions	Mitigations
<p>The 2021/22 Powys target for this metric is 189.6 per 1000 star PU's. Although significantly below the All Wales average of 227.5 and ranking 1st the health board has not met this target for Q1 2021/22.</p> <p>Patterson, Liz 27/28/2022 14:52:26</p>	<ul style="list-style-type: none">Latest data Q2 2021/22: 223.48 items/1,000 STAR-PU. National target = 219 items/STAR-PU. Local target = 216 items/1,000 STAR-PU (5% reduction on Q2 2019 value).No antimicrobial stewardship pharmacist in post.COVID response creating challenge with prioritising national KPIs	<ul style="list-style-type: none">Antimicrobial stewardship improvement plan in place.Data analyst providing regular data on antimicrobial prescribing in primary care.Antimicrobial prescribing discussed during practice meetings.Linking with antimicrobial stewardship pharmacists in England to support RCA of CDI cases (community acquired)Investment benefits group (IBG) paper written to secure funding for AMS pharmacist	<p>See actions.</p> <p>Further mitigations not possible due to workforce challenges.</p>



Quadruple Aim 4

No.

69

Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Number of patients age 65 years or over prescribed an anti-psychotic

Executive Lead

Medical Director

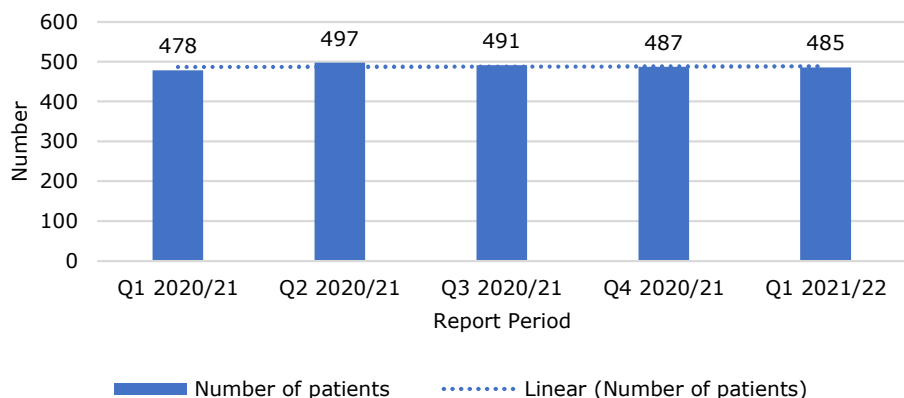
Officer Lead

Chief Pharmacist

BAF

TBC

Number of patients age 65 years or over prescribed an antipsychotic



Q1 2021/22 Actual Performances	
Local Performance	All Wales Benchmark
485	10,221
Variance Type	
N/A	
Target	
Quarter on Quarter Reduction	
Data Quality	

What the chart tells us	Issues	Actions	Mitigation
PTHB has met the target of reduction for Q1 2021/22 (485) when compared to Q4 2020/21 (487). In Wales we prescribe the least of all health boards, but have the smallest cohort size.	The absolute figure doesn't mean anything as it allows no comparison other than to monitor our own internal quarterly reduction. In order to allow comparison between LHBs, this indicator needs to be changed to 'Patients aged ≥ 65 prescribed an antipsychotic as a percentage of all patients aged ≥ 65' COVID response creating challenge with prioritising national KPIs	<ul style="list-style-type: none">Patients aged ≥ 65 prescribed an antipsychotic as a percentage of all patients aged ≥ 65' monitored through national medicines safety dashboard.The national figure is 1.49%, our figure is 1.26%. We're the second lowest Rx LHB.	<ul style="list-style-type: none">Regular monitoringRisks associated with antipsychotic prescribing in elderly patients with dementia reiterated on a regular basis.Plan to provide regular reports to primary care as soon as resource allows.



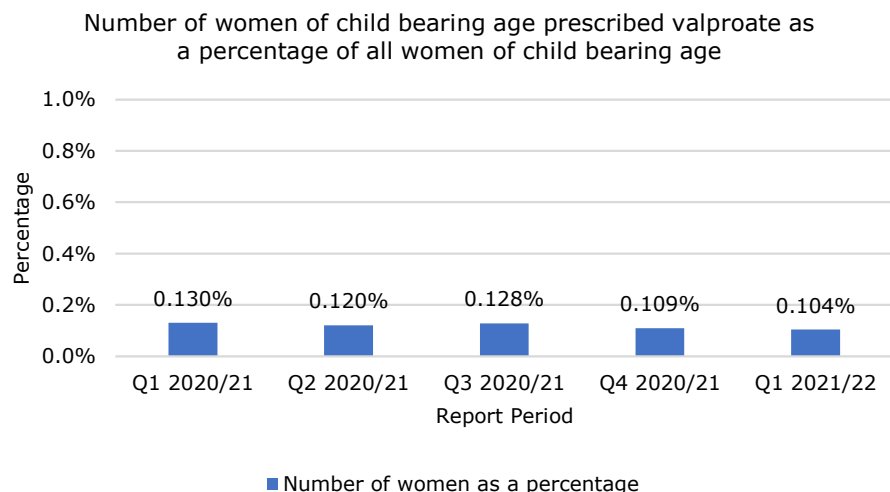
Quadruple Aim 4

No.

70

Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age



Q1 2021/22 Actual Performance	
Local Performance	All Wales Benchmark
0.104%	0.0145%
Variance Type	
N/A	
Target	
Quarter on Quarter Reduction	
Data Quality	

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
BAF	TBC

What the chart tells us	Issues	Actions	Mitigations
PTHB has met the required target of reduction with 0.104% of women prescribed valproate. Powys again has the lowest prescribing rate of all Welsh health boards. <small>Patterson, Liz 03/28/2022 14:52:26</small>	<p>Q1 2021/22 – 911 female patients aged 14-45 issued with a prescription for sodium valproate in Wales = 0.145% of female patients aged 14-45.</p> <p>Powys = 0.104% (lowest % of all LHBS)</p> <p>Quarter on quarter reduction being seen.</p> <p>COVID response creating challenge with prioritising national KPIs</p>	<p>Regularly monitored through national medicines safety dashboard.</p> <p>Regular reminders about prescribing valproate in women of child bearing age.</p> <p>Reminder about Pregnancy Prevention Plan (PPP)</p> <p>Cascade of patient information to primary care and community pharmacy.</p>	<p>See actions</p> <p>Plan to provide regular reports to primary care as soon as resource allows.</p>



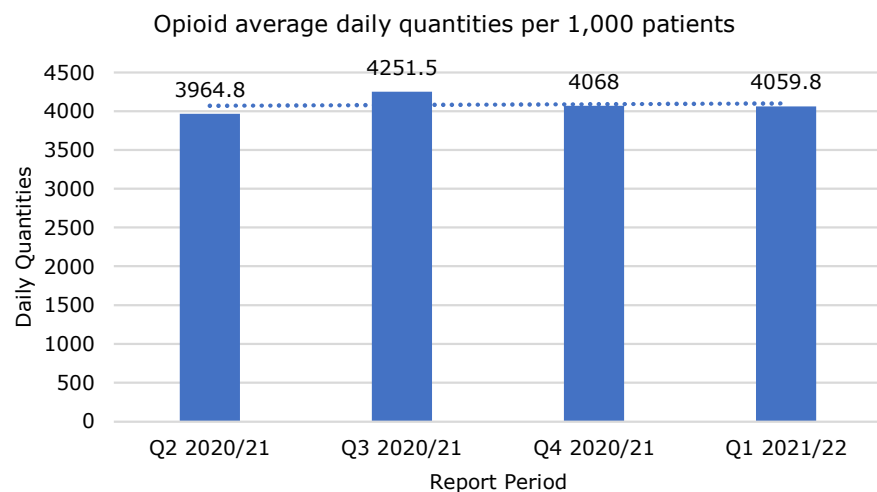
Quadruple Aim 4

No.

71

Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Opioid average daily quantities per 1,000 patients



Q1 2021/22 Actual Performance	
Local Performance	All Wales Benchmark
4059.8	4462.6
Variance Type	
N/A	
Target	
4 Quarter reduction trend	
Data Quality	

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
BAF	TBC

What the chart tells us	Issues	Actions	Mitigations
PTHB have not met the 4 quarter reduction target for Opioid quantities although Q1 2021/22 saw a lower figure of 4059.8 per 1000 patients. Powys ranks 2 nd nationally against and All Wales figure of 4,462.6,	We now have access to Q2 data – our position has deteriorated – 4,187.3 ADQ/1000 pts. The national target is 3,537 ADQ/1000 pts. COVID response creating challenge with prioritising national KPIs	Raising awareness of opioids aware resource for clinicians and patients. Regular monitoring through the national indicators. Regularly discussed during practice visits.	See actions



Quadruple Aim 4

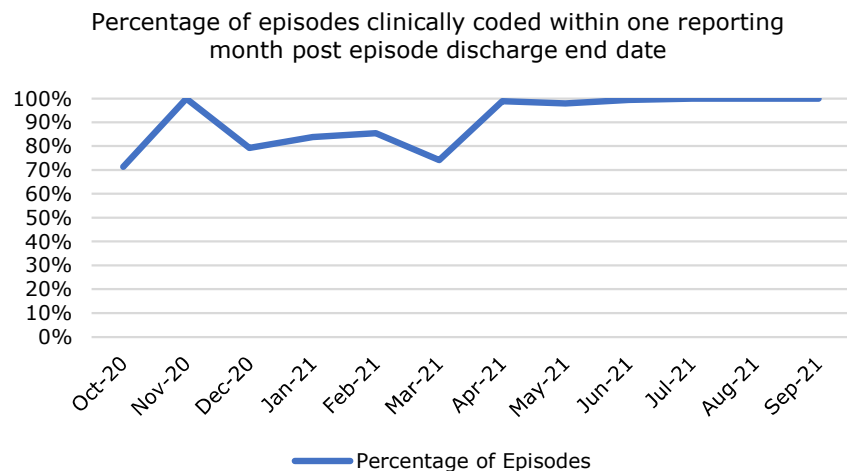
No.

75

Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Clinical Coding

Percentage of episodes clinically coded within one reporting month post episode discharge end date



September 2021 Actual Performance	
Local Performance	All Wales Benchmark
100%	88.4%
Variance Type	
N/A	
Target	
12 month improvement trend towards achieving the 95% target	
Data Quality	

Executive Lead

Director of Finance and ICT

Officer Lead

Head of Information

BAF

What the chart tells us	Issues	Actions	Mitigations
<p>PTHB performance remains good during 2021/22 meeting the target since April. The All Wales performance is at 88.4%.</p> <p>Patterson, Liz 03/28/2022 14:52:26</p>	<ul style="list-style-type: none">Operational challenge of inaccurate performance reporting as a result of DHCW server. – Now resolved affecting historic performanceCoding capacity currently reduced.	<ul style="list-style-type: none">New coder recruited, it should be noted that the new coder is undertaking coding examinations with the DHCW before they can work independently.	<p>See actions</p>



Next Steps

Next Steps

- Service recovery and restoration remains the single largest challenge for Powys residents. As a provider the health board has made significant, and positive steps in improving its immediately controllable flows, although remaining at significant risk from COVID-19 Omicron variant and its impact on staff sickness for a small and geographically dispersed workforce. Further work remains ongoing as part of the Recovery Portfolio Strategic Board, they remain focused to assist with the very long waiter backlog which is especially significant in commissioned Welsh health providers in South Powys.
- Welsh Government have now released phase one of the new Health Minister measures, the first tranche of these are required to be reported on from January 2022. The measures are designed to support the vision and ambitions set out in "A Healthier Wales" and are aimed to drive improvement, sustainability, and transformational change for the population. The health board has been notified by Welsh Government that the alignment of these new metrics with the National Outcome Framework could result in significant streamlining e.g. removal or integration of frameworks.
- Integrated Performance reporting will continue to evolve during Q4 2021/22 and into 2022/23 strengthening the ability of stakeholders to assess progress against key targets, aims, and required actions. This will include updating the Improving Performance Framework, revising the Commissioning Assurance Framework (CAF), and working with the new metrics and their rollout.

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Powys THB Finance Department Financial Performance Report Board

Period 11 (February 2022)
FY 2021/22

Date Meeting: 30 March 2022

Patterson, Liz
03/28/2022 14:52:26



Introduction

Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 11 OF FY 2021/22
Approved & Presented by:	Pete Hopgood, Director of Finance
Prepared by:	Andrew Gough, Deputy Director of Finance
Other Committees and meetings considered at:	Delivery & Performance Group Board
PURPOSE:	
This paper provides the Board/Committee with an update on the February 2021 (Month 11) and also an update on the IMTP financial plan 2022/23 – 2024/25.	
RECOMMENDATION:	
It is recommended that the Board/Committee: <ul style="list-style-type: none">• DISCUSS and NOTE the Month 11 2021/22 financial position.• NOTE that actions required in 2021/22 to deliver a balanced position at the 31st March 2022, including savings delivery.• NOTE and APPROVE Covid-19 Report position reported on page 8 and in the attachments detailed in appendix 1.• NOTE additional risks on delivery of balanced position at 31st March 2022.• NOTE underlying financial position and agree actions to deliver recurrent breakeven for 2022/23.	

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	• Focus on Wellbeing	✗
	• Provide Early Help and Support	✗
	• Tackle the Big Four	✗
	• Enable Joined up Care	✗
	• Develop Workforce Futures	✗
	• Promote Innovative Environments	✗
	• Put Digital First	✗
	• Transforming in Partnership	✓
Health and Care Standards:	• Staying Healthy	✗
	• Safe Care	✗
	• Effective Care	✗
	• Dignified Care	✗
	• Timely Care	✗
	• Individual Care	✗
	• Staff and Resources	✓
	• Governance, Leadership & Accountability	✗

Approval/Ratification/Decision	Discussion	Information
	✓	

Summary Health Board Position 2021/22

Revenue		
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by Welsh Government	Value £'000	Trend
Reported in-month financial position – deficit/(surplus) – Green	-1	↑
Reported Year To Date financial position – deficit/(surplus) – Green	-150	↓
Year end – deficit/(surplus) – Forecast Green	0	→

Capital		
Financial KPIs : To ensure that the costs do not exceed the capital resource limit set by Welsh Government	Value £'000	Trend
Capital Resource Limit	15,504	↑
Reported Year to Date expenditure	6,248	↑
Reported year end – deficit/(surplus) – Forecast Green	0	→

PSPP		
PSPP Target : To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods or a valid invoice	Value £'000	Trend
Cumulative year to date % of invoices paid within 30 days (by number) @end Q3 -Red	90.4%	↑

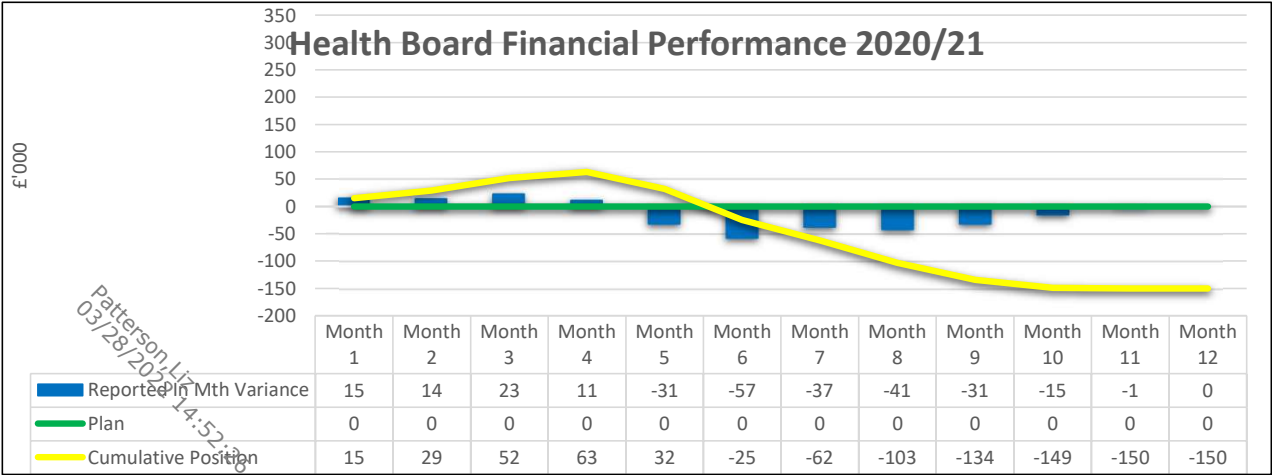
Powys THB 2021/22 Plan was approved by the Board and submitted to WG on 31st March 2021, with an update provided on 30th June. Both submissions provided a balance plan for 2021/22.

As per 2020/21 spend in relation to Covid is included in the overall position but is offset by an anticipated or confirmed allocations from WG, as per the planning assumptions and so is not directly contributing to the YTD £0.150m under spend at Mth 11.

Excluding Covid, the areas of overspend which are a concerning at this point in the year are the growth in CHC costs and ongoing increase above historic trend in variable pay, and the recurrent impact of this on the 2022/23 Plan. The table on the next slide provides an overall summary/variance by area but this will include Covid spend.

PTHB continues to forecast a balanced year end position but there are a number of risks and opportunities that the Board need to effectively manage to ensure this can be delivered.

PSPP figure shows a slight improvement in the third quarter of 2021/22 compared to Q2. An issue with the late payment of agency invoices has been resolved and should support an improvement in the reported position by year end.



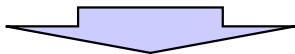
Overall Summary of Variances £000's

	BUDGET YTD	ACTUAL YTD	VARIANCE YTD
01 - Revenue Resource Limit	(339,561)	(339,561)	0
02 - Capital Donations	(119)	(119)	0
03 - Other Income	(6,014)	(6,029)	(15)
TOTAL INCOME	(345,694)	(345,710)	(15)
05 - Primary Care - (excluding Drugs)	38,669	37,766	(902)
06 - Primary care - Drugs & Appliances	27,682	27,974	292
07 - Provided services -Pay	82,709	82,932	223
08 - Provided Services - Non Pay	32,368	21,769	(10,599)
09 - Secondary care - Drugs	904	1,239	336
10 - Healthcare Services - Other NHS Bodies	128,912	134,599	5,688
12 - Continuing Care and FNC	13,783	18,457	4,674
13 - Other Private & Voluntary Sector	2,848	3,002	154
14 - Joint Financing & Other	14,202	14,202	0
15 - DEL Depreciation etc	3,881	3,881	0
16 - AME Depreciation etc	(263)	(263)	0
18 - Profit\Loss Disposal of Assets	0	0	0
TOTAL COSTS	345,694	345,560	(135)
TOTAL	0	(150)	(150)

Please refer to pages 5-8 for further information on key variances and actual performance .

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2020/21 Plan	£ M
Savings Target 2020/21 as per IMTP	5.6
Recurrent Savings Delivered 2020/21	(0.5)
Unmet Savings C/F to Opening Plan 2021/22	5.1



Original 2021/22 Plan	£ M
Unmet Saving Target b/f in Opening Plan 2021/22	5.1
Target to be Delivered Recurrently as per Financial Plan	1.7
Savings supported in 2021/22 by Covid Funding Assumptions	3.4

From Tables Above:

- The HB has £5.1m of unmet b/f savings from 2020/21.
- To achieve financial balance in 2021/22 £1.7m of savings needed to be achieved, with the remainder supported by WG Covid funding.

Chart 1 Original Identification of Schemes against £1.7M Target

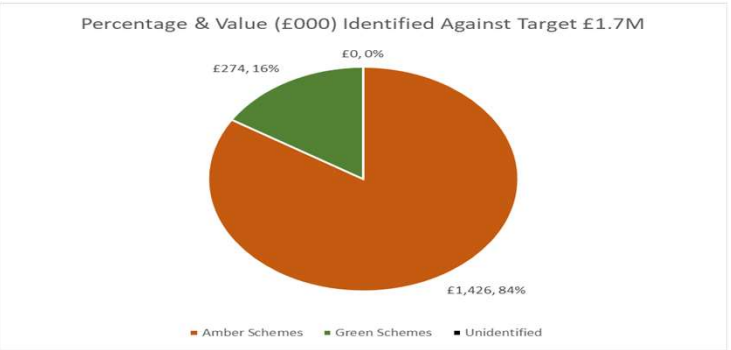
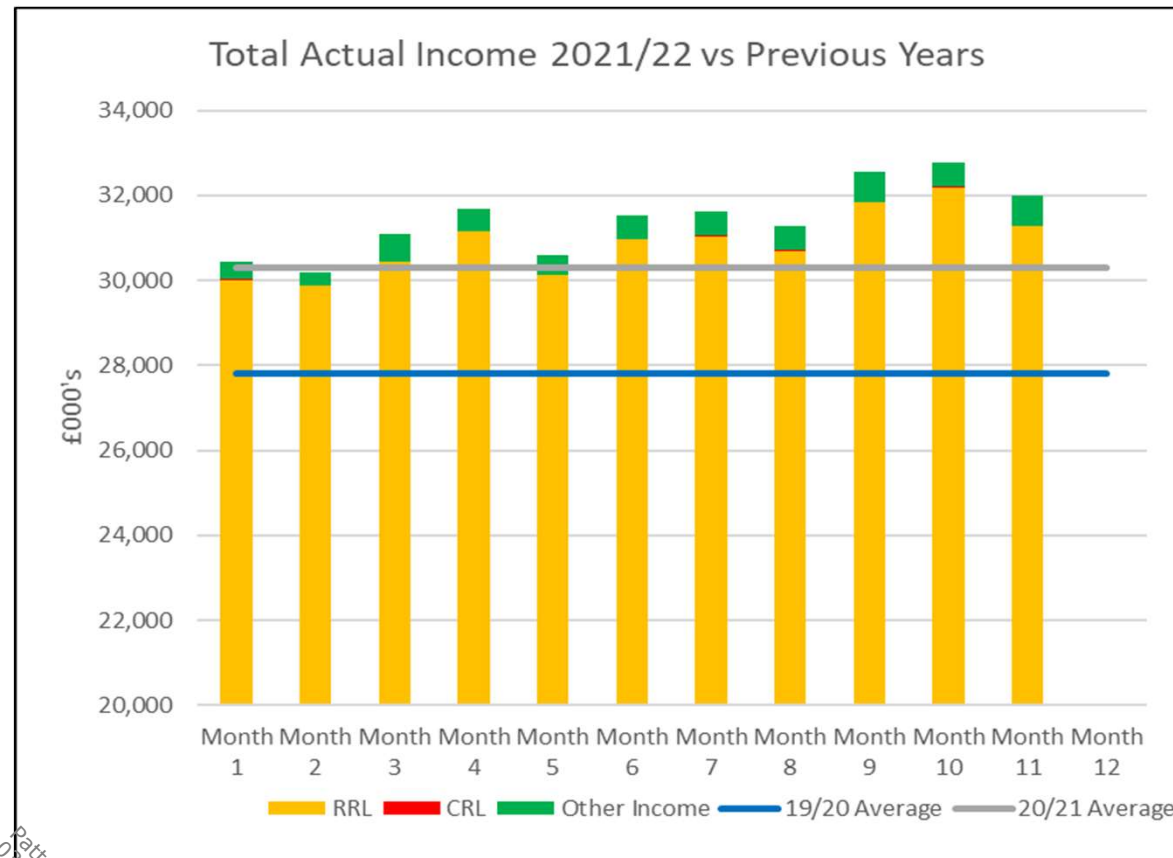


Chart 1 – originally the full £1.7m was identified as potential schemes in 2021/22, with £0.275m identified as green.

Chart 2 – as part of the Mid Year Review with WG the Health Board declared that the original target of £1.7m would not be met and likely performance = £0.455m. The shortfall in delivery to balance the plan would be taken on Non Recurrent basis from underspends and opportunities in other areas of the financial plan. However this position will increase the underlying deficit of the Health Board – see tables on page 10.

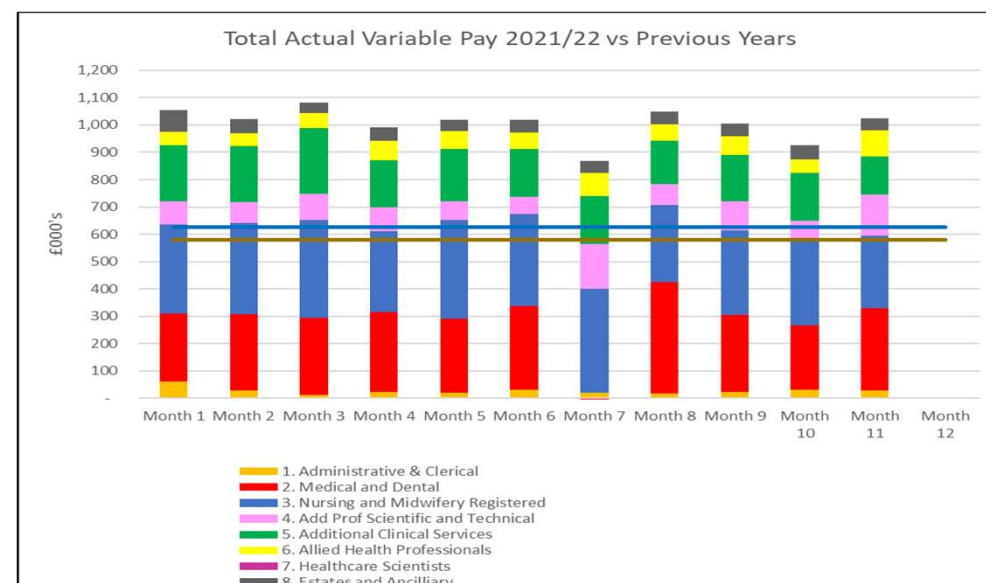
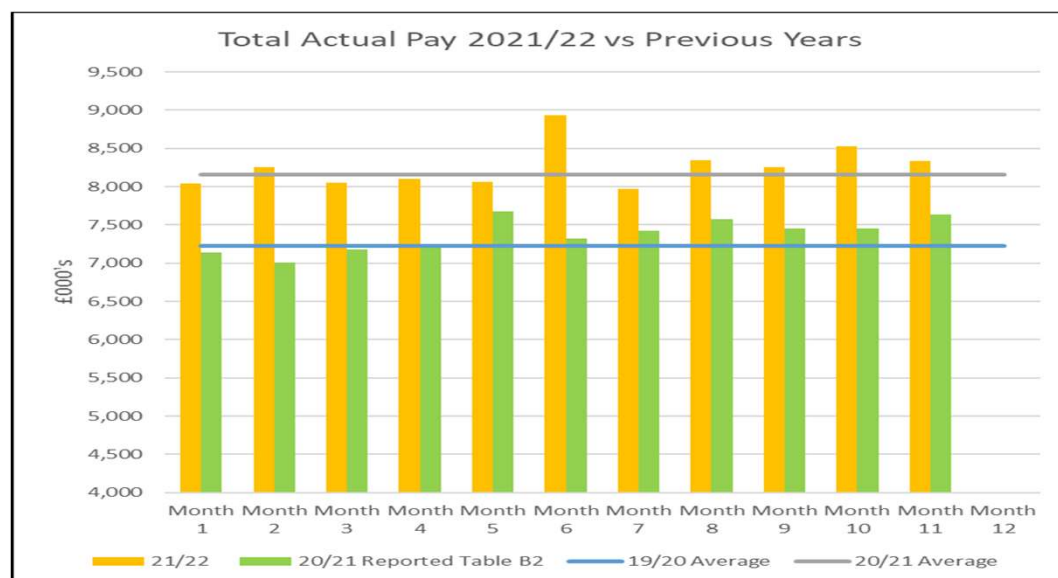
Chart 2 - Forecast Performance Against £1.7m Target

Category	Forecast Reported at M01 £'000	Forecast Reported at M06 £'000	Forecast Current month £'000	Vaiance to Plan £'000
CHC and Funded Nursing Care	255	255		-255
Commissioned Services	353	0		-353
Medicines Management	505	505	425	-80
Non Pay	82	82	30	-52
Pay - Variable Pay	506	506		-506
Grand Total	1,701	1,348	455	-1,246



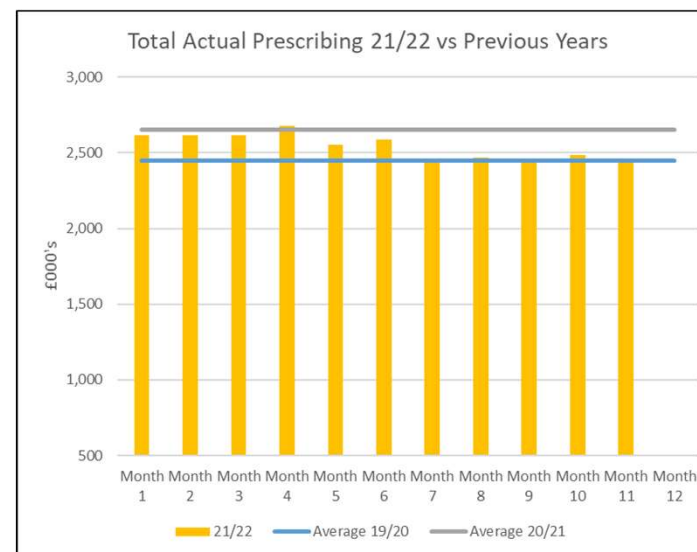
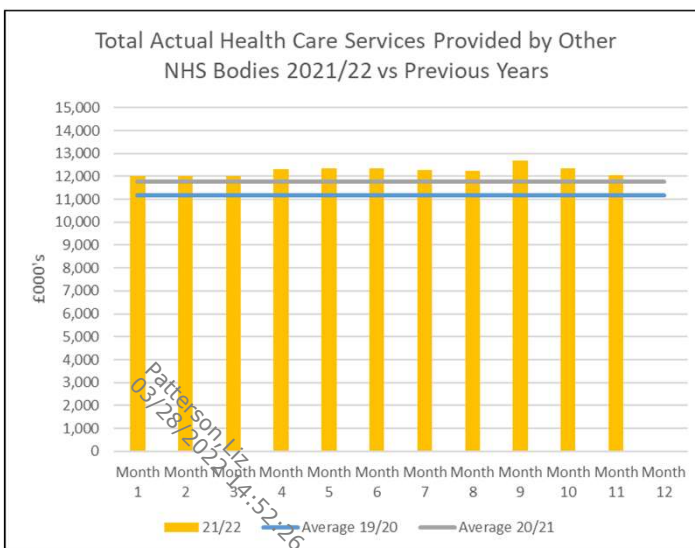
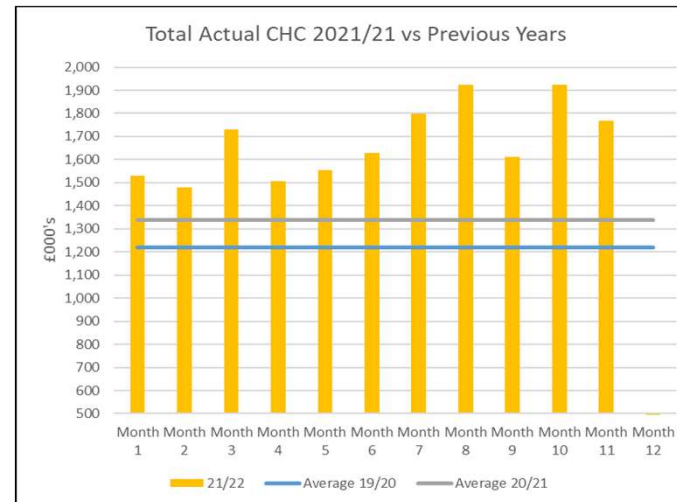
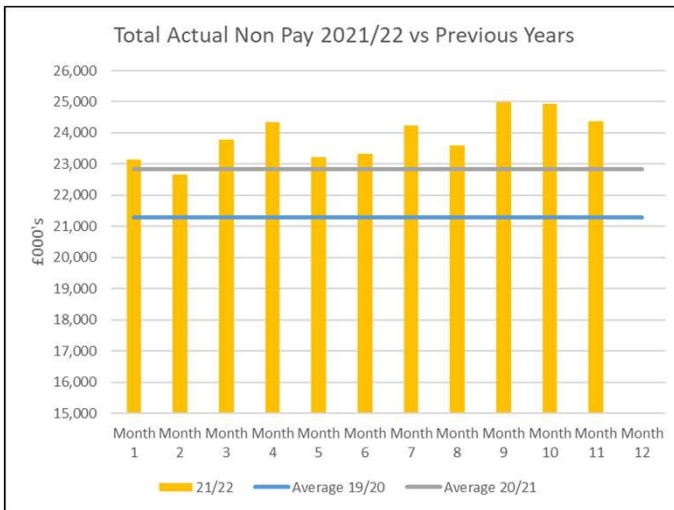
- The total income received in 2020/21 was significantly higher than the average for 2019/20 due to the £31M of covid funding received from WG and reported in detail in Note 34.2 on the 2020/21 Annual Accounts.
- For 2021/22 it is anticipated at this point in the financial year that the total funding for Covid as part of the RRL will be approximately £38M, and an element of this will be included in each month.

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- The month 11 YTD pay is showing an over spend of £0.223M against the year to date plan.
- Chart 1 is comparing that the total pay position for 2021/22 with data from previous financial years. The green bars represent the total pay as per the MMR report (Table B2) in 2020/21 and the yellow the position for 2021/22, which clearly shows a stepped increase. This increase is two-fold. (1) is the additional staff in post supporting Mass Vac and TPP which were not in place in Mth 1-6 of 2020/21. (2) The increase in the Variable Pay position as per Chart 2. **NOTE – the Mth 6 position includes the pay arrears for the 2021/22 Pay Award of 3%. Therefore the increase in pay costs for Mth 6 is distorted by the impact of this.**
- In comparing the average from 2020/21 to the actuals in 2021/22 it should be noted that the 2020/21 figures include the bonus payment accrued at the end of 2020/21 along with the notional pension adjustment required by WG in March 2021 and the annual leave provision.
- Chart 2 on variable pay demonstrates there has been a significant increase in 2021/22 compared to the 2019/20 and 2020/21 average.
- **All Wales position = at the time of writing this report only the Mth 10 position for Wales was published. Based on this data agency as a % of total pay in Wales was at 5.2%. For Powys the figure was 9.4% the highest in Wales. [Source: WG Health & Social Services Finance Update Mth 7].**

Health Board Actual 2021/22 vs Trend Previous Financial Years



- Actual Non Pay spend in 2021/22 YTD is significantly higher than the average trend from 2019/20 and slightly higher than the average for 2020/21, which will contain Covid costs along with 2021/22 uplifts for some areas. There are 3 key areas of focus:

- Commissioning – currently the LTAs are paid on a Block arrangement as per the guidance from the DoH and WG as a consequence of C-19. This is based on the 2019/20 Mth 10 position for England and Year End Position for Wales plus relevant uplifts. These figures will also contain the growth in WHSSC and EASC, which are both outside the block arrangements.
- CHC – there has been a significant increase in costs seen in Mth 1-11. CHC has been included as a risk in table 1 page 9 and Appendix 5 provides the forecast to 31st March 2022, which again shows the significant growth between 2020/21 and 2021/22.
- Prescribing – the YTD position is based on the latest PAR information, which has provided a reduction in spend in-month compared to the average in 2020/21. This will be kept under close review and updates provided as necessary given the growth seen in previous years..

Table 1: Summary Table B3 (see Appendix 1)

Area	YTD Actual £000	Forecast 2021/22 £000
Testing	1,019	1,123
Tracing	4,348	5,150
Mass Vaccination	7,262	8,384
Extended Flu	301	304
Field Hospitals	-	-
Cleaning Standards	517	564
General Covid	8,812	10,405
Recovery & Renwel Programme	2,100	4,341
WG Projects#	1,322	1,642
Total Table B3	25,681	31,914

Table 2: Breakdown of General Covid

General Covid	YTD Actual £000	Forecast 2021/22 £000
Staffing	1,363	1,917
Loss Dental Income	768	796
Primary Care Prescribing	1,739	1,982
PPE	266	321
Block LTA	3,089	3,381
Adult Social Care (CHC/FNC)	-	921
Other Non Pay	1,587	1,087
Total General Covid	8,812	10,405

- Note relating to Table 1. Within Table B3 are 'projects' that WG deem are also linked to Covid. We are directed by WG to include these within Table B3.

Table 1: Risk Reflected MMR

Risk	£'000	Likelihood
Under delivery of Amber Schemes included in Outturn via Tracker	0	High Medium
Continuing Healthcare	-300	
Prescribing	-350	
Pharmacy Contract	0	
WHSSC Performance	0	
Other Contract Performance	0	
GMS Ring Fenced Allocation Underspend Potential Claw back	0	
Dental Ring-Fenced Allocation Underspend Potential Claw back	0	
South Powys Programme	0	
High-Cost Case Feb/March 2022	0	
Gas & Electric Energy Prices Above Forward Buying Levels	0	
Total	-650	

Table 2: Opportunities Reflected MMR

Opportunity	£ '000	Likelihood
Additional Savings Above Plan	0	-
WRP Slippage	0	-
Slippage on Funding/Budgets/Further Movements in Provisions	650	Medium
WHSSC Net Underspend	0	-
Total	650	

Further details on risk and opportunities underpinning the forecast are documented in the WG Narrative Report attached to Appendix 1

Development of 2022/2023 Plan & Underlying Position

The 2022/23 Allocation Letter was issued by WG on 21st December 2021. The final draft of the 2022/23 – 2024/25 IMTP Financial Plan is summarised below aiming to deliver financial balance. The underlying deficit reported to the Board throughout 2021/22 of £5.62m is included in the opening position below.

As per the latest planning guidance from Welsh Government this will be a 3 part plan:

1. Core Financial Plan: Delivering financial balance over the 3-year IMTP cycle

Core Plan	£m		
	Year 1	Year 2	Year 3
B/fwd underlying deficit	5.62	0.00	0.00
Recurrent Impact 21/22 Pressures	3.50	0.00	0.00
Delivery Unmet Savings & Assumed Recurrent Benefits	(3.69)	(1.94)	(3.00)
NHS Commissioned Services Growth	3.09	1.65	0.83
Locally Determine Growth & Pressures	5.98	4.00	4.00
Standard National Pressures / Growth	0.70	0.06	0.06
WG Allocation:			
Core Uplift 2.8% / 1.5% / 0.75%	(7.06)	(3.78)	(1.89)
Planned and unscheduled care sustainability	(7.52)		
Value based recovery	(0.62)		
Financial Core Plan	0.00	0.00	0.00

The 2022/23 plan will require the delivery of a 1.3% £4.6m efficiency and value target.

Cost avoidance strategies focussing on variable pay and CHC will also be required of a further 0.4% £1.4m.

Developing and finalising this area of the financial plan needs to be an area of immediate focus.

2. Exceptional national cost pressures sitting outside of the core plan (Assume Additional WG funding)

- Direct fuel and energy, Health & Social Care Levi, Real Living Wage

3. COVID response costs sitting outside of the core plan (Assume Additional WG funding)

- Variable pay, prescribing, Dental income, enhanced cleaning standards

Summary

Key Numbers:

- **YTD Position Revenue** = PTHB is reporting a small under spend YTD at month 11 for FY 2021/22 of **£0.150M** (see page 2).
- **Financial Forecast Revenue** = to 31st March 2022 is to maintain a **balanced** plan based on plan submitted to WG and at the Mid Year Review 2nd November 2021, with key highlights included in this paper.
- **Savings** = Of the £1.7m target it is anticipated that the Health Board will deliver **£0.455m** by the 31st March.
- **Capital Resource Limit (CRL)** – the CRL is reported as **£15.5m** . All other schemes are anticipated to deliver in line with the CRL allocated (see appendix 1 for full breakdown).

Areas of Focus & Financial Pressures

- **CHC** – the table on Page 3 shows the reported variance for CHC. Appendix 5 demonstrates the increase since 31st March 2021 and a further £0.300m risk is included on the risk table on page 9. However between the Mth 6 and Mth 10 closedown the CHC forecast increased by circa £1.4m. Whilst the financial plan offset this against other opportunities a continued increase at this same rate of growth to the year end would have a significant impact on the Health Boards ability to breakeven. Based on the Mth 8 WG Health & Social Services Finance Update Powys is a significant outlier to the rest of Wales in terms of growth reported.
- **Variable Pay** – across Wales the agency spend as a % of total pay across at Mth 8 was reported at 5.2% in the WG Health & Social Services Finance Update. As part of the WG report Powys' % is 9.4%, which shows Powys as the highest in Wales. This pressure is clearly demonstrated in the Graph on page 6.
- **Savings Delivery** – the Health Board has an in year pressure of £1.246m due to the non delivery of the savings requirement for 2021/22 of £1.7m (see page 4). The 2021/22 plan discussed with WG at the mid year review outlined opportunities in other areas would be used to mitigate this loss of savings. However a robust plan for 2022/23 will be required and requires an immediate focus with clear lines of accountability.
- **Underlying Position** – whilst the Health Board had a balanced plan for 2021/22 it retained an underlying opening deficit of £5.6m. The recurrent impact of in year growth relating to CHC, variable pay and non-delivery of savings has increased the underlying deficit by £3.5m as detailed on page 10 increasing the financial challenge we face in 2022/23.

Powys THB Finance Department Financial Performance Report - Appendices

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Embedded below are extracts from the Monthly Monitoring Return submitted to Welsh Government on Working Day 9.

MMR Narrative



M11 MMR
Narrative

MMR Tables



MMR Tables M11

Mass Vac Tables



Mass Vaccs M11

TTP Tables



TTP Tables M11

Recovery Tables



Recovery Tables
M11

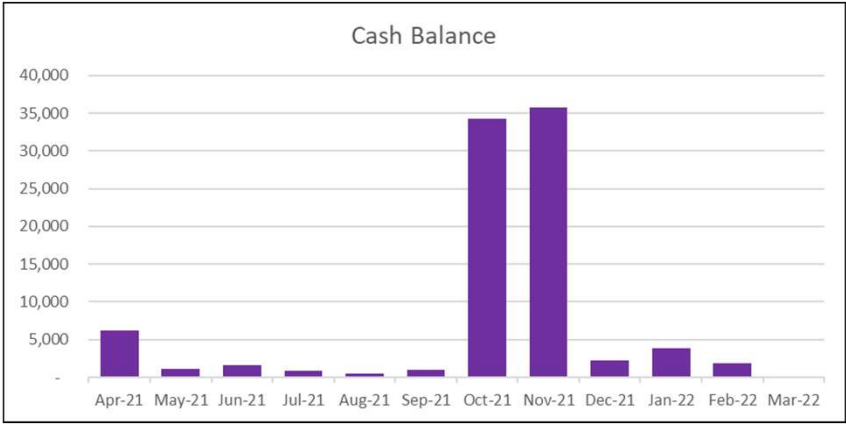
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Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 28th February 2022
WG CRL FUNDING	£M	£M	£M
Discretionary Capital	1.323	1.323	0.918
Anti Ligature	1.001	1.001	0.279
Machynlleth	6.152	6.152	3.523
National Programmes – Fire	0.557	0.557	0.059
National Programmes – Infrastructure	1.331	1.331	0.554
National Programmes – Decarbonisation	0.332	0.332	0.018
National Programmes – Imaging	0.460	0.460	0.000
Covid Recovery 2021-22	0.550	0.550	0.343
Covid Recovery 2021-22	0.960	0.960	0.097
Breconshire War Memorial Hospital - development of Car Parking Facilities	0.225	0.225	0.002
Eye Care e-referral system	0.138	0.138	0.021
Health & Care Academy - Basil Webb, Adaptive Living Space and Outdoor Learning Space	0.676	0.676	0.167
Additional DPIF funding	1.556	1.556	0.224
National Programmes - Infrastructure	0.132	0.132	0.043
Eye care equipment - January 2022	0.102	0.102	0.000
DPIF - Powys Cross Boarder Flows	0.009	0.009	0.000
TOTAL APPROVED FUNDING	15.504	15.504	6.248

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	Mth 1 £'000	Mth 2 £'000	Mth 3 £'000	Mth 4 £'000	Mth 5 £'000	Mth 6 £'000	Mth 7 £'000	Mth 8 £'000	Mth 9 £'000	Mth 10 £'000	Mth 11 £'000	Mth 12 £'000
OPENING CASH BALANCE	2,627	6,184	1,123	1,658	822	493	1,002	34,220	35,762	2,269	3,898	1,809
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	30,800	25,700	34,000	30,809	26,623	30,571	63,854	31,302	-	30,499	29,292	36,792
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	- 160	- 160	- 160	- 160	117	- 38	- 306	- 92	-	- 127	- 162	- 160
WG Revenue Funding - Other (e.g. invoices)	1,551	42	13	85	29	83	893	22	33	66	186	1,700
WG Capital Funding - Cash Limit - LHB & SHA only	-	-	200	200	2,600	1,477	935	1,000	-	1,000	2,305	6,983
Income from other Welsh NHS Organisations	473	281	944	427	399	307	474	308	308	685	431	400
Other	1,064	248	353	1,506	354	704	443	383	711	695	314	400
Total Receipts	33,728	26,111	35,350	32,867	30,122	33,104	66,293	32,923	1,052	32,818	32,366	46,115
Payments												
Primary Care Services : General Medical Services	2,588	2,262	2,970	2,864	2,135	2,362	2,451	2,361	2,705	3,113	2,205	2,400
Primary Care Services : Pharmacy Services	448	-	318	898	-	441	240	446	768	-	508	500
Primary Care Services : Prescribed Drugs & Appliances	1,201	-	1,372	2,516	-	1,361	1,342	1,275	2,561	-	1,346	1,300
Primary Care Services : General Dental Services	342	433	469	434	516	479	531	440	456	455	436	420
Non Cash Limited Payments	77	169	86	84	154	72	74	81	82	54	68	100
Salaries and Wages	7,443	8,866	8,415	7,396	7,413	7,918	8,068	7,567	7,625	7,890	7,830	7,700
Non Pay Expenditure	18,069	19,312	20,729	18,983	19,773	17,174	20,068	18,726	19,409	18,978	20,307	25,618
Capital Payment	3	130	456	528	460	2,788	301	485	939	699	1,755	9,386
Other items	-	-	-	-	-	-	-	-	-	-	-	-
Total Payments	30,171	31,172	34,815	33,703	30,451	32,595	33,075	31,381	34,545	31,189	34,455	47,424
NET CASH FLOW IN MONTH	3,557	- 5,061	535	- 836	- 329	509	33,218	1,542	- 33,493	1,629	- 2,089	- 1,309
Balance c/f	6,184	1,123	1,658	822	493	1,002	34,220	35,762	2,269	3,898	1,809	500

- NOTES:
- The table above shows a positive cash balance of £1.809m at month 11.
 - Mth 7 and Mth 8 increased cash balances at end of the month was at the request of WG to take cash in advance.



	Opening Balance	Closing Balance	Forecast Closing
	Beginning of	End of	Balance
	Apr 21	Feb 22	End of
	£'000	£'000	Mar 22
	£'000	£'000	£'000
Tangible & Intangible Assets	78,394	84,783	91,094
Trade & Other Receivables	26,582	23,866	27,333
Inventories	159	159	159
Cash	2,627	1,809	500
Total Assets	107,762	110,617	119,086
Trade and other payables	45,831	45,055	43,003
Provisions	23,410	24,534	24,534
Total Liabilities	69,241	69,589	67,537
Total Assets Employed	38,521	41,028	51,549

Financed By			
General Fund	-	2,532	-
Revaluation Reserve		25	8,715
Total Taxpayers' Equity		41,053	42,834
	38,521	41,028	51,549

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CHC Forecast 2021/22 vs 2019/20 & 2020/21

Area	19/20 Year end Position	20/21 Year end Position	21/22 Forecast @ Mth 6	21/22 Forecast @ Mth 7	21/22 Forecast @ Mth 8	21/22 Forecast @ Mth 9	21/22 Forecast @ Mth 10	21/22 Forecast @ Mth 11	Growth From 2020/21 YE to 2021/22 Forecast @ Mth 11
Children	£267,217	£151,234	£156,944	£156,944	£156,944	£156,944	£156,944	£156,944	£5,710
Learning Disabilities	£957,455	£1,567,929	£1,263,808	£1,294,343	£1,388,021	£1,388,021	£1,542,967	£1,579,109	£11,180
Mental Health	£7,344,265	£7,800,642	£9,972,709	£10,306,982	£10,486,754	£10,369,572	£10,562,815	£10,549,483	£2,748,841
Mid Locality	£981,064	£925,210	£1,261,614	£1,447,057	£1,574,421	£1,673,257	£1,653,550	£1,741,149	£815,939
North Locality	£1,365,243	£1,537,343	£1,918,715	£1,876,510	£1,994,684	£1,993,747	£2,074,285	£2,107,810	£570,467
South Locality	£1,494,868	£1,958,143	£1,929,526	£1,863,650	£1,864,128	£1,872,968	£1,830,500	£1,814,543	(£143,600)
Grand Total	£12,410,112	£13,940,501	£16,503,316	£16,945,486	£17,464,952	£17,454,509	£17,821,060	£17,949,038	£4,008,537

All Wales position = at the time of writing this report only the Mth 8 position for Wales was published. Based on this data Powys had the highest growth in CHC/FNC compared to 2020/21. Summary of position for Wales is provided in the Chart below:



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Agenda item 3.3

Board		Date of Meeting: 30 March 2022
Subject:	CORPORATE RISK REGISTER (MARCH 2022)	
Approved and Presented by:	Interim Board Secretary	
Prepared by:	Interim Corporate Governance Manager	
Other Committees and meetings considered at:	Executive Committee, 23 March 2022	

PURPOSE:

The purpose of this paper is to provide the Board with the March 2022 version of the Corporate Risk Register for discussion, ahead of presentation to the Board for ratification.

RECOMMENDATION(S):

It is recommended that the Board:

- **REVIEWS** the March 2022 version of the Corporate Risk Register included at **Appendix 1**, ensuring that it is a complete and a true reflection of the health board's current high-level risks; and
- **DISCUSS** the appetite threshold and tolerance levels for each risk, ensuring that these are realistic and appropriate.
- **NOTE** that the Health Board is undertaking enhanced monitoring of potential cyber security risks in light of the developments in Ukraine. Any risks identified as a result of this monitoring will be managed and escalated as appropriate via Directorates, the Risk and Assurance Group and the Executive Committee.

Approval/Ratification/Decision	Discussion	Information
x	✓	x

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

Strategic Objectives:	1. Focus on Wellbeing	
	2. Provide Early Help and Support	
	3. Tackle the Big Four	
	4. Enable Joined up Care	
	5. Develop Workforce Futures	
	6. Promote Innovative Environments	
	7. Put Digital First	
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	
	2. Safe Care	
	3. Effective Care	
	4. Dignified Care	
	5. Timely Care	
	6. Individual Care	
	7. Staff and Resources	
	8. Governance, Leadership & Accountability	✓

BACKGROUND AND ASSESSMENT:

The Corporate Risk Register provides a summary of the significant risks to the delivery of the health board's strategic objectives. To be included in the Corporate Risk Register a risk must:

- represent an issue that has the potential to hinder achievement of one or more of the health board's strategic objectives;
- be one that cannot be addressed at directorate level;
- further control measures are needed to reduce or eliminate the risk;
- a considerable input of resource is needed to treat the risk (finance, people, time, etc.).

At its meeting in July, the Board approved the revised Corporate Risk Register, which was reframed to reflect the priorities in the Annual Plan 2021-22. The Annual Plan sets out the PTHB Priorities for the year ahead, and reflects the ongoing need to respond to the Covid-19 pandemic, the delivery and recovery of healthcare and the ambition for renewal which has at its heart the well-being of our staff and our population.

The Interim Corporate Governance Manager has liaised with Executive Directors to review and update the Corporate Risk Register to ensure it reflects the latest position. There have been no new risks escalated to the Corporate Risk Register during the current reporting period.

The situation in Ukraine is being monitored closely as part of the ongoing risk management activity within in the organisation. In particular, the UK as a whole is at a heightened risk of Russian cyber attacks amid the conflict and

we continue to work with Digital Health and Care Wales in order to ensure that system resilience is maintained.

Proposed Changes to the Corporate Risk Register

The Board is asked to consider the following changes for approval: -

Corporate Risk	Change to Rating	Recommended Change
CRR 001	No change proposed to risk description or rating	
CRR 002	No change proposed to risk description or rating	
CRR 003	No change proposed to risk description or rating	
CRR 004	No change proposed to risk description or rating	
CRR 005	No change proposed to risk description or rating	
CRR 006	No change proposed to risk description or rating	
CRR 007	No change proposed to risk description or rating	
CRR 008	No change proposed to risk description or rating	
CRR 010	No change proposed to risk description or rating	
CRR 012	No change proposed to risk description or rating	
CRR 013	No change proposed to risk description or rating	
CRR 014	Risk Rating decreased from 16 (L4xI4) to 12 (L3xI4)	It is proposed that the likelihood of this risk occurring be decreased from 'Likely' to 'Possible'

CRR 016	No change proposed to risk description or rating
CRR 017	No change proposed to risk description or rating

The full Corporate Risk Register is attached to this report as **Appendix 1**. For ease of reference, updates to mitigating actions and progress is included within the risk register and included in red font.

NEXT STEPS:

Directorates, Risk and Assurance Group and the Executive Committee will continue to monitor organisational risks, proposing risks for escalation to the CRR where appropriate, to ensure that the CRR articulates the strategic risks that are deemed to impact delivery of the organisation's strategic objectives.

The CRR will be subject to further review and revision by the Executive Committee following approval of the 2022-2025 IMTP in order to ensure that it reflects the risks to delivering the Health Board's strategic objectives going forward, together with further development of the Board Assurance Framework.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Corporate Risk Register March 2022

Risk Management

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Board
30 March 2022
Agenda item:

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CORPORATE RISK HEAT MAP: March 2022

There is a risk that...

Impact	Catastrophic	5					
	Major	4		<ul style="list-style-type: none"> The Health Board does not meet its statutory duty to achieve a breakeven position in 2021/22 	<ul style="list-style-type: none"> The need to improve health equity is not adequately reflected in the priorities and resource allocation of the health board Potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of an infectious disease (COVID-19) 	<ul style="list-style-type: none"> The care provided in some areas is compromised due to the health board's estate being non-compliant and not fit for purpose The Health Board is unable to sustain an adequate workforce Fragmented and unsustainable service models as a result of population changing need and service reconfiguration of neighbouring NHS bodies and the response of multiple providers / systems to the Covid-19 pandemic There are delays in accessing treatment in for Primary and Community Care Services in excess of 36 and 52 weeks, and a reduction in levels of enhanced services provided by General Practices under the GMS Contract. 	<ul style="list-style-type: none"> Once accessed, residents in Powys may receive poor quality of care There are delays in accessing treatment in Secondary and Specialised care services, in excess of 36 and 52 weeks
	Moderate	3			<ul style="list-style-type: none"> There is ineffective partnership working and partnership governance 	<ul style="list-style-type: none"> The Health Board has insufficient capacity to lead and manage change effectively The Health Board does not comply to the Welsh Language standards, as outlined in the compliance notice 	
	Minor	2					
	Negligible	1					
			1	2	3	4	5
			Rare	Unlikely	Possible	Likely	Almost Certain
			Likelihood				

CORPORATE RISK DASHBOARD – March 2022

Risk Lead	Risk ID	Main Risk Type	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Trend	Board Risk Appetite	Risk Target	At Target ✓/✗	Lead Board Committee	Risk Impacts on
DoN	CRR 001	Quality & Safety of Services	Once accessed, residents in Powys may receive poor quality of care	5 x 4 = 20	➔	Low	6	✗	Patient Experience, Quality & Safety	Organisational Priorities underpinning WBO 1 to 4
DFIIT	CRR 002	Finance	The Health Board does not meet its statutory duty to achieve a breakeven position in 2021/22	2 x 4 = 8	➔	Moderate	8	✓	Delivery and Performance	Organisational Priorities underpinning WBO 8.2
CEO	CRR 003	Innovation & Strategic Change	The Health Board has insufficient capacity to lead and manage change effectively	4 x 3 = 12	➔	High	9	✗	Delivery and Performance	Organisational Priorities underpinning Renewal Portfolio specifically and indirectly all annual plan / wellbeing objectives

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Risk Management

DPP	CRR 004	Regulation & Compliance	There is ineffective partnership working and partnership governance	3 x 3 = 9	➔	Low	6	*	Planning, Partnerships & Population Health	Organisational Priorities underpinning Wellbeing Objective 8: Transforming in Partnership
DoE	CRR 005	Quality & Safety of Services	The care provided in some areas is compromised due to the health board's estate being non-compliant and not fit for purpose	4 x 4 = 16	➔	Low	9	*	Delivery and Performance	Organisational Priorities Underpinning WBO 1 to 4
DWOD	CRR 006	Quality & Safety of Services	The Health Board is unable to sustain an adequate workforce	4 x 4 = 16	➔	Low	12	✓	Workforce and Culture	Organisational Priorities Underpinning WBO 1 to 8
DPP	CRR 007	Quality & Safety of Services	There are delays in accessing treatment in Secondary and Specialised care services, in excess of 36 and 52 weeks	5 x 4 = 20	➔	Low	12	*	Delivery and Performance	Organisational Priorities underpinning WBO 4 – specifically 4.3
DPP	CRR 008	Innovation & Strategic Change	Fragmented and unsustainable service models as a result of population changing need and service reconfiguration of neighbouring NHS bodies and the response of multiple providers / systems to the Covid-19 pandemic	4 x 4 = 16	➔	High	12	*	Planning, Partnerships & Population Health	Organisational Priorities WBO 1 to 4

CEO	CRR 010	Finance / Resources	The need to improve health equity is not adequately reflected in the priorities and resource allocation of the Health Board	3 x 4 = 12	➔	Low	8	*	Planning, Partnerships & Population Health	Organisational Priorities underpinning WBO 1 to 8
DTHS	CRR 012	Regulation & Compliance	The Health Board does not comply with the Welsh Language standards, as outlined in the compliance notice	4 x 3 = 12	➔	Low	6	*	Workforce and Culture	Organisational Priorities Underpinning WBO 1 to 8
DFIIT / DPP	CRR 013	Quality & Safety of Services	There are delays in accessing treatment in for Primary and Community Care Services in excess of 36 and 52 weeks, and a reduction in levels of enhanced services provided by General Practices under the GMS Contract.	4 x 4 = 16	➔	Low	12	*	Delivery and Performance	Organisational Priorities underpinning WBO 1 to 4
DPH	CRR 014	Quality & Safety of Services	Potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of an infectious disease (COVID-19)	3 x 4 = 12	➡	Low	12	✓	Delivery and Performance	Organisational Priorities Underpinning WBO 1 to 8

KEY:

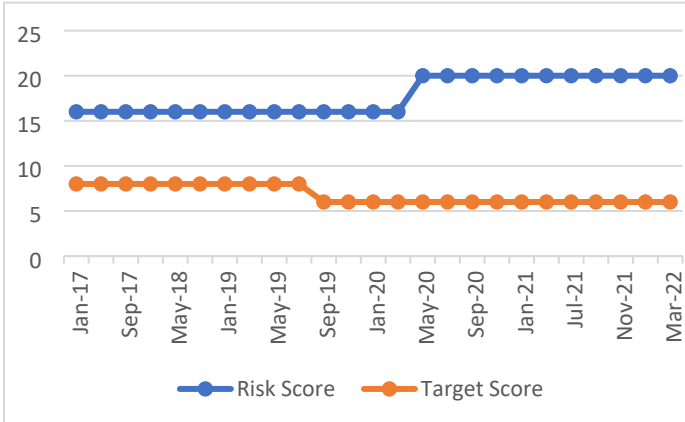
LIKELIHOOD	IMPACT				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Almost Certain 5	5	10	15	20	25
Likely 4	4	8	12	16	20
Possible 3	3	6	9	12	15
Unlikely 2	2	4	6	8	10
Rare 1	1	2	3	4	5

Very Low	1-3	Low	4-8	Moderate	9-12	High	15-25
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Executive Lead:	
CEO	Chief Executive
DPCMH	Director of Primary, Community Mental Health Services
DN	Director of Nursing
DFIIT	Director of Finance, Information and IT
MD	Medical Director
DPH	Director of Public Health
DWODSS	Director of Workforce & OD and Support Services
DTHS	Director of Therapies & Health Sciences
DPP	Director of Planning & Performance
BS	Board Secretary

RISK APPETITE		
Category	Appetite for Risk	
Quality & Safety of Services	Low	Risk Score 1-6
Regulation & Compliance	Low	Risk Score 1-6
Reputation & Public Confidence	Moderate	Risk Score 8-10
Finance	Moderate	Risk Score 8-10
Innovation & Strategic Change	High	Risk Score 12-15

Trend	
↑	risk score increased
→	risk score remains static
↓	risk score reduced

CRR 001 Risk that: once accessed, residents in Powys may receive poor quality of care Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4		Executive Lead: Director of Nursing & Midwifery Assuring Committee: Patient Experience, Quality and Safety Date last reviewed: February 2022																																										
Risk Rating (likelihood x impact): Initial: $4 \times 4 = 16$ Current: $5 \times 4 = 20$ Target: $2 \times 3 = 6$ Date added to the risk register January 2017	 <table border="1"> <caption>Risk Score and Target Score Data</caption> <thead> <tr> <th>Date</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Jan-17</td><td>16</td><td>8</td></tr> <tr><td>Sep-17</td><td>16</td><td>8</td></tr> <tr><td>May-18</td><td>16</td><td>8</td></tr> <tr><td>Jan-19</td><td>16</td><td>8</td></tr> <tr><td>May-19</td><td>16</td><td>8</td></tr> <tr><td>Sep-19</td><td>16</td><td>8</td></tr> <tr><td>Jan-20</td><td>16</td><td>6</td></tr> <tr><td>May-20</td><td>20</td><td>6</td></tr> <tr><td>Sep-20</td><td>20</td><td>6</td></tr> <tr><td>Jan-21</td><td>20</td><td>6</td></tr> <tr><td>Jul-21</td><td>20</td><td>6</td></tr> <tr><td>Nov-21</td><td>20</td><td>6</td></tr> <tr><td>Mar-22</td><td>20</td><td>6</td></tr> </tbody> </table>	Date	Risk Score	Target Score	Jan-17	16	8	Sep-17	16	8	May-18	16	8	Jan-19	16	8	May-19	16	8	Sep-19	16	8	Jan-20	16	6	May-20	20	6	Sep-20	20	6	Jan-21	20	6	Jul-21	20	6	Nov-21	20	6	Mar-22	20	6	Rationale for current score: <ul style="list-style-type: none"> National policy direction with some decisions outwith of local control. Refining the risk-based approach to health service provision The longevity and continued impact of the Covid-19 pandemic, compounded by the omicron variant, articulated via the 5 harms, on the ability of health boards and trusts to provide quality care and treatment, given the accumulative effect of successive waves of infection and its unequitable adverse impact. Extension/continuation of the mass vaccination campaign including the redeployment of staff from a finite group to meet continued and increasing demands. Staff fatigue across all sectors impacting upon a whole systems approach to health and social care provision, adversely affecting organisation and system wide resilience. People presenting for treatment at a later stage resulting in greater acuity and complexity. UK wide prioritisation of recovery, opportunity predicated on a range of factors outwith of the Health Board's control. Pre and intra pandemic, Regulators and external bodies have identified poor quality of care in health boards and trusts in Wales and England where residents of Powys access services. Some services accessed by residents in Powys are in special measures, at level 4 escalation. They have independent oversight and scrutiny mandated by government. The scope, pace and assurance available in terms of improvement varies. Some services accessed by residents in Powys have received internal audit reports which provided a limited level of assurance in relation to care and treatment, or services that impact upon it. Dependent oversight and scrutiny is mandated by government.
Date	Risk Score	Target Score																																										
Jan-17	16	8																																										
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Jul-21	20	6																																										
Nov-21	20	6																																										
Mar-22	20	6																																										

		<p>The scope, pace and assurance available in terms of improvement varies.</p> <ul style="list-style-type: none"> • Potential short- and longer-term unplanned changes within the health and social care workforce, adversely affecting organisations and wider systems opportunity to recover and renew. • Commissioning assurance processes have been less achievable as a result of the pandemic and may not identify risks for Powys residents across the whole system. • The capacity, capability and processes for whole system quality and commissioning are finite. • The strategic plan to repatriate services as appropriate into Powys has been impacted upon by the pandemic. • Lack of clarity about pathways for Powys patients leading to sub-optimum care and potential for significant harm. • Non-compliance with statutory requirements including joint commissioning with the local authority (including Section 33). • Events outwith of providers control, e.g. adverse weather 															
<p>Controls (What are we currently doing about the risk?)</p> <ul style="list-style-type: none"> ▪ Cognisance and implementation of Welsh Government policy. ▪ Staff wellbeing initiatives in place internally and within other organisations. ▪ Escalated oversight and assurance arrangements in place related to patient flow, length of stay and community provision, in partnership with PCC and third sector. ▪ Consideration of Local Options Framework where indicated. ▪ Increased oversight and monitoring as part of escalated governance arrangements, in the form of the Delivery Coordination Group, reporting to Gold ▪ Harm review processes being undertaken reported via PEQS March 2022 ▪ Enhanced reporting to Welsh Government. ▪ IMTP planning predicated on the impacts of COVID-19. 		<p>Mitigating actions (What more should we do?)</p> <p>Actions in relation to externally commissioned services including SaTH, the Big 4, the South Powys Programme and waiting times are set out in the organisation's 13 main priorities and revised quarterly plan (rather than the actions in the original annual plan below)</p> <table> <tr> <th>Action</th><th>Lead</th><th>Deadline</th></tr> <tr> <td>Embed whole system commissioning through the implementation of the Strategic Commissioning Framework</td><td>DPP / DoNM</td><td>In line with Annual Plan for 2021-22</td></tr> <tr> <td>Embed and ensure implementation of the Commissioning Assurance Framework</td><td>DPP / DoNM</td><td>In line with Annual Plan for 2021-22</td></tr> <tr> <td>Implement commissioning intentions for 2021-22</td><td>DPP / DoNM</td><td>In line with Annual Plan for 2021-22</td></tr> <tr> <td>Robustly identify and articulate performance of all providers of planned care services for the people of Powys through the Commissioning Assurance Framework</td><td>DPP / DoNM</td><td>In line with Annual Plan for 2021-22</td></tr> </table>	Action	Lead	Deadline	Embed whole system commissioning through the implementation of the Strategic Commissioning Framework	DPP / DoNM	In line with Annual Plan for 2021-22	Embed and ensure implementation of the Commissioning Assurance Framework	DPP / DoNM	In line with Annual Plan for 2021-22	Implement commissioning intentions for 2021-22	DPP / DoNM	In line with Annual Plan for 2021-22	Robustly identify and articulate performance of all providers of planned care services for the people of Powys through the Commissioning Assurance Framework	DPP / DoNM	In line with Annual Plan for 2021-22
Action	Lead	Deadline															
Embed whole system commissioning through the implementation of the Strategic Commissioning Framework	DPP / DoNM	In line with Annual Plan for 2021-22															
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Robustly identify and articulate performance of all providers of planned care services for the people of Powys through the Commissioning Assurance Framework	DPP / DoNM	In line with Annual Plan for 2021-22															

<ul style="list-style-type: none"> Recovery and renewal key focus of PTHB Annual Plan for 2021/22 overseen by CEO led Portfolio Board. Non-recurrent revenue and capital secured for first phase of priorities. Risk-based implementation of the plan in relation to support infrastructure required, including procurement capacity; operational recruitment, particularly in relation to theatre staff; the availability of additional external clinical capacity; and, unscheduled care pressures. Progression of the North Powys Programme. Continued implementation of the Strategic Commissioning Framework (for whole system commissioning) – partially restored at present. Implementation of the Clinical Quality Governance Framework. Implementation of the OD Framework. Focus on whole patient pathway improvement inclusive of provided and commissioned services for maternity, neonates, CAMHs. Refreshed approach to ensuring appropriate deployment of the workforce throughout the health board. Embedding the Commissioning Assurance Framework (CAF) escalation process - partially restored at present. Executive Committee Strategic Commissioning and Change Group (including consideration of fragile services – currently replaced by the DGH Log mapping pathway changes across multiple providers across England and Wales due to the COVID-19 pandemic). Regular review at Delivery and Performance meetings. Scrutiny by Performance and Resources Committee. Scrutiny by Patient Experience, Quality and Safety Committee. Internal Audit. Contract Quality and Performance Review Meetings for the 15 NHS Providers and key private sector providers. Individual Patient Funding Request Panel and Policy. WHSCC Joint Committee and Management Group. WHSSC ICP agreed within PTHB IMTP – and process underway for 21/22. Emergency Ambulances Services Committee. Shared Services Framework Agreements. Section 33 Agreements. 	Programme of work to strengthen effective processes to develop and manage condition specific and service plans	DPP / DoNM	In line with Annual Plan for 2021-22
	Strengthening of commissioning intelligence in line with IMTP	DPP / DoNM	In line with Annual Plan for 2021-22
	Review Patient flows and activity into specialised services to ensure safe and appropriate pathways	DPP / DoNM	In line with IMTP/ICP
	Strengthen the organisation's capacity, capability and governance processes for commissioning – including interface with specialised services	DPP / DoNM	In line with IMTP/ICP
	As a member of the Powys Regional Partnership Board, support delivery of the Powys Area Plan which includes commissioning appropriate, effective and efficient accommodation options for older people, individual children and looked after children	DPP / DoNM	In line with Annual Plan for 2021-22
	Through the Joint Partnership Board, continue to develop opportunities for pooling Third Sector commissioning	DPP / DoNM	In line with Annual Plan for 2021-22
	Strengthen the whole system approach to the Big 4	DPP / DoNM	In line with IMTP
	Review of the health board's interface with SATH	DPP / DoNM	July 2021
	Receive the Wales Audit quality governance review and identify key areas for improvement	DONM	Aug 2021
	Agree and establish monitoring of the health boards provision of care and treatment using the principles of the commissioning assurance framework	DPCM H / DoNM	Sept 2021

<ul style="list-style-type: none"> ▪ Responsible Commissioner Regulations for Vulnerable Children Placed away from Home. ▪ Specific Organisational Delivery Objectives set out in health board's Annual Plan for 2021-22. ▪ Development of a standard operating procedure re quality and safety in commissioned services ▪ Participation in the Cross-Border Network Between England and Wales (Statement of Values and Principles between England and Wales). ▪ Commissioning Intentions set out in IMTP (response to the pandemic currently being implemented not commissioning intentions). ▪ NHS LTA and SLA Overview submitted to the Executive Committee (and approval process). ▪ Executive Committee approved LTA and SLA narrative (updated each year). ▪ CEO signed LTAs and SLAs for healthcare. ▪ CAF developed for General Dental Services. ▪ CAF developed for General Medical Services. ▪ Recruitment of Public Health Consultant to help strengthen commissioning intelligence (currently transferred to COVID-19 related duties). ▪ Prior approval policy in place (Following the EU exit the EEA policy has ceased to apply). ▪ INNU policy in place. ▪ Pooled fund manager for Section 33 Residential Care. ▪ SATH Improvement Alliance with UHB in place. ▪ Respiratory and Circulatory Transformation leads in place (but circulatory support was temporarily diverted to help manage changes to emergency flows). Temporary cancer post to help ensure appropriate pathways for patients with cancer. ▪ DGH and Specialised Work-stream within PTHB's COVID-19 response plan. ▪ PTHB CEO lead Programme Board involving 3 health boards and WAST. ▪ Participation in cross-border command and control structures. ▪ Essential Services Framework implementation underway. ▪ PTHB Children's Home Group in response to the COVID-19 pandemic. 			
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<ul style="list-style-type: none"> ▪ Scheduled peer meetings with clinical teams in commissioned services focused on addressing concerns and sharing improvements in services where poor care has been identified. ▪ Review of policy and protocols within the health board to consider the whole patient pathway. ▪ CEO escalation where required. 			
Current Risk Rating	Additional Comments		
<p>5 x 4 = 20</p>	<p>Whilst the overall risk score remains unchanged, the rationale and controls are constantly changing, i.e. the static score does not reflect the nature of the risk itself.</p> <p>The risk resulting from COVID-19 is changeable and is constantly reviewed in terms of directly provided services.</p> <p>During the COVID-19 period the usual commissioning arrangements are not in place, nor the actions set out in the original Annual Plan. Health Boards and NHS Trusts providing services for Powys patients have made service changes in response to directions from respective governments in England and Wales through the different phases of the pandemic. Neighbouring English providers have moved into whole system Silver and Gold command arrangements.</p> <p>Whilst quality governance arrangements are developing within the health board, the pace of change has been stymied by the pandemic with service groups at varying stages of maturity.</p> <p>It was not possible to score the Commissioning Assurance Framework (CAF) in the first COVID-19 peak. It has been restored where possible, but not all domains can be scored or escalated in the usual way (for example Finance and NHS LTAs and SLAs remain in block arrangements and finance and activity patterns are different to anticipated due to the pandemic.) There are recognised extensive delays across the NHS for elective procedures with a growing number of patients waiting more than 52 weeks for treatment (capacity across providers is significantly reduced due to social distancing, PPE and the need to maintain surge capacity and due to the priority of the mass vaccination programme.). In Q4 of 2021/22</p>		

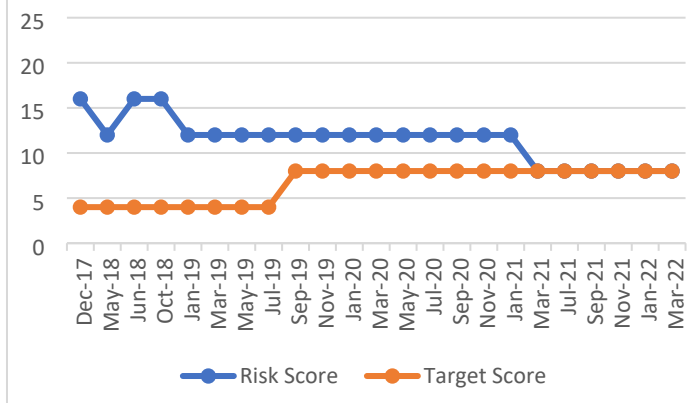
the Omicron variant has led to extreme pressure on DGH capacity both from patient volume and staff sickness levels with local decisions being made regarding the ability to receive patients for scheduled and unscheduled treatment.

The **cumulative risk** in relation to commissioned services remains extremely challenging. Whilst, changes to emergency flows in South Powys in response to early opening of the Grange University Hospital have been managed; an Improvement Alliance with UHB is in place for SaTH; and the UK has exited the EU with a deal – the underlying position for commissioned services is unprecedented in terms of the pressures arising from COVID-19 (in winter) and the impact this is having on capacity and waiting times for routine services.

The need to prioritise accelerated changes in emergency flows in South Powys diverted strategic planning and commissioning resource from other areas including SaTH risks and circulatory services. SaTH remains in special measures and of concern. Transformational resource to address circulatory services is being rebalanced.

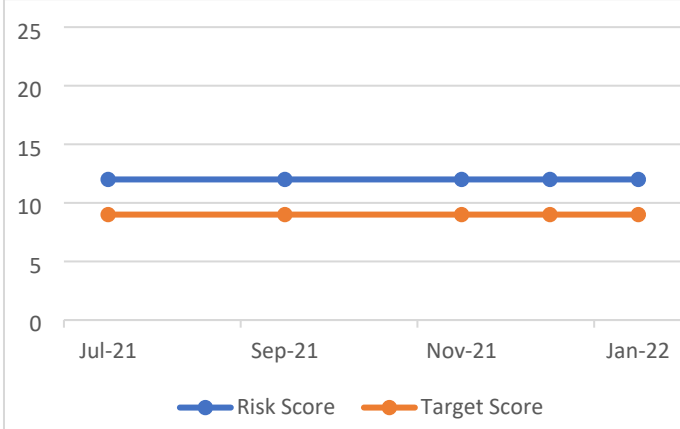
Mitigating actions in place include: the priorities set out in the Q3&Q4 plan; South Powys Pathways Workstream Phase 2; DGH & Specialised workstream; participation in the command and control arrangements for neighbouring English regions; monitoring Q&S and maternity information; a weekly DGH log of pathway changes; shared modelling assumptions with NHS partners; implementation of the Welsh Government Essential Services Framework; fast-tracking of elements of the Big 4 respiratory work to strengthen local resilience; Exec led meetings with the Ambulance Service; continued work with the Welsh Health Specialised Services Committee; restoration of the Section 33 Group for residential care; participation in system working in England; a renewed focus on SaTH and planning for 2021/22. There will need to be whole system work to renewal including to address waiting times.

CRR 002		Executive Lead: Director of Finance, Information and IT																																																																								
Risk that: the Health Board does not meet its statutory duty to achieve a breakeven position in 2021/22		Assuring Committee: Delivery and Performance																																																																								
Risk Impacts on: Organisational Priorities underpinning WBO 8.2		Date last reviewed: February 2022																																																																								
<div>Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 2 x 4 = 8 Target: 2 x 4 = 8</div> <div>Date added to the risk register March 2017</div>	<table border="1"><caption>Risk Score and Target Score Data</caption><thead><tr><th>Month</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Dec-17</td><td>16</td><td>4</td></tr><tr><td>May-18</td><td>12</td><td>4</td></tr><tr><td>Jun-18</td><td>16</td><td>4</td></tr><tr><td>Oct-18</td><td>16</td><td>4</td></tr><tr><td>Jan-19</td><td>12</td><td>4</td></tr><tr><td>Mar-19</td><td>12</td><td>4</td></tr><tr><td>May-19</td><td>12</td><td>4</td></tr><tr><td>Jul-19</td><td>12</td><td>4</td></tr><tr><td>Sep-19</td><td>12</td><td>8</td></tr><tr><td>Nov-19</td><td>12</td><td>8</td></tr><tr><td>Jan-20</td><td>12</td><td>8</td></tr><tr><td>Mar-20</td><td>12</td><td>8</td></tr><tr><td>May-20</td><td>12</td><td>8</td></tr><tr><td>Jul-20</td><td>12</td><td>8</td></tr><tr><td>Sep-20</td><td>12</td><td>8</td></tr><tr><td>Nov-20</td><td>12</td><td>8</td></tr><tr><td>Jan-21</td><td>12</td><td>8</td></tr><tr><td>Mar-21</td><td>8</td><td>8</td></tr><tr><td>Jul-21</td><td>8</td><td>8</td></tr><tr><td>Sep-21</td><td>8</td><td>8</td></tr><tr><td>Nov-21</td><td>8</td><td>8</td></tr><tr><td>Jan-22</td><td>8</td><td>8</td></tr><tr><td>Mar-22</td><td>8</td><td>8</td></tr></tbody></table>	Month	Risk Score	Target Score	Dec-17	16	4	May-18	12	4	Jun-18	16	4	Oct-18	16	4	Jan-19	12	4	Mar-19	12	4	May-19	12	4	Jul-19	12	4	Sep-19	12	8	Nov-19	12	8	Jan-20	12	8	Mar-20	12	8	May-20	12	8	Jul-20	12	8	Sep-20	12	8	Nov-20	12	8	Jan-21	12	8	Mar-21	8	8	Jul-21	8	8	Sep-21	8	8	Nov-21	8	8	Jan-22	8	8	Mar-22	8	8	<div>Rationale for current score:</div> <ul style="list-style-type: none">As at Month 9 2021-22, the Health Board is £0.103m £0.149m under spentSupported Annual Plan, including balanced financial position based on assumptions included (regarding funding, etc.)Plans identified to meet Financial Recovery Plan savings target included in plan of £5.6m, significant non-delivery forecast (linked to Covid-19) with slippage included in overall position forecast (including Covid-19 funding allocation)Breakeven forecast includes a number of risks and opportunities that need to be managed to deliverThe impact of Covid-19 and the assumption that WG will fund the direct and indirect costs in full is key (and this has been confirmed of 2021/22) in relation to the breakeven forecast (risk in relation funding allocated and forecast)On the basis that Covid-19 funding levels to be allocated will be confirmed for the second 6 months as expected, the risk can be held in line with Board acceptable levels
Month	Risk Score	Target Score																																																																								
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<div>Controls (What are we currently doing about the risk?)</div> <ul style="list-style-type: none">Annual Financial Plan supportedMonthly Reporting via Governance Structure, includes progress / deliveryFinancial Control Procedures and Standing Orders and Standing Financial Instructions and Budgetary Control FrameworkContracting Framework and impact of Block arrangements in 2021/22 and going forwardSavings Plans, new Efficiency Framework and Investment Benefits Group approved and now liveRisks and Opportunities – focus and action to maximise opportunities and minimise / mitigate risks		<div>Mitigating actions (What more should we do?)</div> <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Strengthening of the capability and sustainability of the Finance Team and establish a modernisation programme to improve function performance and delivery</td><td>DFIIT</td><td>In Progress Deputy Director of Finance in post and structure realignment in process of being implemented</td></tr><tr><td>Increase focus on longer term efficiency and sustainability (value) and balance with in year</td><td>DFIIT</td><td>In Progress</td></tr></tbody></table>		Action	Lead	Deadline	Strengthening of the capability and sustainability of the Finance Team and establish a modernisation programme to improve function performance and delivery	DFIIT	In Progress Deputy Director of Finance in post and structure realignment in process of being implemented	Increase focus on longer term efficiency and sustainability (value) and balance with in year	DFIIT	In Progress																																																														
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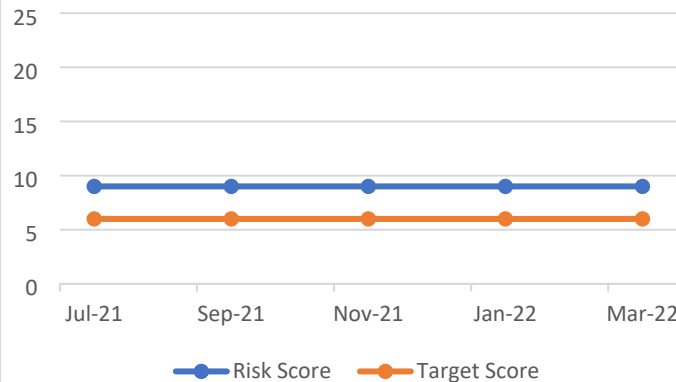


<ul style="list-style-type: none"> Regular communication and reporting to Welsh Government and Finance Delivery Unit regarding the impact of Covid-19 and expectations regarding funding and impact on Financial Plan Discussions with Welsh Government regarding baseline budget now resolved 	<p>delivery as needed for plan. New Efficiency Framework approved and live and Value Based Healthcare Board being established in year.</p>		
Current Risk Rating	Additional Comments		
2 x 4 = 8	Risk level held on assumption of funding at expected levels.		

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Risk Management

CRR 003 Risk that: the health board has insufficient capacity to lead and manage change effectively Risk Impacts on: Organisational Priorities underpinning Renewal Portfolio specifically and indirectly all annual plan/wellbeing objectives		Executive Lead: Chief Executive Assuring Committee: Delivery and Performance Date last reviewed: January 2022																			
Risk Rating (likelihood x impact): Initial: 4 x 3 = 12 Current: 4 x 3 = 12 Target: 3 x 3 = 9 Date added to the risk register July 2021	 <table border="1"><caption>Risk Score and Target Score Data</caption><thead><tr><th>Period</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Jul-21</td><td>12.5</td><td>9</td></tr><tr><td>Sep-21</td><td>12.5</td><td>9</td></tr><tr><td>Nov-21</td><td>12.5</td><td>9</td></tr><tr><td>Dec-21</td><td>12.5</td><td>9</td></tr><tr><td>Jan-22</td><td>12.5</td><td>9</td></tr></tbody></table>	Period	Risk Score	Target Score	Jul-21	12.5	9	Sep-21	12.5	9	Nov-21	12.5	9	Dec-21	12.5	9	Jan-22	12.5	9	Rationale for current score: The Health Board will need to undertake significant recovery and renewal work as a result of the pandemic. This is wide ranging and will need to, in part, take place whilst the further action to manage the pandemic continues. There are other significant change programmes now being aligned to the recovery and renewal work that will also require capacity to progress. Additional Welsh Government funding is assisting the provision of capacity including Integrated Care Fund (ICF), Transformation Fund and the Recovery (planned care and mental health). Whilst these funds are clearly supporting capacity for change, it is important to note they are all non-recurrent.	
Period	Risk Score	Target Score																			
Jul-21	12.5	9																			
Sep-21	12.5	9																			
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Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																			
<ul style="list-style-type: none">• The Annual Plan focuses on priorities which will be staged in implementation and thus that will extend beyond one year.• Successful applications for WG funding has secured specific funds within the ICF, Transformation Fund and Recovery (planned care and mental health).• Alignment of change programmes (Recovery and Renewal and the North Powys Wellbeing Programme) is helping to reduce duplication and waste of expertise/resources.• Further recruitment into project manager and programme manager posts for the Renewal Programme is underway.• The emerging approach on value-based healthcare will support increased capability in focusing on priorities for change that could also be cash-releasing. This could support further investment.		Action	Lead	Deadline																	
		Carefully track the investments for change management that are non-recurrently funded; enabling opportunity to access any further funds to support capacity and capability building	DoF / DoP	Review mid-year 2021																	
		Support the work programme of the Research Improvement and Innovation Hub to deliver increased capacity and capability, including the potential for Improvement Cymru to provide additional support	MD	Review Q3																	
		Support the delivery of change management skills as part of the School of Leadership and Management	WOD	Review Q3																	

<ul style="list-style-type: none"> Clinical leadership posts (Heads of) are near full establishment, these roles play a pivotal part of clinical change. Project management skills programmes/session are provided to support staff at all levels across the organisation. Investment made in the Innovation and Improvement Hub – including on a multiagency basis – to support change management. Development of the School of Leadership within the Health and Care Academy provides a platform for further capacity building for change. 	Recruit to project and programme managers for the Renewal Portfolio	CEO via Transformation Team	Review monthly Q2 2021
	Pursue the value-based healthcare approach, enabling a focus on where outcomes improvement/lower unit cost can be achieved; to seek opportunity for re-investment where possible	CEO via Director of Clinical Strategy / Transformation Team	Review end Q2; end Q3.
Assurances (How do we know if the things we are doing are having an impact?)	Gaps in assurance (What additional assurances should we seek?)		
<ul style="list-style-type: none"> Allocated resources are identifiable within major change programme arrangements, e.g. Renewal Portfolio, North Powys Wellbeing Programme. Evidence of training and staff preparation Dialogue with Trade Unions and other staff engagement mechanisms (e.g. surveys / staff Q & A sessions) to understand impacts Management and oversight of change programmes by the Executive Committee and Renewal Portfolio Board with clear reporting into Board Committees / Board Individual Executive Director 1 to 1 and performance review processes 	<ul style="list-style-type: none"> Development of clear status reports for major programmes to be further developed to assist reporting, visibility and oversight Measurement approach – including PROMS and PREMS – to be developed to enable measurement of change 		
Current Risk Rating	Additional Comments		
4 x 3 = 12	This risk is being kept under review in light of the current situation of reprioritising leaders and managers work to deal with the impact of the Omicron variant. This has an understandable impact upon service change work but the development of the IMTP presents is core to the continuing management of this risk.		

CRR 004 Risk that: there is ineffective partnership working and partnership governance arrangements in place Risk Impacts on: Organisational Priorities underpinning Wellbeing Objective 8: Transforming in Partnership		Executive Lead: Director of Planning & Performance Assuring Committee: Planning, Partnerships & Population Health Date last reviewed: February 2022																				
Risk Rating (likelihood x impact): Initial: 3 x 4 = 12 Current: 3 x 3 = 9 Target: 2 x 3 = 6 Date added to the risk register July 2021	 <table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Period</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Jul-21</td><td>9</td><td>6</td></tr><tr><td>Sep-21</td><td>9</td><td>6</td></tr><tr><td>Nov-21</td><td>9</td><td>6</td></tr><tr><td>Jan-22</td><td>9</td><td>6</td></tr><tr><td>Mar-22</td><td>9</td><td>6</td></tr></tbody></table>	Period	Risk Score	Target Score	Jul-21	9	6	Sep-21	9	6	Nov-21	9	6	Jan-22	9	6	Mar-22	9	6	Rationale for current score: Effective partnership working arrangements requires strong governance and performance management. There should be a clear approach to ensure and demonstrate that investment in partnerships delivers effective and appropriate outcomes for the local population. In January 2021, Internal Audit reported limited assurance in respect of how the Health Board ensures effective partnership governance. Further, achievement of the health board’s Health and Care Strategy will be dependent on the success of successful working relationships with key partners and stakeholders.		
Period	Risk Score	Target Score																				
Jul-21	9	6																				
Sep-21	9	6																				
Nov-21	9	6																				
Jan-22	9	6																				
Mar-22	9	6																				
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Health Board attendance at Public Service Board, Regional Partnership Board, Joint Partnership BoardHigh-level reporting to Board from Public Service Board, Regional Partnership Board, Joint Partnership BoardPowys Health and Care Strategy in place with Powys County Council and PAVOActive engagement with Mid Wales Joint CommitteeEngaged in regional planning and partnership arrangements such as South East Wales Central Planning Group; Future Fit		Mitigating actions (What more should we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Identify all existing partnerships and collaborations to inform development of a Framework</td><td>BS / DPP</td><td>30/09/2021</td></tr><tr><td>Mapping of partnerships and collaborations against existing and proposed governance arrangements to ensure appropriate and robust information flows for monitoring and assurance purposes</td><td>BS / DPP</td><td>30/09/2021</td></tr><tr><td>Development and population of a Partnership Register</td><td>BS</td><td>31/03/2022</td></tr><tr><td>Development of the Partnership Governance Framework for presentation to Board in December 2021</td><td>BS</td><td>31/03/2022</td></tr></tbody></table>			Action	Lead	Deadline	Identify all existing partnerships and collaborations to inform development of a Framework	BS / DPP	30/09/2021	Mapping of partnerships and collaborations against existing and proposed governance arrangements to ensure appropriate and robust information flows for monitoring and assurance purposes	BS / DPP	30/09/2021	Development and population of a Partnership Register	BS	31/03/2022	Development of the Partnership Governance Framework for presentation to Board in December 2021	BS	31/03/2022			
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Current Risk Rating:		Additional Comments																				

$$3 \times 3 = 9$$

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Risk Management

CRR 005 Risk that: the care provided in some areas is compromised due to the Health Board's estate being non-compliant and not fit for purpose Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 4		Executive Lead: Director of Environment Assuring Committee: Delivery and Performance Date last reviewed: February 2022																																											
Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 3 x 3 = 9 Date added to the risk register January 2017	<table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Jan-17</td><td>16</td><td>4</td></tr><tr><td>Sep-17</td><td>16</td><td>4</td></tr><tr><td>May-18</td><td>16</td><td>4</td></tr><tr><td>Jan-19</td><td>16</td><td>4</td></tr><tr><td>May-19</td><td>16</td><td>4</td></tr><tr><td>Sep-19</td><td>16</td><td>4</td></tr><tr><td>Jan-20</td><td>16</td><td>4</td></tr><tr><td>May-20</td><td>16</td><td>4</td></tr><tr><td>Sep-20</td><td>16</td><td>4</td></tr><tr><td>Jan-21</td><td>16</td><td>4</td></tr><tr><td>Jul-21</td><td>16</td><td>9</td></tr><tr><td>Nov-21</td><td>16</td><td>9</td></tr><tr><td>Mar-22</td><td>16</td><td>9</td></tr></tbody></table>	Date	Risk Score	Target Score	Jan-17	16	4	Sep-17	16	4	May-18	16	4	Jan-19	16	4	May-19	16	4	Sep-19	16	4	Jan-20	16	4	May-20	16	4	Sep-20	16	4	Jan-21	16	4	Jul-21	16	9	Nov-21	16	9	Mar-22	16	9	Rationale for current score: Estates Compliance: 38% of the estate infrastructure was built pre-1948 and only 5% of the estate post-2005. Significant investment and risk-based programmes of work over several years across the compliance disciplines (fire, water hygiene, electric, medical gases, ventilation, etc.) will be required. Capital: the health board has not had the resource or infrastructure in place in recent times to deliver a significant capital programme and this places pressures on systems, capital resource and the wider organisation to fully support major project activity. Furthermore, Discretionary Capital acts as the safety net for overspend on capital projects for the health boards, and with a very limited discretionary allowance in PTHB this is a significant financial risk. Failure to secure funds could impact business continuity in terms of healthcare services. Environment & Sustainability: Welsh Government declared a Climate Crisis in April 2019 requiring escalated activity with ambitious targets in terms of decarbonisation of public sector by 2030 and zero waste to landfill by 2050.	
Date	Risk Score	Target Score																																											
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Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																											
ESTATES <ul style="list-style-type: none">Specialist sub-groups for each compliance disciplineRisk-based improvement plans introducedSpecialist leads identifiedEstates Compliance Group and Capital Control Group establishedMedical Gases Group; Fire Safety Group; Water Safety Group; Health & Safety Group in place. New Ventilation Safety Group set up.		<table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Implement the Capital Programme and develop the long-term capital programme</td><td>AD Estates & Property</td><td>In line with Annual Plan for 2021-22</td></tr><tr><td>Continue to seek WG Capital pipeline programme funding continuity: seek alternative capital funding opportunities to mitigate funding reduction for 2022/23 and develop projects in</td><td>AD Estates & Property</td><td>In line with Annual Plan for 2021-22</td></tr></tbody></table>	Action	Lead	Deadline	Implement the Capital Programme and develop the long-term capital programme	AD Estates & Property	In line with Annual Plan for 2021-22	Continue to seek WG Capital pipeline programme funding continuity: seek alternative capital funding opportunities to mitigate funding reduction for 2022/23 and develop projects in	AD Estates & Property	In line with Annual Plan for 2021-22																																		
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<ul style="list-style-type: none"> Capital Programme developed for compliance and approved Capital and Estates set as a specific Organisational Priority in the health board's Annual Plan Address (on an ongoing basis) maintenance and compliance issues Address maintenance and compliance improvements to ensure patient environment is safe, appropriate and in line with standards <p><u>CAPITAL</u></p> <ul style="list-style-type: none"> Capital Procedures for project activity Routine oversight / meetings with NWSSP Procurement Specialist advice and support from NWSSP Specialist Estates Services Audit reviews by NWSSP Audit and Assurance Close liaison with Welsh Government, Capital Function Reporting routinely to P&R Committee Capital Programme developed and approved Detailed Strategic, Outline and Full Business Cases defining risk Capital and Estates set as a specific Organisational Priority <p><u>ENVIRONMENT</u></p> <ul style="list-style-type: none"> ISO 14001 routine external audit to retain accreditation Environment & Sustainability Group NWSSP Specialist Estates Services (Environment) support and oversight Welsh Government support and advice to identify and fund decarbonisation project initiatives 	readiness for any capital slippage in latter part of financial year cycle.		
	Develop capacity and efficiency of the Estates and Capital function	AD Estates & Property	In line with Annual Plan for 2021-22
	Review current structure of capital and estates department – Estates Management and Senior Management Team structure enhancements in place. Second tier of structure review delayed due to operational pressures.	AD Estates & Property	May 2022
Current Risk Rating	Additional Comments		

4 x 4 = 16

COVID-19 has introduced risk pressures in respect of the health board's estate and the ability of the Estates & Property team to manage and prioritise risk mitigation in a number of ways.

ESTATES: Estates compliance – team continues to support core statutory compliance and limited Reactive job requests using risk-based approach due to age of estate.

CAPITAL: impacts from COVID and BREXIT on cost and time to deliver Capital programme. Major step up in activity in financial year with resource pressure. **2022/23 WG Discretionary Capital cut by circa 25% with overall pressure on All Wales Capital Funding - will limit scope of estates compliance improvement programme and associated risk reduction activity in year.**

ENVIRONMENT & SUSTAINABILITY: NHS Wales Decarbonisation Strategic Delivery Plan published in early 2021 with challenging targets with limited resource.

FIRE: Work to improve operational fire structure in 2021 has been positive, but significant infrastructure risks related to compartmentation and physical systems remain. Programmes of work implemented to address dependant on funding.

PROPERTY: COVID moves of staff in uncontrolled manner will need to be addressed to step back up business as usual alongside implementation of new agile working approach.

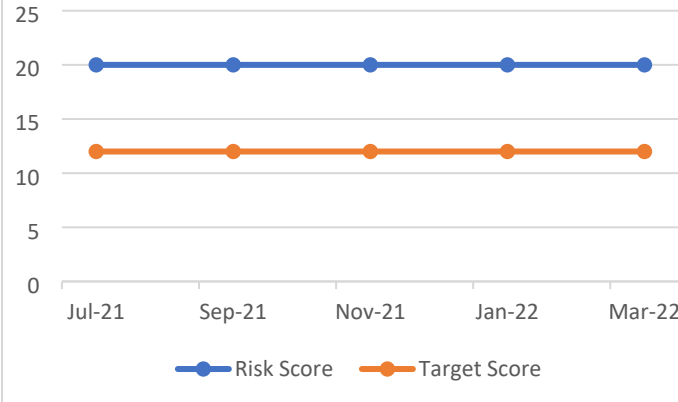
CRR 006 Risk that: the Health Board is unable to sustain an adequate workforce	Executive Lead: Director of Workforce & OD and Support Services																																																									
Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 8	Assuring Committee: Workforce and Culture Date last reviewed: February 2022																																																									
<div><div><div>Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 3 x 4 = 12</div><div>Date added to the risk register January 2017</div></div><div><table><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Dec-17</td><td>16</td><td>4</td></tr><tr><td>Mar-18</td><td>16</td><td>4</td></tr><tr><td>Jun-18</td><td>16</td><td>4</td></tr><tr><td>Sep-18</td><td>16</td><td>4</td></tr><tr><td>Dec-18</td><td>16</td><td>4</td></tr><tr><td>Mar-19</td><td>16</td><td>4</td></tr><tr><td>Jun-19</td><td>16</td><td>4</td></tr><tr><td>Sep-19</td><td>12</td><td>6</td></tr><tr><td>Dec-19</td><td>12</td><td>6</td></tr><tr><td>Mar-20</td><td>12</td><td>6</td></tr><tr><td>Jun-20</td><td>12</td><td>6</td></tr><tr><td>Sep-20</td><td>12</td><td>6</td></tr><tr><td>Dec-20</td><td>12</td><td>6</td></tr><tr><td>Mar-21</td><td>12</td><td>6</td></tr><tr><td>Jun-21</td><td>12</td><td>12</td></tr><tr><td>Sep-21</td><td>12</td><td>12</td></tr><tr><td>Dec-21</td><td>16</td><td>4</td></tr><tr><td>Mar-22</td><td>16</td><td>4</td></tr></tbody></table></div></div>	Date	Risk Score	Target Score	Dec-17	16	4	Mar-18	16	4	Jun-18	16	4	Sep-18	16	4	Dec-18	16	4	Mar-19	16	4	Jun-19	16	4	Sep-19	12	6	Dec-19	12	6	Mar-20	12	6	Jun-20	12	6	Sep-20	12	6	Dec-20	12	6	Mar-21	12	6	Jun-21	12	12	Sep-21	12	12	Dec-21	16	4	Mar-22	16	4	<div>Rationale for current score: The Health Board continues to have difficulties recruiting and retaining certain posts to areas of the health board. It is recognised that for some professions, the workforce is ageing and so there is a need to have clear succession and recruitment plans in place. There have been significant increases in demand owing to the temporary requirements due to the effect of COVID on absence and also the requirement for increased capacity for Mass Vaccination. This risk has increased in the context of the Omicron variant and modelling of potential staff absence rates of up to 20% and a core focus on supporting staff wellbeing across all staff groups.</div> <div>Nursing The Health Board continues to experience recruitment challenges in respect of the Nursing Workforce. In particular, there is a 29% vacancy deficit of registered nurses across the wards (as of 30 November 2021), which is a 2% decrease since August 2021. The temporary staffing unit is continuing to provide support to meet this demand and has filled on average 30.08 WTE of ward registered nursing requests and 32.37 WTE ward unregistered nursing requests (per month) with either bank or agency staffing between September and November 2021. However, there is a continued reliance on agency staffing to meet this shortfall.</div> <div>Medical Following two recent appointments, the health board currently has 11.38 WTE medical vacancies. All vacancies are currently being covered via locums.</div>
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		<p>Recruitment to medical roles remains challenging for the organisation with a large number of long-term locums in place, predominantly within the mental health service. A proposal for a new medical support structure within mental health is to be submitted to executive committee. This will take into consideration recommendations from existing long-term medics on how to make the organisation more attractive and enhance the offer to consultants. Vacancies continue to be advertised.</p> <p>To support the recruitment and retention of Medics within the health board a task and finish group is being arranged to capture views from medical staffing in relation to areas which could be developed to support recruitment within this staffing group.</p> <p>Clinical Pharmacist</p> <p>There are significant recruitment challenges within the Medicines Management department due to the ongoing work as part of the renewal and recovery priorities. Currently there are 2.74 WTE Clinical Pharmacist vacancies within the service, and despite the posts being advertised, there has been no successful uptake. A review of the current model was due to take place on the 27th of September to understand how the service can function differently, but due to COVID pressures this has not yet happened.</p> <p>Therapies</p> <p>There are currently 18.76 WTE vacancies across the Occupational Therapy and Physiotherapy services, although 8.6WTE posts have been appointed to and are in various stages of the appointment process. Work will continue to understand how the roles can be shaped differently to support recruitment to these vacancies.</p> <p>Mass Vaccination</p> <p>Due to changes to the COVID booster programme and delivery timelines, the health board has, at short notice, covered a number of additional shifts ensuring that additional vaccination days are covered. This has successfully been achieved through bank,</p>
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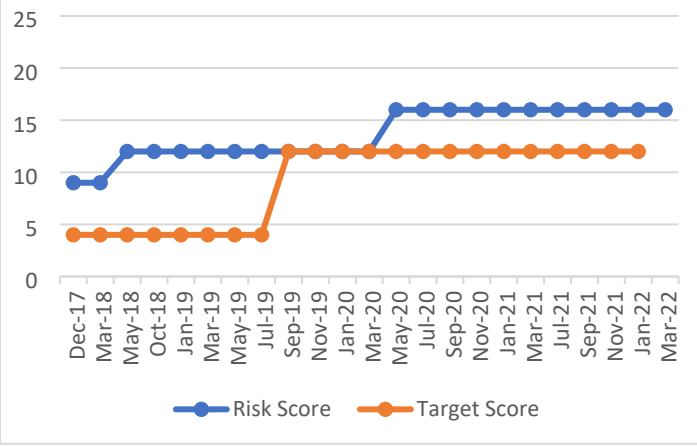
		<p>overtime, additional hours and short-term release of substantive staff.</p> <p>The workforce model is regularly reviewed to address changing planning assumptions for the delivery of future boosters.</p> <p>Occupational Health</p> <p>There are significant recruitment challenges within the Occupational Health (OH) team. Despite advertising twice for the OH manager, we have not been able to attract any applicants. A review of the OH model is underway to understand how the service can function differently.</p>		
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)		
<p>Bank and Agency</p> <ul style="list-style-type: none">▪ Ongoing recruitment and monitoring of demand to support the identification of supply requirements for the temporary staffing unit.▪ Weekly reports on temporary staffing are produced and shared with Community Service Managers and reviewed mid-week to ensure optimum cover options are explored.▪ The Health Board temporarily implemented an enhanced rate for bank worker shifts for bank workers and substantive staff for the period December 2021 to 31 March 2022. This will now be reviewed in order to establish its effectiveness. <p>Operational Delivery</p> <ul style="list-style-type: none">▪ 8 Aspiring Nurse roles were advertised externally and all 8 posts were recruited to. The new recruits will commence in January 2022.▪ All previous vacancies reported (3WTE) in Theatres have now been appointed to with 2WTE already commenced and 1WTE commencing on the 4th January 2022. Since the previous update, another 1WTE post become vacant, but the post was advertised and an appointment made.		Action	Lead	Deadline
		Develop a strong, distinctive employment offer that captures the uniqueness of Powys Teaching Health Board	DWODSS	Ongoing
		Implement Standard Operating Procedures for internal operational workforce planning and work with directorates to develop their workforce plans	DWODSS	Yearly in line with Annual planning/ IMTP
		Implement an approach to succession planning: identify critical posts	DWODSS	March 2022
		To support temporary arrangements in response to the COVID-19 pandemic	DWODSS	Ongoing

<ul style="list-style-type: none"> ▪ Radiology have secured funding for 'grow our own' Radiographer. Recruitment will commence in coming months and an appointed candidate will start academic training September 2022 ▪ We are currently exploring international overseas recruitment which is being co-ordinated on an all Wales basis and the health board has submitted 21 places in the first cohort due in early 2022 ▪ Ensure that recruitment timescales are minimised and that issues of delay are appropriately and proactively managed to ensure recruitment performance indicators are consistent with national targets. ▪ Recruitment support has been identified for renewals post to provide input into all recruitment processes and support recruitment to the posts at pace. ▪ Streamlined recruitment processes are in place for registered nurse roles which includes, open ended adverts and automatic invite to interview for registered nurses if they provide NMC registration. ▪ Extensive recruitment activity is being managed internally to support the health board in managing vacancies related to mass vaccination and bank recruitment. ▪ Health Care Support Worker Apprenticeship Programme in place and recruitment to the next cohort is underway. ▪ The Health Board is acting as a gateway employer on behalf of Powys Social Services department, PAVO and PTHB to roll out the Kick Start Programme. A partnership lead has been appointed to lead the programme of work across the three partners. ▪ New volunteering approach has been developed including central coordination of all volunteering, acknowledgement of the memorandum of understanding between PAVO and PTHB and an introduction of an improved standard operating procedure for the deployment of volunteers in PTHB. ▪ Agile ways of working have been developed to mitigate impact on recruitment due to COVID-19 work restrictions; this includes virtual 			
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<p>interviews and online pre-employment checks. The new Agile Working policy has been approved.</p> <p>Strategic Activity</p> <ul style="list-style-type: none"> ▪ Developmental roles have been explored due to a difficulty in recruiting to posts. Discussions continue to take place with services where appropriate to do so, this has included developmental roles under annex 21 of the agenda for change terms and conditions of service. ▪ Work is progressing to look at developing creative and redesigning roles to meet the changing health needs of the local population. This includes working with the National Nurse Staffing Group to maximise the development of band 4 roles to encourage opportunities for growing and retaining our own staff within the Powys area. However, nationally, this work has been delayed as organisations have been responding to the COVID 19 pandemic. 			
<p>Current Risk Rating</p>	<p>Additional Comments</p>		
<p>4 x 4 = 16</p>	<p>Controls and mitigation are in place so far as reasonably possible to manage the risk at its current level, to inhibit escalation higher than the current score of 16. However, the Health Board continues to face a challenged position in respect of its ability to meet staffing requirements particularly within clinical roles, resulting in an increased reliance on agency staffing in particular to meet these demands.</p>		

CRR 007		Executive Lead: Director of Planning & Performance																			
Risk that: there are delays in accessing treatment in Secondary and Specialised care services, in excess of 36 and 52 weeks		Assuring Committee: Delivery and Performance																			
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4		Date last reviewed: February 2022																			
Risk Rating (likelihood x impact): Initial: 5 x 4 = 20 Current: 5 x 4 = 20 Target: 3 x 4 = 12	 <table border="1"><caption>Risk Rating Data</caption><thead><tr><th>Month</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Jul-21</td><td>20</td><td>12</td></tr><tr><td>Sep-21</td><td>20</td><td>12</td></tr><tr><td>Nov-21</td><td>20</td><td>12</td></tr><tr><td>Jan-22</td><td>20</td><td>12</td></tr><tr><td>Mar-22</td><td>20</td><td>12</td></tr></tbody></table>	Month	Risk Score	Target Score	Jul-21	20	12	Sep-21	20	12	Nov-21	20	12	Jan-22	20	12	Mar-22	20	12	Rationale for current score: Baseline as at end of October 2021 indicates current waiting times excluding diagnostics and therapies as follows: Aggregated Position (including PTHB provided services): 4,401 people waiting over 36 weeks and 2,559 waiting over 52 weeks. 4,802 patients waiting over 36 weeks, of these 2,657 are waiting over 52 weeks. Historical activity levels cannot currently be delivered due to ongoing Covid-19 related infection prevention and control measures including social distancing of patients and emergency admission pressures. A key constraint currently is available workforce and physical 'green' capacity to operate additional activity. Limitations on ability to both insource and outsource by English and Welsh providers. If urgent and emergency care pressures lead to the invoking of the NHS Local Options Framework, planned care will be reduced/suspended resulting in further delays to treatment.	
Month	Risk Score	Target Score																			
Jul-21	20	12																			
Sep-21	20	12																			
Nov-21	20	12																			
Jan-22	20	12																			
Mar-22	20	12																			
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																			
<ul style="list-style-type: none">• Key priorities identified to deliver elective treatments within 52 weeks• Commissioning Assurance Framework (across 5 domains) incremental use with 15 NHS organisations, 2 private sector organisations, and embedded in third sector• CAF escalation process• Strategic Commissioning Framework• Fragile services log• Develop funding proposal to WG to support recovery of waiting times for Powys activity in English Providers.		Action	Lead	Deadline																	
		Secure performance improvement trajectories from providers. English providers waiting for H2 planning guidance.	DPP	November 2021 April 2022																	
		Develop funding proposal for greater throughput within neighbouring providers in England subject to Welsh Government funding release. Insourcing and outsourcing options being considered (subject to capacity). All providers now expected to agree improvement trajectories in light of	DPP/DOF	October 2021 / Complete																	

<ul style="list-style-type: none"> Deliver the Renewal Portfolio to ensure planned care performance improvement improves, including establishing an Advice, Support and Prehabilitation service to actively support those awaiting treatment. Seeking to mobilise additional capacity through insourcing, outsourcing and exploring options via LTA & SLA agreements Developing better understanding of overall waiting list 'intelligence'. 	22/23 guidance published for planned care recovery		
	Develop recovery relationships with revised CCGs & STPs	DPP	Ongoing
	Establish Advice, Support and Prehabilitation Service	DPP	December 2021 / Complete
	Ensure Powys residents needs understood within Strategic Change Programmes	DPP	Ongoing
Assurances (How do we know if the things we are doing are having an impact?)	Gaps in assurance (What additional assurances should we seek?)		
<ul style="list-style-type: none"> Monthly waiting time reporting at Delivery Performance Group Reporting at Delivery and Performance Committee and Board Bi-monthly meetings with Welsh Government at Quality and Delivery Meetings More emphasis being place upon long waiting patients and risk management processes at commissioner / provider CQPRM meetings 	<ul style="list-style-type: none"> All Directorates contributing to CAF 		
Current Risk Rating	Additional Comments		
5 x 4 = 20			

CRR 008 Risk that: fragmented and unsustainable service models as a result of population changing need and service reconfiguration of neighbouring NHS bodies and the response of multiple providers / systems to the Covid-19 pandemic		Executive Lead: Director of Planning & Performance																																																																				
Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 4		Assuring Committee: Planning, Partnerships & Population Health																																																																				
Date last reviewed: February 2022																																																																						
<div><div><div><div><div>Risk Rating (likelihood x impact): Initial: 3 x 3 = 9 Current: 4 x 4 = 16 Target: 3 x 4 = 12</div><div>Date added to the risk register January 2017</div></div></div></div></div> <div><table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Dec-17</td><td>9</td><td>4</td></tr><tr><td>Mar-18</td><td>9</td><td>4</td></tr><tr><td>May-18</td><td>12</td><td>4</td></tr><tr><td>Oct-18</td><td>12</td><td>4</td></tr><tr><td>Jan-19</td><td>12</td><td>4</td></tr><tr><td>May-19</td><td>12</td><td>4</td></tr><tr><td>Jul-19</td><td>12</td><td>4</td></tr><tr><td>Sep-19</td><td>12</td><td>12</td></tr><tr><td>Nov-19</td><td>12</td><td>12</td></tr><tr><td>Jan-20</td><td>12</td><td>12</td></tr><tr><td>Mar-20</td><td>12</td><td>12</td></tr><tr><td>May-20</td><td>16</td><td>12</td></tr><tr><td>Jul-20</td><td>16</td><td>12</td></tr><tr><td>Sep-20</td><td>16</td><td>12</td></tr><tr><td>Nov-20</td><td>16</td><td>12</td></tr><tr><td>Jan-21</td><td>16</td><td>12</td></tr><tr><td>Mar-21</td><td>16</td><td>12</td></tr><tr><td>Jul-21</td><td>16</td><td>12</td></tr><tr><td>Sep-21</td><td>16</td><td>12</td></tr><tr><td>Nov-21</td><td>16</td><td>12</td></tr><tr><td>Jan-22</td><td>16</td><td>12</td></tr><tr><td>Mar-22</td><td>16</td><td>12</td></tr></tbody></table></div>	Date	Risk Score	Target Score	Dec-17	9	4	Mar-18	9	4	May-18	12	4	Oct-18	12	4	Jan-19	12	4	May-19	12	4	Jul-19	12	4	Sep-19	12	12	Nov-19	12	12	Jan-20	12	12	Mar-20	12	12	May-20	16	12	Jul-20	16	12	Sep-20	16	12	Nov-20	16	12	Jan-21	16	12	Mar-21	16	12	Jul-21	16	12	Sep-21	16	12	Nov-21	16	12	Jan-22	16	12	Mar-22	16	12	<div><div>Rationale for current score:</div><div>As a result of the COVID-19 Planning / Implementation across NHS Wales and NHS England currently, strategic change programmes were paused or significantly changed. Programme management arrangements externally and internally were paused and progressively restored from Q2 2020/21. The Grange opening was accelerated by ABUHB in Q3 2020/21 as part of winter preparedness in the context of the response to Covid-19, changing pathways for South Powys patients sooner than originally planned, from November 2020.</div><div>The usual stocktake and pipeline processes to manage strategic change were ceased in March 2020 whilst programmes were suspended. Capacity to reset, articulate and respond to strategic change is variable across NHS Wales and is tracked through Annual / IMTP planning and commissioning assurance processes.</div></div>
Date	Risk Score	Target Score																																																																				
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<div><div>A number of critical controls remain in place: however some were paused or no longer apply as a result of the COVID-19 Planning / Implementation across NHS Wales and NHS England. These will be reconsidered and progressively restored or superseded dependent on the deployment priorities for the planning and commissioning teams and the North Powys Well-Being Programme Team, and the changes in the external environment relating to strategic change programmes.</div><div>Critical controls remaining in place:<ul style="list-style-type: none">- DPP Briefings with CHC; CHC Services Planning Committee restored from July 2020, Local Committees and Full Committee restored.- All Wales Chief Executive and Directors of Planning meetings.</div></div>		<table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Provide robust management of and response to the system planning arrangements in Shropshire, Telford and Wrekin including the development of the ICS (Integrated Care System) and the Future Fit Programme / Shrewsbury and Telford Hospital NHS Trust</td><td>DPP</td><td>In line with Annual Plan for 2021-22</td></tr><tr><td>Continuous monitoring of impact as Hywel Dda UHB's strategic plans are refreshed and reframed – the programme formerly called</td><td>DPP</td><td>In line with Annual Plan for 2021-22</td></tr></tbody></table>	Action	Lead	Deadline	Provide robust management of and response to the system planning arrangements in Shropshire, Telford and Wrekin including the development of the ICS (Integrated Care System) and the Future Fit Programme / Shrewsbury and Telford Hospital NHS Trust	DPP	In line with Annual Plan for 2021-22	Continuous monitoring of impact as Hywel Dda UHB's strategic plans are refreshed and reframed – the programme formerly called	DPP	In line with Annual Plan for 2021-22																																																											
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<ul style="list-style-type: none"> - Annual Plan for 2021/2022 submitted in Draft as required to PTHB Board and Welsh Government 31 March 2021, and then as a final version approved by PTHB Board in June 2021. This provides a directional plan reflecting the significant complexity and uncertainty in the planning environment and responding to the Welsh Government requirement for a more fluid and adaptive approach. - It included an appraisal of learning and evidence and a set of critical and renewal priorities for 21/22 in the context of continued prevention and response to Covid-19 and essential operational service delivery, as well as longer term renewal across the whole system to respond to Powys residents' needs in the light of the impact of the pandemic. - This is set in the context of partnership work for 'A Healthy Caring Powys', and ministerial priorities / legislation, policy and investment opportunities. - Annual Plan drafted in line with required timescales and built upon Winter Protection Plan for Q3/Q4; PTHB Strategic Priorities; Partnership priorities including Public Services Board (PSB), Mid Wales Joint Committee (MWJC) and Regional Partnership Board (RPB). - Process for development of IMTP commenced September 2021. - A comprehensive Planning Framework and Parameters has been produced to guide the first stage of the IMTP Development, this has been developed with input from Executive Committee and Planning, Performance and Population Health Committee in October 2021 and shared with PTHB Board in November 2021. It has also been shared with peers in NHS Wales through the ADoPs mechanism (Assistant Directors of Planning peer network). An Autumn Planning Event has also been held via the Directors of Planning Peer Network which included indicative Welsh Government priorities and requirements and these are reflected in the framework. - A Step by Step Directorate Guide has also been produced to support IMTP development and issued via the Executive Team to support sessions requested by the Chief Executive in early November on priority setting. The Planning Team has also offered Directorate support sessions commencing in October 2021 and continuing throughout 	Transforming Clinical Services is now incorporated into engagement plans for 'Building a healthier future after Covid-19' with engagement planned for 2021		
	Provide robust management of engagement and response to the system planning arrangements in Herefordshire and Worcestershire including the development of the Integrated Care System (building on their Sustainability and Transformation Plan) and Stroke programme	DPP	In line with Annual Plan for 2021-22
	Provide robust management of engagement and response to the Clinical Futures programme in Aneurin Bevan UHB, building on the existing South Powys programme of work and focused pathway developments Take forward Phase 2 of the South Powys Programme, including monitoring existing maternity and neonatal pathways until the timing of a strategic pathway change can be recommended to the PTHB Board.	DPP	In line with Annual Plan for 2021-22
	Robustly manage the response and engagement with external service change programmes and developments as they arise during the year	DPP	In line with Annual Plan for 2021-22
	As a member of the MWJC for Health and Care, support delivery of the agreed Action Plan	DPP	In line with Annual Plan for 2021-22
	North Powys Programme: - <ul style="list-style-type: none"> • Programme Business Case – achieve WG Ministerial approval • Strategic Outline Cases – Approve final drafts, followed by internal and WG approval of (Q4 and Q1). 	DPP	In line with Annual Plan for 2021 / IMTP 5 Year Plan

<p>November and December. The IMTP Support and Steering Group also commenced in November.</p> <ul style="list-style-type: none"> - A set of Three Year Strategic Priorities was agreed at PTHB Board on 24 November and a further Executive session was held on 8 December to consider the more detailed Directorate level priorities underneath this. - Briefings with CHC and updates provided to CHC Services Planning Committee; Full Committee and Local Committees as appropriate - All Wales Chief Executive and Directors of Planning meetings provide horizon scanning and intelligence regarding neighbouring organisations planning intelligence and strategic change proposals - Integrated Medium Term Plan 2022 – 2025 in final stage of development and due for submission to PTHB Board March 2022 and Welsh Government by end of March 2022 – this process has included an appraisal of external and internal challenges and opportunities and the development of a PTHB Planning Framework to guide the development of Strategic Priorities - This returns to the shared long term health and care strategy, 'A Healthy Caring Powys', which itself is set in the context of the Powys Wellbeing Plan, Towards 2040 - The IMTP reflects the complex Partnership landscape for Powys and the NHS Wales Planning Framework continues to recognise the unique circumstances for this health board and the need for certain flexibilities - The IMTP responds to ministerial priorities / legislation, policy and investment opportunities and builds on the Annual Plan 2021/22 and System Resilience Plan 2021/22 - NPWP 5-year plan developed (IMTP) setting out high level critical path activity. - Close liaison with Welsh Government following endorsement of PBC at Strategic Investment Board in November 2021. - NPWP Strategic Outline Cases (SOC) internal approvals underway from early Jan 22– end March 22 followed by Q1 submission to Welsh Government – pending endorsement of PBC. - Site survey work, concept site drawings developed to aid site master planning. Memorandum of Understanding approved PTHB Board and PCC EMT ready for submission with the SOC. 	<ul style="list-style-type: none"> • Rivisit governance identify key leads, develop work plans to Implement 5 Transformational areas with short term projects aligned • Detailed Service Design/Modelling work/Pathways for next stage • Active Stakeholder Engagement (inform, engage, design, develop and deliver) • Confirm governance arrangements for next phase of work including identified leads and ensure alignment to the portfolio of renewal priority programmes. • Implement Plan for 22/23 • Secure funding via Regional Integration Fund Proposal and Approve AFC Business Cases 		
	Implement the second Phase of the South Powys Programme	DPP	By March 22
	<p>Implement the Renewal Portfolio of Programmes including:</p> <ul style="list-style-type: none"> • Frailty and the Community Model • Diagnostics, Ambulatory and Planned Care • Children and Young People • Breathe-Well (Respiratory) • Cancer • Circulatory • Mental Health <p>Ensure plan for the renewal priorities for the next three years embedded within the IMTP.</p>	CEO and lead Directors	In line with Annual Plan 2021-22

- Phase one modelling has concluded, along with the financial modelling to support. This has been incorporated into the SOC. Some limitations around the financial analysis to be further progressed at OBC stage. Phase 2 modelling priorities agreed. Service Specifications reviewed and further strengthened in relation to transformation and underpinning evidence base.
- Majority of short-term projects progressing well, some projects exceeding targets. Sustainability discussions taking place and business cases drafted for further funding post March 22.
- South Powys Programme Board in place. Scope revised in response to the accelerated opening of GUH as part of the response to the COVID-19 winter in November 2021.
- NPWP Strategic Outline Cases (SOC) work underway including active re-engagement. SOC internal approvals scheduled from early Jan 22 – end March 22 followed by Q1 submission to Welsh Government.
- Site survey work, concept site drawings developed to aid site master planning. Memorandum of Understanding prepared for approval in Q4.
- Demand and Capacity high level modelling undertaken, underpinned by evidence base and new model of care (modelling assumptions developed)
- 5 Service specifications drafted with some amalgamation to ensure desired synergies are achieved.
- Majority of short-term projects progressing well, some projects exceeding targets. Some issues with recruitment to Ophthalmology posts.
- South Powys Programme Board already in place to implement the response to the South Wales Programme and the opening of the Grange University Hospital (GUH) in Spring 2021. Scope revised in response to the accelerated opening of GUH as part of the response to the COVID-19 winter. The first phase of the PTHB programme managed changes to South Powys emergency flows to Prince Charles Hospital and was closed with lessons identified and reasonable assurance through audit; the second phase of the programme is in place in relation to consultant led maternity and neonatal services. No decision in relation to the timing of strategic pathway changes for existing flows

<p>has yet been made, but monitoring of existing pathways, assurance and readiness assessment continuing.</p> <ul style="list-style-type: none"> - The CEO led Renewal Strategic Portfolio Board is in place. Each of the 8 programmes has an Executive lead, an approved PID and a Programme Board. A portfolio risk register is in place together with highlight reporting from each programme. Each of the programmes has an Executive lead, an approved PID, a Programme Board, a programme plan, a portfolio risk register and highlight reporting. An external audit review is underway. Programmes were suspended during December and January due to mass vaccination and Omicron with some staff redeployed during that period. In-sourcing underway. Work on the diagnostics strategy initiated. GIRTH Review undertaken, which will support orthopaedic pathway redesign. Patient Liaison Team in place with over 3,500 patients contacted and wellbeing information available. Analysis to support frailty and community model redesign underway. Cancer clinical lead in place. Cancer tracker and PTHB Harm Review Panel established. Access to FIT testing for patients with suspected bowel cancer in place. Respiratory backlogs reduced through a strengthened Powys MDT approach. Sleep Clinic pathway developed. Drive through spirometry pilot completed. Community cardiology business case developed. Value Based Health Care Programme in place. - - PTHB has re-established participation in the Hereford and Worcestershire Stroke Programme and updated the programme for Wales. - Partnership mechanisms are in place in key areas of work including joint oversight and leadership of Test, Trace and Protect; Care Homes; and, Unscheduled Care. The RPB and PSB are re-established and commenced recovery planning and a set of population assessments required during 2021/22 are being co-ordinated as one programme of work across partners. 			
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<ul style="list-style-type: none"> - Powys Consultation Plans and situation reports developed for each live consultation to ensure PTHB responses consider the impact on Powys residents. - Strategic Change Stocktake process superseded by the processes developed during 2020 as part of the Covid-19 response; tracking of strategic plans and renewal now transacted through the quarterly planning process and the ongoing logging of service changes as part of the revised Commissioning Assurance Framework process providing the updates and monitoring on neighbouring service change. tracking of strategic plans will be resumed in March 2022 - Impact Assessment process in place for detailed analysis of live strategic change programmes. - Participation in external Programme mechanisms as appropriate for key live programmes either as watching brief / receipt of information or as programme participant in the case of NHS Future Fit. 			
Current Risk Rating	Additional Comments		
4 x 4 = 16			

CRR 010 Risk that: the need to improve health equity is not adequately reflected in the priorities and resource allocation of the Health Board Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 8		Executive Lead: Chief Executive Assuring Committee: Planning, Partnerships & Population Health Date last reviewed: January 2022																																																	
Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 3 x 4 = 12 Target: 2 x 4 = 8 Date added to the risk register May 2018	<table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Dec-17</td><td>16</td><td>4</td></tr><tr><td>Mar-18</td><td>16</td><td>4</td></tr><tr><td>Jun-18</td><td>16</td><td>4</td></tr><tr><td>Sep-18</td><td>16</td><td>4</td></tr><tr><td>Dec-18</td><td>16</td><td>4</td></tr><tr><td>Mar-19</td><td>16</td><td>4</td></tr><tr><td>Jun-19</td><td>16</td><td>4</td></tr><tr><td>Sep-19</td><td>16</td><td>8</td></tr><tr><td>Dec-19</td><td>16</td><td>8</td></tr><tr><td>Mar-20</td><td>16</td><td>8</td></tr><tr><td>Jun-20</td><td>12</td><td>8</td></tr><tr><td>Sep-20</td><td>12</td><td>8</td></tr><tr><td>Dec-20</td><td>12</td><td>8</td></tr><tr><td>Mar-21</td><td>12</td><td>8</td></tr><tr><td>Jun-21</td><td>12</td><td>8</td></tr></tbody></table>			Date	Risk Score	Target Score	Dec-17	16	4	Mar-18	16	4	Jun-18	16	4	Sep-18	16	4	Dec-18	16	4	Mar-19	16	4	Jun-19	16	4	Sep-19	16	8	Dec-19	16	8	Mar-20	16	8	Jun-20	12	8	Sep-20	12	8	Dec-20	12	8	Mar-21	12	8	Jun-21	12	8
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Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Clear annual plan and evidence based priorities taking account of health equity issues.Renewal Portfolio with a golden thread of the principle of 'greatest need' running through each programme.Resources allocated to priority areas for taking forward supportive action in relation to annual plan priorities		Mitigating actions (What more should we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Consider the longer-term approach to service redesign that focuses on health inequalities; reviewing the Health Inequalities Strategic Assessment/Report undertaken in 2018</td><td>CEO with Pubic Health Director</td><td>Q3/4</td></tr><tr><td>Undertake detailed exercise in understanding more visibly the resource allocation map against key elements of health inequity.</td><td>DFIT</td><td>Q3/4</td></tr></tbody></table>		Action	Lead	Deadline	Consider the longer-term approach to service redesign that focuses on health inequalities; reviewing the Health Inequalities Strategic Assessment/Report undertaken in 2018	CEO with Pubic Health Director	Q3/4	Undertake detailed exercise in understanding more visibly the resource allocation map against key elements of health inequity.	DFIT	Q3/4																																							
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Current Risk Rating 3 x 4 = 12		Additional Comments																																																	

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Risk Management

CRR 012		Executive Lead: Director of Therapies & Health Sciences																																																													
Risk that: the Health Board does not comply to the Welsh Language standards, as outlined in the compliance notice		Assuring Committee: Workforce and Culture																																																													
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 8		Date last reviewed: February 2022																																																													
<div>Risk Rating – (likelihood x impact): Initial: 4 x 3 = 12 Current: 4 x 3 = 12 Target: 2 x 3 = 6 Date added to the risk register March 2019</div>	<table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Month</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Mar-19</td><td>12</td><td>6</td></tr><tr><td>May-19</td><td>12</td><td>6</td></tr><tr><td>Jul-19</td><td>12</td><td>6</td></tr><tr><td>Sep-19</td><td>12</td><td>6</td></tr><tr><td>Nov-19</td><td>12</td><td>6</td></tr><tr><td>Jan-20</td><td>12</td><td>6</td></tr><tr><td>Mar-20</td><td>12</td><td>6</td></tr><tr><td>May-20</td><td>12</td><td>6</td></tr><tr><td>Jul-20</td><td>12</td><td>6</td></tr><tr><td>Sep-20</td><td>12</td><td>6</td></tr><tr><td>Nov-20</td><td>12</td><td>6</td></tr><tr><td>Jan-21</td><td>12</td><td>6</td></tr><tr><td>Mar-21</td><td>12</td><td>6</td></tr><tr><td>May-21</td><td>12</td><td>6</td></tr><tr><td>Jul-21</td><td>12</td><td>6</td></tr><tr><td>Sep-21</td><td>12</td><td>6</td></tr><tr><td>Nov-21</td><td>12</td><td>6</td></tr><tr><td>Jan-22</td><td>12</td><td>6</td></tr><tr><td>Mar-22</td><td>12</td><td>6</td></tr></tbody></table>	Month	Risk Score	Target Score	Mar-19	12	6	May-19	12	6	Jul-19	12	6	Sep-19	12	6	Nov-19	12	6	Jan-20	12	6	Mar-20	12	6	May-20	12	6	Jul-20	12	6	Sep-20	12	6	Nov-20	12	6	Jan-21	12	6	Mar-21	12	6	May-21	12	6	Jul-21	12	6	Sep-21	12	6	Nov-21	12	6	Jan-22	12	6	Mar-22	12	6	Rationale for current score <ul style="list-style-type: none">Self-assessment indicates non-compliance with some Welsh Language Standards.Evidence of non-compliance received via 3 5 complaints in 2020/2021 2021/22.Direct communication from the Commissioner indicating non-compliance in certain website areas.Two separate communications from members of the public direct to Welsh language team regarding compliance in Vaccine service.	
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Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Welsh Language Steering Group continues to monitor progress against the Standards and is sharing and encouraging best practice.Response to Internal Audit Report completed and recommendations implemented.Departmental Action Plans updated – compliance self-assessment completed and returned to WL Commissioner. Compliance levels have increased again during 2020-2021 2021-2022. End of year monitoring meetings held with WL Service Leads.This year the health board became compliant with some standards for the first time e.g. Computer Software and Interfaces, translation of policies.Welsh Language Assessments have been integrated into Equality Impact Assessment Process (and associated training sessions) and will be carried out for future developments.New internal translation service has delivered considerable increase in translation volumes and has been well received by staff.Overarching Welsh Language and Equality action plan updated for 2021-2022 in line with WL Standards, MTJW Strategic Framework and SEP. This has been submitted as of October 2021.		Mitigating actions (What more should we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Implement Welsh Language Improvement Plan Audit recent recruitment instances to assess compliance with Welsh Language Skills Assessments, with a view to increasing proportion of vacancies that are advertised as Welsh-essential.</td><td>DOTHS</td><td>In line with Annual Plan for 2021-22 By end 2021-22</td></tr><tr><td>Assess effectiveness of internal monitoring and auditing procedures within nursing and ALNET operations group before rolling out to other service areas Produce new Welsh Language content for Corporate Induction outlining individuals' responsibilities with regards the standards.</td><td>DOTHS / WOD</td><td>Dec-2021 By end 2021-22</td></tr><tr><td>Internal Audit of signage compliance</td><td>Internal Audit</td><td>During 2022</td></tr></tbody></table>		Action	Lead	Deadline	Implement Welsh Language Improvement Plan Audit recent recruitment instances to assess compliance with Welsh Language Skills Assessments, with a view to increasing proportion of vacancies that are advertised as Welsh-essential.	DOTHS	In line with Annual Plan for 2021-22 By end 2021-22	Assess effectiveness of internal monitoring and auditing procedures within nursing and ALNET operations group before rolling out to other service areas Produce new Welsh Language content for Corporate Induction outlining individuals' responsibilities with regards the standards.	DOTHS / WOD	Dec-2021 By end 2021-22	Internal Audit of signage compliance	Internal Audit	During 2022																																																
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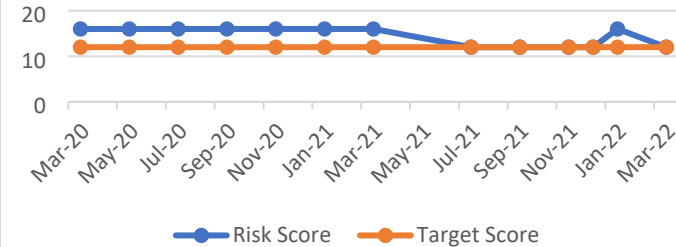
<ul style="list-style-type: none"> ▪ New Service Improvement Manager appointed October 2021 alongside new Full-Time internal Translator and Equality & Welsh Officer (on 12 month Secondment initially). ▪ Welsh language awareness session developed and delivered to some key staff groups to promote the Standards and the Active Offer principle. Session also added to ESR to monitor attendance. ▪ Increased compliance with bilingual communication – patient leaflets, letter templates, website information. Additional cost implications included in approved budget for 2021-22. ▪ WL Annual Monitoring Reports completed and submitted on 30th September 2021. ▪ Internal monitoring and auditing procedures developed for nursing and ALNET operational group. Plans are in place to roll out audit procedures to other service areas. ▪ Continue to monitor compliance levels within each service area and work with Service Leads to address any gaps in compliance. 			
<p>Current Risk Rating</p>	<p>Additional Comments</p>		
<p>4 x 3 = 12</p>	<p>Due to COVID-19 pressures, staff have little capacity to move WL initiatives forward.</p>		

CRR 013 Risk that: there are delays in accessing treatment in Primary and Community Care Services in excess of 36 and 52 weeks, and a reduction in levels of enhanced services provided by General Practices under the GMS Contract.		Executive Lead: Director of Finance and IT / Director of Planning and Performance								
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4		Assuring Committee: Delivery and Performance								
		Date last reviewed: February 2022								
<div>Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 3 x 4 = 12</div> <div>Date added to the risk register July 2021</div>		<div>Rationale for current score: Baseline as at end of March 2021 indicates current waiting times excluding diagnostics and therapies as follows: Provider Position – 690 people waiting over 36 weeks and 536 waiting over 52 weeks. Prior to the pandemic Powys provided services did not exceed waiting times albeit there was fragility in certain in-reach services Whilst slow but steady progress has been made in the last 6 months, the referral rates will likely rise in future months which will increase future demand. Historical activity levels cannot currently be delivered due to ongoing covid related infection prevention and control measures including social distancing of patients. A key constraint currently is available workforce to operate additional activity with a specific risk relating to theatres staff. In line with national relaxation for Directed Enhanced Services (DES) and local relaxation for Local/National Enhanced Services (LES/NES) General Practice has physically seen less patients under these contracts than at pre-Covid levels. Given the current pressures and risk of staff absences in primary and community care services, the Health Board has approved the extension to the end of March for the relaxation for Directed Enhanced Services (DES) and local relaxation for Local/National Enhanced Services (LES/NES) at 75%. General Practice has physically seen less patients under these contracts than at pre-Covid levels.</div>								
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Key priorities identified to deliver elective treatments within 52 weeksExecutive Committee Strategic Commissioning and Change Group		Mitigating actions (What more should we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Establish Advice, Support and Prehabilitation Service</td><td>DPP</td><td>October 2021</td></tr></tbody></table>			Action	Lead	Deadline	Establish Advice, Support and Prehabilitation Service	DPP	October 2021
Action	Lead	Deadline								
Establish Advice, Support and Prehabilitation Service	DPP	October 2021								

<ul style="list-style-type: none"> • A renewal priority including planned care has developed a proposal for funding to recover waiting times to previous levels as a provider. Funding has been provided and this programme of work will develop delivery plans accordingly. • As part of the renewal priorities, scoping of the establishment and Advice, Support and Prehabilitation service to actively support those awaiting treatment. • LES and NES activity levels held at 75% of historical levels from Jan 22 to March 22 (extension of the 75% activity threshold in place until 31st December 2021). • LES specifications were temporarily amended to support delivery of enhanced services (in place until 31/03/2022) under the caveat of clinical judgement and responsibility of the clinician to prioritise and manage patient care. • GMS annual return used to gain assurance of continued performance in meeting contractual requirement. • Specific Enhanced Service audits (NPT, Anticoagulation and Diabetes). • Data provided by General Practice across a range of conditions and dialogue with practices and clusters active on next steps. • Renewal Priority "Diagnostics, Ambulatory and Planned Care" developing plan for waiting time recovery including recruitment. Programme Manager appointed to support this work, which is being monitored through the Renewal Programme Board. • Work is ongoing with clusters and practices to develop proposals for any recovery in line with national discussions with additional funding available to support. • Paper completed summarizing the approach taken by General Practice throughout the pandemic in identifying and prioritizing patients for enhanced services. • Review relaxation of LES and NES levels following national position on DES levels, Proposal for rest of the year agreed by Executive Committee. 	<p>Market response to outsourcing provided no options. There remains potential for insourcing and this element of the market process is being progressed in line with procurement rules to confirm if this can be provided.</p>	DPCMH	October 2021
	<p>Seeking support from NHS Wales Delivery Unit for specific demand and capacity tools which can be used operationally to project, implement and monitor activity on a weekly basis. Work ongoing with DU to ensure this model reflects the specific issues of Powys delivery locations.</p>	DPCMH	October 2021
Assurances (How do we know if the things we are doing are having an impact?)	Gaps in assurance (What additional assurances should we seek?)		
<ul style="list-style-type: none"> • Monthly waiting time reporting at Delivery Performance Group • Reporting at Performance and Resources Committee and Board 			

<ul style="list-style-type: none">• Monthly meeting with Welsh Government at Quality and Delivery Meetings• QAIF clinical indicator achievement• Enhanced Service activity/claims• Review of Q1 Enhanced service activity/claims to monitor practice achievement towards 75% attainment	
Current Risk Rating	Additional Comments
4 x 4 = 16	

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Risk Management

CRR 014		Executive Lead: Director of Public Health																																											
Risk that: potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of an infectious disease (COVID-19)		Assuring Committee: Delivery and Performance																																											
Risk Impacts on: Impact on the health and wellbeing of the population, patients and visitors and on the continuity of a range of NHS systems and services, including workforce, support services and supply chain.		Date last reviewed: February 2022																																											
Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 3 x 4 = 12 Target: 3 x 4 = 12	 <table><caption>Risk Score History</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Mar-20</td><td>18</td><td>12</td></tr><tr><td>May-20</td><td>18</td><td>12</td></tr><tr><td>Jul-20</td><td>18</td><td>12</td></tr><tr><td>Sep-20</td><td>18</td><td>12</td></tr><tr><td>Nov-20</td><td>18</td><td>12</td></tr><tr><td>Jan-21</td><td>18</td><td>12</td></tr><tr><td>Mar-21</td><td>18</td><td>12</td></tr><tr><td>May-21</td><td>18</td><td>12</td></tr><tr><td>Jul-21</td><td>12</td><td>12</td></tr><tr><td>Sep-21</td><td>12</td><td>12</td></tr><tr><td>Nov-21</td><td>12</td><td>12</td></tr><tr><td>Jan-22</td><td>12</td><td>12</td></tr><tr><td>Mar-22</td><td>12</td><td>12</td></tr></tbody></table>	Date	Risk Score	Target Score	Mar-20	18	12	May-20	18	12	Jul-20	18	12	Sep-20	18	12	Nov-20	18	12	Jan-21	18	12	Mar-21	18	12	May-21	18	12	Jul-21	12	12	Sep-21	12	12	Nov-21	12	12	Jan-22	12	12	Mar-22	12	12	Rationale for current score: Likelihood: 'Likely' 'Possible'. Vaccination appears to be weakening the link between cases and admissions to hospital and Wales is now coming out of the recent but the Omicron wave. variant has the potential to cause significant pressure on system resilience. Recent estimates indicate that the risk of admission to hospital following infection has reduced from a pre-vaccination level of 10% to 2.8% currently. Recognising that the (direct) risk of Covid-19 overwhelming the NHS has potentially reduced, the likelihood has been adjusted from 'likely' to 'possible' as at July 2021 February 2022. It should be noted there are still risks: estimates only need to be wrong by a small percentage and admissions will rise significantly, the NHS is already operating at near maximum capacity, and large numbers of staff isolating as contacts in a third wave may impact on some services. The risk score will therefore need to be kept under regular review. Impact: 'Major'. COVID-19 presents four harms to the population: - 1. The direct harm arising from the disease itself; 2. The harm caused by an overwhelmed NHS; 3. The harm caused by stopping other non-COVID activity; and 4. The wider harm to wellbeing caused by population level measures in response to COVID-19.	
Date	Risk Score	Target Score																																											
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Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																											
1. Test Trace Protect programme in place: • RT-PCR testing available for the Powys population via the UK online portal;		Action • Reinforced messages to staff about use of IPC	<table><tr><td>Lead</td><td>Deadline</td></tr><tr><td>PW</td><td>18/12/21</td></tr></table>	Lead	Deadline	PW	18/12/21																																						
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<ul style="list-style-type: none"> • Contact tracing service operating; • Regional response cell in place for escalated cases and clusters. <p>2. Joint management and oversight arrangements in place with Powys County Council, including a joint Prevention and Response Group.</p> <p>3. Working as part of the wider system in Wales through participation in regional and national planning and response arrangements.</p> <p>4. Powys Prevention and Response Plan in place.</p> <p>5. Mass vaccination programme in progress.</p> <p>6. System resilience plan in place to respond to direct and indirect impact of COVID-19 during the second half of 2021/22.</p> <p>7. Revised our command structures to manage risks. Proportionate governance framework in place (Gold, Silver, Bronze).</p> <p>8. Reprioritisation work completed to enable business continuity planning and staff moved to support fragile operating areas.</p> <p>9. Weekly system resilience reporting being submitted to Welsh Government.</p> <p>10. All Wales position on HBs invoking the Local Options Framework being considered.</p> <p>11. In response to difficulties in obtaining LFD stock:</p> <ul style="list-style-type: none"> • Agreement with Test Trace Protect at Welsh Government to build and hold a reserve stock. • Order placed to provide stock for 14 day contingency (20,000 tests). • Communications issued to wards and departments not to stockpile LFDs and to return excess stock to Stores. • Promoting LFD reporting by staff via the UK registration platform. • Agreed 'in extremis' support on LFD supply with Powys County Council. <p>11. Non-essential training stood down to enable business continuity measures to be enacted</p> <p>12. Enhanced rates of pay for staff agreed to improve operational areas</p> <p>13. FFP3 mask usage – decision on 29th December 2021 to continue to follow UK IP&C guidance supporting risk assessed use.</p>	<ul style="list-style-type: none"> • Build LFD resilience stock held from 7 to 14 days. • Support Welsh Government investigation into failed deliveries. • Workforce 'deep dive' to look at business continuity planning • Planning for TTP transition phase to begin once WG planning assumptions known. 	<p>AC</p> <p>AC</p> <p>JR</p> <p>DPH</p>	<p>24/01/22</p> <p>14/01/22</p> <p>14/01/22</p> <p>31/03/22</p>
<p>Current Risk Rating</p>	<p>Additional Comments</p>		
<p>3 x 4 = 12</p>			

Report:	Chief Officer's Report
Author:	Katie Blackburn
Status:	For Information
Date:	30th March 2022 (report to 21st March 2022)

1. Gathering Public and Patient Feedback

Whilst we prepare to move forward out of Coronavirus restrictions, our main way of engaging with the public is still through digital methods, via our website, social media and email channels. CHC members and staff continue to join virtual meetings with a variety of organisations.

A representative from Powys CHC has taken part in the following virtual meetings during the last two months:

21 December	Powys Teaching Health Board (PTHB) Meeting to discuss Crickhowell Practice Application to Change Practice Boundary
6 January	Update for Montgomeryshire Local Committee on North Powys Wellbeing Programme
10 January	PTHB General Medical Services Access Forum
18 January	Shropshire, Telford & Wrekin Maternity Voices Partnership
19 January	Board of CHCs Board Meeting

20 January	Mid Powys Primary Care Cluster Meeting
20 January	PTHB Audit, Risk & Assurance Committee
24 January	Shrewsbury & Telford Hospital NHS Trust (SATH) Public Assurance Forum
25 January	Rural Health & Care Wales Winter Webinar
25 January	Powys Dementia Network – Discussion about Dementia Services in Powys
26 January	PTHB Board Meeting
3 February	PTHB Patient Experience, Quality & Safety Committee
February	PAVO Knighton & Presteigne Community Workers Network Meeting
15 February	PTHB 111, Swansea Bay UHB & Shropdoc Out of Hours Quarterly Performance Monitoring Meeting
15 February	SATH Ockenden Report Assurance Committee
17 February	PAVO Llandrindod, Rhayader & Builth Wells Community Workers Network Meeting
17 February	Board of CHCs Joint Services Planning & Change Committee
21 February	SATH Women's Health Project meeting

Some of these meetings provide us with the opportunity to scrutinise what is happening with health services. Other meetings are used to gather information about the work being undertaken by other organisations and also to promote the work of the CHC.

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We are still holding our online briefing sessions for CHC members on a fortnightly basis. The PTHB Programme Director for COVID Vaccination and Test, Trace, Protect has attended some of the sessions to provide updates to members.

The meetings also offer the opportunity for members to raise with the Chair and Chief Officer any issues which they have picked up within their local communities. Any thematic issues and concerns can then be raised during the twice-weekly meetings which are held with senior officers from PTHB. The meetings with the Health Board also provide regular updates about the COVID response and health services in general. In addition, individual concerns can be raised with the Health Board through the Chief Officer or through the CHC's Complaints Advocacy Service.

Engaging with Patients in Hospital

We were able to re-arrange the 'virtual visit' to Felindre Ward in Bronllys Hospital and this took place on 24 January 2022. Only one member was able to take part in the visit and they had conversations, via video call, with three patients on the ward. We received some mixed feedback (positive and negative) about the stay on the ward. In general, patients gave positive feedback about staff and the care provided. Most of the negative comments related to difficulties with internet connection and the state of the ward environment and things not working.

A report on the 'virtual visit' project is being prepared for Executive Committee to consider.

Face-to-Face Engagement

We are developing a plan to recommence face-to-face engagement. We have a stand booked at the Smallholding and Countryside Festival, which will be held at the Royal Welsh Showground in Builth Wells on 21 and 22 May 2022.

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Visiting NHS Services

We are developing our plan to recommence visiting NHS services from April 2022.

Social Media

- We continue to use social media on a daily basis. We are posting CHC information to our Facebook and Twitter pages. We are using the platform to advertise our meetings and surveys.
- We share and re-post information which is provided by Health Boards and Trusts in Wales, Trusts in England, local GP practices, other CHCs, Powys County Council and national NHS organisations.
- We are monitoring and evaluating the public reaction to information which is posted.
- We currently have 492 followers on Twitter and 755 followers on Facebook.

Surveys

The All Wales CHC survey 'NHS Care After COVID' is available online at the following link [ow.ly/ezsy50ER6ZG](https://www.nhs.uk/healthcare/survey/ezsy50ER6ZG) and is available in paper format.

The online survey about maternity services at Shrewsbury & Telford Hospital NHS Trust is ongoing and available for people to complete. The link is <https://forms.office.com/r/5RvpLDm0kv>.

We have worked with SATH and NHS providers and patient representatives in Shropshire and Telford & Wrekin to develop a Women's Health Survey. The survey is in two parts – the first part looking at cancer screening services for women and the second part about knowledge of menopause, how it affects women and their experience of healthcare. The survey is aimed at women living in Shropshire, Telford & Wrekin and mid-Wales. It launched on 17 January and the deadline has been extended to 11 March. The survey is online and paper copies are also available. The link to the survey is <https://www.surveymonkey.co.uk/r/Women22>

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We are about to launch our survey to find out people's experience of using local pharmacies (chemists). We plan to run the survey for a month. It will be available online and in paper format and we will send copies of the paper surveys to our CHC members for them to circulate in their own localities. The link to the survey is

<https://forms.office.com/r/fLGkSQjxyj>

Reports

The following reports have been published by the Board of CHCs:

- **Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales: Evidence from the Board of Community Health Councils and the 7 CHCs in Wales**

The evidence focuses on what CHCs heard about people's views and experiences in 3 key areas:

- the impact of delayed care and treatment on people's lives, and those who care for and about them
- test, trace and protect (TTP)
- the COVID-19 vaccination programme so far

The report can be viewed at the following link:

<https://boardchc.nhs.wales/files/what-weve-heard-from-you/inquiry-into-the-impact-of-the-covid-19-outbreak1/>

- **Inquiry into the impact of the waiting times backlog on people who are waiting for diagnosis or treatment in Wales: Evidence from the Board of Community Health Councils and the 7 CHCs in Wales**

This report focuses on what CHCs have heard across Wales about the impact of waiting for NHS care and treatment on people's lives, the support available while they are waiting, and the plans and actions being taken by healthcare services to recover from the pandemic.

The report can be viewed at the following link:

<https://boardchc.nhs.wales/having-a-say/what-weve-heard-from-you1/national-reports-accordion/national-reports1/inquiry-into-the-impact-of-the-waiting-times-backlog-on-people-in-wales/>

2. Powys CHC Website

[Home - Powys Community Health Council \(nhs.wales\)](#)

3. Service change and patient engagement:

All Powys CHC meetings have been re-instated and are being attended by members of the public.

At the moment, service changes have predominantly been “urgent” service changes which are considered at the Services Planning Committee.

Executive Committee decisions relating to service change during this period:

- Proposal for Engagement on Oesophago-gastric Cancer Surgery Services (Swansea Bay University Health Board)

Type of change: Permanent

Decision: Agreed

Observations: Specific comments were:

- i) That any after-care support should be as close to home as possible and,
- ii) That future capacity must be built into any future developments

Powys CHC will feed these comments into the engagement process.

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- Outcome of Aneurin Bevan University Health Board engagement on Sexual Health Services

Type of change: Permanent

Decision: Agreed

Observations: The EC felt that this “hub” in Nevill Hall Hospital was very positive news for South Powys service users.

The EC felt that more engagement could have been had with both Powys CHC and PtHB at an earlier stage (in line with the Guidance for Engagement and Consultation).

The EC requested confirmation of what sexual health services are available in Powys at a future meeting of the Full Council.

- Cwm Taf Morgannwg UHB – Urgent temporary change of location for Fracture Clinic

Type of change: Urgent and temporary

Decision: Agreed

Observations: The EC requested an update in 3 months time.

- PTHB Proposed Service Change to Pain Management Service

Type of Change: Permanent

Decision: Agreed

Observations: Whilst fully understanding the clinical rationale for the change, EC members felt that Hereford was much further for North Powys patients to travel, particularly if individuals are in pain.

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The EC will ask for an update to this change in 3 months time.

The EC felt that more engagement could have been had with Powys CHC at an earlier stage.

- PTHB Proposed Service Change to move Cardiology Inpatient Services from Royal Shrewsbury Hospital to Princess Royal Hospital in Telford

Type of Change: Temporary

Decision: Agreed in principle

Observations: Awaiting detail of number of patients impacted by proposal. Received and awaiting electronic agreement by Executive Committee.

Members want assurance that this temporary service change will not become permanent given the unknown timescale for the implementation of the Hospital Transformation Programme (HTP). Members requested an update in 6 months.

4. Advocacy

Open Cases as of 14th January 2020: 36

Pre Local Resolution	Local Resolution	Further Local Resolution	Ombudsman	Continuing Health Care Funding	Redress	Serious Incident Review	Total
7	21	0	3	1	3	1	36

Open Cases as of 1st March 2022: 32

Pre Local Resolution	Local Resolution	Further Local Resolution	Ombudsman	Continuing Health Care Funding	Redress	Serious Incident Review	Total
5	19	0	4	1	2	1	32

New Cases from 1st January 2022-1st March 2022:**4**

Closed Cases from 1st January 2022-1st March 2022:**9**

Number of Complaints	Number of Incidents
32	40

5. Members

David Collington has been elected as Chair of Powys CHC; Cllr Jackie Charlton has been elected as Vice Chair of Powys CHC and Jane Randall Smith as Chair of Montgomeryshire Local Committee.

In Summary:

Powys CHC

Chair Dr David Collington
Vice Chair Cllr. Jackie Charlton

Montgomeryshire Local Committee

Chair Jane Randall-Smith
Vice Chair Cllr David Jones

Radnorshire and Brecknock Local Committee

Chair Jacqui Wilding
Vice Chair Geoffrey Davies

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Finally.....

Powys CHC would like to extend their continued thanks to all the staff of PtHB for the organisation, dedication and commitment to rolling out the mass vaccination programme across Powys.

Bi-weekly meetings continue between the CHC and PtHB ensuring that any issues can be resolved as soon as possible.

Thank you.

Katie Blackburn

Prif Swyddog, CIC Powys/ Chief Officer, Powys CHC

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AGENDA ITEM: 3.5a

BOARD MEETING		DATE OF MEETING: 30 March 2022
Subject :	BOARD COMMITTEES: CHAIRS ASSURANCE REPORTS	
Approved and Presented by:	Board Secretary	
Prepared by:	Corporate Governance Manager	
Other Committees and meetings considered at:	The content of each of the reports has been subject to the consideration of the relevant Board Committee Chair.	

PURPOSE:

The purpose of this report is to provide the Board with an update on the work of the Board Committees.

RECOMMENDATION(S):

The Board is asked to:

- RECEIVE and DISCUSS the summary assurance reports appended to this covering paper

Approval/Ratification/Decision	Discussion	Information
	✓	

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

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

DETAILED BACKGROUND AND ASSESSMENT:

ASSURANCE REPORTS FROM COMMITTEE CHAIRS

The following Chair's Assurance Reports with links to confirmed committee minutes are appended for the information of the Board:

Executive Committee

- The Committee Chair's report of the meetings held in January and February 2022 is attached at **Appendix A**.

Audit, Risk and Assurance Committee:

The Committee Chair's Report of the meeting held on 20 January 2022 is attached at **Appendix B**.

Delivery and Performance Committee:

- The Committee Chair's report of the meeting held on 28 February 2022 is attached at **Appendix C**.

Patient Experience, Quality and Safety Committee

- The Committee Chair's report of the meeting held on 2 December 2021 is attached at **Appendix D**.

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Planning, Partnerships and Population Health Committee:

- The Committee Chair's report of the meeting held on 18 January 2022 is attached at **Appendix E.**

Workforce and Culture Committee:

- The Committee Chair's report of the meeting held on 28 January 2022 is attached at **Appendix F.**

NEXT STEPS:

Further updates from the Chairs of the Board Committees will be received at the Board meeting scheduled for 25 May 2022.



Reporting Committee:	Executive Committee
Committee Chair	Carol Shillabeer
Date of last meeting:	9 th March 2022
Paper prepared on:	22 nd March 2022

KEY DECISIONS AND MATTERS CONSIDERED BY THE COMMITTEE

I am pleased to provide the Board with a summary of the matters considered by the Executive Committee when it met on 27th January, 9th February, 16th February and 9th March 2022.

27th January 2022

1. Surge Plan and Nurse Staffing Update

The Committee RECEIVED the detailed surge options by health board site, which included 154 core beds across Powys. Surge Plan 1 could increase capacity to 170 beds across Powys with Surge Plan 2 increasing capacity to 184 beds across Powys. It was noted that these figures did not include the 10 beds currently closed at Knighton Hospital. The Director of Nursing and Midwifery presented the updated In-Patient Ward Staffing and provided the following context:

- Outdated, historical staffing establishments based on CNO 1:7 ratio that preceded Nurse Staffing levels Act (Wales) 2016. PTHB subject to section 25a) which had resulted in a heavy reliance on bank and agency to fulfil historical establishment.
- Flat band 5 and band 2 structures in most wards had limited workforce flexibility and local evaluation of the introduction of Assistant Practitioner roles had yet to be undertaken.
- Longstanding difficulties in Registered Nurse recruitment to the historical establishment has resulted in reactive localised, siloed review at times of shortage – resulting in ward staff feeling under resourced.

The Committee considered the presentation, and the Chief Executive welcomed the item as a fundamental part of the health board's future strategy however raised concern that financial analysis had yet to be undertaken.

The following decisions were made by the Committee:

- The Committee CONFIRMED that members required the Assistant Practitioner Evaluation to be completed by the end of March 2022.
- The Committee APPROVED IN PRINCIPLE the core *baseline* staffing model as deployed by the Committee on 8th December 2022 as the interim ward establishment model until the Assistant Practitioner Evaluation had been completed; SUBJECT to confirmation of the financial detail and underpinning financial assumptions.
- The Committee APPROVED the two bed surge scenarios.
- The Committee APPROVED the associated workforce requirements to mobilise the surge plan if deployed.
- The Committee REQUESTED that new information collected via the Daily Safety Huddle be included within routine health board reporting.

2. NHS Pension Flexibilities

The Committee received the item in relation to pension tax guidance for employers from NHS Wales Employment Services. The guidance related to pension recycling options for those who exceeded their annual of lifetimes pension allowances. The Committee NOTED the report and RECOGNISED the potential conflict of interest should a decision be made by the Executive Committee due to the potential impact on Committee members. It was AGREED that advice would be sought from the Board Secretary on how best to proceed with the governance process prior to a presentation to the Remuneration and Terms of Service Committee.

3. Llanwrtyd Wells Health Centre

The Committee RECEIVED the item which outlined a potential to purchase the Health Centre at Llanwrtyd Wells. The Committee recognised the active work that had been undertaken to secure a new pharmacy service for the town, following the retirement of the previous pharmacist. The Health Board, it was noted, already had a significant lease on the building and the business case for moving to a purchase option was presented. In addition, refurbishment of the facility would be required to enable both the new pharmacy service but also to update the existing facility more generally.

The Committee SUPPORTED IN PRINCIPLE the purchase of the of the property however approval was SUBJECT to written confirmation from Welsh Government that capital investment would not be allocated to the health board until it was confirmed the sale would complete within the

financial year. It was noted that a Chair's Action may be required to secure the purchase given the timeframes involved.

The Committee APPROVED the capital investment to reconfigure the Health Centre and RECOGNISED that this would come from the 2022/23 capital allocation.

4. Commissioning Escalation Report

The Committee RECEIVED the item which highlighted providers in special measures or scored as level 4 and above. Based on meetings with all commissioned providers outside of Powys during November and December 2021, along with the information gathered via that process, Commissioning Assurance Framework (CAF) scores and ratings had been maintained from those set in October 2021:

- 2 providers with services in special measures,
- 1 provider at level 4.

The report also provided:

- A high-level summary of key issues in relation Shrewsbury and Telford Hospitals NHS Trust (SaTH) and Cwm Taf Morgannwg University Health Board (CTMUHB),
- Referral to treatment times (RTT) times.

It was noted that a further inspection was scheduled in January 2022 focusing on The Royal Shrewsbury Hospital. The inspection followed IPC challenges linked to commodes on wards and COVID-19 outbreaks. The feedback will be included in future reports to the Executive Committee and onward to the Patient Experience Quality and Safety Committee. The Committee DISCUSSED the Report.

5. Maternity Services Assurance Framework

The Committee RECEIVED the item which provided an updated position in terms of the maternity pathway for the women of Powys, focusing on:

- Maternity Commissioning Assurance Framework,
- Commissioned maternity services subject to special measures
- South Powys Programme Maternity and Neonatal Workstream,
- Powys Maternity Improvement Plan with HIW Maternity recommendations,
- External scrutiny with Welsh Government Maternity and Neonatal Performance Board outcomes, Welsh Risk Pool Fetal Surveillance Audit and Internal Audit for Safeguarding Supervision Midwifery Compliance.

The Committee DISCUSSED the Report, noting that this area remains a key priority for focus.

9th February 2022

1. Building a Healthier Wales: Prevention and Early Years Funding

A Prevention and Early Years fund had been established by Welsh Government in 2019. Since the establishment of the fund Health Board had received £0.249m per annum. Confirmation had been received that funding would continue for the next three-years.

There had been three projects funded via this allocation:

- Time for You – a transactional volunteering scheme,
- Nutrition Skills for Life, Get Cooking and Foodwise for Life – Dietetic Support Workers delivering level 1 and 2 obesity pathway services focusing on the promotion of healthy eating,
- First 1,000 days – Healthy Lifestyles Support Workers in maternity and health visiting services providing behavioural lifestyle support to parents and infants.

From March 2022 the criteria for funding had been changed, and one of the three programmes previously funded no longer met the criteria (Time for You). It was recommended that confirmation of continuity of funding in 2022/23 was given to two programmes (Nutrition Skills for Life and First 1,000 days), and that Time for You was wound down and the released funding reallocated to tobacco and healthy weights interventions.

The Committee APPROVED IN PRINCIPLE the allocation of funding subject to appropriate engagement with both the Regional Partnership Board and Powys Association of Voluntary Organisations.

2. Community Cardiology Business Case

The item had been brought forward to the Executive Committee due to the cancellation of the Renewal Services Portfolio Board in January 2022. It was reported that the Health Board was seeking to enhance the cardiology service provision for the residents of Powys to provide care closer to home, reduce admissions to secondary care services and create a more sustainable service for the future. The business case had been considered by the Investments Benefits Group, which had supported the case for presentation to the Executive Committee.

The preferred Powys model had been approved by the Clusters and Renewal Strategic Portfolio Board and would consist of fixed hubs with community diagnostics. By providing more local access and building a Powys cardiac team, this would reduce the demand on secondary care.

It had been suggested that the hubs could be built as static sites in the North and South with mobile peripatetic provision to the Mid of the county. Subject to approval, an Implementation Group would be established to develop a detailed plan.

The Committee SUPPORTED the business case IN PRINCIPLE subject to further work to develop the proposals workforce, governance and funding arrangements.

3. Renewal Portfolio Overview

An overview of the following matters was provided to the Committee:

- Overview of Renewal Portfolio Programmes including, Frailty and Community Model, Diagnostics, Ambulatory and Planned Care, and Advice, Support and Prehabilitation,
- Renewal portfolio risks and risk heat map,
- Finance and recruitment,
- Programme achievements, and
- Integrated Medium Term Plan (IMTP) 2022-25 Renewal Priorities.

The Committee welcomed the presentation and recognised the progress made by Executives and the Transformation and Value team in the 12 months since the creation of the Renewal Portfolio. **It was suggested that the Board should be made aware of the progress to date** and that further discussion would be held during the Informal Executive session on the (IMTP) on 15 February 2022.

4. Clinical Pathway Management: Implementation Requirements

An overview of the funding required over the next three years to ensure local implementation of a phased national approach to clinical pathway management was provided and involved:

- A specialist advice and guidance model,
- A nationally procured pathway interface system.

Welsh Government would be making funding available for local implementation in 2022/23 and, it is understood, intends to secure funding for at least three years. It was suggested that a Local Implementation Group would be required including representation from Primary Care and Innovation colleagues.

The Committee NOTED the item for information and suggested that further dialogue with Welsh Government was required in relation to the complexity of roll out and hence the funding support needed in Powys to achieve this.

5. Minutes from the Renewal Portfolio Board held 2 December 2021

The Committee RECEIVED and APPROVED the minutes of the Renewal Strategic Portfolio Board held on 2 December 2021.

6. Enhanced Rate Request, Planned Care Services (for Ratification)

The Committee RECEIVED the request which had been previously approved the Delivery and Coordination Group. The Committee RATIFIED the enhanced rate request.

7. North Powys Strategic Outline Case

The item outlined the work undertaken on the development of the Strategic Outline Case (SOC) and included the draft SOC and appendices for submission to Welsh Government in April 2022 (subject to approval by the local authority's Cabinet and PTHB Board in March 2022). It was noted that the Programme Business Case (PBC), submitted to Welsh Government during in November 2020, had reportedly been supported by the WG Strategic Investment Board in November 2021, however ministerial approval remained outstanding. Endorsement of the PBC prior to the submission of the Strategic Outline Case to Welsh Government would be essential.

It was noted that following feedback from the Powys County Council (PCC) Scrutiny Committee, estimated costs had been increased to £109.215M; at PBC stage the estimated cost had been £89M. This increase reflected the significant increase in material costs and costs related to the rurality of North Powys. The Committee NOTED that further work was to be undertaken on capital costs and that risks, and optimisation bias was under discussion with Welsh Government.

The Committee APPROVED the SOC for presentation to Board on 30 March 2022 and NOTED the caveats in relation to capital costs and student accommodation.

8. Health Emergency Planning Annual Report

The Health Emergency Planning Annual Report formed part of the Health Board's assurance arrangements, as outlined in the Health Board's Annual Report on Civil Contingencies Planning. The completed templates were used to provide Welsh Government with an assessment of the level of emergency preparedness for major incidents and business continuity disruption across all NHS organisations in Wales. The overall assessment demonstrated compliance in the key areas outlined in the reporting template.

The Committee recognised the Health Board's training and exercise programme has been impacted on during 2021/22 and that this would need to be rectified in 2022/23.

The Committee APPROVED the Health Emergency Planning Annual Report.

9. Investments Benefits Group Summary Report

The Committee RECEIVED and NOTED the Investment Benefits Group Summary Report for information.

16th February 2022

1. Learning Disability Additional Funding for 2022-23, 2023-24 and 2024-25

The item reported that the Improving Lives Programme allocated funding for 2019-20, 2020-21 and 2021-22, had been made available by Welsh Government to enable health boards to focus on improving the capacity and capability of mainstream and specialist health services to respond effectively to the needs of individuals with a Learning Disability. In May 2019 the Health Board had applied for £57k and was successfully awarded the funding. This funding was due to end March 2022. Welsh Government had since announced the extension of the funding for a further three years which will enable the Learning Disabilities services to continue with the key priorities within the All-Wales Primary Care delivery group actions and start aligning the priorities within the 5 year National Action Plan.

The Committee noted that the paper would be presented to the Live Well Board. The Committee welcomed and NOTED the report.

2. Education Commissioning Numbers

The Committee RECEIVED the draft Education Commissioning Templates, supported with a detailed explanation of how workforce data, engagement with service leads and Clinical Directors produced the final numbers for submission. It was noted that subject to Executive Committee approval the template would be submitted to Health Education Improvement Wales (HEIW) by 28 February 2022.

The Committee AGREED that the templates would be reviewed over the coming 7 days to ensure the inclusion of service developments and clarity on the assumptions utilised. The Committee NOTED the submission deadline of 28 February 2022 and agreed that work undertaken would seek to enable a timely return to HEIW. The Committee also NOTED that the item would be presented to the Board on 30 March 2022 as part of the IMTP 2022-25.

3. National Annual Leave Carry Over Selling Scheme

A summary of the national approach developed to enable a consistent approach to outstanding leave at year end across Wales was provided. The national scheme allowed three options for individuals regarding any outstanding annual leave, for the 2021/22 annual leave year:

1. Utilise any outstanding leave within the annual leave year (2021/2022)/ current leave year, including the additional annual leave day.
2. Carry over the balance from the current annual leave year to the next leave year (subject to the limits on the carry-over of annual leave of up to 10 days)
3. The introduction of a scheme for selling unused leave for 2021/22 only (subject to the upper limit of 10 days).

It was noted that individuals may choose to use a combination of the above, subject to the upper limit of 10 days.

The Committee noted the logistical challenges in relation to the validation of data from ESR and Payroll. The Committee APPROVED the implementation of the policy, subject to the following local implementation measures:

- the development of a local implementation guide for managers,
- requests to carry over and sell leave would need Executive Director level approval, though it was recognised that some delegation to Assistant Director level may be required for Directorates with large numbers of staff,
- complex cases such as those relating to long term sickness would be managed locally by managers and workforce.

4. Diagnostic Reporting Error

It was reported that an error had been identified within the historically reported diagnostic data sourced via information reporting services (IFOR). The level of risk was assessed as low, with no patients from this manual import cohort breaching the 8-week national target. Steps had been put in to ensure the error could be prevented in future. The Committee RECEIVED and NOTED the item for information.

5. Digital First Update

The Committee RECEIVED the item and noted that a previous iteration had been considered by the Executive Committee on 10 December 2021. Since the last report to the Executive Committee the following updates had been included:

- progress in relation to MediLogic (endoscopy system),
- Office 365 migration update,
- Cyber Security work underway, particularly in light of the current political climate in Europe.

The Committee welcomed the report and suggested that performance indicators may be beneficial for future iteration.

6. Financial Performance, Month 10

The Committee RECEIVED and NOTED the Month 10 Financial Performance Report.

7. Workforce and OD Policies

The Committee RECEIVED and APPROVED the following Workforce and OD Policies:

- Agile Working Policy
- Maternity, Paternity, Adoption and Surrogacy Policy and Procedure
- Work Placement and Work experience Policy

8. Non-Emergency Patient Transfer (NEPTS) Update

The report provided an update on the performance of WAST as the Health Board's core NEPTS provider, and the Health Board's 'cross border' NEPTS contracts in Shropshire and Herefordshire with E-zec Medical Services Ltd.

The Committee DISCUSSED and NOTED the report.

9th March 2022

1. Joint Escalation and Intervention Arrangements

The Committee RECEIVED the letter from Welsh Government that outlined the outcome of a recent tri-partite assessment of the Health Board. The Committee recognised that the Health Board's escalation status remained unchanged at 'routine monitoring'. Two areas for attention noted were Executive and Independent Member turnover and the Quality of services commissioned from other providers (Wales and England). The Chief Executive welcomed the maintenance of the escalation status despite the challenges of the pandemic over the previous two years. **It was agreed that this matter would be highlighted within the Executive Committee Chair's Report to the Board on 30 March 2022.**

2. Medical Job Planning Annual Report

The Committee was provided with an overview of work carried out over the previous 12 months to review practice, update guidance and to ensure that job plans are up to date for substantive medical staff as a result of a previously made audit recommendation. It was noted that work remained ongoing and the Director of Public Health confirmed that consultants currently within Public Health Wales would need to be included in this process when transfer to the Health Board takes place. The Committee DISCUSSED and NOTED the Report.

3. Infection Prevention and Control Report including Nosocomial Update

The Committee RECEIVED the report which provided oversight and assurance on activity in relation to Infection Prevention and Control (IPC) standards during Q3 of 2021-22 as well as an update on the all-Wales approach to the NHS Wales National Framework and Management of Patient Safety Incidents following Nosocomial Transmission of COVID-19, as of 28th February 2022. The following matters were highlighted for the Committee's attention:

- during Quarter 3 there had been 3 outbreaks of COVID-19 in Powys Teaching Health Board inpatient wards,
- year to date, there had been a decrease in gram negative bacteraemia's,
- it had been 8 years since the last MRSA bacteraemia,
- there had been considerable work undertaken by the team, wards and departments to maintain standards and reduce nosocomial infections,
- there was further work required as part of the return to business as usual arrangements.

The Committee DISCUSSED and NOTED the Report.

4. Annual Report of the Accountable Officer (AO) for Controlled Drugs (CD)

The Committee RECEIVED an overview of the following matters:

- Background information about the legislation relating to CD governance,
- Details of the responsibilities of the CDAO,
- The objectives of the strengthened governance arrangements,
- Information about the CD Local Intelligence Network (CDLIN) including:
 - Membership
 - Incident/occurrence reports
- Information about Standard Operating Procedures (SOPs) and declarations,
- Details of arrangements for Authorised Witnesses (CD destruction),
- Information about education and training,
- Details of the issues to be addressed during 2022/23.

The Committee RECOGNISED the progress made over the last 12 months despite the challenges presented by the COVID-19 pandemic. It NOTED the considerable work that had been undertaken to strengthen the governance arrangements across the Health Board.

5. Strategic Weight Management Pathway Development Plan

The Committee RECEIVED the item, which had previously been considered by the Committee in May 2021. The Powys Strategic Weight Management Development Plan 2021-2024 was reviewed and updated in February 2022 to take account of progress made in Year 1 (2021/22) and the impact of the COVID-19 on the delivery of the plan. The Committee APPROVED the updates to the Strategic Weight Management Pathway Development Plan and the 2022/23 action plan and AGREED the additional of a statement in relation to the challenges caused by nonrecurrent funding and annual monies.

6. Occupational Health Service Resources Business Case

The Committee RECEIVED the item which had been presented at the Investments Benefit Group (IBG) on 25th January 2022 (Appendix 1). It set out the case for Occupational Health (OH) service redesign and associated increase in staff resources; along with an increase in budget for the external Counselling Service provision contract. The Business Case sought support for an increase in resources and an additional investment into the external Counselling Services provision. An investment increase of £119k per year (£67k Staffing; £52k Counselling). Committee Members discussed the business case, and the following points were raised:

- The essential nature of the service was recognised, and it was suggested that All Wales benchmarking would be helpful in future reporting,
- It was suggested that the importance of self-management and self-care approaches should be built into the objectives of the Business Manager role. It was AGREED that this would be reviewed in 12 months,
- It was requested that clear delivery markers and performance triangulation for the impact of the redesign were implemented and monitored to ensure the funding provided was providing sufficient value-based outcomes.

The Committee recognised the increased demand for OH services and the importance of suitable service provision. The Committee APPROVED the Occupational Health Business Case.

7. Locum Cap

The Committee RECEIVED the item which provided an update on the Medical Agency and Locum deployment and expenditure between Q1 2021-22 to Q3 2021-22 and the Welsh Government return on Locum expenditure for Q1 2021-22 and Q2 2021-22. The Committee DISCUSSED and NOTED the update on the Medical Agency and Locum deployment/expenditure and NOTED the Welsh Government return on Locum expenditure for reporting the period.

8. Workforce Performance Report

The Committee RECEIVED the item which provided an update in relation to key workforce performance indicators across the organisation. The report highlighted areas of high performance, areas where improvement is required and current trends in workforce data. The Committee DISCUSSED and NOTED the Report.

9. Discretionary Capital

The item provided a brief update on the general Capital funding status, including risks and opportunities. It requested the Executive Committee discuss and endorse the Discretionary Capital Programme, 2021/2022–2022/23 for further consideration and approval at Board. The position on All Wales Capital Funding (AWCF) and its impact on the project programme of activity was also provided for information. The Committee ENDORSED the Discretionary Capital Programme

10. Smoke free Premises Compliance Report

The Committee RECEIVED the item which provided an update on Powys Teaching Health Board's compliance with the Smoke-free Premises and Vehicles (Wales) Regulations (2018). The legislation had been in place for 1 year. The paper also:

- highlighted actions taken in partnership to ensure enforcement measures can be taken if required,
- highlighted the local communication that has supported the smoke free compliance,
- considered ongoing activities carried out to assure compliance with the smoke free regulations by PTHB staff and patients.

The Committee NOTED the Report.

11. Board Secretary Reports:

a. Annual Governance Programme 2021-22

The Committee received the position as of 31st December 2021 and requested that Committee Members consider any potential areas for prioritisation and refresh. The Committee NOTED the update.

b. Draft Internal Audit Plan

The Draft Internal Audit Plan was presented to the Committee for consideration. The Committee SUPPORTED the Draft Internal Audit Plan 2022-23 for presentation to the Audit, Risk and Assurance Committee on 22nd March 2022.

c. Welsh Health Specialised Services Committee Audit Plan

The Committee RECEIVED and NOTED the Plan for information.

d. Audit Recommendation Tracking

The Committee RECEIVED and NOTED the update.

e. Minor Policy Updates

Minor amendments made to policies were presented for the Committee's consideration. The Committee APPROVED the updates.

12. Financial Governance Reports

The following reports were presented to the Committee for information:

- Counter Fraud Workplan,
- Post Payment Verification Update and Workplan 2022-23.

13. Inspections and External Bodies Report and Action Tracking

The Committee RECEIVED the item which provided an overview of the receipt and outcomes of regulatory inspections that had occurred during this reporting period and shared the Health and Social Care Regulatory Reports dashboard. The following matters were highlighted for the Committee's attention:

- activity relating to Healthcare Inspectorate Wales (HIW) inspections since the last reporting period which included an inspection of the Brecon and District Community Mental Health Team. This took place on 14th and 15th December 2021.
- a Quality Assurance Inspection by Cervical Screening Wales was undertaken of the Colposcopy Service at Newtown Hospital on 23rd November 2021.
- an overview of the current position was provided, relating to the implementation of actions in response to recommendations from the Health and Social Care Regulators.

The Committee DISCUSSED the content of the Report.

ITEMS TO BE ESCALATED TO THE BOARD

The Committee Chair wished to highlight to the Board the following matters:

- The progress made to date by the Renewal Portfolio Programme Board (23rd February 2023, Item 3),
- Welsh Government had confirmed that the Health Board's escalation status remained unchanged at 'routine monitoring' (9th March, Item 1).

NEXT MEETING

The next meeting of the Executive Committee is scheduled for 6th April 2022.

Patterson, Liz
03/28/2022 14:57:26

Report of the Executive
Committee Chair

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Board Meeting
30 March 2022
Agenda Item 3.5a
Appendix A

Reporting Committee:	Audit, Risk and Assurance Committee
Committee Chair	Tony Thomas
Date of last meeting:	20 January 2022
Paper prepared by:	Interim Corporate Governance Manager

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

As Chair of the Audit, Risk & Assurance Committee, I am pleased to provide the Board with a summary of the matters discussed and reviewed by the Committee held on 20 January 2022. The confirmed minutes of the meeting held on 20 January 2022 are available on the health board's website.

The Board is asked to note that the following matters were discussed at Audit, Risk and Assurance Committee on 20 January 2022:

- Application for Single Tender Waivers
- Financial Control Procedure Covid-19 Update
- Audit Recommendation Tracking
- Internal Audit Progress Report 2021-22
- Internal Audit Reports:
 - a) Covid Recovery and Rehabilitation Service
 - b) Theatres Utilisation
 - c) Dementia Services
- External Audit Progress Report 2021-2022
- External Audit Report: Structured Assessment
- Structured Assessment -Management Response
- Counter Fraud Update

COMMITTEE ACTION LOG

The Committee RECEIVED and NOTED the Committee Action Log.

Patterson, Liz
03/28/2022 14:52:26

APPLICATION FOR SINGLE TENDER WAIVERS (STWs)

The Committee considered the previously circulated report which sought the Committee's ratification of STW requests made between 1 November 2021 and 31 December 2021.

Four STW requests were considered by the Committee, summarised within the table below:

Single Tender Reference	Request to waive QUOTE or TENDER threshold	Name of Supplier	Item	Reason for Waiver	Date of Approval	Value £	Length of Contract	Prospective/ Retrospective	Appendix Ref
POW2122013	TENDER	Topcon (Great Britain) Medical Ltd	DRI OCT Triton Plus Ophthalmic Machine plus accessories	Value for Money and Consistency to previously purchased equipment for programme	23/12/2021	£77,198	N/A	Prospective	A1
POW2122012	TENDER	Oswestry Limited Liability Partnership	Healthcare service delivered on Health Board Premises	No NHS Provision available and clinical need	07/12/2021	£47,700	12 months	Prospective	A2
POW2122011	QUOTE	Brecon Mind	6 month Pilot Twilight out of hours service for Mental Health for South Powys	Continuation of previous pilot not previously funded by PTHB	07/12/2021	£13,699 (6 months only)	6 Months	Prospective	A3
POW2122010	QUOTE	Ponthafren Association	6 month Pilot Twilight out of hours service for Mental Health for North Powys	Continuation of previous pilot not previously funded by PTHB	17/11/2021	£12,000	6 Months	Prospective	A4

The Committee RATIFIED the approval of the STWs.

Patterson, Liz
03/28/2022 14:52:26

UPDATED FINANCIAL CONTROL PROCEDURES (FCPs)

The Committee received the item and reported that the FCP had been introduced at the start of the Covid-19 pandemic in 2020. Regular reviews of the document had been undertaken to ensure it remained fit for purpose. Version 8 of the document had been updated at the end of December 2021. Full details were provided in the Version Control section of the document, in summary the changes included:

- New cost centres for Recovery & Renewal programme and Long Covid
- Additional supplementary reports embedded within the monthly Exec Team Report
- Ongoing updates linked to the Adult Social Care payment process for 2021/22 and reporting
- Update on the management and reporting of savings
- Update on the reporting of Covid Capital going forward
- Two Way matching process and agreement to continue at an all Wales level

The Committee APPROVED Version 8 of the COVID-19 FCP.

INTERNAL AUDIT PROGRESS REPORT

The paper provided an overview of the progress to date against the 2021/22 Internal Audit Plan and a progress update in relation to the development of the 2022/23 Internal Audit Plan.

It was highlighted that on 16 November 21, the Committee formally agreed the re-scheduling of the following audits to the end of the 2021/22 plan, with the possibility that they could then be removed / deferred into the 22/23 plan if required due to the pressures faced by the Health Board:

- Cancer Services
- Looked After Children with Mental Ill Health
- Performance Management & Reporting
- North Powys Well-being Programme

It was suggested that it was likely the reports would need to be formally deferred into 2022/23 in recognition of the pressures on the NHS as a result of the ongoing pandemic. It was confirmed that there would be sufficient coverage to provide the Head of Internal Audit Opinion for 2022/23 should only four audits be deferred.

The Committee DISCUSSED and NOTED the report, and it was confirmed that a Draft Internal Audit Plan for 2022/23 would be brought forward to the Committee in March 2022.

Patterson, Liz
03/28/2022 14:52:26

INTERNAL AUDIT REPORTS:

a) Covid Recovery and Rehabilitation Service (Substantial Assurance)

The Committee received the report which focused on the COVID Recovery and Rehabilitation Service; and sought to provide the Health Board with assurance that the service had been set up effectively and associated systems and processes were managed appropriately. One matter requiring management attention was identified, relating to the Adferiad funding financial breakdown which was out of date. This needed to be addressed to ensure that the allocated funding is effectively utilised for the service.

b) Theatres Utilisation (Reasonable Assurance)

The Committee received the report which covered theatre efficiency. The review focused on the in-reach services carried out within the Health Board's own theatres. The impact of the Covid-19 Pandemic and the Health Board's recovery and renewal plans were taken into consideration in the assessment of the appropriateness of the arrangements in place. An assessment of the adequacy and effectiveness of internal controls in operation was also undertaken. The matters identified requiring management attention included:

- Theatre utilisation was significantly impacted by the fragility of the staff resource due to reliance on in-reach staff from neighbouring Health Boards, for which the service level agreements in place required reviewing and updating.
- There is no Clinical Director for Endoscopy and Theatres to oversee clinical issues and so this currently has to be undertaken by the Health Board's Medical Director.
- Achievement of access targets, including Referral to Treatment and National Endoscopy Programme Training Site re-accreditation, could potentially be at risk.
- Other recommendations / advisory points were provided within the detail of the report.

c) Dementia Services (Reasonable Assurance)

The Committee received the item which focused on the Dementia Home Treatment Teams (DHTT) in both North & South Powys and sought to provide the Health Board with assurance that systems and processes are managed appropriately. The identified matters requiring management attention included:

- Inconsistencies in the structure, skill mix of staff and operational activities undertaken by the teams.
- Policy and procedures not approved.
- Varying degrees of documentation contained within the patients' electronic records.
- Accuracy of submitted performance measures.

Other recommendations/advisory points were provided within the detail of the report.

The Committee RECEIVED and NOTED the Internal Audit Reports

EXTERNAL AUDIT PROGRESS REPORT 2021/22

The Committee received the report which provided the Committee with an update on current and planned Audit Wales work. Accounts and performance audit work were considered, and information was also provided on the Auditor General's wider programme of national value-for-money examinations and the work of the Good Practice Exchange (GPX). It was reported that the fieldwork in relation to the Charitable Funds Accounts for 2020/21 was mostly complete. However, there was a valuation outstanding on a property in Ystradgynlais, for which the Health Board had been a part beneficiary that had not previously been reflected in the accounts.

The Committee DISCUSSED and NOTED the External Audit Progress Report.

EXTERNAL AUDIT ANNUAL REPORT 2021

It was confirmed that this report would be taken forward to the meeting of the Board on 26th January 2022.

The Committee DISCUSSED and NOTED the External Audit Annual Report 2021.

EXTERNAL AUDIT STRUCTURED ASSESSMENT

The Committee received the item. A key conclusion from 2021 structured assessment work was "...the Health Board has generally effective Board and committee arrangements, although attention is needed to improve the timeliness of agenda papers, local induction training for independent members is required and there are three unfilled associate member posts. In addition, there are imminent gaps within the corporate governance team which are of concern. Plans for response to COVID-19 and transforming services to recover waiting times are in place and supported by good partnership working arrangements and effective scrutiny of delivery. Partnership working and engagement with commissioned providers will be key in delivering good outcomes for Powys residents. Work continues to strengthen risk management arrangements."

The Committee NOTED the Audit Wales Structured Assessment for 2021 and APPROVED the presented Management Response.

COUNTER FRAUD UPDATE

The Committee received the item which provided an update on key areas of work undertaken by the Local Counter Fraud Specialists during 2021/22. The Counter Fraud Team had commenced Local Proactive Exercises (LPEs) in areas identified

as national risk or via local fraud risk assessment work. Areas LPEs had been undertaken included:

- Controlled Drugs Policy Framework compliance following a number of concerns being raised.
- Gifts, Hospitality and Declarations of Interest compliance.
- Overpayment of salary resulting in potential offences of theft and/or fraud.

Following an NHS Counter Fraud Authority Workshop on LPEs a review would be undertaken to ensure that all LPE work that fits the Authority's definition are captured on the case management system. It was also reported that concern had been raised regarding the impact of the pandemic on Counter Fraud Awareness, the Work Plan for 2022/23 would be adjusted to reflect the increased focus on increasing awareness.

The Committee welcomed the proactive approach and NOTED the report.

COMMITTEE WORK PROGRAMME

The Committee received the previously circulated report, which provided the Committee with its work programme for 2020-21.

The Committee RECEIVED and NOTED the Committee Work Programme 2021/22.

ITEMS FOR ESCALATION TO THE BOARD

The Committee Chair wished to highlight to the Board the potential impact on the Health Board of a late submission of the Charitable Funds Accounts for 2020/21 to the Charity Commissioner due to the issues discussed under Item 3.4 (ARA/21/100).

NEXT MEETING

The next meeting of Audit, Risk and Assurance Committee will be held on 22 March 2022.

Patterson, Liz
03/28/2022 14:52:26



Reporting Committee:	Delivery & Performance Committee
Committee Chair	Mark Taylor
Date of last meeting:	28 February 2022
Paper prepared by:	Interim Corporate Governance Manager
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	
<p>The last meeting of the new Delivery and Performance Committee took place on 28 February 2022.</p> <p>The Board is asked to note that the following matters were discussed at Delivery & Performance Committee on 28 February 2022:</p> <ul style="list-style-type: none">• Integrated Medium Term Plan, including Performance Trajectories and Financial Plan• Performance Overview<ul style="list-style-type: none">○ Performance Dashboard○ Commissioning Assurance• Financial Performance,<ul style="list-style-type: none">○ Month 10 2021/22○ Exception reporting• Report of the Director of Environment: Estates and Support Services Update<ul style="list-style-type: none">○ Update, including risks de-escalated from Corporate Risk Register Health, Safety and Fire Safety○ NEPTS Performance○ Capital Developments• Planned and Unscheduled Care Report• General Medical Services and General Dental Service Assurance Report• Digital First Update <p>There were no items for information at Delivery & Performance Committee on 28 February 2022.</p>	



A summary of the key issues discussed at the meeting is provided below.

Monday 28 February 2022

COMMITTEE ACTION LOG

The Committee received the action log and no updates were provided.

Integrated Medium Term Plan (IMTP), including Performance Trajectories and Financial Plan

The Committee received the report which updated Members on the development of the IMTP for 2022-25 ahead of submission to the Board for approval on 30 March 2022 and submission to Welsh Government on 31 March 2022. A presentation on performance trajectories was provided which had been constructed in conjunction with the services provided by the Health Board. It was the intention to be compliant with expected performance by the end of 2022/23 however there would be a period when the organisation was still in a pandemic recovery position.

It was confirmed that work on performance trajectories was ongoing, and the Executive Committee was due to consider this matter at their meeting on 9 March 2022.

The Committee was advised that the trajectories were subject to a number of assumptions, some of which were external and changes to these could impact on the trajectories in a positive or negative way. The trajectories only related to performance of services operated by PTHB. The public also received services from adjoining health boards and the Powys IMTP would need to include information from adjoining health boards IMTP in relation to commissioned services.

The Committee NOTED the Integrated Medium Term Plan Update.

Performance Reporting

a) Performance Overview

The Committee received the report which outlined performance against the 2021/22 NHS Delivery Framework. The Health Board neither commissioned nor provided screening, which is undertaken by Public Health Wales. Some of the data regarding screening was outdated and it was noted that a report on screening would be brought to a future meeting.

b) Commissioning Assurance

The Committee received the report which outlined those providers who were in Special Measures or who had scored Level 4 or above in the PTHB Commissioning Assurance Framework. Attention was drawn to Shrewsbury and Telford Hospitals NHS Trust (SaTH) and Cwm Taf Morgannwg University Health Board (CTMUHB) who had remained in Special Measures along with Wye Valley NHS Trust who were at Level 4.

The Ockenden Report on Maternity Services in SaTH was due to be published imminently. A Strategic Change report was being prepared outlining the situation in all neighbouring trusts. This paper would be brought to a future meeting of the Committee.

The Committee DISCUSSED and NOTED the report.

Financial Performance: Month 10, 2021/22

The Committee received the Month 10, 2021/22 Financial Performance report which provided an update on the September 2021 (Month 05) Financial Position including Financial Recovery Plan (FRP) delivery and Covid. The month 10 position was a £149k underspend with a forecast of breakeven. Capital expenditure to date was £4.4M however, there was a considerable amount of work underway, and a large number of payments were expected to be made in the short term. Key areas of concern remained variable pay and continuing health care costs.

The Committee DISCUSSED and NOTED the report.

Report of the Director of Environment:

- **Health, Safety and Fire Safety Update, including risks de-escalated from Corporate Risk Register**

The Committee received the report and noted that Health and Safety had previously fallen within portfolio of the Director of Workforce and OD and Health and Safety Policies were being updated to reflect the change as of 1 December 2021. Specialised Health and Safety subgroups had been set up and reporting timeframes had been increased from quarterly to monthly. Regular reports would be presented to the Delivery and Performance Committee.

The Health and Safety and Fire Safety risks were DISCUSSED.

NEPTS Performance

The Committee received the report which provided an update on the performance of Welsh Ambulance Services Trust (WAST) as the core Non-Emergency Patient Transport Services (NEPTS) provider, and the cross-border NEPTS contracts in Shropshire and Herefordshire with E-Zec Medical Services Limited. The National Collaborative Commissioning Unit would consider the transfer of the two E-Zec contracts to the national commissioner over the next 18 months. This will enable all activity in Powys to be visible.

The position in respect of the three NEPTS contracts was NOTED.

• **Capital Developments**

The Committee received the report which provided the current Capital Resource Limit (CRL) of £15.495M, which is the highest level for some years and with 46 projects. It was suggested that this number of projects would be challenging for the team to deliver. The Discretionary Capital Programme (DCP) 2021/22 was on target to spend the £1.43M allowance. The DCP for 2022/23 had been reduced from £1.43M to £1.089M.

£2.2M was secured from the Estates Funding Advisory Board in 2021/22 for areas including decarbonisation, fire safety and infrastructure. Welsh Government had advised that this scheme will be paused in 2022/23.

All Wales Capital Funding and Integrated Care Funding projects include:

- North Powys Programme
- Llandrindod Phase 2 Programme
- Brecon Car Park
- Health and Care Academy, Bronllys
- Machynlleth Project

Welsh Government Covid/Recovery capital had granted an additional £960k to the £550K already received to fund equipment and urgent capital project activity.

The delivery of the Capital Programme in 2021/22 and position for 2022/23 was DISCUSSED.

PLANNED AND UNSCHEDULED CARE REPORT

The Committee received the report, noting that in Planned Care there were challenges relating to echo-cardiograms, endoscopy, and non-obstetric ultrasound. Plans were in place to improve the position relating to echo cardiogram and endoscopy however, there was a particular issue for musculoskeletal (MSK) scans and options under consideration including pooling lists with Betsi Cadwalladr UHB.

Whilst the overall waiting list was falling it remains high in adult audiology which was reliant on in-reach Service Level Agreements (SLAs). In-reach consultants had been called back during the omicron wave however, with

the return of in-reach SLAs it was expected that the waiting list target would be met by June 2022.

Performance in planned care was less positive and this would be a key area of work. There are waiting lists in both England and Wales, however, the performance and pace of recovery in planned care is better in England than in Wales.

In relation to cataracts there are three waiting lists:

- Powys providers queue which is moving
- English providers queue which is moving slowly
- Welsh providers queue which is moving very slowly

The intention is to see if any patients in the English and Welsh queues can be bought back into the Powys queues. This would be the best outcome for patients however, it was noted this would result in the wait times now being counted as Powys wait times.

Performance across planned care was outlined within the report and the summary position outlined. It was noted that the Ministerial Outcome measures for 2022/23 were expected to define stretch targets moving back to a compliance with standards position. It was noted that some areas were expected take until March 2024 to recover and not all the work necessary for return to compliance was yet financed.

The Planned and Unscheduled Care Report was DISCUSSED and NOTED.

----- **COMMISSIONING ASSURANCE FRAMEWORKS:**

a) GENERAL MEDICAL SERVICES

The Committee received the report relating to the period 2020/21. Noting that there had been a number of temporary contract changes during this period and that the focus had been on maintaining essential services it was confirmed that all 16 Practices remained in Level 1 Routine Monitoring and that there were no contractual or regulation breaches during the period. Outside of GMS contractual obligations, quality and service delivery was monitored with a general theme of non-compliance relating to the national influenza targets and childhood immunisation targets. These areas are monitored and considered by the PTHB Influenza Vaccination Oversight Group and PTHB Health Child Wales Programme.

b) GENERAL DENTAL SERVICES

The Committee received the report outlining that for the period 2020/21 9 practices were at Level 1 Routine Monitoring whilst 14 practices were at Level 3 Enhanced Monitoring. The actions because of the Level 3 monitoring were outlined within the report.



The Commissioning and Assurance Frameworks 2020/21 for General Medical Services and General Dental Services were DISCUSSED and NOTED.

DIGITAL FIRST UPDATE

The Committee received the report which provided an update of Digital First and detailed progress and performance within Digital Transformation and Informatics, including Section 33 ICT performance activity. Attention was drawn to the successful implementation of the Medilogik Endoscopy Management system which PTHB were the first to implement across Wales. Additionally, PTHB have secured over £2.3M from Welsh Governments Digital Priorities Improvement Fund for improved infrastructure and Wi-Fi. It was noted that it would be necessary to modernise the performance indicators used in respect of Section 33 agreements.

The Digital First Update was DISCUSSED and NOTED.

ANY OTHER URGENT BUSINESS

There was no other urgent business.

NEXT MEETING

The next meeting of the Delivery and Performance Committee will be held on 3 May 2022.

Patterson, Liz
03/28/2022 14:52:26



Reporting Committee:	Patient Experience, Quality and Safety Committee
Committee Chair	Trish Buchan
Date of last meeting:	3 February 2022
Paper prepared by:	Interim Corporate Governance Manager
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	
<p>The last meeting of the new Patient Experience, Quality and Safety Committee took place on 3 February 2022.</p> <p>The Board is asked to note that the following matters were discussed at Patient Experience, Quality and Safety Committee on 3 February 2022:</p> <ul style="list-style-type: none">• Commissioning Escalation Report• Serious Incidents and Concerns Report• Maternity Services Assurance Framework <p>A summary of the key issues discussed at the meeting is provided below.</p> <p>-----</p> <p>Thursday 3 February 2022</p> <p>-----</p> <p>COMMITTEE ACTION LOG</p> <p>The Committee received and discussed the Committee Action Log.</p> <p>-----</p> <p>COMMISSIONING ESCALATION REPORT</p> <p>The Committee received the item which provided an overview of providers in special measures or scored as level 4 and above. The PTHB Internal Commissioning Assurance Meeting (ICAM) did not meet in September 2021. Based on commissioner/provider meetings with all commissioned providers outside of Powys during November and December 2021, along with the information gathered via that process, Commissioning Assurance Framework</p>	



(CAF) scores and ratings had been maintained from those set in October 2021, there were:

- 2 providers with services in special measures
- 1 provider at level 4

The report also provided:

- A high-level summary of key issues in relation Shrewsbury and Telford Hospitals NHS Trust (SaTH) and Cwm Taf Morgannwg University Health Board (CTMUHB)
- Referral to treatment times (RTT) times

It was noted that a further inspection had been scheduled for January 2022 by NHS Improvement and NHS England focusing on The Royal Shrewsbury Hospital. The feedback report would be included in future reports to the Patient Experience Quality and Safety Committee.

The Committee DISCUSSED the Commissioning Escalation Report.

SERIOUS INCIDENTS AND CONCERNS REPORT

The Committee received the item which provided an overview of the way in which Putting Things Right was discharged within the Health Board, along with compensation claims activity for the period 1 November 2021 to 31 December 2021. An update on progress in relation to the support for the procurement of the Civica patient experience system was also provided.

The Committee DISCUSSED and NOTED the Serious Incidents and Concerns Report.

MATERNITY SERVICES ASSURANCE FRAMEWORK

The Committee received the item which provided a position in relation to the maternity pathway for women in Powys, and provided an overview of:

- The Maternity Commissioning Assurance Framework
- Commissioned maternity services subject to special measures:
 - Shrewsbury and Telford Hospitals NHS Trust (SaTH)
 - Cwm Taf Morgannwg University Health Board (CTMUHB)
- The South Powys Programme Maternity and Neonatal Workstream
- The Powys Maternity Improvement Plan and HIW Maternity recommendations
- External scrutiny with Welsh Government Maternity and Neonatal
- Performance Board outcomes
- Welsh Risk Pool Fetal Surveillance Audit and;
- Internal Audit for Safeguarding Supervision Midwifery Compliance.

The Committee DISCUSSED the Maternity Services Assurance Framework.



ITEMS DISCUSSED IN-COMMITTEE

Due to the sensitivity of the information involved, the following items were discussed by the Committee in a closed meeting:

- Serious Incidents and Complex Concerns Overview
- Process for Unexplained Death in Childhood Report

ANY OTHER URGENT BUSINESS

There was no other urgent business.

ITEMS TO BE ESCALATED TO THE BOARD

The Committee Vice-Chair wished to highlight to the Board the importance of the ability to monitor and evaluate information in relation to Patient Experience as a Health Board.

NEXT MEETING

The next meeting of the Patient Experience, Quality and Safety Committee will be held on 24 March 2022.

Patterson, Liz
03/28/2022 14:52:26



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Powys Teaching
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Addysgu Powys
Powys Teaching
Health Board

Reporting Committee:	Planning, Partnerships and Population Health Committee
Committee Chair	Trish Buchan
Date of last meeting:	18 January 2022
Paper prepared by:	Interim Corporate Governance Manager
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	
<p>The last meeting of the new Planning, Partnerships and Population Health Committee took place on 18 January 2022.</p> <p>The Board is asked to note that the following matters were discussed at Planning, Partnerships and Population Health Committee on 18 January 2022:</p> <ul style="list-style-type: none">• Integrated Medium Term Plan (IMTP) update Overview of PTHB Population Health Priorities and Key Priorities• Regional Partnership Board Programmes Reporting:<ul style="list-style-type: none">◦ North Powys Wellbeing Programme Memorandum of Understanding <p>The Board is asked to note that the following matters were for information at Planning, Partnerships and Population Health Committee on 18 January 2022:</p> <ul style="list-style-type: none">• Welsh Renal Clinical Network Briefing <p>A summary of the key issues discussed at the meeting is provided below.</p> <p style="text-align: center;">----- 18 January 2022 -----</p> <p>COMMITTEE ACTION LOG</p> <p>The Committee received the action log and no updates were provided.</p> <p style="text-align: center;">-----</p>	



INTEGRATED MEDIUM TERM PLAN (IMTP) UPDATE

The Committee received the item which highlighted the Welsh Government decision to extend the IMTP submission deadline to the 31 March 2022, in recognition of the system pressures across NHS Wales. The report provided an interim update as work on the development of the IMTP had been partially suspended to enable organisational capacity to focus on system resilience and surge planning. It was anticipated that final work on the IMTP would resume in late January 2022/early February 2022, subject to national/local escalation requirements. It was expected that the IMTP would be submitted for consideration and approval to the PTHB Board on 30 March 2022.

Committee members were provided with an overview of:

- Overarching Well-being Objectives, Strategic Priorities and Directorate Priorities.
- 2022/23 Financial Allocation and Financial Plan.
- Ministerial priorities and measures which had informed the IMTP Draft.

The Committee DISCUSSED and NOTED the report.

REGIONAL PARTNERSHIP BOARD PROGRAMMES REPORTING: NORTH POWYS WELLBEING PROGRAMME MEMORANDUM OF UNDERSTANDING

The Committee received the item which provided an overview of the high-level outputs of the demand and capacity modelling and the Memorandum of Understanding (MoU) for the Multi-Agency Wellbeing Campus which was due to be presented to the Board on 26 January 2022. The MoU provided a description of how the organisations would work together in creating a high quality, purpose-built multi-agency wellbeing campus development. It was noted that the Programme Business Case (PBC) had been submitted to Welsh Government however a decision was yet to be confirmed, discussion was ongoing with Welsh Government colleagues to ensure the Strategic Outline Case (SOC) could be presented to the PTHB Board and Powys County Council Cabinet in March 2022, particularly considering the forthcoming election period.

The Committee DISCUSSED the report and SUPPORTED the submission of the Memorandum of Understanding to the Board, subject to a review of the notice period for withdrawal.

WELSH RENAL CLINICAL NETWORK BRIEFING

The Committee received and NOTED the briefing for information.



ANY OTHER URGENT BUSINESS

There was no other urgent business.

ITEMS TO BE ESCALATED TO THE BOARD

The Committee Chair wished to highlight to the Board the consideration given to the North Powys Well-being Programme and confirm the Committees support for the Memorandum of Understanding subject to a review of the notice period for withdrawal.

NEXT MEETING

The next meeting of the Planning, Partnerships and Population Health Committee will be held on 7 April 2022.

Patterson, Liz
03/28/2022 14:52:26



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Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board



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WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Reporting Committee:	Workforce and Culture Committee
Committee Chair	Ian Phillips
Date of last meeting:	28 January 2022
Paper prepared by:	Interim Corporate Governance Manager
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	
<p>The last meeting of the new Workforce and Culture Committee took place on 28 January 2022.</p> <p>The Board is asked to note that the following matters were discussed at Workforce and Culture Committee on 28 January 2022:</p> <ul style="list-style-type: none">• Staff Wellbeing – including Audit Wales Report: Caring for the Carers• Workforce Escalation Approach <p>There were no items for information at Workforce and Culture Committee on 28 January 2022.</p> <p>A summary of the key issues discussed at the meeting is provided below.</p> <p style="text-align: center;">----- Friday 28 January 2022 -----</p> <p>COMMITTEE ACTION LOG</p> <p>The Committee received the action log and no updates were provided.</p> <p style="text-align: center;">-----</p> <p>STAFF WELLBEING – INCLUDING AUDIT WALES REPORT: CARING FOR THE CARERS</p> <p>The Committee received the report, published by Audit Wales (AW) in October 2021 outlining how NHS bodies supported staff well-being during the Covid-19 pandemic. The management response was highlighted to</p>	



the six recommendations together with the Checklist for NHS Board Members produced by Audit Wales.

The Committee welcomed further discussion around evidence of best practice and the wider approach to measuring outcomes and timescales on an organisation wide basis. It was requested that this would be considered at a future Board Development session.

WORKFORCE ESCALATION APPROACH

The Committee received the Workforce Escalation Approach. The risk that the Health Board would be unable to sustain an adequate workforce had been increased from 12 to 16 at the meeting of the Board on 26 January 2022. The presentation outlined the initiatives that had been undertaken in response to the heightened risk. The risk remained under regular review and if the initiatives proved successful it was hoped that the risk score could be reduced in time.

The Committee NOTED the report and RECEIVED assurance that the performance of the Workforce Escalation Approach had influenced the successful management to date of system resilience pressures.

ANY OTHER URGENT BUSINESS

There was no other urgent business.

NEXT MEETING

The next meeting of the Workforce and Culture Committee will be held on 15 March 2022.

Patterson, Liz
03/28/2022 14:52:26

AGENDA ITEM: 3.5b

BOARD MEETING		DATE OF MEETING: 30 MARCH 2022	
Subject :	SUMMARY OF JOINT COMMITTEE ACTIVITY		
Approved and Presented by:	Carol Shillabeer, Chief Executive		
Prepared by:	Corporate Governance Manager		
Considered by Executive Committee on:	Not before paper submitted to the Board		
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant joint committees.		
PURPOSE:			
<p>The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the Joint Committees of the Board</p> <ul style="list-style-type: none">▪ Welsh Health Specialised Services Committee (WHSSC); and▪ Emergency Ambulance Service Committee (EASC); and <p>It also provides an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC).</p>			
RECOMMENDATION(S):			
<p>It is recommended that the Board:</p> <ul style="list-style-type: none">▪ NOTES the updates contained in this report in respect of the matters discussed and agreed at recent Joint Committee meetings.			
Approval/Ratification/Decision	Discussion	Information	
x	✓	x	

Patterson, Liz
03/28/2022 14:52:12

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

Strategic Objectives:	1. Focus on Wellbeing	
	2. Provide Early Help and Support	
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

This report provides an update of the recent activities of the two Joint Committees of the PTHB Board:

- Welsh Health Specialised Services Committee (WHSSC); and
- Emergency Ambulance Service Committee (EASC).

It also provides an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC).

DETAILED BACKGROUND AND ASSESSMENT:

Welsh Health Specialised Services Committee (WHSSC)

The Welsh Health Specialised Services Committee held a virtual meeting on 18 January 2022 and an extraordinary meeting on 8 February 2022. The papers for the meeting are available at:

[2021/2022 Meeting Papers - Welsh Health Specialised Services Committee \(nhs.wales\)](#). A copy of the briefings from the meetings on 18 January and 8 February 2022 is attached at **Appendix 1 and Appendix 2**.

Emergency Ambulance Services Joint Committee (EASC)

A meeting of the EASC took place on the 15 March 2022. The papers for the meeting are available at:

[Meetings and Papers - Emergency Ambulance Services Committee \(nhs.wales\)](#)

Mid Wales Joint Committee for Health and Social Care

A meeting of the Mid Wales Joint Committee for Health and Social Care has not taken place since the meeting held 18 October 2021, which was reported to the Board on 24 November 2021.

The next meeting of the Mid Wales Joint Committee is due to be held on 25 April 2022.

NEXT STEPS:

Updates will continue to be brought to each scheduled meeting the Board.

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 18 JANUARY 2022

The Welsh Health Specialised Services Committee held its latest public meeting on the 18 January 2022. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/>

1. Minutes of Previous Meetings

The minutes of the meeting held on the 9 November 2021 were **approved** as a true and accurate record of the meeting.

2. Action log & matters arising

Members **noted** the progress on the actions outlined on the action log.

3. Chair's Report

Members received the Chair's Report and **noted**:

- That a Chair's action had been undertaken to update the Terms of Reference (ToR) for the Welsh Renal Clinical Network (WRCN) to ensure effective governance and in the interest of expediency to commence the recruitment exercise for the role of the substantive Chair to the WRCN,
- The proposal to extend the Interim Chair Arrangements for the Chair of the Welsh Renal Clinical Network (WRCN) until the end of March 2022,
- an update concerning WHSSC Independent Member (IM) Remuneration,
- attendance at the Integrated Governance Committee (IGC) held on the 13 December 2021,
- an update on the Royal College of Nursing Wales – Nurse of the Year Awards 2021 ceremony held on the 10 November and that WHSSC had sponsored the Health Care Support Worker (HCSW) Award category,
- that Professor Vivienne Harpwood had appointed Dr Ruth Alcolado, Medical Director, NHS Wales Shared Services Partnership (NWSSP) as the new Vice Chair for the All Wales Individual Patient Funding Request (IPFR) Panel with effect from the 16 December 2021 for 2 years, in accordance with the Standing Orders, that the Chair had attended 1 to 1 meetings with Health Board (HB) CEOs.

Patterson, Liz
03/28/2022 14:52:26

Members (1) **Noted** the report, (2) **Ratified** the Chairs action undertaken to update the Terms of Reference (ToR) for the Welsh Renal Clinical Network (WRCN) to ensure effective governance and in the interest of expediency to commence the recruitment exercise for the role of the substantive Chair to the WRCN, and (3) **Approved** the extension of the interim WRCN Chair arrangement until 31 March 2022 to ensure business continuity whilst the substantive post is recruited to.

4. Managing Director's Report

Members received the Managing Director's Report and **noted** updates on:

- Workshops held to consider options for WHSSC to commission Hepato-Pancreato-Biliary (HPB) Services,
- The extension of the Fast-Track Process for Military Personnel,
- Paediatric Inherited Metabolic Diseases (IMD),
- Discussions with SBUHB concerning the commissioning of Burns Treatment from the SBUHB Welsh Centre for Burns,
- The WHSSC Specialised Services Strategy,
- A request for WHSSC to support the National Collaborative Commissioning Unit (NCCU) to commission Surge Beds in response to the current omicron wave.

Members (1) **Noted** the report, (2) **Supported** that WHSSC provides support to the NCCU to enable them to commission mental health Surge Beds in response to the current omicron wave.

5. Individual Patient Funding Request (IPFR) Panel Update

Members received an update report on the Individual Patient Funding Request (IPFR) panel which outlined potential future proposals to change the terms of reference (ToR) of the All Wales Individual Patient Funding Request (IPFR) Panel, provided the JC with an update regarding the recent Judicial Review of an All Wales IPFR Panel decision, and provided an update on the outcome of a recent meeting with Welsh Government (WG) to discuss the governance arrangements of the All Wales IPFR Panel including the authority of the JC to amend the ToR of the Panel.

Members (1) **Noted** the issues with the current ToR of the All Wales IPFR Panel, (2) **Noted** the outcome of the recent Judicial Review and the implications for both the All Wales IPFR Panel and HB panels in Wales, (3) **Noted** the next steps agreed with Welsh Government regarding urgent changes to the existing All Wales IPFR Policy, (4) **Noted** the next steps agreed with Welsh Government regarding the authority of the Joint Committee to approve changes to the All Wales IPFR Panel ToR, and that a formal letter, from WG, confirming the position is awaited; and (5) **Noted** the suggestion from WHSSC officers regarding the need for a wider review of both the All Wales IPFR Policy and the governance arrangements for the policy.

Patterson
03/28/2022 14:52:26

6. Audit Wales WHSSC Committee Governance Arrangements Update

Members received an update on progress against the recommendations outlined in the Audit Wales "WHSSC Committee Governance Arrangements" report.

Audit Wales presented the report and advised that the management responses were comprehensive and well thought out and that positive progress had been made against the actions. The ongoing scrutiny being undertaken through the Integrated Governance Committee (IGC) was noted.

Members were informed that the updated audit tracker document will be shared with the NHS Wales Board Secretaries in HBs for inclusion on HB Audit Committee agendas in February/March 2022. This will ensure that all NHS bodies are able to maintain a line of sight on the progress being made, noting WHSSC's status as a Joint Committee (JC) of each HB in Wales.

Members (1) **Noted** the progress made against the WHSSC management responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report, (2) **Noted** the progress made against the Welsh Government responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report; and (3) **Approved** the updated audit tracker for submission to Audit Wales and to HB Audit Committees for assurance in February/March 2022.

7. Assurance on Patients Waiting for Specialised Services

Members received a report providing detail on the processes being used within WHSSC to seek assurance around how patients are being managed whilst on a waiting list.

Members (1) **Noted** the report, (2) **Noted** the robust processes in place to gain assurance that provider organisations are managing and supporting patients waiting for specialised care and treatment; and (3) **Noted** that the position in our NHS England specialised service providers has been generally more stable with recovery and activity across most contracts back to pre-pandemic levels. However given the rise in cases of the omicron variant and the reports in the media that Trusts in NHS England are suspending elective care, the WHSS Team will urgently ascertain the position in our main specialised service contractors in NHS England. This will be reported to Joint Committee in the routine activity report.

8. Independent Member Remuneration Update

Members received an update on discussions with Welsh Government (WG) to review the options to recruit and retain WHSSC Independent Members

(IMs) in response to the recommendation outlined in the Audit Wales report "WHSSC Committee Governance Arrangements".

Members (1) **Noted** the report, (2) **Discussed** and **approved** the proposal to transition to a fair and open selection process for appointing WHSSC IMs through advertising the vacancies through the HB Chairs and the Board Secretaries, with eligibility confined to existing HB IMs, (3) **Discussed** and **approved** that the existing arrangements for appointing a CTM audit lead IM, could transition to advertising for an Audit/Finance IM through a fair and open selection process through advertising the vacancy through the HB Chairs and the Board Secretaries, with eligibility confined to existing HB IMs, (4) **Discussed** and **approved** the suggested proposals to remunerate WHSSC IMs including the requirement for a review following the recruitment process, (5) **Discussed** and **approved** the additional annual cost of remunerating WHSSC IMs; and **approved** an uplift to the Direct Running Costs (DRC) budget to enable a financial pool of resource to recurrently fund the remunerated IM positions.

9. COVID-19 Period Activity Report for Month 8 2021-2022

COVID-19 Period

Members received a report that highlighted the scale of decrease in specialised services activity delivered for the Welsh population by providers in England, together with the two major supra-regional providers in South Wales.

Members **noted** the report.

10. Financial Performance Report – Month 9 2021-2022

Members received a report providing the final outturn for the financial year. The financial position reported at Month 9 for WHSSC was a year-end outturn forecast under spend of £13,261k.

Members **noted** the report.

11. Corporate Governance Matters

Members received a report providing an update on corporate governance matters arising since the previous meeting.

Members **noted** the report.

12. Other reports

Members also **noted** update reports from the following joint Sub-committees and Advisory Groups:

- Audit & Risk Committee (ARC)
- Management Group (MG),
- Integrated Governance Committee (IGC),
- All Wales Individual Patient Funding Request (IPFR) Panel,

- Welsh Renal Clinical Network (WRCN).



Patterson Liz
03/28/2022 14:52:26

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 8 FEBRUARY 2022

The Welsh Health Specialised Services Committee held its latest public meeting on the 8 February 2022. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/>

1. Integrated Commissioning Plan (ICP) 2022-2025

Members received the WHSSC Integrated Commissioning Plan (ICP) 2022-2025 for approval prior to being submitted to Welsh Government.

Members discussed the financial elements of the ICP 2022-2025 and thanked colleagues in the specialist commissioning teams for their hard work in developing the plan in readiness for HBs to finalise their own Integrated Medium Term Plans (IMTP's).

Members were unanimous in approving the ICP and requested that minor updates be made to strengthen the document, to include WHSSC's commitment to the legislative framework on Welsh Language; and to be more explicit on how WHSSC are sufficiently representing the uncertainty presented by the COVID-19 pandemic as the operating context for the forthcoming year.

Members (1) **Noted** the discussions at Management Group on 20 January 2022 and their support on a revised risk profile; (2) **Noted** that the actions supported by Management Group reduced the total uplift required for non-recurrent funding for the 2022-2023 ICP to 4.97%, down by 1.6% (£11.4m) from the previous iteration of the ICP presented in December; (3) **Noted** that Management Group were supportive of the plan for approval by Joint Committee; (4) **Approved** the Integrated Commissioning Plan 2022-2025; **noting** the Joint Committee's request to strengthen the reference to supporting the Welsh language; and to be more explicit on how WHSSC are sufficiently representing the uncertainty presented by the COVID-19 pandemic as the operating context for the forthcoming year; (5) **Approved** the plan as the basis of information to be included in Health Board IMTPs; and (6) **Approved** the plan for submission to Welsh Government in response to the requirements set out in the Welsh Government Planning Guidance.

Patterson, Liz
03/28/2022 14:52:26

AGENDA ITEM: 3.6

BOARD MEETING		DATE OF MEETING: 30 MARCH 2022
Subject :	SUMMARY OF PARTNERSHIP BOARD ACTIVITY	
Approved and Presented by:	Carol Shillabeer, Chief Executive	
Prepared by:	Corporate Governance Manager	
Considered by Executive Committee on:	Not before paper submitted to the Board	
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant partnership board.	

PURPOSE:

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent partnership board meetings, including the following:

- NHS Wales Shared Services Partnership Committee (NWSSPC).
- Powys Public Services Board (PSB);
- Regional Partnership Board (RPB);
- Joint Partnership Board (JPB).

RECOMMENDATION(S):

It is recommended that the Board DISCUSSES and NOTES the updates contained in this report in respect of the matters discussed and agreed at recent partnership board meetings.

Ratification	Discussion	Information
x	✓	x

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

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

BACKGROUND AND ASSESSMENT:

Powys Teaching Health Board is a member of the following partnership boards. This report provides an update in relation to the work of these Partnership Boards.

NHS Wales Shared Services Partnership Committee (NWSSPC): established under Velindre NHS Trust which is responsible for exercising shared services functions including the management and provision of Shared Services to the NHS in Wales.

- A meeting of the Shared Services Partnership Committee was held on 20 January 2022. A copy of the Assurance Report is attached at **Appendix A**.

The Powys Public Services Board (PSB): established by the Well-being of Future Generations (Wales) Act 2015. Its role is to improve the economic, social, environmental and cultural well-being of Powys through better joint working across all public services. This includes a yearly review of the Powys Wellbeing Plan to show progress.

- A meeting of the PSB was held on 3 February 2022. The papers for this meeting can be found at: [Agenda for Public Service Board on Thursday, 3rd February, 2022, 10.00 am Cyngor Sir Powys County Council \(moderngov.co.uk\)](#)

The Powys Regional Partnership Board (RPB): established under the Social Services and Well-being (Wales) Act 2014, which came into force in April 2016. Its key role is to identify key areas of improvement for care and support services in Powys and to identify opportunity for integration between Social Care and Health.

- A meeting of the RPB was held on 7 March 2022. This meeting received reports on the RPB Capital Funding and the North Powys Wellbeing Programme and discussed System Pressures and Resilience, RIF Investment Plan and the Populations Needs Assessment.

The Joint Partnership Board (JPB): established under The National Health Service Bodies and Local Authorities Partnership Arrangements (Wales) Regulations 2000 (S.I. 2000/2993 (W.193)) made under section 33 of the NHS (Wales) Act 2006. JPB brings together County Council and Powys Teaching Health Board to provide strategic leadership to ensure effective partnership working across organisations within the county for the benefit of Powys' citizens.

- There have been no meetings of JPB since the previous Board. The next JPB is scheduled on 7 April 2022.

NEXT STEPS:

Updates will continue to be brought to the Board and where necessary, specific decision-making matters will be scheduled.

Patterson, Liz
03/28/2022 14:52:20

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Tracy Myhill, Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	20 January 2022

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

Support to Vaccination Booster Campaign

A presentation was received from Health Courier Services (HCS) on their role in supporting the booster campaign across Wales. Since Mid-December, almost 1m vaccines have been delivered to 155 separate sites with no delayed or failed deliveries. Over 8,500 journeys have been made to support the vaccination roll-out and 2.3 million miles driven by HCS staff to help NHS Wales to respond to the pandemic. The Committee were very appreciative of the presentation and the work to support their organisations and were keen to understand how they could assist in making the service even more effective through eliminating any unnecessary activities.

Procurement National Operating Model

The Committee also received a presentation on the new national operating model for Procurement Services which is currently out to staff consultation. This will facilitate a more regionalised approach and will enhance the relationship between national sourcing and frontline teams. It should also lead to a greater focus on strategic relationships with key suppliers and support the efforts to promote the Foundational Economy. The Committee were supportive of the proposed changes, and it was agreed that a summary information document would be produced for NHS bodies once the staff consultation period closes.

Chair's Report

This was the first meeting chaired by Tracy Myhill since her appointment to NWSSP on 1 December. Tracy outlined her delight in being appointed, the induction activities that she had undertaken to date, and her intention to meet regularly with key stakeholders across NHS Wales.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- In response to COVID and the Omicron variant, the NWSSP Planning and Response Group had been stepped up again. Thus far, no major issues have been noted and whilst there was an initial jump in sickness absence, figures have returned to the previous low levels. Where necessary, business continuity plans were implemented for drivers in Health Courier Services to ensure that services to the rest of NHS Wales were maintained;
- A Joint Executive Team meeting with Welsh Government was held on 14 January which generated a lot of positive feedback for NWSSP and during which NWSSP were requested to assist with the establishment of the Citizens Voice Body which will come into being from April 2023;
- The Medical Examiner Service, which is not devolved, is likely to become a statutory service from September 2022; and
- The NWSSP financial position is forecast to achieve a break-even position with all capital monies spent. The business case for the purchase of the Matrix House building in Swansea, has been signed off by the Minister.

Items Requiring SSPC Approval/Endorsement

IMTP

The Committee received the NWSSP IMTP for approval. The Director of Planning, Performance, and Informatics had met individually with SSPC members over recent weeks to inform the plan and has incorporated their comments and feedback into the final version. While, for now, there are no major changes to the overall goals and objectives, there is a greater focus on the Welsh Language, Equality and Diversity and outcome-based measures.

The IMTP is based on a solid foundation where NWSSP has continued to deliver all services despite the pandemic, and where we have a balanced financial plan. New services such as the Temporary Medicines Unit, Laundry Services, and more recently International Nurse Recruitment, have been introduced. The plan reflects ministerial priorities and positions NWSSP at the forefront of many national initiatives, particularly around climate change and the foundational economy.

In respect of the financial plan an additional savings target had been applied across directorates to generate a reserve to invest in IMTP priorities, but the plan will be challenging as it contains significant cost pressures including the hike in the price of energy and the O365 licences. The risk sharing agreement for clinical negligence claims is currently £16.5m but is forecast to rise to £28m in three years' time. The IMTP requires significant capital investment over the next five years particularly in respect of the laundry and TRAMs projects. The recently announced 24% cut in the discretionary budget will cause significant challenges for NWSSP in future years.

The Committee were supportive of the plan and highlighted NWSSP's role as an economic driver for change through the increased use of business intelligence to inform Health Boards and Trusts in both clinical and non-clinical settings. It also stressed the need for the various assurance processes (Internal Audit, Local Counter Fraud, National Counter Fraud, PPV) to be effectively co-ordinated to support delivery of the IMTP, and the Committee recommended that the current arrangements should be reviewed.

The Committee **APPROVED** the IMTP with the proviso that it may need to be revisited if there were any subsequent and significant changes to Health Board plans that impacted NWSSP.

Items For Noting

International Recruitment

The Committee received a paper relating to the recruitment of 436 nurses from overseas prior to financial year-end, to help fill vacancies within Health Boards and support the Covid recovery programme. Welsh Government have approved the funding for this initiative and contracts have been placed. Interviews are now being undertaken and although the deadline is challenging, there is confidence that this will be achieved. Invoices to the recruitment agencies will be paid at the offer acceptance stage, and if for any reason the recruitment is not followed through, the agencies have to find an acceptable replacement nurse or repay the amount. Nurses are only being recruited from countries with surplus staff and who are included on the Home Office Approved List.

The Committee **NOTED** and **ENDORSED** the paper.

Finance, Workforce, Programme and Governance Updates

Project Management Office Update – The Committee reviewed and noted the programme and projects monthly summary report, which highlighted the team's current progress and position on the schemes being managed. It was agreed that the consequences of any slippage in project timelines would be more meaningfully described in the report.

Finance Report – The Committee reviewed the finance report and noted the position at the end of Quarter 3. The outturn position is still forecast to be break-even and there is a plan in place to utilise any additional savings generated in the year. The paper also highlighted the significant sums spent on PPE, and the further donations of PPE to both India and Namibia. The Welsh Risk Pool position is still in line with the IMTP. Capital spend is on schedule, but a large proportion of the funding has only recently been confirmed and/or received. Stock values, which in a normal year would be approximately £3m are currently around £80m due to the need to maintain 16-weeks' stock of PPE. However, this value is reducing and was in excess of £100m last summer.

People & OD Update – sickness absence rates, after an initial spike due to the

impact of the Omicron variant, have now returned back to the lower levels seen over recent months and currently stands at 2.93% for the last quarter. Headcount continues to grow due mainly to the additional staff recruited as part of the Single Lead Employer Scheme. PADR rates were generally good although there were a few directorates where performance needed to be improved. The ESR database has now been modified such that the majority of the facilities it provides can be accessed and delivered in Welsh.

Corporate Risk Register – there is one red risk relating to the pressures currently being noted within the Employment Services Directorate, and particularly in Recruitment and Payroll Services.

Papers for Information

The following items were provided for information only:

- Annual Review 2020/21; and
- Finance Monitoring Returns (Months 8 & 9).

AOB

N/a

Matters requiring Board/Committee level consideration and/or approval

- The Board is asked to **NOTE** the work of the SSPC and ensure where appropriate that Officers support the related work streams.

Matters referred to other Committees

N/A

Date of next meeting

24 March 2022

Patterson, Liz
03/28/2022 14:52:26

AGENDA ITEM: 3.7

BOARD MEETING		DATE OF MEETING: 30 March 2022
Subject :	SUMMARY OF ACTIVITY OF THE BOARD'S LOCAL PARTNERSHIP FORUM	
Approved and Presented by:	Director of Workforce & OD	
Prepared by:	Corporate Governance Manager	
Other Committees and meetings considered at:	Not presented at any other meeting	

PURPOSE:

The purpose of this report is to provide the Board with an update on the work of the Board's Local Partnership Forum.

RECOMMENDATION(S):

It is recommended that the Board RECEIVES and DISCUSSES the update report appended to this report.

Approval/Ratification/Decision	Discussion	Information
x	✓	x

Patterson, Liz
03/28/2022 14:53:16

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

Strategic Objectives:	1. Focus on Wellbeing	
	2. Provide Early Help and Support	
	3. Tackle the Big Four	
	4. Enable Joined up Care	
	5. Develop Workforce Futures	
	6. Promote Innovative Environments	
	7. Put Digital First	
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	
	2. Safe Care	
	3. Effective Care	
	4. Dignified Care	
	5. Timely Care	
	6. Individual Care	
	7. Staff and Resources	
	8. Governance, Leadership & Accountability	✓

DETAILED BACKGROUND AND ASSESSMENT:

Powys Teaching Health Board has a statutory duty to take account of representations made by persons who represent the interests of the communities it serves, its officers and healthcare professionals. To help discharge this duty, a Board may be supported by Advisory Groups to provide advice to the Board in the exercise of its functions.

PTHB's Advisory Groups include a Local Partnership Forum (LPF). The LPF's role is to provide a formal mechanism where PTHB, as employer, and trade unions/professional bodies representing PTHB employees work together to improve health services for the citizens served by PTHB - achieved through a regular and timely process of consultation, negotiation and communication.

A meeting of the Local Partnership Forum took place on 20 January 2022. A copy of the Chair's Report is attached at **Appendix A**.

NEXT STEPS:

The next update will be presented to the Board on 25 May 2022.

Patterson, Liz
03/28/2022 14:53:16

Reporting Committee:	Local Partnership Forum
Committee Chair	Jane Jones & Carol Shillabeer (Joint Chairs)
Date of last meeting:	20 January 2022
Paper prepared by:	Interim Head of Corporate Governance

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that at the meeting of LPF on 20 January 2022 the following matters were discussed:

- Review of Minutes - Matters Arising / Action Log
- Raising Concerns Training
- IMTP Feedback
- North Powys Wellbeing Programme
- LPF Terms of Reference
- System Resilience
- Caring for Carers

A summary of key issues discussed on 20 January 2022 is provided below.

Matters Arising / Action Log

The following actions were discussed at the LPF:

The outcome of the Business Case application for Welsh Government support for the carpark at Brecon Hospital was still awaited.

Environmental Sustainability – a strategic level report would be going to Board after which detailed arrangements would be outlined.

RAISING CONCERNS TRAINING

Claire Primmitt and Lorraine Traynor from NHS Wales Shared Services Partnership gave a presentation on Raising Concerns highlighting the importance of having a sound system to be able to raise concerns without which organisations were at risk of issues such as those which resulted in the Paterson case and the Francis report on the Mid Staffordshire NHS Foundation Trust. The procedure for raising concerns was outlined together along with the intention that matters should be resolved as early as possible to avoid escalation. It was confirmed the Raising Concerns process did not relate to complaints relating to personal circumstances where the Grievance Policy or Dignity at Work Policy would be used.

IMTP FEEDBACK

The Director of Planning and Performance introduced the report and invited oral or written feedback from Members of the Local Partnership Forum.

NORTH POWYS WELLBEING PROGRAMME

The Director of Planning and Performance gave an update on progress of the programme noting that a Memorandum of Understanding would be considered at Board in January 2022 with the intention that the Strategic Outline Case would be presented to the Health Board and Powys County Council Cabinet in March 2022

LPF TERMS OF REFERENCE

This item was deferred for additional information to be sought and would be considered at the next meeting of the LPF.

SYSTEM RESILIENCE

Case rates had been increasing until a week ago but had now fallen fast and it appeared the omicron wave had peaked. It had not been necessary to reduce or cease activity during the omicron wave.

CARING FOR CARERS

The Audit Wales Caring for Carers report was presented alongside the Management response. Some activities to support staff had been stepped up at short notice but the needs of the workforce were growing, and it was recognised there was a need to get the basics right. It was confirmed the wellbeing aspect was a core part of the workforce section in the Integrated Medium-Term Plan.

Information Items

LPF received updates for information on:

1. Mass Vaccination including Test, Trace and Protect Update
2. Board Committee arrangements: Terms of Reference and Operating Arrangements 2021/22
3. Director of Workforce and OD Summary Report (from November – for information)
4. Chief Executives Report from Board – September and November
5. Financial Performance, Month 08 2021/22
6. LPF Work Programme

NEXT MEETING

The next meeting of LPF will be held on 14 April 2022