

Board

Wed 27 July 2022, 10:00 - 13:00

Agenda

10:00 - 10:00 1. PRELIMINARY MATTERS
0 min

Oral Chair

 Board_Agenda_27July2022.pdf (2 pages)

1.1. Welcome and apologies for absence

Oral Chair

1.2. Declarations of Interest

Oral Chair

1.3. Minutes of previous meeting held on 25 May 2022 and 8 June 2022 for approval

Attached Chair

 Board_Item_1.3a_PTHB Board Minutes Unconfirmed 25-05-2022_v1.pdf (12 pages)

 Board_Item_1.3b_PTHB Board Minutes Unconfirmed 14-06-2022_v1.pdf (6 pages)

1.4. Matters arising from the minutes of the previous meeting

Oral Chair

1.5. Board Action Log

Attached Chair

 Board_Item_1.5_PTHB_Action_Log_July22.pdf (1 pages)

1.6. Patient Experience Story

1.7. Update from the:

1.7.1. Chair - including ratification of Chair's Action

 Board_Item_1.7a_Chairs Report July 2022 (A).pdf (3 pages)


 Board_Item_1.7ai_Chairs Action - 28-06-2022.pdf (3 pages)

 Board_Item_1.7aii_Annex A_Chairs Action Minutes - 28-06-2022.pdf (4 pages)

1.7.2. Vice-Chair

 Board_Item_1.7b_Vice Chairs Report July 2022.pdf (3 pages)

1.7.3. Chief Executive

 Board_Item_1.7c_CEO's Report for Board - July 2022.pdf (6 pages)

10:00 - 10:00 2. ITEMS FOR APPROVAL/RATIFICATION/DECISION
0 min

Oral Chair

Patterson, Liz
27/07/2022 08:39:14

2.1. Welsh Language Standards Annual Monitoring Report 2021-22

Attached *Director of Therapies and Health Science*

 Board_Item_2.1_Welsh Language Report.pdf (3 pages)

 Board_Item_2.1a_Welsh Language Standards Annual Monitoring Report 2021 2022 pw amended.pdf (15 pages)

2.2. Equalities, Diversity and Inclusion Annual Report 2021-2022

Attached *Director of Therapies and Health Science*

 Board_Item_2.2_Equality Diversity and Inclusion Cover paper.pdf (4 pages)

 Board_Item_2.2a_Equality, Diversity & Inclusion Report.pdf (12 pages)

2.3. Healthy Wales Whole System Approach to Obesity

Attached *Director of Public Health*

 Board_Item_2.3_Healthy Wales Whole System Approach to Obesity Prevention.pdf (10 pages)

10:00 - 10:00
0 min

3. ITEMS FOR DISCUSSION

3.1. Integrated Performance:

Attached *Interim Director of Planning and Performance*

3.1.1. Integrated Performance Report

 Board_Item_3.1a_20220712_IPR_Board_Final_Board.pdf (71 pages)

3.1.2. IMTP Delivery


 Board_Item_3.1b_Q1 IMTP Delivery Plan Report_cover.pdf (11 pages)

 Board_Item_3.1bi_IMTP Delivery Plan 22-25_Q1 progress.pdf (28 pages)

3.2. Renewal Priority - Cancer Programme

Attached *Medical Director*

 Board_Item_3.2_Renewal Priority-Cancer Programme.pdf (4 pages)

 Board_Item_3.2a_Cancer Renewal Presentation a.pdf (20 pages)

3.3. Financial Performance

Attached *Director of Finance and ICT*

 Board_Item_3.3_Financial Performance Report Mth 03 Board 27.7.22 - Copy.pdf (17 pages)

3.4. Corporate Risk Register July 2022

Attached *Board Secretary*

 Board_Item_3.4a_Corporate Risk Report_July22.pdf (4 pages)

 Board_Item_3.4ai_Appendix 1 - Corporate Risk Register July 2022.pdf (48 pages)

3.5. Report of the Chief Officer of the Community Health Council

Attached *Chief Officer of CHC*









 Board_Item_3.5_Chief Officer CHC Report July 2022.pdf (14 pages)

3.6. Assurance Reports of the Boards Committees:

Patterson, Liz
27/07/2022 08:29:44

3.6.1. PTHB Committees

Attached *Committee Chair's*

-  Board_Item_3.6a_Committee Chair Reports_July_2022.pdf (3 pages)
-  Board_Item_3.6ai_AppA_Executive Committee Chair's Assurance Report_Jul22.pdf (15 pages)
-  Board_Item_3.6aii_Appendix_B_ARA_Committee Chair's Assurance Report_MayJun22.pdf (7 pages)
-  Board_Item_3.6aii_Appendix_C_Delivery & Performance Chairs Assurance Report June 2022.pdf (7 pages)
-  Board_Item_3.6aii_Appendix_D_PEQS Chairs Assurance Report 7July & 12 May 2022.pdf (8 pages)
-  Board_Item_3.6aii_AppendixD_Annex 1_Maternity and Neonatal Assurance Report to PEQS.pdf (7 pages)
-  Board_Item_3.6av_Appendix E_Workforce and Culture Committee Chairs Assurance Report 31 May 2022.pdf (3 pages)
-  Board_Item_3.6avii_Appendix_F_Charitable Funds Chairs Assurance Report .pdf (5 pages)



3.6.2. Joint Committees

Attached *Chief Executive*

-  Board_Item_3.6b_Joint Committee Reports_July_2022.pdf (3 pages)



3.7. Assurance Report of the Board's Partnership Arrangements

Attached *Chief Executive*

-  Board_Item_3.7a_Appendix_A_SSPC Assurance Report 19 May 2022.pdf (6 pages)
-  Board_Item_3.7_Summary of Partnership Board Activity.pdf (3 pages)

3.8. Report of the Board's Local Partnership Forum

Attached *Director of Workforce and OD*

-  Board_Item_3.8a_Appendix_A_Advisory Group_LPF Report July 2022.pdf (3 pages)
-  Board_Item_3.8_Report of the Board's Local Partnership Forum_July2022.pdf (2 pages)

10:00 - 10:00
0 min

4. OTHER MATTERS

4.1. Any Other Urgent Business

Oral *Chair*

4.2. Close

Oral *Chair*

4.3. Date of the Next Meeting:

Oral *Chair*

28 September 2022 via Microsoft Teams

Patterson, Liz
27/07/2022 08:29:14

**POWYS TEACHING HEALTH
BOARD
BOARD MEETING
WEDNESDAY 27 JULY 2022
10:00 – 13:00
TO BE HELD VIA MICROSOFT
TEAMS**



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

AGENDA

Time	Item	Title	Attached / Oral	Presenter
1: PRELIMINARY MATTERS				
10.00	1.1	Welcome and Apologies for Absence	Oral	Chair
	1.2	Declarations of Interest	Oral	All
	1.3	Minutes of Previous Meeting: 25 May 2022 and 8 June 2022 (for approval)	Attached	Chair
	1.4	Matters Arising from the Minutes of the Previous Meeting	Oral	Chair
	1.5	Board Action Log	Attached	Chair
	1.6	Patient Experience Story	Presentation	Director of Therapies and Health Sciences
	1.7	Update from the: a) Chair – including ratification of Chair's Action b) Vice Chair c) Chief Executive	Attached Attached Attached	Chair Vice Chair Chief Executive
2: ITEMS FOR APPROVAL/RATIFICATION/DECISION				
10:20	2.1	Welsh Language Standards Annual Monitoring Report 2021-22	Attached	Director of Therapies and Health Sciences
10:30	2.2	Equalities, Diversity and Inclusion Annual Report 2021-22	Attached	Director of Therapies and Health Sciences
10:40	2.3	Healthy Wales Whole System Approach to Obesity Prevention	Attached	Director of Public Health
3: ITEMS FOR DISCUSSION				
10:55	3.1	Integrated Performance <ul style="list-style-type: none"> Integrated Performance Report IMTP Delivery 	Attached	Interim Director of Planning and Performance
11:25	COMFORT BREAK			
11:40	3.2	Renewal Priority – Cancer Programme	Attached	Medical Director

12:00	3.3	Financial Performance	Attached	Director of Finance and IT
12:20	3.4	Corporate Risk Register, July 2022	Attached	Board Secretary
12:25	3.5	Report of the Chief Officer of the Community Health Council	Attached	Chief Officer of CHC
12:35	3.6	Assurance Reports of the Board's Committees a) PTHB Committees b) Joint Committees	Attached	Committee Chairs Chief Executive
12:50	3.7	Assurance Report of the Board's Partnership Arrangements	Attached	Chief Executive
12:55	3.8	Report of the Board's Local Partnership Forum	Attached	Director of Workforce & OD
4: OTHER MATTERS				
13:00	4.1	Any Other Urgent Business	Oral	Chair
	4.2	Close		
	4.3	Date of the Next Meeting: ▪ 28 September 2022 Via Microsoft Teams		

Key:

Well-being Objective 1: Focus on Well-being	
Well-being Objective 2: Early Help and Support	
Well-being Objective 3: Tackle the Big Four	
Well-being Objective 4: Joined Up Care	
Well-being Objective 5: Workforce Futures	
Well-being Objective 6: Innovative Environments	
Well-being Objective 7: Digital First	
Well-being Objective 8: Transforming in Partnership	
All Well-being Objectives	

MESSAGE TO THE PUBLIC:

Powys Teaching Health Board is committed to openness and transparency, and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe. However, in light of the current advice and guidance in relation to Coronavirus (COVID-19), the Board has agreed to run meetings by electronic / telephony means as opposed to in a physical location, for the foreseeable future. This will mean that members of the public will not be able attend meetings in person. The Board has taken this decision in the best interests of protecting the public, our staff and Board members. The meeting will be available to view by the public both in real time by a live-stream and after the meeting when it has been uploaded to the website.

POWYS TEACHING HEALTH BOARD

UNCONFIRMED

MINUTES OF THE MEETING OF THE BOARD

HELD ON WEDNESDAY 25 May 2022

VIA TEAMS

Present

Vivienne Harpwood	Independent Member (Chair)
Kirsty Williams	Independent Member (Vice Chair)
Carol Shillabeer	Chief Executive
Matthew Dorrance	Independent Member (Local Authority)
Ian Phillips	Independent Member (ICT)
Frances Gerrard	Independent Member (University)
Mark Taylor	Independent Member (Capital & Estates)
Tony Thomas	Independent Member (Finance)
Rhobert Lewis	Independent Member (General)
Ronnie Alexander	Independent Member (General)
Cathie Poynton	Independent Member (Trade Union)
Hayley Thomas	Deputy Chief Executive and Director of Primary, Community Care and Mental Health
Kate Wright	Medical Director
Claire Roche	Director of Nursing & Midwifery
Pete Hopgood	Director of Finance and IT
Claire Madsen	Director of Therapies & Health Sciences
Stephen Powell	Interim Director of Planning and Performance

In Attendance

James Quance	Interim Board Secretary
Jamie Marchant	Director of Environment
Mark McIntyre	Deputy Director of Workforce and OD
Katie Blackburn	CHC – Chief Officer
Liz Patterson	Interim Head of Corporate Governance
Stella Parry	Interim Corporate Governance Manager

Apologies for absence

Julie Rowles	Director of Workforce and OD
Alison Merry	Deputy Director of Public Health

PRELIMINARY MATTERS	
<p>RESOLVED THAT due to the unprecedented health emergency of COVID-19, and the clear Public Health instruction to practise social distancing, meetings will run by electronic means as opposed to in a physical location. This decision had been taken in the best interests of protecting the public, staff and Board Members.</p> <p>The meeting was live-streamed and uploaded to the website after the meeting for viewing on demand.</p>	
PTHB/22/01	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Chair welcomed all participants to the meeting noting that a number of observers were present as outlined in the attendance record. Apologies for absence were noted as recorded above.</p>
PTHB/22/02	<p>DECLARATIONS OF INTEREST</p> <p>There were no declaration of interest.</p>
PTHB/22/03	<p>MINUTES OF MEETINGS HELD ON:</p> <p>a) Board meeting, 30 March 2022</p> <p>The minutes of the meeting held on 30 March 2022 were received and AGREED as being a true and accurate record.</p> <p>b) Extraordinary Board, 28 April 2022</p> <p>The minutes of the meeting held on 28 April 2022 were received and AGREED as being a true and accurate record.</p>
PTHB/22/04	<p>MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING</p> <p>There were no matters arising.</p>
PTHB/22/05	<p>BOARD ACTION LOG</p> <p>The Board RECEIVED and NOTED the Board Action Log.</p>
PTHB/22/06	<p>PATIENT EXPERIENCE STORY</p> <p>The Director of Therapies and Health Sciences introduced the item and provided an overview of Daniel's story, which detailed the patient's diagnosis of Diabetes following infection with COVID-19 in January 2022.</p> <p>The Board DISCUSSED and welcomed the presentation.</p>

PTHB/22/07

UPDATE FROM THE CHAIR

The Chair presented the report and provided an overview of the following matters:

- The Chair wished to announce that Mererid (Mezz) Bowley will be joining the health board as Director of Public Health. Mezz joins the health board on 12-month secondment from Public Health Wales, and she will be in post by July. Most recently she was Deputy Director of Public Health for Aneurin Bevan University Health Board, and acting Director of Public Health for the same health board from April 2020 to January 2021.
- The process for seeking a new Independent Member (Third Sector) was progressing and plans are in place for the appointment of a new Independent Member (University).
- This will be the last Board meeting for Frances Gerrard as she reaches the end of her appointment to the health board on 30 June. She has given excellent support to the health board throughout her time with us, and her knowledge of medical education, combined with her experience as a GP in our area, have proved invaluable to us. The Board is grateful to Frances that among her other contributions, she arranged 'taster sessions' in Powys for medical students to give them experience of working in rural healthcare.
- The process has begun to seek the Chair's successor from September 2022.
- On 12th April 2022 the Chair was delighted to attend the Certificate of Appreciation and Long Service Awards for our staff.

UPDATE FROM THE CHIEF EXECUTIVE OFFICER

The Chief Executive presented the report and highlighted the following matters for the Board's attention:

- Health and Care Bill England;
- Engagement activity (CNO Conference, Dementia Standards for Hospitals Launch, Certificate of Appreciation and Long Service Awards;
- Joint work with Powys County Council regarding Ukrainian refugees; and

	<ul style="list-style-type: none"> Welsh Government: Planned Care Recovery Plan.
ITEMS FOR APPROVAL, RATIFICATION OR DECISION	
PTHB/22/08	<p>POPULATION NEEDS (PSB) AND WELLBEING ASSESSMENTS (RPB)</p> <p>The Chief Executive presented the item which provided the summary findings from the Population Needs Assessment (PNA) and the Well-being Assessment (WBA) for Powys. The two assessments have differing legislative requirements, aims and content. However, they were presented together due to the high degree of overlap between them. The WBA examines well-being from a wider perspective, whereas the PNA has a narrower focus on the provision of health and care services. The two assessments were collaboratively developed as part of a combined process. The item summarised the key content and changes since the previous assessments, and also covers practical limitations related to their development (including data gaps and the difficulties with their preparation related to COVID). The assessments identified the three keys matters for Powys:</p> <ul style="list-style-type: none"> existing and potential future population needs; assets and services available in county to meet population needs; and; gaps in provision and unmet population needs. <p>It was noted that the report provided positive indications for Powys. However, it was recognised that there was a demonstrable variation in health equity across the county.</p> <p>Independent Members sought assurance by asking the following questions: <i>Would consideration be given in future to the use of organisations such as Wye Valley NHS Trust as comparators due to their rurality and therefore increased similarity to Powys?</i></p> <p>The Chief Executive confirmed that wider comparators were used by health board, including international comparators. It was noted that Powys had partnered with Dumfries and Galloway on access deprivation due to shared rurality, and it was suggested that this would be made more apparent in the key overview.</p>

	<p><i>Would an easy-read version be made available to public?</i></p> <p>It was confirmed that follow-up would be undertaken in respect of an easy-read version.</p> <p><i>The report suggested that Powys residents spend only 8% of their income on mortgages/rent, was this anticipated?</i></p> <p>The Chief Executive highlighted the complex nature of Powys and noted the high cost of housing in relation to average income below the national average. It was suggested that the age demographic of Powys likely impacts upon the figures though it was recognised that the cost of living would place increased pressure on much of the population, particularly due to the essential nature of car travel due to the geography and rurality of the county.</p> <p><i>Will further work be undertaken in future iterations to address the reported gaps in data/information?</i></p> <p>It was confirmed that work was underway to address the gaps in information.</p> <p>The Chief Executive noted the high-level overview of the report and highlighted the stark nature of socioeconomic inequalities which were likely to worsen due to the current economic climate. It was suggested that the Planning, Partnerships and Population Health Committee would need to maintain focus on this area throughout 2022-23.</p> <p>The Board RATIFIED the Well-being Assessment as approved at the Public Service Board and NOTED the Population Needs Assessment.</p>
PTHB/22/09	<p>BOARD GOVERNANCE</p> <ul style="list-style-type: none"> BOARD PRIORITIES AND WORK PROGRAMME <p>The Board Secretary presented the item and noted that the work programme was based upon the Integrated Medium Term Plan (IMTP) 2022-25, as approved by the Board on 30 March 2022. The work programme set out the delegation and assurance against the objectives as well as statutory duties. It was recognised that the work programme would need to be flexible to meet the demands of the coming year and noted that a reporting scheduling was under development.</p>

	<p>Independent Members sought assurance by asking the following questions:</p> <p><i>Was it felt that the scope of work programme was achievable?</i></p> <p>The Chief Executive confirmed that the IMTP was comprehensive and ambitious. However, work had been undertaken by the Board Secretary to ensure a strong focus on objectives within the Programme.</p> <p><i>Assurance was provided by either an Annual Report or scrutiny of Plan, had consideration been given to consistency of approach?</i></p> <p>It was noted that Annual Reports were important for reporting against strategic improvements. However, it was noted that it was important to be sighted on strategies and plans also. It was noted the following feedback the programme would be amended as needed.</p> <p>The Committee welcomed the layout of the work programme and APPROVED the Board Priorities and Work Programme 2022-23.</p> <ul style="list-style-type: none"> • REPORT OF SEALED DOCUMENTS <p>The Committee RECEIVED and NOTED the Report of Sealed Documents.</p> <ul style="list-style-type: none"> • SCHEME OF DELEGATION AND RESERVATION OF POWERS <p>The Board Secretary presented the Scheme of Delegation and Reservation of Powers and noted that amendments were not fundamental and were due to revisions in structure.</p> <p>The Board APPROVED and ADOPTED the Scheme of Delegation and Reservation of Powers.</p>
ITEMS FOR DISCUSSION	
PTHB/22/10	<p>INTEGRATED PERFORMANCE REPORT</p> <p>The Director of Planning and Performance presented the item which provided a performance update against the 2021/22 NHS Delivery Framework and limited local</p>

	<p>measures as of the 31 March 2022. This continued to be an interim process as a result of the COVID pandemic in the absence of the regular Integrated Performance Report. An overview of the following areas was provided:</p> <ul style="list-style-type: none"> • Test, Trace, Protect; • Mass Vaccination; • Ministerial Measures; • NHS Delivery Framework Performance; • National Outcomes Framework: Performance Scorecard; • Quadruple Aims; and; • Next Steps <p>Independent Members sought assurance by asking the following questions:</p> <p><i>Was the health board confident that it could sufficiently staff wards to enable repatriation, particularly out of hours?</i></p> <p>The Chief Executive noted the recruitment challenges experience across Wales and the UK and noted that major insourcing work had been undertaken in Powys to improve the COVID backlog. It was suggested that strategic opportunities would continue to be identified throughout 2022-23 which would be brought forward for discussion by the Board. It was also noted that the health board would retain a focus on retention in 2022-23 and the Board recognised workforce as a key enabling factor for the Integrated Medium Term Plan 2022-25.</p> <p><i>COVID-19 had increased the length of waiting times, significantly in some cases, for routine surgery. What discussion had there been on potential changes in practice to address this?</i></p> <p>The Chief Executive noted a suite of potential changes had been introduced by Welsh Government such as patient initiated follow-ups and direct access physio to address the challenges in Planned Care. It was also suggested that a particular focus on equity across Wales would be at the forefront of practice going forward.</p> <p>The Board DISCUSSED and NOTED the Report.</p>
<p>PTHB/22/11</p>	<p>RENEWAL PRIORITY – BREATHE WELL</p> <p>The Director of Therapies and Health Sciences presented the item which provided the following overview of the Breathe Well Renewal Priority:</p>

	<ul style="list-style-type: none"> • Programme Aims; • Overview of achievements and their impact; <ul style="list-style-type: none"> ○ Diagnostics ○ Respiratory Advice, Support and Treatment ○ Pulmonary rehabilitation • Trajectories and investment; • Challenges; and; • Next Steps <p>The Chief Executive welcomed the presentation and highlighted the importance of balancing experience, outcomes and costs as a public service.</p> <p>The Board DISCUSSED and NOTED the presentation.</p>
PTHB/22/12	<p>FINANCIAL PERFORMANCE</p> <p>The Director of Finance and IT presented the end of year position for 2021/22 subject to the current audit underway by Audit Wales. It was noted that key areas of concern going into 2022-23 remained variable pay, continuing health care and commissioned services. It was noted that it was anticipated that the health board would be £195k overspent in Month 1 of 2022-23 and that crucial actions would need to be undertaken in the coming months to achieve statutory break even in 2022-23.</p> <p>The Board received and NOTED the Report.</p>
PTHB/22/13	<p>CORPORATE RISK REGISTER, MAY 2022</p> <p>The Board Secretary presented the Corporate Risk Register and highlighted the following suggested amendments:</p> <ul style="list-style-type: none"> • The Director of Finance and IT has proposed a new risk is added to the Corporate Risk Register in relation to Cyber Security, with a risk score of 16 due to the increased risk of potential Cyber-attack due to current climate and world events. • The Director of Finance and IT has proposed an increase in the scoring of CRR002 (Risk rating increased from 8 (L4xI4 to 12 (L3xI4)) due to the uncertainty of the cost pressures impact. <p>Independent Members sought assurance by asking the following questions:</p>

	<p><i>Had consideration been given to the use of a telephone system so support CRR012, compliance with Welsh Language Standards?</i></p> <p>It was confirmed that the Workforce and Culture Committee was due to discuss the Welsh Language Annual Report 2021-22 at its meeting on 31 May 2022 and would present a good opportunity for discussion of this matter.</p> <p><i>Would a blank page exercise be undertaken in relation to Urgent and Emergency Care?</i></p> <p>It was confirmed that the Executive Committee had held an initial risk identification session and that a further session would be held with Independent Members at the Board Development meeting on 28 June 2022.</p> <p>The Committee RECEIVED and NOTED the updated Corporate Risk Register.</p>
PTHB/22/14	<p>REPORT OF THE CHIEF OFFICER OF THE COMMUNITY HEALTH COUNCIL</p> <p>The Chief Officer of the Community Health Council presented the report which provided an overview of Engagement, Surveys and Reports. It was noted that the CHC had met with Wye Valley NHS Trust (WVT) on 24 May 2022 in relation to the provision of Stroke Services, work was also underway with Shrewsbury and Telford Hospitals NHS Trust (SaTH) in relation to their Hospital Transformation Programme.</p> <p>It was noted that there had been several new Members of the CHC, however a Board Member for the Citizens Voice Body was yet to be recruited.</p> <p>The Board RECEIVED and NOTED the Chief Officer's Report.</p>
PTHB/22/15	<p>ASSURANCE REPORTS OF THE BOARD'S COMMITTEES</p> <p>A) PTHB COMMITTEES</p> <p>The following Chair's Assurance Reports were received:</p> <p><u>Executive Committee</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Executive Committee on 23 March, 4 April, 20 April and 4 May 2022.</p>

	<p>The Committee Chair highlighted no matters for escalation. The Board NOTED the report</p> <p><u>Audit, Risk and Assurance Committee</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Audit, Risk and Assurance Committee on 26 April 2022.</p> <p>The Committee Chair wished to highlight the following matters to the Board:</p> <ul style="list-style-type: none"> • The Draft Head of Internal Audit Opinion had suggested a 'Reasonable Assurance' rating. • There would be a qualification of health boards Annual Accounts 2021-22, in relation to 'Scheme Pays'. It was noted that this was a qualification of the regularity opinion and technical in nature. It is an All Wales issue in relation to a Ministerial Direction received in December 2019. The 'true and fair' opinion is unqualified. <p>The Board NOTED the report</p> <p><u>Delivery and Performance Committee</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Delivery and Performance Committee on 3 May 2022.</p> <p>The Board NOTED the report</p> <p><u>Patient Experience, Quality and Safety Committee</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Patient Experience, Quality and Safety Committee on 24 March 2022.</p> <p>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.</p> <p>The Board NOTED the Report.</p>
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	<p><u>Planning, Partnerships and Population Health Committee</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Planning, Partnerships and Population Health Committee on 7 April 2022.</p> <p>The Board NOTED the report</p> <p><u>Workforce and Culture Committee</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Workforce and Culture Committee on 15 March 2022.</p> <p>The Board NOTED the Report.</p> <p>B) JOINT COMMITTEES</p> <p>The Chief Executive presented the item which provided 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); ▪ Emergency Ambulance Service Committee (EASC); and ▪ an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC). <p>The Board NOTED the updates contained within the report in respect of the matters discussed and agreed at recent Joint Committee meetings.</p>
<p>PTHB/22/16</p>	<p>ASSURANCE REPORT OF THE BOARD'S PARTNERSHIP ARRANGEMENTS</p> <p>The Chief Executive provided an update to the Board in respect of the matters discussed and agreed at recent partnership board meetings, including the following:</p> <ul style="list-style-type: none"> • NHS Wales Shared Services Partnership Committee (NWSSPC); • Powys Public Services Board (PSB);

	<ul style="list-style-type: none"> • Regional Partnership Board (RPB); and • Joint Partnership Board (JPB). <p>The Board DISCUSSED and NOTED the updates contained in the report in respect of the matters discussed and agreed at recent partnership board meetings.</p>
PTHB/22/17	<p>REPORT OF THE BOARD'S LOCAL PARTNERSHIP FORUM</p> <p>The Deputy Director of Workforce presented the item which provided an update on the work of the Board's Local Partnership Forum since the last meeting of the Board.</p> <p>The Board DISCUSSED and NOTED the Report of the Board's Local Partnership Forum.</p>
OTHER MATTERS	
PTHB/22/18	<p>ANY OTHER URGENT BUSINESS:</p> <p>There was no other urgent business.</p>
PTHB/22/19	<p>DATE OF THE NEXT MEETING:</p> <p>14 June 2022, 09:00 via Microsoft Teams</p>

Patterson, Liz
27/07/2022 08:29:14

POWYS TEACHING HEALTH BOARD

UNCONFIRMED

MINUTES OF THE MEETING OF THE BOARD

HELD ON TUESDAY 14 JUNE 2022

VIA TEAMS

Present

Vivienne Harpwood	Independent Member (Chair)
Kirsty Williams	Independent Member (Vice Chair)
Carol Shillabeer	Chief Executive
Ian Phillips	Independent Member (ICT)
Mark Taylor	Independent Member (Capital & Estates)
Tony Thomas	Independent Member (Finance)
Rhobert Lewis	Independent Member (General)
Ronnie Alexander	Independent Member (General)
Cathie Poynton	Independent Member (Trade Union)
Hayley Thomas	Deputy Chief Executive and Director of Primary, Community Care and Mental Health
Kate Wright	Medical Director
Claire Roche	Director of Nursing & Midwifery
Pete Hopgood	Director of Finance and IT
Claire Madsen	Director of Therapies & Health Sciences
Stephen Powell	Interim Director of Planning and Performance

In Attendance

James Quance	Interim Board Secretary
Jamie Marchant	Director of Environment
Mark McIntyre	Deputy Director of Workforce and OD
Gareth Lucy	Audit Wales
Alice Rushby	Audit Wales
Liz Patterson	Interim Head of Corporate Governance
Stella Parry	Interim Corporate Governance Manager

Apologies for absence

Frances Gerrard	Independent Member (University)
Matthew Dorrance	Independent Member (Local Authority)
Julie Rowles	Director of Workforce and OD
Alison Merry	Deputy Director of Public Health

PRELIMINARY MATTERS	
<p>RESOLVED THAT due to the unprecedented health emergency of COVID-19, and the clear Public Health instruction to practise social distancing, meetings will run by electronic means as opposed to in a physical location. This decision had been taken in the best interests of protecting the public, staff and Board Members.</p> <p>The meeting was live-streamed and uploaded to the website after the meeting for viewing on demand.</p>	
PTHB/22/20	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Chair welcomed all participants to the meeting noting that a number of observers were present as outlined in the attendance record. Apologies for absence were noted as recorded above.</p>
PTHB/22/21	<p>DECLARATIONS OF INTEREST</p> <p>There were no declarations of interest.</p>
ANNUAL REPORT AND ACCOUNTS 2021-22	
PTHB/22/22	<p>AUDIT WALES' AUDIT OF ACCOUNTS REPORT, 2021-22</p> <p>The Director of Finance and IT introduced the item and welcomed Gareth Lucy, Audit Manager for the Annual Accounts audit to the meeting. It was noted that Audit Wales had provided an audit opinion on the accounts in relation to two separate matters: the truth and fairness of income and expenditure, which had been found to be satisfactory and the regularity of expenditure, for which a qualified opinion has been provided with regard to the regularity of 'Scheme Pays' expenditure for clinicians. The Audit Manager assured the Committee that the qualification was in respect of a Ministerial Direction issued in December 2019, therefore any NHS organisation in Wales with the expenditure within their accounts will receive a qualified opinion. It was also reported that there had been an uncorrected misstatement in relation to indexation of land and building assets (£999,000), this was due to an updated All Wales indexation from the District Valuer in late March 2022 for which the accounts had not been updated. It was again note that this was an issue across Wales.</p>

	<p>The Chair welcomed the overview and noted that the Audit, Risk and Assurance Committee had considered the audit findings on 13 June 2022. The Chief Executive noted the regulatory opinion and highlighted the extraordinary circumstances in the pandemic which led to the introduction of Scheme Pays, which sought to ensure senior clinicians were not penalised for working additional hours and confirmed that there was no further action the health board could have taken in relation to the Ministerial Direction. The Chief Executive confirmed that as Accountable Officer it was felt that the accounts had been prepared to a good standard.</p> <p>The Board welcomed the report and expressed their thanks the Audit Wales colleagues for their support and contribution.</p>
PTHB/22/23	<p>RECOMMENDATION FROM THE AUDIT, RISK AND ASSURANCE COMMITTEE IN RESPECT OF THE ANNUAL RESPORT AND ACCOUNTS 2021-22</p> <p>The Vice Chair of the Audit Risk and Assurance Committee presented the item and highlighted that the Committee had considered a suite of documents in relation the Annual Accounts and Annual Report 2021-22 on 13 June 2022. The Committee had supported the Annual Report and Accounts and confirmed a recommendation to the Board for approval.</p> <p>The Board welcomed the recommendation and expressed their thanks to the Committee.</p>
PTHB/22/24	<p>PART 1: PERFORMANCE REPORT</p> <p>The Chief Executive introduced the item and noted that the sections of the Annual Report would be available in a more accessible format at the Annual General Meeting, due to be held on 27 July 2022.</p> <p>It was reported that the draft Performance Report provided an overview of the 2021-22 financial year, during which an Annual Plan had been in place. The Annual Plan focused on three key areas: the pandemic response, the provision of essential healthcare and the establishment of a renewal and recovery programme. The Director of Planning and Performance noted the level of detail within the report and suggested that the Highlights of the Year on p16 of the report provided an overview of the work undertaken despite the pandemic. It was noted that report had been scrutinized by the Delivery and Performance Committee and Audit Risk and Assurance Committee prior to the presentation to the Board.</p>

PTHB/22/25

PART 2: ANNUAL ACCOUNTABILITY REPORT

a) Corporate Governance Report

b) Remuneration and Staff Report

c) Parliamentary Accountability and Audit Report

The Chief Executive introduced the item and highlighted the ‘Reasonable Assurance’ rating provided by the Head of Internal Audit Opinion and the Structured Assessment undertaken by Audit Wales. Thanks were expressed to audit colleagues for their contributions to the mechanisms of assurance. It was noted that detail of Board Remuneration was available within the Remuneration Report which provided transparency in relation to how the health board invests in leadership. The Board Secretary highlighted that the report provided an important opportunity to reflect and suggested that the Board should take assurance that good governance and systems of control were maintained throughout the year.

PTHB/22/26

PART 3: ANNUAL FINANCIAL STATEMENTS

A) Summary Presentation

The Director of Finance and IT presented an overview of the Financial Statements 2021-22:

The draft position in relation to Revenue, Capital, and Public Sector Payment Policy (PSPP) was presented as below:

Area	Financial KPI	Target	Delivery 2021-22
Revenue	To ensure that net operating costs do not exceed the revenue resource limit set by Welsh Government	Variance Against Revenue Resource Limit Deficit / (Surplus)	(£80k)
Capital	To ensure that costs do not exceed the capital resource limit set by Welsh Government	Variance Against Capital Resource Limit Deficit / (Surplus)	(£67k)
PSPP	To pay a minimum of 95% of all non-NHS creditors within 30 days of receipt of goods or a valid invoice	Cumulative Year End % of Invoices Paid within 30 days	87.50%

	<ul style="list-style-type: none"> • The health board has a statutory duty to ensure that its expenditure does not exceed the aggregate funding (Revenue Resource Limit – RRL) allotted to it over the 3 year period. The health board has achieved this requirement in 2021/22, and for the proceeding 2 years. • Welsh Government requires that health boards pay their trade creditors in accordance with the CBI Prompt Payment Code (PSPP) and Government Accounting Rules. The financial Target is to pay 95% of these non NHS invoices (number not financial value) within 30 days of delivery. The health board performance at 87.5% did not meet the target of 95% for the number of non NHS creditors paid within 30 days. This would be a key area of focus in 2022-23. • There were two property purchases (Llanwrtyd Health Centre and Land Adjoining Machynlleth Hospital) and no property disposals during 2021/22. The Capital Programme added £15.926m to the asset base during 2021/22. • As of 31st March 2022, the Pensions relating to other staff had been fully discharged with the support of Welsh Government. • As previously noted by Audit Wales, a new provision in year was created for 2019-20 Scheme pays. It is confirmed as part of the audit opinion provided by the Auditor General for Wales that the provision included within health board's accounts for the cost of Scheme Pays has led to a qualification of the health board's accounts, with the qualification being in respect of the regularity opinion. The view of the Auditor General for Wales is that any provision included within NHS Wales bodies accounts for the cost of Scheme Pays constitutes irregular expenditure. This has affected all NHS Wales Organisations with such provisions included within their Financial Statements including Powys health board. <p>B) Detailed Annual Accounts</p> <p>The Chief Executive thanked colleagues for the work undertaken to produce the accounts and highlighted the continued focus on the utilisation of public funds to provide the best value. The Committee welcomed and NOTED the Annual Financial Statements.</p>
<p>27/07/2022 08:29:14</p> <p>PTHB/22/27</p>	<p>TO CONSIDER FOR APPROVAL, THE ANNUAL REPORT AND ACCOUNTS 2021-22</p>

	The Committee considered the recommendation of the Audit, Risk and Assurance Committee and APPROVED the Annual Report and Accounts 2021-22 and APPROVED the authorisation of the signing of the Annual Report 2021-22 by the Chair, Chief Executive and Director of Finance and IT.
PTHB/22/28	LETTER OF REPRESENTATION The Board APPROVED the Letter of Representation for signing by the Chair and Chief Executive, on behalf of the Board.
ITEMS FOR DISCUSSION	
PTHB/22/29	There were no items for discussion.
OTHER MATTERS	
PTHB/22/30	ANY OTHER URGENT BUSINESS No other urgent business was declared.
PTHB/22/31	DATE OF THE NEXT MEETING: 27 th July 2022, 9.30am, via Microsoft Teams

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Key:

Action Complete
Not yet due
Due
Overdue
Transferred

BOARD ACTION LOG (Updated July 2022)

Board Minute	Board Date	Action	Responsible	Progress at 19/07/2022	Status
PTHB/21/93	24 November 2021	An in-depth review of committee based risks to be undertaken in quarter 4	Board Secretary	Corporate risks allocated to committees by the Board for oversight are now routinely being reported to each committee meeting for more in-depth review and discussion. In addition, the Corporate Risk Register is in the process of being revised following risk identification exercise undertaken at the Board Development Session on 28 June 2022 for presentation to the September meeting of the Board. Together these actions will result in the completion of this action.	

Patterson, Liz
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AGENDA ITEM: 1.7a

BOARD MEETING		Date of Meeting: 27 July 2022
Subject :	CHAIR'S REPORT	
Approved and Presented by:	Vivienne Harpwood, PTHB Chair	
Prepared by:	Vivienne Harpwood, PTHB Chair	
Other Committees and meetings considered at:	None	

PURPOSE:

To bring to the Board's attention key points for awareness from the Chair of Powys Teaching Health Board, since the previous Board meeting in May 2022.

RECOMMENDATION(S):

It is recommended that the Board NOTES this report.

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. Provide Early Help and Support	
	2. Tackle the Big Four	
	3. Enable Joined up Care	
	4. Develop Workforce Futures	
	5. Promote Innovative Environments	
	6. Put Digital First	
	7. 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	✓

CHAIR'S REPORT:

Board Membership

I am delighted to welcome Mererid (Mezz) Bowley to her first meeting of the Board since she joined us on 27 June 2022. Mezz joins us on a 12-month secondment from Aneurin Bevan University Health Board where she was Deputy Director of Public Health and has also been acting Director of Public Health.

The recruitment process to seek my successor is underway and there will be a further update to the Board as this develops. Progress is also being made towards the appointment of a new Third Sector member of the Board. We hope to be able to update you by the time of the next Board meeting. In addition, a recommendation to the Minister has been made for our new University member, again to be in place prior to the next meeting of the Board.

I will be continuing to meet virtually with Independent Members on an individual basis and as a group in order to ensure that they feel supported, and to understand any issues they might be experiencing as the Board continues to operate in a virtual manner.

Royal Welsh Show

On Tuesday 19 July 2022, the Chief Executive and I attended a COVID parade in the main arena featuring staff and volunteers who have worked on the COVID-19 response. The Royal Welsh Show invited the RAF Band (who were part of our military “MACA” deployment to the county during the pandemic) to play at the Royal Welsh Show. I was proud to attend and receive the salute on behalf of the health board along with Steve Hughson, Chief Executive of the Royal Welsh Agricultural Society and Dame Kate Bingham who chaired the UK Government's Vaccine Taskforce, steering procurement of vaccines and the strategy for their deployment during the COVID-19 pandemic.

Patterson, Liz
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Chair's Report

Page 3 of 3

Board Meeting
27th July 2022
Agenda Item: 1.7a

**AGENDA ITEM:
1.7a(i)**

BOARD MEETING		Date of Meeting: 27 JULY 2022
Subject :	Chair's Action 28 June 2022	
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:	Chair's Action, 28 June 2022	

PURPOSE:

The purpose of this paper is to report to the Board a decision taken on 28 June 2022, via urgent Chair's Action.

RECOMMENDATION(S):

The Board is asked to RATIFY the decision taken on 28 June 2022, via the use of urgent Chair's Action.

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. Provide Early Help and Support	
	2. Tackle the Big Four	
	3. Enable Joined up Care	
	4. Develop Workforce Futures	✓
	5. Promote Innovative Environments	
	6. Put Digital First	
	7. 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	✓

INTRODUCTION:

There may, occasionally, be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Board - after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification.

On 28 June 2022, the Chair, in consultation with the Vice-Chair, Chair of the Delivery and Performance Committee and Chair of the Workforce & Culture Committee was asked to consider for approval the proposed approach to employment claims against the health board.

ITEM FOR DECISION:

The record of the Chair's action and decision are included in **Annex A**.

CHAIR'S ACTION

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Chair's Action
28 June 2022

The Chair, in consultation with the Vice-Chair, Chair of the Delivery and Performance Committee and Chair of the Workforce & Culture Committee, APPROVED the approach proposed by the Chief Executive to proceed to defend the claims against the health board at the employment tribunal hearing listed for the 4th July to the 15th July.

The minutes of the Chair's Action are attached at **ANNEX A**.

The Board is asked to RATIFY the decision outlined above taken by Chair's Action.

Patterson, Liz
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Chair's Action
28 June 2022



GIG
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WALES

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Powys Teaching
Health Board

CHAIR'S ACTION

UNCONFIRMED

MINUTES OF THE MEETING HELD ON TUESDAY 28 JUNE 2022

Present:

Vivienne Harpwood
Kirsty Williams
Mark Taylor
Carol Shillabeer
Ian Phillips

Independent Member (Chair)
Independent Member – Vice Chair
Chair of Delivery & Performance Committee
Chief Executive Officer
Chair of Workforce & Culture Committee

In Attendance:

Mark McIntyre
James Quance
Cathie Poynton
Rhobert Lewis

Deputy Director Workforce and OD
Interim Board Secretary
Independent Member
Independent Member

Secretariat

James Quance

Interim Board Secretary

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CA/22/01	<p>WELCOME AND APOLOGIES</p> <p>The Committee Chair welcomed everyone to the meeting and confirmed that a quorum was present. Apologies for absence were noted as recorded above.</p> <p>The Chair outlined the purpose of the meeting: <i>The Chair, in consultation with the Vice-Chair of PTHB Board, the Chair of the Delivery and Performance Committee (D&P) and the Chair of Workforce & Culture Committee (W&C) is asked to consider for approval the item included on this agenda. The Chief Executive will present the item.</i></p> <p><i>The item will be formally presented to the Board for ratification on 27 July 2022, along with a note of the discussion held on 1 July 2022.</i></p> <p>The Chair reminded those present that any decision taken would be done so in-line with the Board's approved Standing Orders: <i>"There may, occasionally, be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Board - after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification."</i></p>
CA/22/02	<p>DECLARATIONS OF INTERESTS</p> <p>No declarations of interest were received.</p>
CA/22/03	<p>EMPLOYMENT TRIBUNAL</p> <p>The Chief Executive provided the background to claims brought by a former employee which was leading to an employment tribunal listed for hearing from the 4 to the 15 July 2022. The Chief Executive explained the long-running nature of the case, its complexities and outlined the nature of the claims against the health board:</p> <ol style="list-style-type: none"> 1) Direct discrimination on the grounds of race <u>and</u> sex; 2) Victimisation; 3) Detriments arising from a protected disclosure (whistleblowing); 4) Constructive unfair dismissal; and 5) Automatic Constructive Unfair Dismissal.

The Chief Executive provided a summary of the view of the barrister which was that there were no obvious concerns in relation to the health board's evidence and the health board has a defensible position against all claims.

The health board has provided a bundle of documents (amounting to 3,095 in total) and 11 witnesses are due to give evidence on our behalf. This includes the Chief Executive and 3 Executive Directors.

The Chief Executive further outlined the view of legal counsel that the decisions made and justifications for why these decisions were made by the health board can be explained and is not, in our view any way discriminatory or subjecting the Claimant to a detriment because of any concerns that the Claimant has raised or because they submitted a tribunal claim.

The Chief Executive outlined the options that had been discussed with the legal team prior to the commencement of the tribunal hearing:

1. To make a very low economic settlement in the hopes that the Claimant would accept in order to avoid a 10 day hearing.
2. To make a more substantial settlement in order to avoid attending the Employment Tribunal and the cost of all the witnesses taking time from work.
3. Attend and defend claim at Employment Tribunal.

Legal advice is to attend and defend the claim. However, this does not come without some risks which were explained by the Chief Executive and discussed with the Independent Members. The risks discussed were primarily in respect of the inherently unpredictable nature of hearings and the potential for unforeseen issues to crop up.

However, the Chief Executive felt assured that the health board, with its legal team, had undertaken all activity required to put the health board in the strongest position possible to be able to defend the case.

If any of the claims were to be upheld, there would be financial and reputational impact upon the health board. Judgments of employment tribunals are public record and therefore available to the press and public.

The Vice Chair queried the scale of the potential liability. It was explained by the Chief Executive that certain aspects in relation to

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	<p>discrimination and detriment were uncapped, whereas for others there is a limitation to the individual's losses. However, there is the option for the tribunal to award damages. The Chair confirmed that the onus would be on the individual in proving the constructive dismissal claim.</p> <p>The subject of reclaiming costs was discussed, and the Chair of Delivery & Performance Committee was of the view that costs could only be reclaimed if the case was found to be vexatious. It was suggested that further clarity of legal advice was needed. The Chair of Delivery & Performance Committee acknowledged the risk with cases such as this where a lay litigant may inadvertently come up with points which are picked up by the tribunal.</p> <p>The recommendation from the Chief Executive was to proceed with defending the claims at tribunal. It was noted that this could change as the case progresses and this was acknowledged by Independent Members.</p> <p>The Chairs Action was APPROVED to proceed with the defence.</p>
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Patterson, Liz
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AGENDA ITEM: 1.7b

BOARD MEETING		Date of Meeting: 27 th July 2022
Subject :	VICE CHAIR'S REPORT	
Approved and Presented by:	Kirsty Williams, PTHB Vice Chair	
Prepared by:	Kirsty Williams, PTHB Vice Chair	
Other Committees and meetings considered at:	None	

PURPOSE:

To bring to the Board's attention key points for awareness from the Vice Chair of Powys Teaching Health Board, since the previous Board meeting in May 2022.

RECOMMENDATION(S):

It is recommended that the Board NOTES this report.

Approval/Ratification/Decision	Discussion	Information
x	✓	x

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

Strategic Objectives:	1. Provide Early Help and Support	
	2. Tackle the Big Four	
	3. Enable Joined up Care	
	4. Develop Workforce Futures	
	5. Promote Innovative Environments	
	6. Put Digital First	
	7. 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	✓

VICE CHAIR'S REPORT:

Launch of the Powys Forum for Suicide and Self Harm Prevention: 30th June 2022

This was a significant local event that sought to gather all partners, Third Sector agencies and those with lived experience who are passionate about preventing suicide and self-harm in Powys, to collectively agree on priority areas of need, and consider how we can work together to deliver targeted interventions via a co-produced plan.

Hayley Thomas, our Director of Primary, Community Care and Mental Health, opened and provided the welcoming address. Following this we were invited to focus for the day on 3 key areas:

1. Setting the scene; understanding national strategy, local intelligence and lived experience
2. What's already being done and what are our priorities?
3. How do we get there?

Our discussions and learning were informed by the lived experiences of a local Powys resident who had lost her brother to suicide and also input from Welsh Government officials on the direction and key intelligence for suicide prevention, self-harm, and postvention (which is an intervention conducted after a suicide largely taking the form of support for the bereaved).

I was pleased to be asked to provide the closing remarks. I look forward to playing my part in future meetings and I am keen to see this good thinking develop into planned, tangible, collective actions that enable us to get 'upstream' in preventing suicide and self-harm and providing wrap-around support with our partners.

Special Together for Children and Young People Event: 6th July 2022

I had pleasure in attending this event which was organised to mark the conclusion of the Together for Children and Young People Programme (T4CYP) and took place at The Coal Exchange Cardiff, Mount Stuart Square, Cardiff.

It was a great opportunity to meet in person, to network, to look at what has been achieved over the course of the programme, and also to look at what's next as the "baton" is handed over to Welsh Government. The session was opened by our Chief Executive who has Chaired the programme and following a showcase of the T4CYP Transition and Legacy film, we received speeches from the Deputy Minister for Mental Health and Wellbeing and the programmes Clinical Leads, Dr Catherine Norton and Dr Liz Gregory, on their hopes and aspirations for the future.

Following this, attendees had the opportunity to visit a variety of partner information stalls which provided an opportunity for them to share more info about the work they do.

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Agenda item: 1.7c

BOARD MEETING		DATE OF MEETING: 27 July 2022
Subject:	CHIEF EXECUTIVE REPORT	
Approved and Presented by:	Carol Shillabeer, Chief Executive	
Prepared by:	Carol Shillabeer, Chief Executive	
Other Committees and meetings considered at:	Elements of this report may have been considered at various committees or meetings prior to being presented.	

PURPOSE:

This report is intended to keep the Board up to date with key developments at a national and local level.

It sets out for the Board areas of work being progressed and achievements that are being made, which may not be subject to consideration by a Committee of the Board, or may not be directly reported to the Board through Board reports.

RECOMMENDATION(S):

The Board is asked to DISCUSS any key issues relating to the report.

Approval/Ratification/Decision¹	Discussion	Information
	✓	

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	✓
	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 briefly outlines some of the key matters to draw to the attention of the Board, including:

- Integrated Medium-Term Plan and Joint Executive Team meeting with Welsh Government officials
- Staff Engagement and Events
- System pressures
- Autumn vaccination
- Senior Staff changes

DETAILED BACKGROUND AND ASSESSMENT:

Integrated Medium Term Plan

In line with the NHS Finance Wales Act 2014, the Health Board submitted its Integrated Medium-Term Plan at the end of March 2022. Welsh Government Ministers have now completed the assessment of the Plan and informed the

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Health Board that it has gained approval. The Health Board is one of only a small number in Wales to have achieved approval status, demonstrating the confidence that Welsh government has in the planning approach and the track record on delivery. There are a number of accountability conditions attached to the approval and these are set out below. The IMTP Quarter 1 Report was prepared prior to receiving the approval and accountability conditions and thus future quarterly reports to the Board will specifically focus on the progress made in relation to the specific conditions.

Accountability Conditions

1. Primary care - Demonstrate how the primary care needs of the population, all ages, are being met: specifically:

- a) Dental - improving access to NHS dental services. Progress to be evidenced by using available baseline data from activity levels, dental contract reform measures and budgetary information.
- b) GMS -improving access. Progress to be evidenced by using available data from GMS contract reform measures for the access commitment and data on chronic conditions management reviews.

2. Finance

- a) Demonstrate action is being taken to mitigate exceptional costs throughout the year.
- b) Demonstrate action is being taken to mitigate COVID costs throughout the year as the pandemic response continues to evolve.
- c) Ensure that risks to savings plan delivery are reduced to increase confidence in savings plans to be delivered - to be monitored by FDU on a quarterly basis.

3. Regional Planning

- a) Provide detailed delivery plans for the regional planning projects/ programmes which your organisation is supporting, setting out the objectives of the project, partner organisations and clear milestones for year 1 – required by Quarter 1.

Orthopaedics/Ophthalmology:

- b) Provide an update on the delivery of orthopaedics and ophthalmology treatment for its residents through planned regional models.

Diagnostic Services:

- c) Demonstrate how diagnostic services are prioritised for the number of people waiting to be diagnosed to return to pre-pandemic levels for its residents.

4. Commissioning

- a) Demonstrate residents are receiving optimum care as a result of the transfer of patient pathways from Nevill Hall to Prince Charles.

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5. Technology

a) Ensure that the once for Wales e-scheduling system is implemented with your District nursing teams over Quarter 2 and to deliver a full data set from September 2022.

The Executive Team recently met with the Welsh Government Health and Social Services Group Director General/NHS Wales Chief Executive and her team as part of the accountability arrangements. The Joint Executive Team meeting demonstrated both the progress made by the health board and the challenges being worked on. The meeting was very positive with strong feedback given as to the performance of the organisation as a whole. The Health Board continues to operate at the lowest level of escalation within the NHS Wales Escalation Framework.

Locally, the Chief Executive has held a round of Directorate Performance Reviews in line with the Improving Performance Framework (currently under review). These were an opportunity to understand specific Directorate achievements and progress against objectives during 2021/22 and into the first quarter of 2022 as well as issues and challenges being worked on.

Engagement activity

Certificate of Appreciation and Long Service Awards were held on 30th June, bringing together colleagues from across the organisation and recognising both individual and team efforts and achievements. Of particular note is the increasing numbers of colleagues undertaking study and professional development, building the portfolio of knowledge, skill and expertise within the Teaching Health Board. The event provided an opportunity for the Chair, Chief Executive and members of the Executive Team to take time to thank colleagues for their work.

During the Royal Welsh Show, an opportunity was taken to highlight the work of colleagues and volunteers across the health, care and wider system in relation to the response to the COVID-19 pandemic. A parade, led by the Royal Air Force Band, of health board staff, colleagues from Powys County Council and volunteers was warmly received by the crowds for the efforts and achievement in the county in relation to Test, Trace, Protect and COVID Vaccination.

The Queens Platinum Jubilee saw a range of celebration activities take place across the organisation. One key activity related to the Jubilee Pudding. Catering colleagues from across the organisation replicated the recipe for the Pudding, demonstrating the skills and expertise that exist amongst colleagues and teams. The Puddings were 'taste tested' by a small panel and joint winners were announced as the Bronllys catering Team and the Brecon catering Team. Of particular note were the distances some of the teams travelled with their pudding and special mention goes to the Machynlleth and

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Ystradgynlais Catering Teams. This event was held on the very first specific day to recognise the efforts of Estates and Facilities colleagues across the UK.

Finally, Executive Directors over the last two months specifically have returned to on-site visits and working. All Directors have taken opportunities to meet up with staff both in terms of front line service delivery to patients and to those with indirect care responsibilities. Whilst careful steps have continued to be taken in relation to infection prevention and control, the return to on-site visits and engagement has been warmly received. The online, Teams-type briefings will continue with the latest CEO Briefing again attracting over 100 staff interacting 'live' with many others watching the briefing in catch-up.

System Pressures

Whilst the Integrated Performance Report on the Board agenda will give an opportunity for discussion, the significance of the pressures on the health and care system are such that particular flagging of these is key. The latest COVID wave is currently being experienced with 1 in 17 people in Wales, according to the Office of National Statistics, currently being infected. Admissions to hospital have risen with over 1000 people in a Welsh NHS inpatient facility with COVID and sickness rates have also increased. The pressures are similar in England. This situation is in addition to the underlying staffing fragilities that exists across the health and care system which in combination means that the flow of patients through the urgent and emergency care system in particular is negatively affected. Patients and their families are being impacted by this. The provision of additional community care capacity is critical ahead of the autumn and winter period and the health board is working closely with the Local Authority and the Voluntary Sector to take forward additional measures.

Autumn Vaccination

Following the delivery highly successful campaigns for COVID vaccination, the health board is currently preparing for and activating the autumn/winter 2022 vaccination campaign. This campaign where possible will cover both the COVID vaccination and influenza. Significant concern exists regarding the prevalence of respiratory virus' in the forthcoming season, following higher than usual influenza levels in the southern hemisphere. It is therefore essential that as many people as possible eligible for both vaccinations are able to access these in a timely manner. In early September the health board will start offering the vaccinations to those over 50 years of age, health and care workers, and those under 50 with specific underlying conditions.

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Senior Staff Changes

There have been a number of senior staff changes in the last few months. Mererid Bowley has joined the health board as Director of Public Health from the Aneurin Bevan University Health Board. Mererid led the organisations Mass Vaccination Programme and has a specific interest in partnership working to aid improved health and wellbeing.

David Farnsworth joins the organisation from Wye Valley NHS Trust, taking up the role of Assistant Director of Community Services within the Directorate of Primary Care, Community and Mental Health.

Linzi Shone has joined the health board from Betsi Cadwaladr University Health Board as the Professional Head of Nursing for the Community Services Group, as part of the Directorate of Primary Care, Community and Mental Health.

In other staff changes, Adrian Osborne who has undertaken the role of Programme Director for TTP and Mass vaccination will end his secondment and return to the role of Assistant Director of Communication and Engagement at a key time for the health board as a focus on the next stages of recovery from the pandemic take place. Sincere thanks to Adrian for the excellent leadership he has given to the TTP and Vaccination Programme. Jason Crowl, Assistant Director of Nursing will lead the programme of work relating to testing and vaccination leading the autumn campaign.

The Board is asked to note/discuss the Chief Executive Report.

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Agenda item: 2.1

Board		Date of Meeting: 27 July 2022
Subject:		
Approved by:	Claire Madsen Director of Therapies and Health Science	
Presented by:	Claire Madsen Director of Therapies and Health Science	
Prepared by:	Adam Pearce Service Improvement Manager for Welsh Language and Equalities	
Other Committees and meetings considered at:	Executive Committee Workforce & Culture Committee	
References	N/A	

PURPOSE:

To approve publication of the Welsh Language Annual Report for 2021-22 on the health board website.

RECOMMENDATION(S):

That the Board APPROVE the attached Welsh Language Annual Report for publication.

Approval	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:

As part of its Statutory Duty under the Welsh Language Standards, the health board is required to publish an Annual Report for each financial year outlining the steps it has taken to comply with the Welsh Language Standards.

DETAILED BACKGROUND AND ASSESSMENT:

The report is descriptive and details work carried out by the Equality team as well as other departments. Highlights from 2021-22 include:

- 100% staff turnover within the Equality & Welsh language function of the health board as well as the expansion of that function through the appointment of a new Equality and Welsh Language Officer;
- Continued promotion of Welsh language impact assessment procedures for strategic decisions such as policy, service development and/or redesign as part of the broader Equality Impact Assessment process, including training on assessing policies for the impact on Welsh;
- The establishment of new staff networks for Welsh speakers and learners, and the resumption of the Welsh Language Standards Service Leads group (following Covid-19 related disruption) to share good practice;

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- Continued promotion of communication around national events such as Diwrnod Mae Gen i Hawl (Welsh Language Rights Day) and staff events such as a St. David's Day Bilingual Quiz and the ABUHB-hosted Welsh and Equality Week talks.

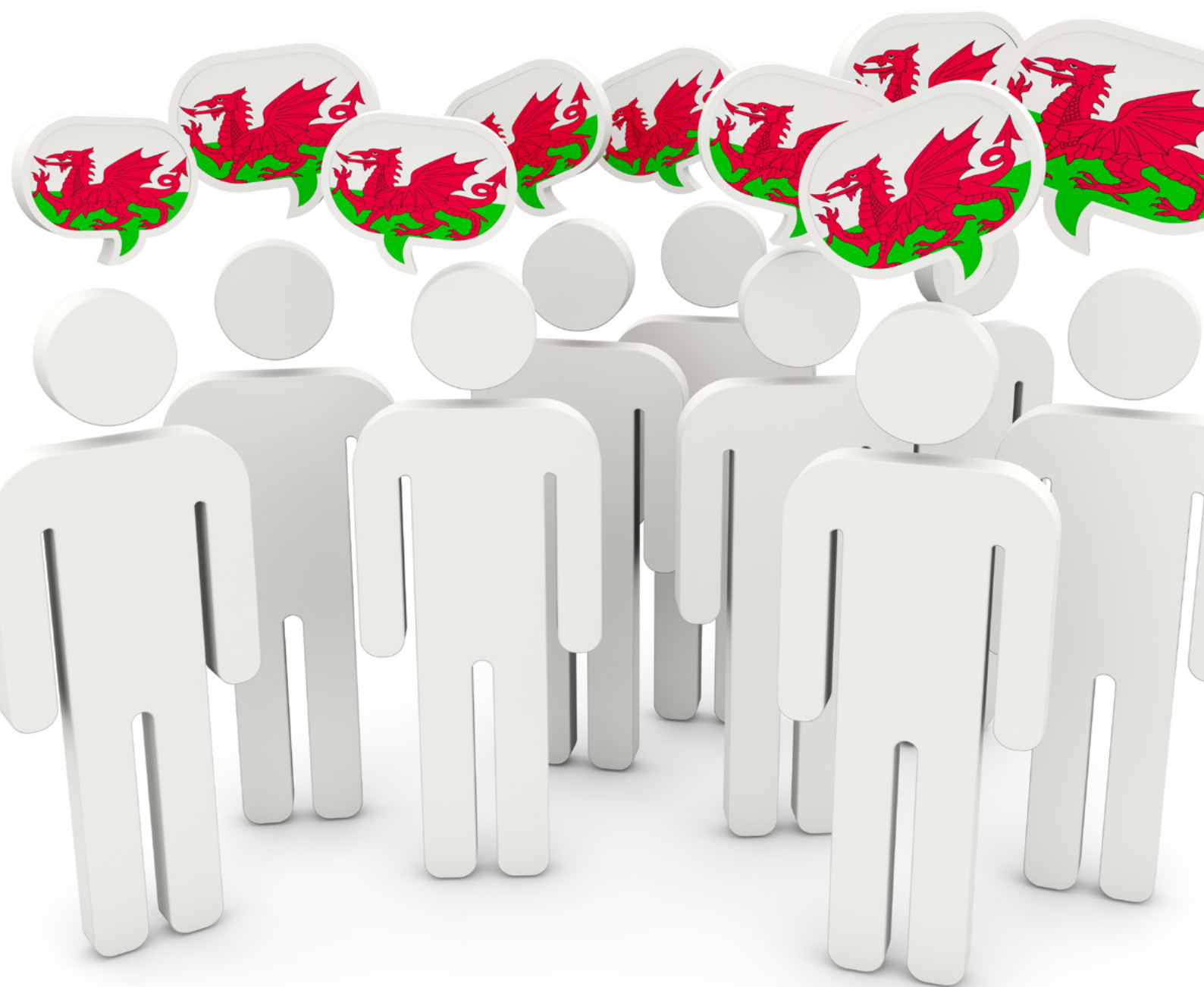
This Annual Report is an overview of some of the Health Board's key work to promote the Welsh Language Standards throughout 2021-2022. It also outlines our intentions for the future to build upon the work already undertaken.

RECOMMENDATION:

It is recommended that the Board APPROVE the Welsh Language Annual Report for 2021-22 for publication on the health board website.

Risk Assessment:					
	Level of risk identified				<p>There is a small risk of reputational damage due to the lack of progress identified in some areas.</p> <p>Failing to publish could represent a compliance or reputational risk.</p>
	None	Low	Moderate	High	
Clinical	x				
Financial	x				
Corporate	x				
Operational	x				
Reputational		x			

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Welsh Language Standards Annual Monitoring Report 2021-2022

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Powys Teaching
Health Board



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Foreword

This is Powys Teaching Health Board’s Annual Report for 2021-22 and focuses on our key achievements against the Welsh Language Standards during the year.

It has been a difficult year for Powys Teaching Health Board, as for the wider Welsh NHS. Against the backdrop of the ongoing Covid-19 Pandemic, it has been year of record waiting lists, extremely high staff absences due to sickness and isolation, record numbers of clinical staff leaving the profession and difficulty in filling vacancies. The emergence in the Omicron variant in November 2021 represented a particularly difficult period and any sense in wider society that the pandemic is in its final stages, or even ‘over’, has not been reflected in the experience of NHS staff, who continue to operate under unprecedented pressure.

Work to promote the Welsh Language has not been immune to this pressure, with Welsh language compliance staff being redeployed to support the pandemic response, staffing demands and even the requirement to achieve minimum shift coverage reducing the ability of staff to attend training or to otherwise devote time to reviewing services or to system change. This has particularly hampered our efforts to address bilingual skill levels within the health board. As we transition into recovery and reset our services, we will ensure this remains a priority for the next financial year.

Recognising that this context has affected our progress with compliance for some of the standards, the health board has increased the resource of the function, bringing in a second member of staff as well as, for the first time, an in-house Welsh language translator. This has already borne fruit, with staff feeding back positive responses, and increased use of the translation service. We have also pressed on with ensuring that the organisation is fully compliant with the more operational standards.

Whilst recognising that progress in some areas may not have reflected our initial ambitions, we remain proud of our achievements in this very difficult context, and believe that this Annual Report demonstrates our ongoing dedication to meeting the needs of Welsh speakers and in growing PTHB as a genuinely bilingual organisation.

Claire Madsen

Executive Director for Therapies and Health Sciences
Executive Lead for Welsh Language and Equality.

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Executive Summary

This report outlines the steps taken by PTHB to implement the Welsh Language Standards as listed in the compliance notice. It addresses the statutory duty of Powys Teaching Health Board to provide an annual account of our progress against the Welsh Language Standards under the Welsh Language (Wales) Measure 2011 and has been prepared in accordance with Welsh Language Standard 120.

It provides details on the progress made throughout 2021-2022 and the notable achievements which will improve our capacity to deliver health care services bilingually and as services resume following the pandemic. These include improvements made in the following key areas:

- Whilst there has been staff turnover within the Equality & Welsh language function of the health board we have invested to expand the function through the appointment of a new Equality and Welsh Language Officer;
- Continued promotion of Welsh language impact assessment procedures for strategic decisions such as policy, service development and/or redesign as part of the broader Equality Impact Assessment process, including training on assessing policies for the impact on Welsh;
- The establishment of new staff networks for Welsh speakers and learners, and the resumption of the Welsh Language Standards Service Leads group (following Covid-19 related disruption) to share good practice;
- Continued promotion of communication around national events such as Diwrnod Mae Gen i Hawl (Welsh Language Rights Day) and staff events such as a St. David’s Day Bilingual Quiz and the ABUHB-hosted Welsh and Equality Week talks.

Overall, the health board retains a high level of compliance with the Standards with systems in place to ensure that the majority of the standards are met in the majority of circumstances. Progress this year has been made on many of the standards that apply internally, such as:

- providing Welsh language software to staff.
- progress in areas like Communications and social media.
- having fully bilingual job descriptions.

These actions have been important to setting the tone for our organisation both internally and externally, and in promoting an understanding of the organisation as a bilingual institution amongst current and prospective staff.

However, we know we have areas where we can improve. All complaints received regarding the standards during this financial year have been in relation to temporary Covid-19-related activity e.g. vaccination clinics, rather than our regular services. These represent a very small proportion relative to the number of patient interactions with these services. We are also aware that we have performed less well in ensuring progress with developing the bilingual skills of our workforce, particularly around recruitment.

Further information on the above alongside a detailed account of the health board’s compliance against each of the Standards can be found in the Matters Arising section of this report.

Background

The health board, NHS bodies in Wales, must comply with a set of Standards as outlined in The Welsh Language Standards (No. 7) Regulations 2018.

Although it is the Welsh Ministers who specify the standards, it is for the Commissioner to determine which standards apply to a specific body. In November 2018, the Commissioner issued a compliance notice to the health board which outlined the standards with which it must comply and the date by when it must be compliant. A copy of PTHB’s compliance notice can be found [here](#).

Included in these Standards is the requirement for PTHB to monitor the implementation of the Standards and produce an Annual Report (this document) which provides details of how the health board has complied with the Standards.

In terms of implementation and governance, all staff must take responsibility for implementing the Standards across the health board. Service Leads monitor compliance within their own service areas and report progress to the Service Improvement Manager for Welsh Language who will advise and support the implementation of the Standards accordingly. At the end of each financial year, the Service Improvement Manager for Welsh Language will draft an annual report which will be presented to the Executive Lead for Welsh Language. The annual report is received by the Executive Committee and Workforce and Culture Committee before being presented to the Board. Following Board approval, the report is published on the health board’s website.

2021-22 in Review

Overview

Like 2020-21 before it, 2021-22 has continued to be overshadowed by the ongoing Covid-19 Pandemic and in particular the outbreak of the Omicron variant from December 2021 onwards, which placed considerable pressure on the health board with staff absences running as high as 40% in some areas. The ongoing situation has made it difficult to carry those activities reliant on staff presence such as audit or face-to-face training; indirect issues such as the redeployment of key staff have also disrupted planning around the Welsh language.

In addition to the Pandemic the health board has seen a turnover of Welsh language compliance staff, with the sitting Service Manager for Welsh Language and Equalities moving on within the Welsh NHS and being replaced (also from within the Welsh NHS), with a certain amount of disruption inevitably taking place.

This disruption has, taken together, meant that it has not been possible to carry out all the actions previously intended during 2021-22, including a proposed internal audit of signage and correspondence, and ensuring the intranet is compliant with the standards. These will be addressed during 2022-23, as outlined further on in this report. On a more positive note however, a range of actions have been carried as outlined in this report, many of them not originally a part of the ongoing work plan and which have instead become possible thanks to new team skills or

opportunities arising. The health board remains confident that work is being done to continue to deliver and improve the provision of services in Welsh and its compliance with the standards.

The team has enjoyed a greater degree of resource than in the past with the appointment of a Welsh Language and Equality Officer to act as departmental deputy and support both agendas. The health board has also appointed a full time internal Welsh Translator for the first time, which has greatly increased the capacity for translation as well as improving turnaround. The latter appointment has led to a number of positive comments from staff and wide recognition across the organisation, and the individual in question was given a staff award during their second month in post. It our belief that having a translator in-house actively encourages staff to ensure they operate bilingually and to make greater use of translation by making it easier and faster to do so.

Welsh Language Service Leads Steering Group

The Welsh Language Service Leads meetings were postponed during the pandemic, but they resumed in spring 2022 in order to review and monitor the implementation of their individual Welsh language action plans. The meetings provide an opportunity for service leads to raise issues, and for updates to be shared, as well as discussion on the implications of proposed changes to policy or processes, or of developments such as complaints or correspondence from the Welsh Language Commissioner.

Welsh Speaking Staff Networks

Following a variety of expressions of interest, during 2021-22 two new staff networks have been established in PTHB via MS Teams which allow staff to network, share experiences and collaborate with ongoing work relating to Welsh. The first of these networks is for fluent Welsh speakers and advanced learners, and the second for those with more basic language skills. The geographically disparate nature of Powys as an employer makes in-person meetings difficult and thus it is anticipated that these staff networks will remain primarily online.

Awareness Raising & Events

PTHB has continued to promote events and awareness raising opportunities such as Welsh Language Rights Day (Mae gen i Hawl) and Dydd Miwsig Cymru through platforms such as social media, the new staff networks (see above) and the internal newsletter. A bilingual St. David’s Day Quiz (in collaboration with Powys County Council) provided a further opportunity to promote the Welsh language internally in a light-hearted context. Opportunities to learn the language have also continued to be promoted within the health board, as have new developments (see ‘Compliance with the Welsh Language Standards’ below) such as newly available Welsh language software and interfaces.

Staff from the Welsh language team have attended secondary schools in the county to promote the importance of Welsh language skills to the health board.

Additional Learning Needs and Education Tribunal (Wales) Act (ALNET)

PTHB has continued to lead on the implementation of this act on a collaborative regional basis across PTHB, Hywel Dda University Health Board and Swansea Bay University Health Board areas. The requirements of the act with respect to Welsh have been built into the three health boards’ response to the act from the start. A tool has been developed to allow relevant departments to self-assess and record their capacity to provide services in Welsh; this information will then be centrally stored so that requests for assessments or other interventions under the act required in Welsh can be directed to an appropriate team. Additionally, the full range of training materials associated with the act have been made available in Welsh and are ready to be used as needed to deliver training in Welsh, or can be accessed online as reference documents.

Welsh Language Impact Assessment

Following a review of PTHB impact assessment procedures carried out in 2020-21, the new PTHB Equality Impact Assessment integrates impact on Welsh in accordance with Standards 69-78A. As a part of the process the health board has developed a training session on carrying out Impact Assessments which has been delivered to multiple groups covering a range of staff from different departments.

As well as the intended function of promoting opportunities to use Welsh and ensuring that decisions do not treat Welsh less favourably than English, the assessment mechanism is also helpful in reminding staff of their obligations under the service delivery standards with respect to things like signage.

Welsh Translation Service

The appointment of a full-time in-house Welsh translator to the health board has led to a surge in requests. By the end of 2021-22 demand for translation (other than Job Descriptions; see below) each month is between four and six times as much as it was at the start of the period. This is likely due to the new service making the translation process quicker and more straightforward, as well as continual efforts to encourage and promote use of the service.

Anecdotally, a considerable amount of positive feedback has been received regarding the new service and the post-holder received a staff contribution award in their first month in post. We believe that bringing these services in-house has been a success. This represents an interesting case study for other organisations considering establishing an internal translation service.

Translation memory software has been acquired for us by PTHB, and an agreement has been reached for PTHB to share the translation memories of NHS Wales colleagues in Cwm Taf Morgannwg University Health Board and the NHS Wales Shared Services Partnership.

Translation of Job Descriptions

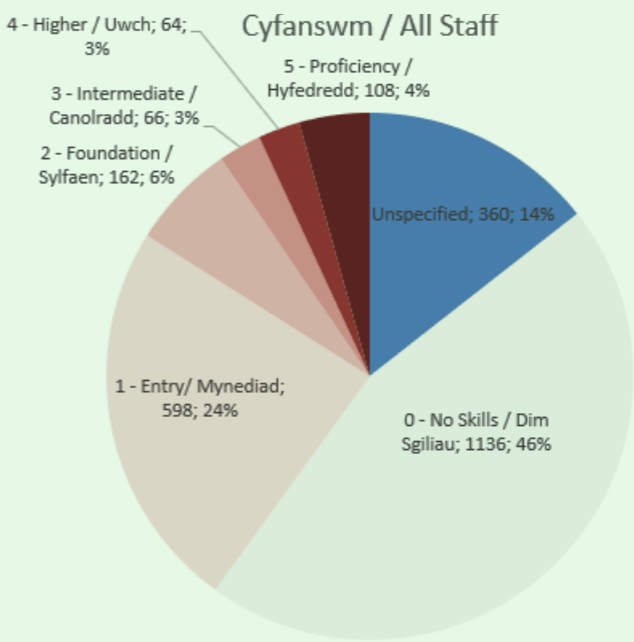
Working in a partnership between the Welsh language team, the job evaluation team and external translation companies a process has been put in place by which all vacancies are now advertised, including their job descriptions, entirely bilingually as per Standard 107(a). These job descriptions now make up a significant proportion of health board translation.

Powys Teaching Health Board has been recognised by the Welsh Language Commissioner as leading the sector in this regard, and in November 2021 was invited by the commissioner to deliver a presentation to our peers in other health boards.

Improving Bilingual Capacity

Current Welsh Language Skill Levels at PTHB (Standard 116)

As of 31st March 2022, the 2,494 staff at PTHB staff indicated that their ability to speak Welsh was as follows:



	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Unknown	885	554	333	911*	408	360
Level 0	556	846	1023	1077	1134	1136
Level 1	374	447	506	565	574	598
Level 2	87	117	126	151	153	162
Level 3	37	53	58	65	73	66
Level 4	35	45	48	58	62	64
Level 5	53	69	87	107	102	108

Removing unknowns and viewing the numbers as a percentage, it can be seen that these figures are consistent with previous years, suggesting that the proportion of Welsh language skills within the PTHB workforce has not changed significantly over the past five years:

	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Level 0	48.69%	53.65%	55.36%	53.24%	54.05%	53.23%
Level 1	32.75%	28.34%	27.38%	27.93%	27.36%	28.02%
Level 2	7.62%	7.42%	6.82%	7.46%	7.29%	7.59%
Level 3	3.24%	3.36%	3.14%	3.21%	3.48%	3.09%
Level 4	3.06%	2.85%	2.60%	2.87%	2.96%	3.00%
Level 5	4.64%	4.38%	4.71%	5.29%	4.86%	5.06%

(* The significant temporary increase in ‘unknowns’ in 2019-20 likely reflects staff on temporary contracts related to Covid-19)

The health board acknowledges that improving the Welsh language skills of its workforce will be necessary to provide improve compliance with the standards. If the health board is to address this this will require a change in approach to recruitment, with greater emphasis placed on Welsh language skills in recruitment (see Standard 106-109 below), as well as in training.

See “Moving Forward” below.

Compliance with the Welsh Language Standards

In addition to the examples provided above, the following provide details of steps PTHB has taken to ensure or improve compliance with the Welsh Language Standards during 2021-22.

Written Correspondence (Standards 1 - 7)

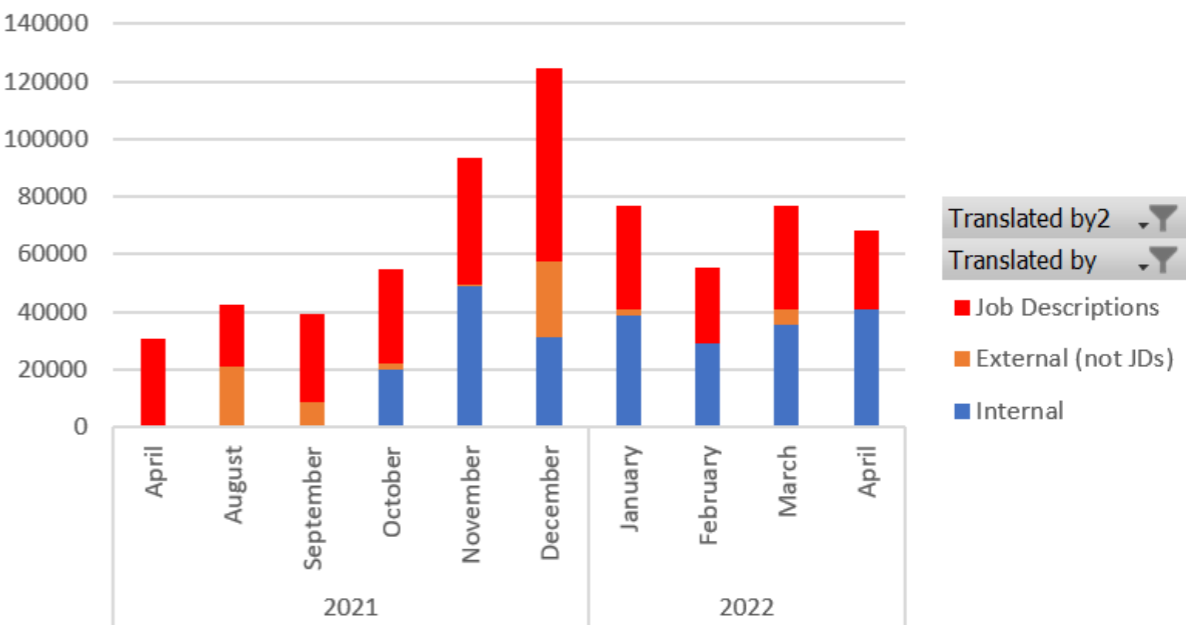
→ In 2021/22 we:

Created an in-house translation service following the appointment of a full time Welsh translator. This has enabled the health board to greatly increase capacity reduce turnaround times, facilitating compliance with a range of standards relating to written information in Welsh.

The work our new translator has carried out has included the translation of additional template standard letters to ensure that patients pro-actively receive communications in Welsh as a matter of course.

Prepared by Liz
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Translation by Wordcount



A considerable quantity of communication with the health board takes place over social media, which is managed by the communications team who have a Welsh speaker in post able to ensure that any correspondence received using that platform can be addressed in Welsh without recourse to translation.

→ In 2022/23 we will:


Continue to ensure that correspondence is proactively translated as required and promote Welsh language awareness training to ensure staff are aware of their responsibilities when it comes to corresponding with patients in Welsh.

Telephone Greetings (Standards 8 - 20)

→ In 2021/22 we:

The Manager’s Resource and Guidance document includes information on dealing with Welsh speakers on the telephone. In addition, a separate guide on answering the telephone bilingually and dealing with Welsh speaking callers has been developed and is continually promoted to staff across the health board. At present, when contacting the health board’s main contract line a user receives a

Welsh Language Resource

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Manager's Guidance & Resource

Introduction

This resource is intended to help you and your team understand the action you need take to comply with the new Welsh Language Standards for Powys THB. Please use this resource in team meetings to prompt discussions about the changes required within your team and to address any concerns that staff may have.

What Are The Welsh Language Standards?

The Welsh Language Standards are a set of legally binding requirements that aim to improve the bilingual services that the people of Wales can expect to receive from their Health Board. The Standards clearly set out what our responsibilities are in terms of providing bilingual services ensuring the Welsh language is not treated any less favourably than the English

Welsh language service thanks to the skills of staff present. This will not necessarily be possible throughout all services as per recent interpretations of the standards however, due to the relatively low number of staff able to deal with queries in Welsh.

Training opportunities are promoted to staff continually (see section on standards 96-101), including opportunities for staff to develop existing Welsh language skills and improve confidence.

In collaboration with Job Evaluation leads the health board has incorporated the requirement to assess Welsh language levels required for vacancies before advertising posts. This requirement is covered as part of the management training program, and the Welsh language team is able to support with recruitment (for example, where candidates' Welsh language ability cannot be assessed locally).

→ In 2022/23 we will:

The health board recognises this is primarily a question of the bilingual workforce (see above) and actions relevant to this aspect of the health board are relevant to this standard.

Meetings and events (Standards 21-33)

→ In 2021/22 we:

Standards 20-22 - The Manager's Resource and Guidance document includes information on holding meetings with members of the public. Where Welsh speaking staff are not available to attend meetings, staff have access to interpretation services who can assist, and details of the approved interpretation services are available to staff on the intranet and have been promoted to staff.

The requirement to use Microsoft Teams as the preferred video-conferencing protocol has been problematic due to the lack of functionality to support simultaneous translation (an issue across the Welsh public sector); however this has now been addressed on an All-Wales basis and in future it will be possible to support simultaneous translation using Teams.

→ In 2022/23 we will:

Continue to monitor compliance levels and feedback and implement any required changes following updates to MS Teams and promote the new functionality.

Adnoddau'r Gymraeg
Welsh Language Resources

Sut i ateb y ffon yn ddwyieithog
How to answer the phone bilingually

Powys THB welcomes calls from Welsh speakers and staff must not treat the Welsh Language any less favourably than the English Language when providing a corporate greeting on the telephone.

- ✓ Use the following bilingual greetings depending on the time of day
 - Bore Da / Good Morning (*Boar-eh Da*)
 - Prynhawn Da / Good Afternoon (*Prin-hawn Da*)
 - Noswaith Dda / Good Evening (*Noss-why-th Tha*)
- ✓ State the name of the organisation or hospital
 - Powys Teaching Health Board

In-Patients and Case Conferences (Standards 23-25)

→ In 2021/22 we:

Put arrangements in place so that in-patient language choice can be recorded via several channels across PTHB. Our WPAS and WCCIS electronic systems both have capacity to record patient language choice. Many of our service user referral forms also asks patients for their preferred language choice.

The capacity to deliver on these standards in practice is primarily a question of the bilingual workforce (see above).

→ In 2022/23 we will:

The health board recognises this is primarily a question of the bilingual workforce (see above) and actions relevant to this aspect of the health board are relevant to this standard.

Meetings and Events that are open to the public

(Standards 26-32)

→ In 2021/22 we:

- adapted our practices as the ongoing Pandemic prevented all face-to-face public meetings during 2021-22. This necessitated the use of online platforms. The Communications team has Welsh-speaking capacity and is able to facilitate receiving and responding to written questions and comments in Welsh. During the 2021-22 AGM (held online), a system was in place to enable questions to be asked by the public in Welsh, and all information was provided bilingually.

The 'Welsh Language - Communication and Marketing' procedural guidelines which includes information on how to comply with the Standards when arranging meetings which are open to the public continues to be promoted to managers and staff within their teams.

→ In 2022/23 we will:

Continue to monitor compliance levels and feedback and implement any required changes following updates to MS Teams and promote the new functionality.

Publicity and advertising, displaying material in public, producing and publishing document and forms (Standards 33-38; Standards 111-113)

→ In 2021/22 we:

made available guidance such as the Manager's Guidance and Resource and the Communications and Marketing Guidelines and the need to ensure signage is compliant has been incorporated into Welsh Language Awareness training. Via the service leads group, Managers have been asked to pay particular attention to this requirement. Ensuring visual information is in Welsh is an important part of presenting the health board as a bilingual organisation and in treating Welsh speaking service users with respect; providing written information in Welsh is particularly important where Welsh speaking staff are not available.

Restrictions on staff attending sites in person has limited the ability of Welsh compliance staff to directly audit information displayed in public.

→ In 2022/23 we will:

Explore the use of Internal Audit procedures to improve compliance systematically. If restrictions allow, Welsh compliance staff could carry out an in-person audit/assessment of sites. We will develop a 'Welsh language for managers' training course to emphasise this requirement.

Website, apps and Social Media (Standards 39-46)

→ In 2021/22 we:

designed our new website from the start to be bilingual. A desktop audit exercise from the Welsh Language commissioner identified a small number of instances of non-compliance, largely centred around Covid-19 information. The staff responsible for these areas have been informed of their responsibilities and the issues of non-compliance have been rectified.

The health board does not directly manage any apps. The health board has provided feedback to ensure that the All-Wales NHS App (still in development) is fully compliant.

On social media, the Health Board posts bilingually from single accounts on each platform. We believe this is the best approach to compliance as it gives maximum visibility to the Welsh language and emphasises our status as a bilingual organisation. The Facebook group name was re-named to give it a bilingual title during this financial year.

These elements are managed by the communications team who have Welsh language skills within their team. PTHB has high confidence that its website and online presence is wholly compliant within the standards.

→ In 2022/23 we will:

As the new website expands and develops, we will continue to ensure that all pages are available in Welsh and English.

Receiving Visitors (Standard 50-53)

→ In 2021/22 we:

made badges, lanyards, and posters available and promoted for main reception staff to help identify Welsh speaking staff in these areas, and Welsh language training and learning opportunities have been promoted amongst main reception staff. The requirement to assess vacancies for their Welsh language skills has been incorporated into the management training program. A more holistic description of the current situation with regards the Welsh speaking workforce is provided above.

→ In 2022/23 we will:

continue to recognise this is primarily a question of the bilingual workforce (see above) and actions relevant to this aspect of the health board are relevant to this standard.

Awarding grants and contracts (Standards 54-59)

→ In 2021/22 we:

Do not award grants but contracts are advertised and awarded in line with the requirements of the Standards. This process is managed centrally by NHS Wales Shared Services Partnership. Commissioning and contract procedural documents internal to PTHB include guidelines and information which enable the health board to comply with these standards.

→ In 2022/23 we will:

Continue to monitor compliance levels if current procedures change.

Promoting Welsh language Services (Standards 60-61)

→ In 2021/22 we:

Provided staff with and encouraged them to wear Iaith Gwaith lanyards/badges/embroidered uniforms to advertise their Welsh language skills to service users.

As noted above when discussing social media, PTHB believes that single bilingual accounts provide greater reassurance to service users that the organisation takes the Welsh language seriously and encourages greater use of Welsh online.

→ In 2022/23 we will:

Ensure any updates of procedures/guidance take into account the requirements of Standards 60-61 and ensure that any newly available service in Welsh is appropriately promoted in accordance with these standards. Once the SilverCloud service (see below) is available in Welsh we will promote this widely.

Education Courses (Standard 63)

→ In 2021/22 we:

Arranged for the translation of all education materials relating to the Additional Learning Needs Education Tribunal Act in order to ensure that they are made available entirely in Welsh. This will make it possible to carry out individualised assessments in Welsh for service users based in Welsh medium schools.

The Health Board is the designated host for the All-Wales NHS Wales SilverCloud service, a new on-line Cognitive Behaviour Therapy Platform for mild to moderate mental health issues such as depression, anxiety, stress, etc. Service users are able to access a course of CBT resources as well as having access to a mental health professional online. This service is therefore both an educational course and a clinical service. The service has been designed with consideration for Welsh at the fore, and the ambition is to be able to offer this service through the medium of Welsh during of 2022-23.

→ In 2022/23 we will:

Ensure that Welsh speaking staff are proactively offered the opportunity to request training in Welsh, and ensure any new training courses take into account the need to assess the level of demand for Welsh language courses. We will ensure that the SilverCloud service can be offered in Welsh; this will be achieved by a combination of translation of materials and the recruitment of Welsh speaking professionals able to manage the service for Welsh speaking service users.

Systems making Recorded Announcements (Standard 64; Standard 114)

→ In 2021/22 we:

Did not have any active public address systems on any of its sites during 2021-22 nor any system making pre-recorded workplace announcements.

→ In 2022/23 we will:

Continue to review but there are currently no plans for public address systems to be installed on any PTHB site during 2022/23. However if this situation changes PTHB will ensure that any systems are installed in accordance with this standard.

Primary Care (Standard 65-68)

→ In 2021/22 we:

Ensured that the new in-house translation service was offered to primary care providers as per Standard 66 along with the opportunity to order badges / lanyards with the 'Iaith Gwaith' logo free of charge, with a number of settings requesting and being provided with materials. This has increased the visibility of Welsh language provision in primary care.

A plan was in place to ensure information about Primary Care providers able to offer services in Welsh was in place on the website, however this was delayed due to the new website and due to illness and redeployment in the Primary Care team and we will seek to complete this in 2022/23.

→ In 2022/23 we will:

Develop a process to ensure that the information concerning information about Primary Care providers on the PTHB website (Standard 65) is provided, and maintained.

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Policy Making Standards

Decision Making (Standard 69-78A)

→ In 2021/22 we:

Continued to ensure that the assessment of policy decisions for their impact on Welsh takes place as part of the health board's wider Equality Impact Assessment (henceforth EIA) process.

During 2021-22, a total of 3 training sessions were delivered on carrying out EIAs. The training session and the corporate template cover the requirements under the Welsh Language Standards. Because the Equality and Welsh Language functions at PTHB are covered by the same staff, the requirement to assess policies and developments for their impact on Welsh is routinely reinforced as a matter of course as part of this broader process. All EIA training sessions are delivered by individual(s) with experience of Welsh Standards Compliance.

The screenshot shows a presentation slide from the Powys Teaching Health Board. The slide is titled 'What do I need to consider? (5/6)' and focuses on the 'Welsh Language'. It states that the policy or project must not have negative effects and ideally will have positive effects on Welsh. It lists two points: 1) Opportunities to use the Welsh Language, and 2) Treating the Welsh Language less favourably than English. It also includes a section 'Questions to ask:' with four questions: 'What provision have you made for Welsh?', 'Will Welsh versions be distributed with English materials?', 'Will it be easier for people to receive services in Welsh?', and 'If the service is new, how will you offer it in Welsh?'. The slide is numbered 11 and is part of 'Equality Impact Assessment Training'. A large orange 'Cymraeg' watermark is overlaid on the slide.

More information on the health board's Equality Impact Assessment process is available in the PTHB 2021-22 Equality Annual Report.

→ In 2022/23 we will:

Continue to monitor Equality Impact Assessments for evidence that this standard has been met.

Operational Standards

A policy on the internal use of the Welsh language (Standard 79)

→ In 2021/22 we:

Promoted the Managers Guidance and Resource document as a policy for using Welsh internally which is published on the intranet. The use of Welsh is encouraged alongside the promotion of Welsh language training for those who wish to learn or improve their language skills.

→ In 2022/23 we will:

Review the Managers Guidance and Resource to assess its suitability for the requirements of Standard 79.

Employment Documents (Standards 80-81)

→ In 2021/22 we:

We have ensured that Welsh versions of documents (where they exist) are available alongside any English versions. This was undertaken as part of the ongoing introduction of a new internal health board intranet and enables Welsh speakers to complete standard documentation e.g. performance reviews in Welsh if desired; this takes place in some parts of the organisation e.g. within the Welsh language team.

As a result of the updates to ESR delivered to PTHB staff on 5th January 2022, the health board is now compliant with Standard 81 for the first time with respect to ESR. These changes have been highlighted and promoted amongst staff and allow staff to complete tasks such as booking Annual Leave via a Welsh language interface.

→ In 2022/23 we will:

Ensure all relevant documents are available in the same place as the English versions on the completed intranet (subject to completion of intranet rollout).

Operational Policies (Standard 82)

→ In 2021/22 we:

Some of the policies covered by Standard 82 are published bilingually due to being All-Wales policies. However, prior to 2021-22 most workforce policies produced internally in Powys were available in English only. A plan of work has been developed and put into place using the new internal translation service to ensure that these policies are all made available in Welsh over the course of the next two financial years.

→ In 2022/23 we will:

Ensure that all future policies relevant to the standard are either drafted in Welsh / bilingually or translated, and put in place a system to ensure that any changes made are reflected in all versions of a policy.

Use of Welsh in Disciplinary and Complaints Procedures (Standards 83-88)

→ In 2021/22 we:

The health board’s policies and procedures for dealing with complaints and disciplinary action regarding staff are bilingual. Systems are in place to use independent professional translation and interpreter services to assist staff who wish to use the Welsh language if it is not appropriate or possible for a Welsh speaking member of the HR Team to undertake these duties.

→ In 2022/23 we will:

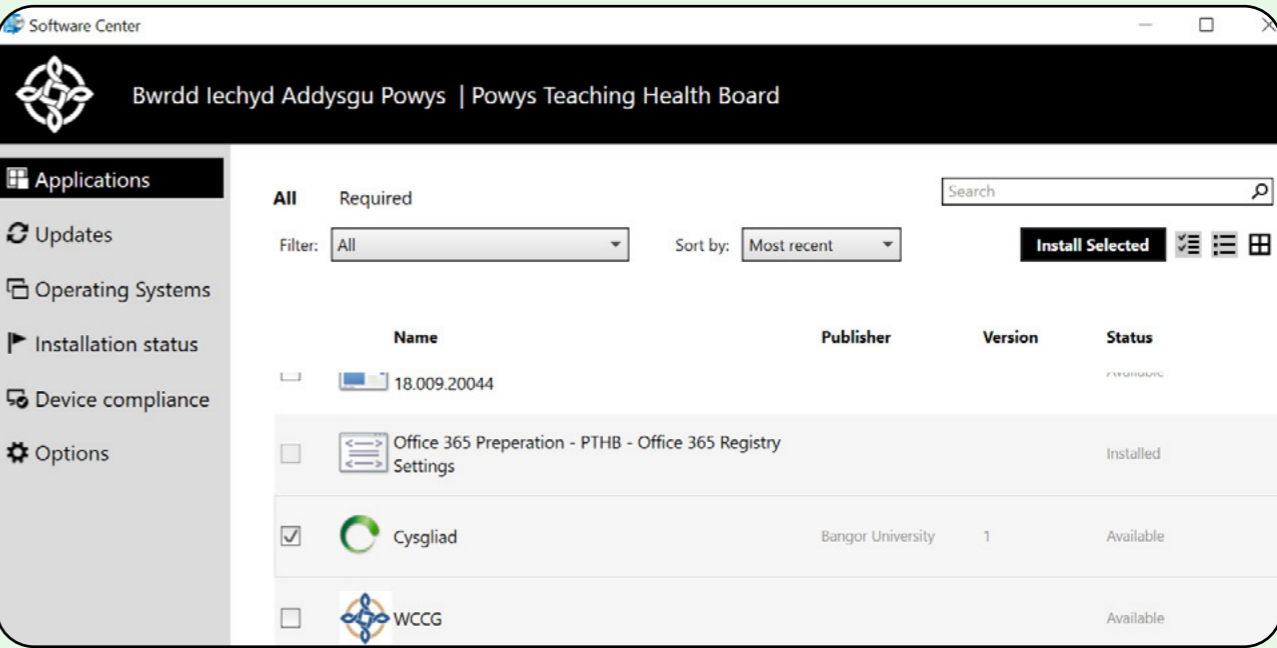
Continue to monitor compliance with these standards to ensure equality for our Welsh speaking staff.

Bilingual Software & Interfaces (Standard 89)

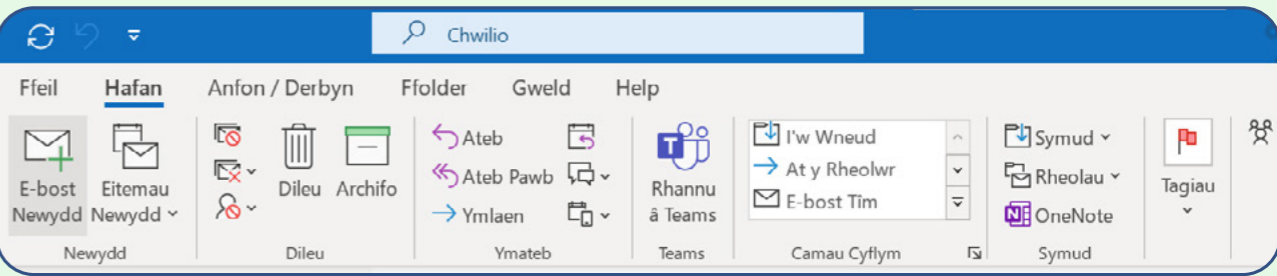
→ In 2021/22 we:

As of 8th December 2021, Cysgliad Bilingual computer software for checking spelling and grammar has been made available to all PTHB staff:

Welsh interfaces for Office and for Windows had also been made available to staff as of 7th January 2022:



Although not a PTHB-led development, an update to ESR completed on 5th January 2022 has also enabled that system to be used with a Welsh interface.



All these developments have been promoted internally, with guides published on the PTHB intranet on how to set them up.

Thanks to these developments it is now possible for staff who do not need access to clinical systems to work entirely in the medium of Welsh in terms of their own computer system interfaces. The provision of Cysgliad enables staff to check their grammar and spelling when using Welsh, improving their confidence for example when dealing with Welsh queries.

→ In 2022/23 we will:

Continue to engage with ICT leads to explore the possibility of enabling the CySill plugin for Office, which enables use of Cysgliad without having to open a second application.

Intranet (Standards 90-95)

→ In 2021/22 we:

Continue to make progress with shutting down our existing PTHB intranet site and replacing it with a new Sharepoint-based system. This will be fully compliant with the standards, however due to ongoing delays with introduction of the system architecture the existing intranet is still in use at the end of 2021-22.

→ In 2022/23 we will:

The new Sharepoint-based intranet will be established over 2022-23 and we will ensure that this new intranet is fully compliant with the relevant standards.

Staff Welsh language skills and training (Standards 96-101)

→ In 2021/22 we:

(See the previous section for reporting responsibilities).

C Promoted and financially supported learning of Welsh in line with the standards. Despite the staffing pressures caused by the Pandemic uptake has remained similar to previous year, with 19 expressions of interest (+1 compared to 2020-21) and 12 carrying out some kind of training (+/-0).

→ In 2022/23 we will:

Continue to promote existing and new training options to staff across PTHB.

Welsh Language Awareness Training (Standards 102-103)

→ In 2021/22 we:

Updated the Welsh Language Awareness training and continued to offer this to all staff. Uptake has been low, due perhaps in part to staffing and other pressures caused by the pandemic but also busy training schedules with many competing demands, a context in which it is difficult to promote a non-mandatory course.

On a more positive note, during 2021/22 PTHB introduced Welsh Language Awareness as part of its Induction Program for the first time, meaning that all new staff now receive information on the historic context of the language, and on the standards (in line with Standard 103).

→ In 2022/23 we will:

PTHB plan to revisit the concept of awareness training as part of a Bilingual skills review in 2022-23.

Identifying Welsh Speaking Staff (Standards 104-105)

→ In 2021/22 we:

Made available to all staff, badges and lanyards (Iaith Gwaith) to identify Welsh speaking staff and Welsh learners. This enables patients to readily identify Welsh speaking staff and increases their confidence in the health board's ability to provide services in Welsh.

Bilingual email signature templates are available on the Welsh language resource intranet page and also in the Managers Guidance and Resource document. The overwhelming majority of staff are using a Bilingual signature.

→ In 2022/23 we will:

Continue to promote the use of Iaith Gwaith materials and bilingual signatures, including by means of our new induction process (see above).

Recruitment (Standards 106-109; Standard 117)

→ In 2021/22 we:

Continued our implementation of a new vacancy approval procedures that were initiated in 2019-2020. The health board continues to follow a robust set of procedures to ensure equity for Welsh in the recruitment process. The health board was recognised and praised by the Welsh Language Commissioner for our sector-leading approach to Standard 107A in particular (requiring job descriptions to be made available in Welsh). All vacancies are advertised in full compliance with Standards 106A, 107, 107A, 107B, 108 and 109.

During 2021-2022 PTHB advertised 1,040 vacancies:

- 3 posts were advertised with Welsh language skills as essential.
- 922 posts were advertised with Welsh language skills as desirable.
- 115 posts were advertised with Welsh language skills as not required.

The roles advertised with Welsh language skills as an essential requirement were a Welsh Language Translator, a Welsh Language and Equality Officer and the Service Improvement Manager for Equality and Welsh Language.

Although the above figures represent a nominal increase from the previous year, the fact that all Welsh essential vacancies were in the Welsh language team suggests that staff across the wider organisation are not using the means available to them to encourage Welsh speakers to work for the organisation. The advertising of vacancies as requiring Welsh skills remains extremely low and disproportionately represented by vacancies within the Welsh language team.

An audit of recent recruitment instances was carried out and found that knowledge and implementation of existing recruitment frameworks in the organisation was inconsistent. Ensuring that these systems are fit for purpose and working is vital to ensure compliance with the standards.

→ In 2022/23 we will:

Develop a new action plan to encourage an increase in the number and range of posts advertised as requiring Welsh language skills.

Monitor and promote the use of the existing skills assessment tool to recruiting managers across the health board, and if necessary, revise or replace it.

A plan for bilingual clinical consultations (Standards 110-110A)

→ In 2021/22 we:

Published our plan on the health board's website and it can be accessed here (it is updated annually). Promotion and implementation of the plan has been hindered by the impact of the pandemic, but progress has been made against the key objectives, in particular around recruitment procedures, opportunities to learn Welsh, and identifying and recording patient language choice.

→ In 2022/23 we will:

Recognise that this standard is primarily a question of the bilingual workforce (see above) and our efforts to address this element of our activity will be relevant to this standard.

A plan for bilingual clinical consultations (Standards 110-110A)

→ In 2021/22 we:

Published our plan on the health board's website and can be accessed here (it is updated annually). Promotion and implementation of the plan has been hindered by the impact of the pandemic, but progress has been made against the key objectives, in particular around recruitment procedures, opportunities to learn Welsh, and identifying and recording patient language choice.

→ In 2022/23 we will:

Recognise that this standard is primarily a question of the bilingual workforce (see above) and our efforts to address this element of our activity will be relevant to this standard.

Concerns and Complaints (Standard 115)

During 2021-2022 PTHB received no formal complaints in relation to the implementation of the Welsh Language Standards.

PTHB continues to follow the conditions set out in NHS Wales 'Putting Things Right' policy, which include information on dealing with complaints made in Welsh and relating to Welsh language provision. Copies of these documents can be found [here](#).

During 2021-2022, PTHB received the following informal complaints in relation to its compliance with the standards:

November 2021 – Recorded Telephone message for a Mass Vaccination Centre provided only a greeting in Welsh and was otherwise in English only (Standard 20)

- The issue raised was highlighted to the team in question, and the issue was resolved to the satisfaction of the correspondent.

December 2021 - Signage in English only at a Mass Vaccination Centre (Standard 47)

- The issue raised was highlighted to the team in question, and the issue was resolved to the satisfaction of the correspondent.

January 2022 – English-language only text message regarding Covid-19 Track and Trace (Received via the Welsh Language commissioner) (Standard 5)

- It transpired that the text message in question did not in fact originate from PTHB, but the UK-wide Track and Trace system. The Commissioner was informed of this in order to pass on to the complainant, and no subsequent correspondence was received in relation to the matter.

January 2022 – the Welsh on two signs at Brecon Hospital was inaccurate (Standard 49)

- The individual drawing the team's attention to this provided photographs as evidence for one fixed sign with non-standard Welsh and another which was inaccurate. Both instances were passed onto the Estates Department to be flagged for replacement.

Additionally, although not a complaint as such, a representative of the Welsh Language Commissioner drew attention to a number of documents on the website which were not available in Welsh. Each of these documents was either subsequently provided in a Welsh version and made available on the website, or an explanation provided under Standard 36 for why the document was not available in Welsh.

Moving Forward

The primary target area for 2022-2023 will be taking steps to address the lack of progress in increasing the Welsh language skills of the PTHB workforce. Central to achieving this will be encouraging recruiting managers take advantage of opportunities to advertise vacancies with Welsh language skills as essential, and identifying the obstacles that prevent staff from taking advantage of training opportunities, and whether these can be addressed.

With a new Health Board intranet anticipated to be up and running during the first quarter of 2022-23, the Welsh Language team hope to provide a comprehensive collection of resources for staff that will be a considerable improvement on what has previously been available.

The 'Proposed Actions during 2022-23' statements set out above indicates our commitment to embark on further improvement measures during the next financial year.

For further information on the details of this report and for further information on PTHB's implementation of the Welsh Language Standards, please contact the Equality and Welsh Language team by emailing powys.equalityandwelsh@wales.nhs.uk.



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Board		Date of Meeting: 27 July 2022
Subject:		
Approved by:	Claire Madsen Director of Therapies and Health Science	
Presented by:	Claire Madsen Director of Therapies and Health Science	
Prepared by:	Adam Pearce Service Improvement Manager for Welsh Language and Equalities	
Other Committees and meetings considered at:	Executive Committee Workforce & Culture Committee	
References	N/A	

PURPOSE:

To approve the Equality Annual Report for 2021-22 prior to publication on the PTHB Website.

RECOMMENDATION(S):

That the Board APPROVE the attached Equality Annual Report for publication.

Approval	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:

As part of its Statutory Duty under the Equality Act 2010, the health board is required to publish an Annual Report for each financial year outlining the steps it has taken to meet the Public Sector Equality Duty.

DETAILED BACKGROUND AND ASSESSMENT:

The report is descriptive and details work carried out by the Equality team as well as other departments. Highlights from 2021-22 include:

- The provision and rollout of in-house training in such as Equality-relevant areas such Equality Impact Assessment and Equality for Managers.
- Training for staff across the organisation to produce documents in EasyRead format, improving accessibility for a wide range of potentially vulnerable groups.
- Commencement of an exciting new Patient Stories project, collecting the experiences of a deliberately diverse range of patients in order to inform service and project delivery across the health board.
- Promotion of a regular series of virtual talks and events for staff via our internal communications channels, including opportunities for staff to respond to consultations and collaborate on internal projects.
- A new Staff Wellbeing hub on the Intranet.

- New opportunities for staff to network with their colleagues, including across the wider Welsh NHS.

This Annual Report is an overview of some of the health board's key work to promote equality, diversity and inclusion throughout 2021-2022. It also outlines our intentions for the future to build upon the work already undertaken to continue to improve the health and wellbeing for individuals and reduce inequalities.

RECOMMENDATION:

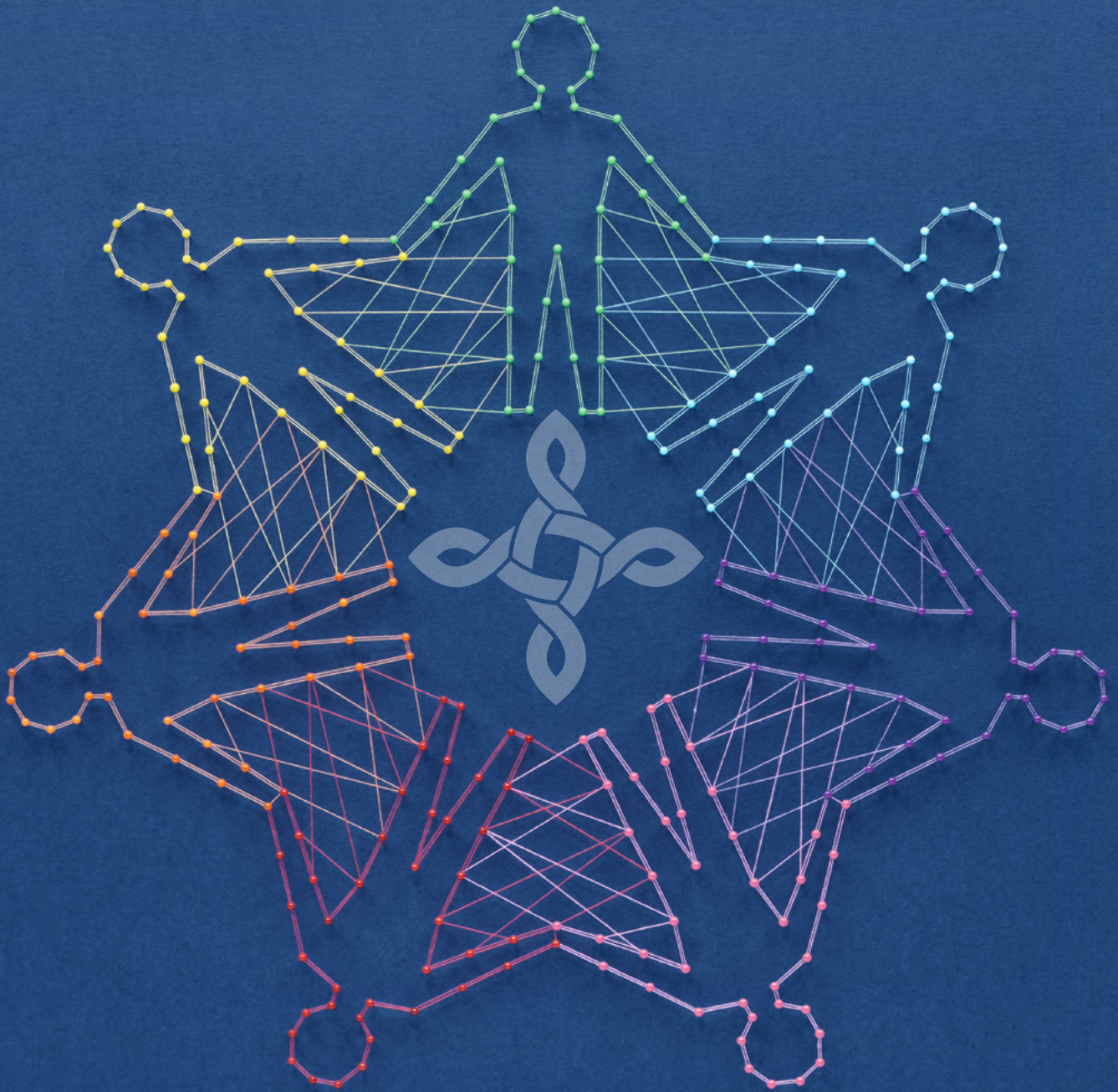
It is recommended that the Board APPROVE the Equality Diversity and Inclusion Annual Report for 2021-22 for publication on the health board website.

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				
As part of the health board's broader work around Equality, publishing the Equality Annual Report is a key part of our accountability process and will promote better outcomes for all groups.				
Risk Assessment:				
	Level of risk identified		There is no risk associated with the publishing of this report. Failing to publish could represent	

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Equality Diversity and Inclusion
Report

	None	Low	Moderate	High	a compliance risk.
Clinical	X				
Financial	X				
Corporate	X				
Operational	X				
Reputational	X				



Equality, Diversity & Inclusion **Annual Report** 2021-2022

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Health Board



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Introduction

Powys Teaching Health Board (PTHB) is committed to putting people at the centre of everything we do. Our vision is to create an organisational culture and environment that is accessible and inclusive for everyone. This includes our staff, those who receive care including their families and carers, as well as partners who work with us whether this is statutory organisations, third sector partners or our communities.

Fairness & Equality represents one of the six core organisational values developed by our staff. Our values are the things that we believe are important in the way we live and work and represent the “guiding principles” behind our actions.

As a UK public sector body we are subject to the requirements of the Public Sector Equality duty as outlined in the Equality Act (2010), which among other things sets out our general duty to reduce inequality of opportunity and foster good relations between groups of people.

As well as the general duty, we must meet the specific duties, which are set out in the Equality Act 2010 (Statutory Duties) and the (Wales) Regulations 2011.

These duties came into force in Wales on 6 April 2011 and include:

- developing Strategic Equality Plans which include our equality objectives;
- involving the public and our partners from protected groups when developing plans and policies and shaping services;
- completing appropriate equality impact assessments;

- collecting and publishing information about equality, employment and differences in pay;
- promoting equality-based staff training;
- considering equality when buying services and agreeing contracts;
- publishing our Annual Equality Report;
- reviewing our equality plans and objectives to make sure they are current; and
- making sure people can access the information we provide.

Public bodies must keep to their legal duties under section 149 of the Equality Act 2010. There are specific duties that they must meet, including reporting information about employment, training and pay. This can include information about protected characteristics of our staff and the people who use our services, or evidence used to develop policies and guide our decision-making. Collecting, using and publishing this information helps us to:

- understand the effect our policies, practices and decisions have on the public and staff with different protected characteristics;
- make sure we are not discriminating against people with protected characteristics;
- take steps to promote equality and encourage good relations within our organisation and more widely;
- identify our main equality issues;
- check that our workforce reflects the diversity of the Welsh population;
- make sure our staff understand the communities they serve;
- create a more open organisation to help to explain how and why we make our decisions; and
- share with the public our successes in supporting equality.

Our Workforce Data report for 2021-2022 is contained in Appendix A.

Our [Strategic Equality Plan](#) (SEP) for 2020-2024 sets out our objectives and aspirations to improve equality and access for all. It has been designed to sit alongside our 10-year Health and Care Strategy and our 3-year Integrated Medium Term Plan for 2022-2025 (IMTP); and each year, we develop an annual workplan that sets out our key priorities and led by our Executive Director for Therapies and Health Sciences who is our Board-level champion for Equality and Welsh Language. Highlights from our work in 2021-22 include:

- The provision and rollout of in-house training in such as Equality-relevant areas such **Equality Impact Assessment** and **Equality for Managers**.
- Training for staff across the organisation to **produce documents in EasyRead format**, improving accessibility for a wide range of potentially vulnerable groups.
- Commencement of an exciting **new Patient Stories project**, collecting the experiences of a deliberately diverse range of patients in order to inform service and project delivery across the health board.
- Promotion of a regular series of **virtual talks and events for staff** via our internal communications channels, including opportunities for staff to respond to consultations and collaborate on internal projects.
- A new **Staff Wellbeing Hub** on the Intranet.
- New **opportunities for staff to network** with their colleagues, including across the wider Welsh NHS.

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This Annual Report is an overview of some of the Health Boards key work to promote equality, diversity and inclusion throughout 2021-2022. It also outlines our intentions for the future to build upon the work already undertaken to continue to improve the health and wellbeing for individuals and reduce inequalities.

At the time of writing the Welsh Government recently published its plan for an Anti-racist Wales. The plan articulates a clear vision that **‘Wales is an anti-racist nation’**, by 2030 and the core purpose of the plan is **‘to collectively make a measurable difference to the lives of Black, Asian and Minority Ethnic People’**.

Source: Welsh Government. 2022. Anti-racist Wales Action Plan. Available at: [Anti-Racist Wales Action Plan \(gov.wales\)](https://gov.wales/anti-racist-wales-action-plan)



The Welsh Government’s plan was co-produced and informed by the views and lived experiences of Black, Asian and Minority Ethnic People living and working in Wales. During the consultation the Welsh Government received responses suggesting that for these communities the Public Service Equality Duty was not delivering the change necessary to improve the lives of people from these communities. The Welsh Government has identified a set of 5 core actions for all public bodies to progress:

1. A strong commitment to lead from the front and demonstrate it in terms of anti-racist values, behaviours, representation at all levels of your organisations and accountability measures.
2. Participation in all decision making and senior leadership groups in a way that enables lived experiences of ethnic minority people to be heard and acted upon.
3. Achieve, at the very least, minimum requirements of the Equality Act 2010 and publish your results in an open and accessible forum/platform.
4. Ensure minimum standards and provision of culturally sensitive and appropriate services, including provision of translation and interpretation.
5. Ensure robust complaints policies and processes for racial harassment that are validated to the satisfaction of ethnic minority groups

The health board will be monitored on these going forward and will report on these in our Annual Equality Report for 2022-2023.

About the Powys Teaching Health Board Area

There are approximately 133,000 people living in Powys - a large rural county of 2000 square miles, which accounts for a quarter of the land mass of Wales.

The very rural nature of Powys means that whilst many services are provided locally through our community hospitals and services, there are no District General Hospitals within the health board area. This means that a significant proportion of secondary healthcare functions for Powys residents are commissioned from adjacent health boards, including over the border in England. A very significant proportion of PTHB’s funding allocation is spent on commissioned services taking place outside of the health board, and the services that are offered directly are disproportionately concentrated in fields such as community care (compared to other Welsh health board areas).



A corollary of this is that the health board as an organisation is noticeably smaller than would be expected allowing for population alone, employing 2495 staff (as of 31 March 2022) alongside volunteers. This total staff count represents fewer than a typical District General Hospital in other Welsh health boards and reflects a very different mix of staff in terms of roles and specialisms with a greater proportion of allied healthcare professionals and correspondingly fewer medical and nursing staff. These issues should be borne in mind whenever comparing PTHB with our colleagues in other health boards.

With adversity comes opportunity however, and PTHB has long been a champion of remote working, even before Covid-19 brought such practices into the mainstream. Due to the lack of centralised sites the staff body is also quite disparate, and many staff live outside the county.

Partly as a response to our unique context, we have forged strong partnerships with colleagues in other sectors, such as Powys County Council (PCC), Dyfed-Powys Police and Powys Association of Voluntary Organisations (PAVO). This cross-sector approach enables us and our partners to collaborate on areas of mutual interest and not be constrained by organisational or professional boundaries so that we can make the changes to services that will ultimately benefit Powys residents.

Information on how we intend to improve services for the people of Powys can be found on our website under the [Key Documents](#) section which includes copies of our annual reports, annual quality statements, strategies and plans.

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Diversity within Powys

PTHB appreciates the diversity of our population and the need to treat one another with dignity and respect. It is important that we ensure that marginalised or seldom heard groups of people are involved and have access to services. These include people who fall within each of the protected characteristics categorised in the Equality Act 2010, but most notably people from within the following groups:

- Age – Powys has an ageing population with a higher national average of persons aged 65+.
- Disability – 21% of the population of Powys have a limiting long-term illness or disability.

A sparse population spread across a large rural land mass means that PTHB faces many challenges in addressing health inequalities for people who live within Powys, the largest of which remains socio-economic health inequality, particularly with respect to access to services, as acknowledged by reports from [Public Health Wales](#) and [the Nuffield Trust](#). Our [SEP](#) includes more details about these challenges and outlines our aims and objectives to reduce inequality, which are also integrated into our mid-term plans.



SEP Objectives 2020-2024

The health board’s long-term equality aims are fundamental in helping us to realise the well-being goals within the Integrated Medium-Term Plan, the joint Health and Care Strategy and those included in the Well-being of Future Generations (Wales) Act, as they are all intricately linked.

In the redevelopment of its SEP, PTHB agreed a new set of Strategic Equality Objectives for 2020-2024 which include 3 broader long-term aims each with an overarching equality objective. These are:

Long Term Aim 1:	Equality Objective
Engagement: To ensure strong and progressive equality and human rights protections for everyone in Powys	We will promote a positive attitude towards equality and diversity across our organisation. Our processes of continuous engagement to develop and deliver services will be informed by local needs, with the aim of improving access to healthcare services and reducing inequalities.
Long-term Aim 2:	Equality Objective
Service Delivery: The needs and rights of people who share protected characteristics are at the forefront of the design and delivery of our healthcare services.	We will work with our population, staff and partners to shape the design and delivery of our services.
Long-term Aim 3:	Equality Objective
Workforce: PTHB is a leading, exemplar, inclusive and diverse organisation and employer	We will have an engaged workforce who have positive working relationships with their managers and colleagues in an environment where they feel safe and are supported to manage their own wellbeing.

COVID-19

The ongoing Covid-19 pandemic has continued to disrupt Equality and Diversity related activity as it has all other aspects of the health board's activity during this period. Particularly disruptive was the arrival of the Omicron variant during winter 2021-22 which caused a considerable degree of disruption due to issues such as staff absence due to illness and isolation, the redeployment of staff, the cancellation of training and other events and the reduction of face-to-face contact between staff and both colleagues and patients.

Conversely, the proliferation of remote working tools as a result of the restrictions of the pandemic has empowered some patients, as identified by our work on Patient Stories (see below) which has identified individual patients who see considerable benefits to undergoing clinical consultations remotely using video-conferencing.

An increased focus on home-working has enabled the organisation to cast a wider geographical net in terms of recruitment, invaluable when working in a rural, decentralised context like Powys.

Activity during 2021-2022

Notwithstanding the difficult context, PTHB has continued to work hard to meet its duties under the Equality Act. The following activity has taken place during 2021-2022, and in each case the activity has been cross-referenced to one or more of the Long Term Aims/Equality Objectives outlined in our SEP (see above):

Communication of Key Messages and Information (Objective 1)

PTHB has continued to promote positive messages internally and on social media relevant to the broader Equality agenda, putting in place an Equality calendar to ensure that particular dates are recognised and promoted.

We have promoted a series of Equality-relevant events and messages for our staff such as, but not limited to:

- A series of talks to commemorate LGBT Pride Month (hosted by NHS Wales); as well as promoting the event among staff Powys THB contributed by hosting one of the talks.
- Participation in consultation activities e.g. Carers UK on Ethnic Minority Carers, UK Government Disability Workforce Reporting consultation, NHS Wales Ethnic Minority Staff focus group, and the Audit Wales study on Equality Impact Assessment processes.
- Promotion of a series of NHS Wales talks (hosted by Aneurin Bevan UHB) to mark dates such as Black History Month (October 2021), Sensory Loss Awareness Month (November 2021), Welsh and Equality (March 2022).
- An LGBT & Menopause Awareness event in February 2021.
- A series of talks/events for Neurodiversity Celebration Week 2022 (March 21st-27th).

Accessible Information: EasyRead (Objectives 1, 2 & 3)

In order to promote the use of Accessible Information Formats for patient information, the health board has arranged EasyRead training for a total of 15 staff from teams across the health board including as Equality & Welsh Language, Living Well, Value & Transformation and Communications (further cohorts can also be trained subject to demand). Attending this training has empowered these staff to produce EasyRead versions of patient information leaflets without needing to outsource these externally; from a very low baseline (prior to 2022 the health board did not routinely produce any documents in this format) it is now anticipated that production of EasyRead documents will significantly increase across the health board.

Our hope is that approaching the issue in this way (training individuals as opposed to outsourcing individual commissions) will prove cost effective as well as making the process easier for staff, ensuring a far wider distribution of EasyRead material. This will be of benefit first and foremost to service users with Learning disabilities, but also a wide range of other groups such as children, deaf people, those with poor educational outcomes for a variety of reasons.

Equality Impact Assessment (Objective 2)

Following the introduction of the new Equality Impact Assessment process in 2020-21 'we have continued to promote the revised and updated process.

As well as providing 1:1 support with individual Equality Impact Assessment exercises, following on for the training offered to board members late last year the Equality team have organised bespoke training sessions to targeted staff groups including:

- Workforce & Organisational Development (HR)
- Heads of Services
- Planning

The training sessions are also available to staff across the health board as well as to local Primary Care staff and to local third sector organisations via Powys Association of Volunteer Organisations.

Equality Training (Objectives 2 & 3)

The new Service Improvement Manager for Welsh Language and Equalities is an experienced deliverer of training and the PTHB Management Development program (for staff with new management responsibilities) now includes a mandatory module on interpreting Equality legislation for management, focusing on minimising the risk of discrimination and harassment in the workplace.

The health board has also delivered training sessions (either internally 'in-house' or by sourcing external expertise) for its staff on Equality Impact Assessment (see above) and on Gender Diversity Awareness.

We have also developed a module on Equality which will form part of the mandatory staff induction for all staff, meaning with time that all new PTHB staff will have had some professional direction focused on showing them where to find more information and resources about Equality.

Patient Stories (Objectives 1 & 2)

In December 2021 the health board initiated a new project to capture patient stories in a variety of formats, which will be used to provide a patient voice and contribute to a wide range of projects as well as being used in training courses and awareness raising exercises. Coordinated by the Equality and Welsh Language team, one of the intentions of the project is to provide a particular focus on stories from patients in protected groups, and where there is an intersectional angle touching on multiple aspects of an individual's identity simultaneously.

Staff Networks (Objective 1 & 3)

- As per the Strategic Equality Plan the Health Board has continued to support the establishment and development of virtual networks to support staff. Each of the networks is targeted at a different group, however follows a similar model, providing a number of functions:
- An opportunity for staff from across the organisation to meet, network professionally and to socialise, irrespective of seniority or department.
- An opportunity for staff to share experiences and support one another.
- An opportunity for staff to contribute by consultation and/or co-creation for events, resources, policies, or other projects.

Where staff networks have relevance to a Protected Characteristic under the Equality Act 2010, they can be consulted as part of the Equality Impact Assessment process.

The following staff networks met in 2021-22:

Menopause Café

This group, set up by a PTHB midwife, has continued to meet to provide support to staff experiencing Menopause.

Neurodiversity Network

This network, spontaneously organised by PTHB and PCC staff with a range of Neurodiverse perspectives, as continued to meet, providing an opportunity for staff to network and share their experiences. The network collaborated with the Equality team on projects such as the corporate response to the Workforce Consultation from the UK government Disability Unit, and we hope to continue to involve the network in future co-creation opportunities.

Welsh Speakers & Learners

Two separate new networks were established during November 2021 to promote opportunities to use the Welsh language. The first is intended for fluent Welsh speakers and is intended to provide opportunities for staff to network and share experiences in Welsh, and to practice their Welsh, as well as providing an additional communication channel for vacancies and other opportunities as well as co-creation opportunities for policy and other developments.

The second group, for Welsh learners, aims to provide a space in which learners can share their experiences and offer advice. Advanced learners are welcome to join both groups.

Partnership Networks

Through partnership agreements with the staff networks of other NHS Wales organisations, PTHB is able to offer membership in LGBT and BAME networks. Contact the Equality team for details.

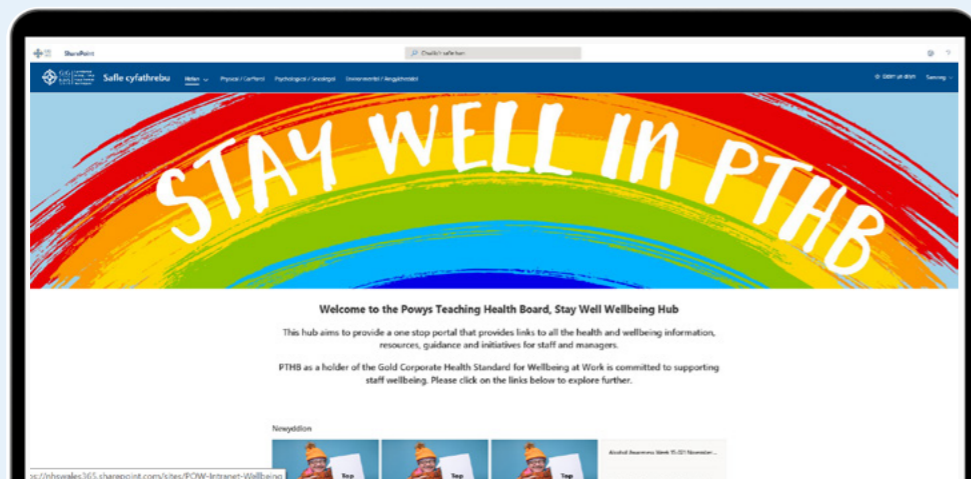
Please note that staff networks are organised and directed by the participation of their members, and the presence (or absence) of a staff network for a particular group does not reflect any kind of priority treatment for such a group.

Individuals interested in joining any of these networks or in setting up new network(s) should contact the Equality and Welsh Language team: powys.equalityandwelsh@wales.nhs.uk.

Staff Wellbeing Hub (Objective 3)

PTHB is proud to hold the Gold Corporate Standard for Health and Wellbeing at Work and as part of the transition to a new staff intranet architecture, one of the first areas to be made available to staff was the Wellbeing Hub. With material organised into sections of physical, environmental and psychological wellbeing as well as links to further information and support from external and partner organisations, the aim is for the site to function as a 'one stop-shop' for staff wellbeing resources of all kinds. The resources have a particular focus on psychological health and wellbeing, which is of obvious relevance to mental health related disability.





Pride Cymru (Objectives 1, 2 & 3)

PTHB took part in national online Pride Cymru and LGBTQymru events during the summer of 2021, and open invitations were sent to all PTHB staff to participate in the events.

Powys Pride 2022 (Objectives 1, 2 & 3)

Summer 2022 will see the inaugural Powys Pride event taking place in Llandrindod Wells, following previous postponements due to Covid-19. PTHB has sponsored the event with a financial contribution and also intends to hold a stall at the event – with all staff invited to attend – which will be sharing a variety of relevant information. This promises to be an exciting occasion and PTHB is proud to be sponsoring such an event locally.

SilverCloud Online Cognitive Behavioural Therapy (Objectives 1, 2 & 3)

SilverCloud is an exciting new resource for adults, children and young people aged 11+ experiencing mild to moderate mental health issues such as anxiety, depression or stress. Although hosted by PTHB the service is available to anyone in Wales (including PTHB staff), can be accessed by self-referral, is online-based and can be accessed from anywhere, anytime. The service offers a range of programmes catered to specific issues such as money worries or social anxiety, among many others. Although online-based the service is supported by a team of psychologists and online cognitive behavioural therapy co-ordinators.

By offering the service online not only is the service made easy to access and potentially able to reduce demand on conventional mental health services, but is also specifically more attractive to particular groups such as young people or disabled individuals who may face particular obstacles or stigma in accessing mental health care.

Extension of Musculoskeletal First Contact Practitioner Services (Objective 2)

As a part of the ongoing Orthopaedic Redesign project, the provision of First Contact Practitioners for Musculoskeletal Services is being extended to five practices in mid-Powys, having already been available in one practice the north of the county. The First Contact Practitioner concept involves placing a specialist practitioner as a patient's first point of contact (for example in Primary Care settings such as GP practices). This means that patients have more immediate access to a clinician with specialism in this field, which accounts for between 17-30% of GP appointments ([source](#)).

This approach to access means reduced travel for patients, reduced waiting times, and reduced need for referral to a secondary care setting. Its expansion to a larger part of the county therefore represents a significant positive step for access to services, the area where Powys ranks lowest on the Welsh Index of Multiple Deprivation. This is a valuable contribution towards ensuring a socio-economic equality of opportunity.

Health Disability Activity Practitioner (Objectives 1 & 2)

The Health Disability Activity (HDA) Partnership is a Wales wide partnership established to create enhanced awareness, understanding and greater coherence between the Health sector and (disability) sport network to create a pathway which informs and supports disabled people to get involved with physical activity (including sport) opportunities in the community.

As part of this partnership the health board has employed a Health Disability Activity Practitioner whose role is to support colleagues in the healthboard in referring individuals with disabilities to opportunities for inclusive and disability specific physical activity / sports within their local areas, with the aim of increasing participation among a group which has often been under-represented.

Moving Forward: Priorities for 2022-23

This is the first year of our revised Strategic Equality Plan and the health board is committed to continue working with our staff and partners in order to meet our equality objectives.

Following a disruptive period, a crucial aim for the health board during the next financial year will be to attain a measure of stability and to ensure that existing processes are fully embedded, particularly the strengthened Equality Impact Assessment procedure and the new Patient Stories processes.

During 2021-22 the health board's intranet has been undergoing wholesale replacement, and this has slowed the development of staff resources (the staff wellbeing hub (see above) was a pilot development on the new system). It is our ambition that the new staff intranet will offer a comprehensive set of Equality relevant resources second to none in the Welsh NHS. These will include such as details of available training, advice and guidance, as well as downloadable resources for working with protected groups.

Following our sponsorship of the inaugural Powys Pride event we intend to participate at the event itself during July 2022. We will use the opportunity to promote healthier lifestyles as well as the services available to the citizens of Powys. We will also promote Powys as an inclusive employer, as well as co-creating some new resources for LGBT patients.

Our key priorities for the next financial year:

- Ensuring that the EIA procedures are fully embedded and that all new and revised policies and strategies undergo a rigorous assessment process;
- Continue to promote our new training opportunities as well as expanding these to cover new areas;
- A comprehensive Intranet-based Equality resource where staff can access guidance, training opportunities and be directed to further information.
- A new signposting resource for Trans* patients which clearly lays out the pathway in Powys and where to go for support.
- Evaluate the rollout of EasyRead training and ensure that it is reflected in a greater quantity and range of accessible documents for PTHB patients.

These priorities are naturally subject to change. PTHB remains committed to Equality, Diversity and Inclusion will continue to take advantage of new opportunities to promote this agenda as and when they arise.

Further information

More information on Equality, Diversity and Inclusion at Powys Teaching health board can be obtained by contacting the team (powys.equalityandwelsh@wales.nhs.uk). Please also contact the team if you have any queries about individual activities touched on in this report.

Further information on the health board’s broader initiatives and achievements throughout 2021-2022 can be found in the [Annual Reports](#) section on the health board’s website.

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Appendix A: Workforce Data

Note: All the information in this section reflects the situation as of 31st March 2022.

Gender Pay Gap Reporting

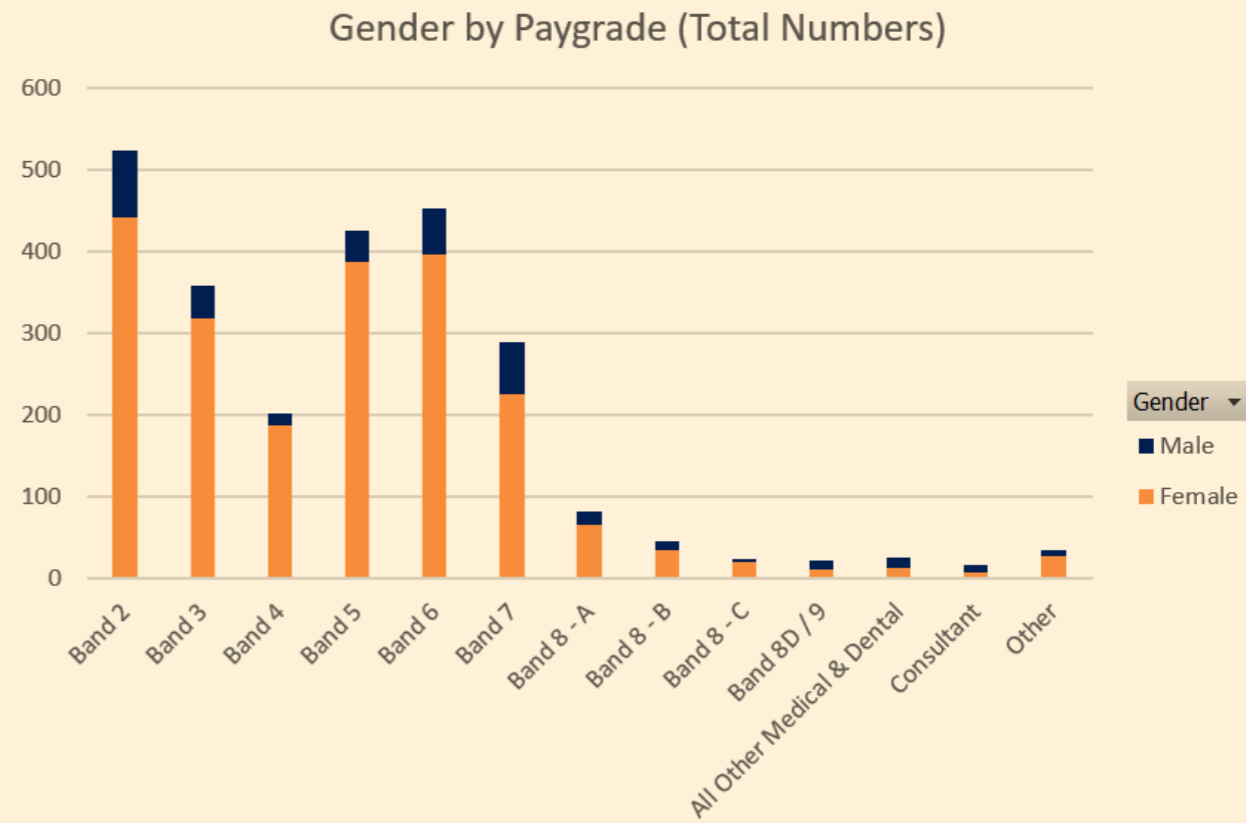
As per UK legislation, as an organisation with over 250 employees PTHB is obliged to report on its Gender Pay Gap including the average and median hourly rates earned by men and women.

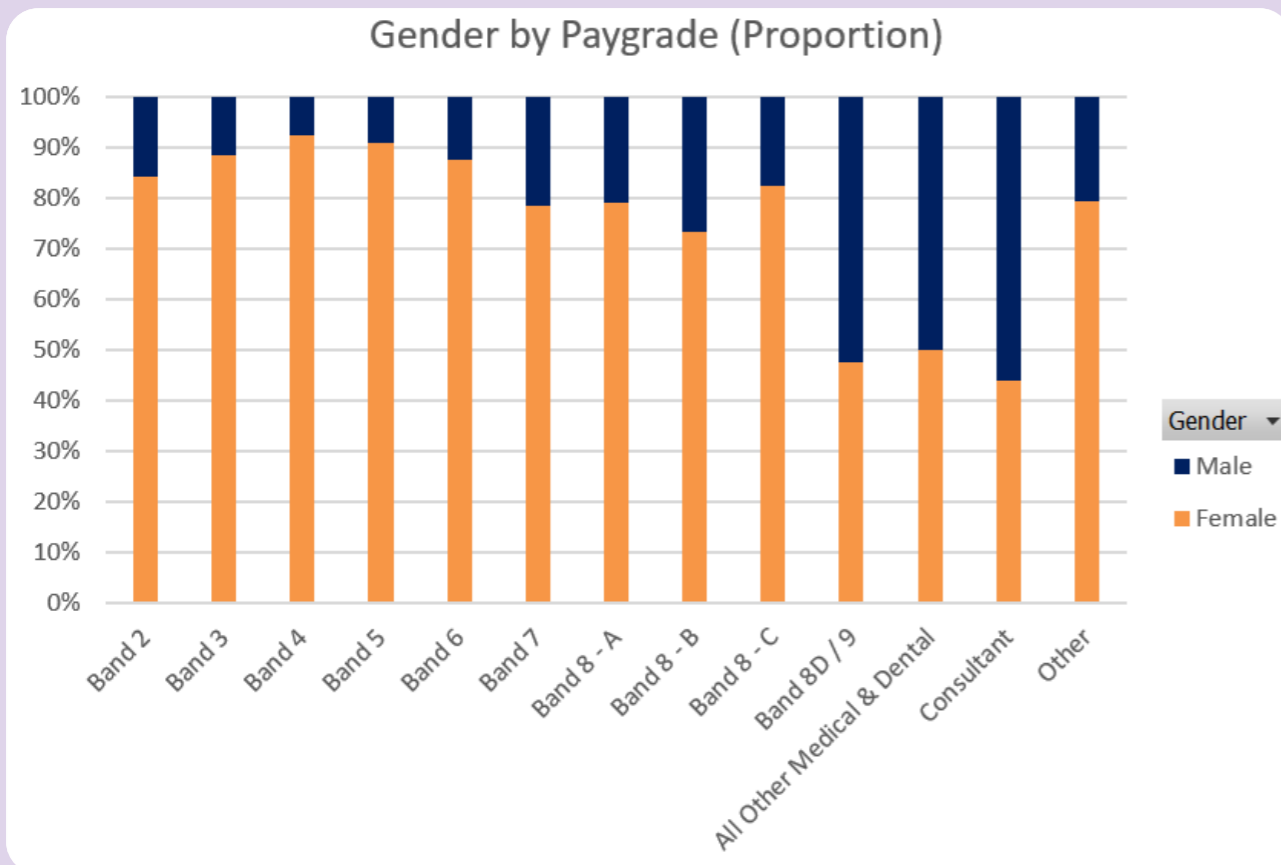
As of 31st March 2022, the Gender Pay Gap in Powys Teaching Health Board was as follows:

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	19.4481	16.5214
Female	16.5189	14.9614
Difference	2.9292	1.5600
Pay Gap %	15.0615	9.4425

Of our 2,494 staff, 2,127 are women (85%) and 367 are men (15%). This is very similar to other NHS Wales organisations; however our gender pay gap of 15.1% is slightly below the UK average (15.4% in 2021).

(note: due to small numbers, in the following graphs Bands 8D and 9 have been merged)





Because salaries, terms and conditions are dictated to a large part by Agenda for Change and other pay-band frameworks, there is no reason to think that Equal Pay (women being paid less than men to do the same work) is an issue in PTHB. The gender pay gap arises instead due to the disproportionate number of employees who are women: whilst the highest paying pay brackets are gender-balanced (or close to it), women are represented far more than men at other pay bands.

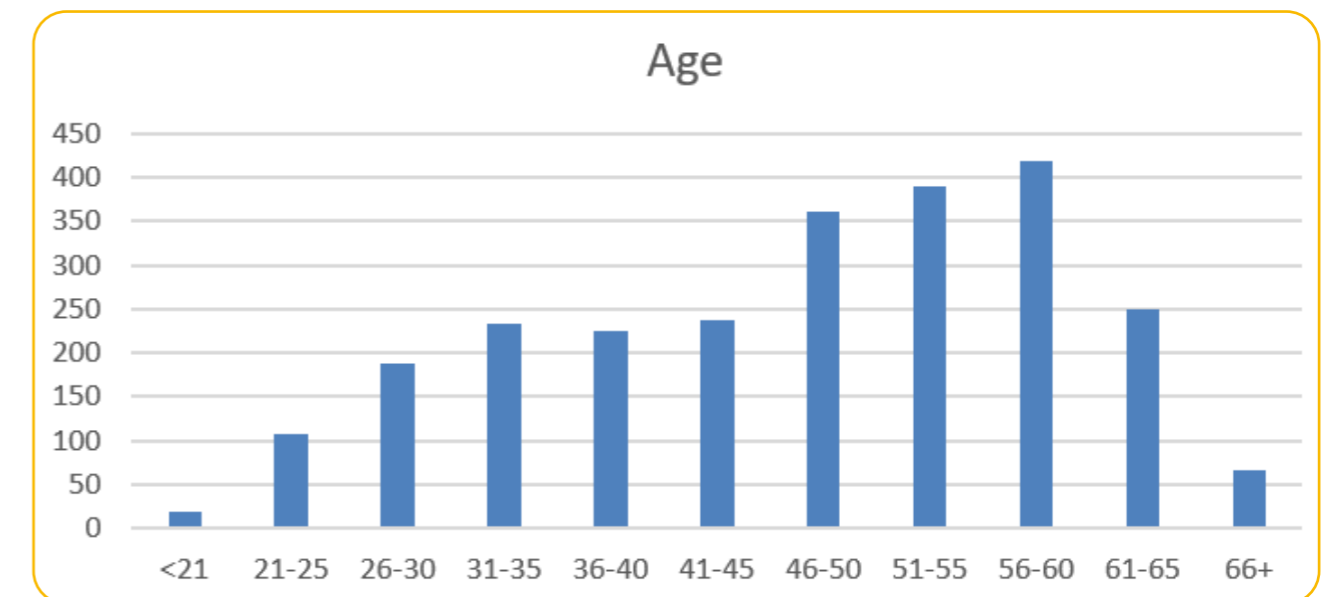
Some of the less well-paid roles within the organisation are stereotypically associated with women e.g. healthcare support worker, catering assistant and domestic assistant.

Despite this, the gender pay gap of 15.1% is actually much lower than other larger Welsh health boards. This contrast is likely a reflection of the lower proportion of the PTHB workforce from medical professions (typically significantly higher paid than the HB average, and significantly more likely to be male) and nursing (typically slightly lower paid and more likely to be female).

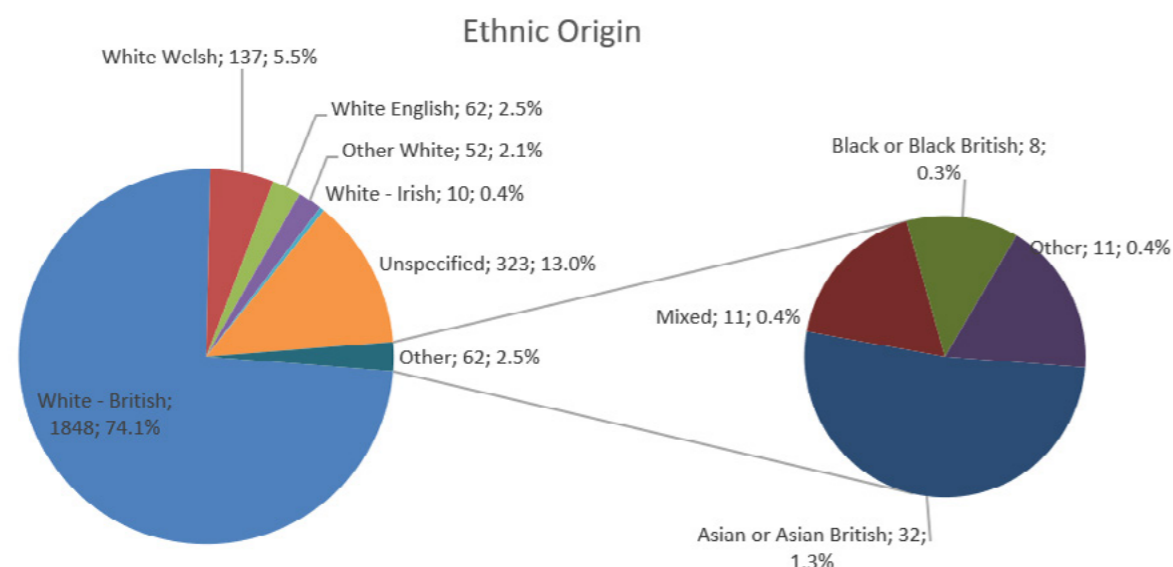


Workforce Protected Characteristics Data

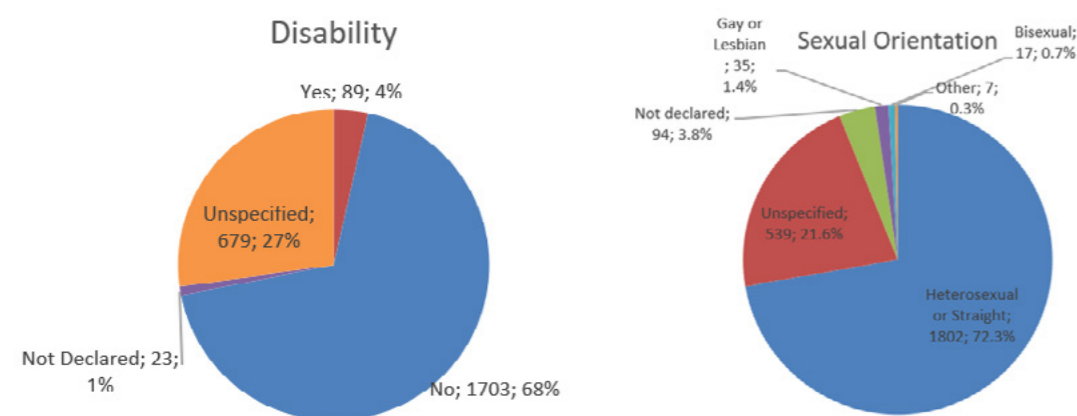
Powys Teaching Health Board employs 2,494 staff. Some small groups may be merged or hidden in the following graphs to preserve anonymity.



The health board has a low proportion of staff in the under 25 years category. It is important that we take steps to encourage young people to join the organisation through various means including using apprenticeships and volunteering as a means to attracting young people and promoting the health board as an employer of choice for our young people. Our IMTP for 2022-2025 includes actions around this in Strategic Priorities 13 and 17. It can also be seen that a large proportion of our workforce in the over 50 years category and will be preparing to leave the organisation in the next 10-15 years. Implementing the All-Wales Workforce Planning Toolkit is a key strategic action for the health board during the early part of 2022 (Strategic Priority 13) and we will report on our progress in next year's Annual Report for 2022-2023.

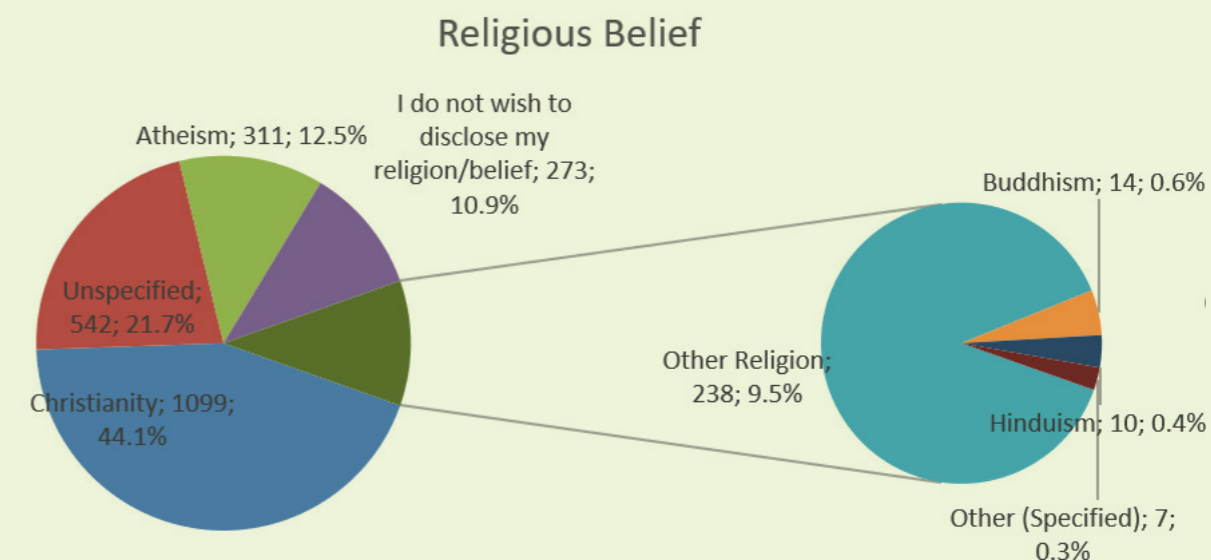


It can be seen in the above graph that 74% of the health board's staff identify as White - British and 2.5% class themselves as Other. The number of staff who declined to provide this information is classed as Unspecified and at 13%, this figure is the same as reported in our 2019-2020 monitoring report. In line with our Workforce Futures Strategy the health board will continue to engage with staff with a view to improving our reporting statistics that will inform our workforce planning and pipeline.



In the above graphs, *Unspecified* means no information is held on that individual (they did not fill this element of the form); Not declared means that the individual was asked but declined to provide a response.

In both areas the number of staff did not complete this element of the form or declined to provide a response has decreased from our 2019-2020 reporting data. In terms of Disability this has improved from 35% Unspecified to 27% in 2022. Likewise for Sexual Orientation, the Unspecified group has improved from 27% to 21.6%. These are positive indications of our staff and new recruits increasing in confidence to share their information with the health board.



In the above graph, *Unspecified* means that no information is held on that individual (they did not fill in that part of the form). Other Religion means that they chose to describe their religion as 'Other'. Other (Specified) means the individual chose a specific named religion, but too few individuals chose the same religion and in order to preserve anonymity these groups have been merged. Similarly to the Disability and Sexual Orientation categories above, the health board has seen improvements between 2019-2020 and 2021-22 for staff not specifying their religion; 27% and 21.7% respectively.

The health board will continue to engage with our workforce to increase the levels of reporting against protected characteristic to ensure our Workforce Futures Strategy and activity is informed by the best possible data on our workforce population and to enable the Board to make good decisions.

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Powys Teaching
Health Board

Agenda item: 2.3

Board Meeting		Date of Meeting: 27 July 2022
Subject :	Healthy Weight: Healthy Wales Whole System Approach to Obesity Prevention	
Approved and Presented by:	Approved by: Alison Merry, Consultant in Public Health/Deputy Director of Public Health and Mererid Bowley, Director of Public Health Presented by: Mererid Bowley, Director of Public Health	
Prepared by:	Anna Prothero, Principal Public Health Practitioner and Alison Merry, Consultant in Public Health/Deputy Director of Public Health	
Other Committees and meetings considered at:	Planning, Partnerships and Population Health Committee (14/07/22) Executive Committee (29/06/22)	

PURPOSE:

The purpose of this paper is to:

- provide an overview of the Healthy Weight: Healthy Wales Whole System Approach to Obesity Prevention programme in Powys;
- provide assurance about progress to date;
- seek support from the Board Members for this work programme;
- seek approval for the proposed approach in Powys in 2022/23 including the proposed governance arrangements.

RECOMMENDATION(S):

The Board is asked to:

- **NOTE** the Whole System Approach to Obesity Prevention programme and the progress made in its delivery to date;
- **APPROVE** the planned approach for Powys for 2022/23 including the proposed governance arrangements.

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:

A Whole System Approach to Obesity Prevention was introduced in the second half of 2021/22 by Welsh Government as part of the delivery of the national obesity strategy, Healthy Weight: Healthy Wales. Public Health Wales provides national oversight and local implementation is led by the Director of Public Health supported by a grant-funded Obesity Systems Team which is part of the Local Public Health Team.

The Obesity Systems Team's work plan is determined by the expectations set out in the grant conditions. A national systems leadership programme is in place to support the development of local Obesity Systems Teams and their plans using systems working methodology.

Very briefly, the Whole Systems Approach work in 2022/23 involves:

- mapping the local system to understand the local influences, strategic stakeholders, drivers and levers as they relate to healthy weight, overweight and obesity;
- identifying at least one sub-system within the local system for focussed work; and
- developing an action plan to leverage change within this sub-system.

The Whole System Approach is an important component of the national approach to tackling obesity. Executive-level support across the relevant local partnerships and organisations will be critical to its successful implementation.

This paper was considered and approved by the Planning, Partnerships and Population Health Committee on 14 July 2022 and the Executive Committee on 29 June 2022. The aims of this paper are to ensure that Members of the Board are sighted on this new programme, seek the Board's support for the programme in Powys, and to provide assurance about progress to date.

DETAILED BACKGROUND AND ASSESSMENT:

The Obesity System

Overweight and obesity are influenced by a multitude of factors which interact with each other in complex ways. The Foresight Report *Tackling Obesities Future Choices* described the obesity system as being made up of several interconnected sub-systems including: societal and cultural influences; food production; food consumption; biological factors; individual psychology; individual activity and environmental factors. This is shown visually by the Foresight Obesity Systems Map (see figure 1).¹

The complexity of the obesity system means there is no simple solution to tackling obesity and that no single agency can tackle it alone. However, taking a whole system approach which seeks to understand the local system and to influence it effectively, offers an approach which is increasing being recognised as having the potential to reap benefits.

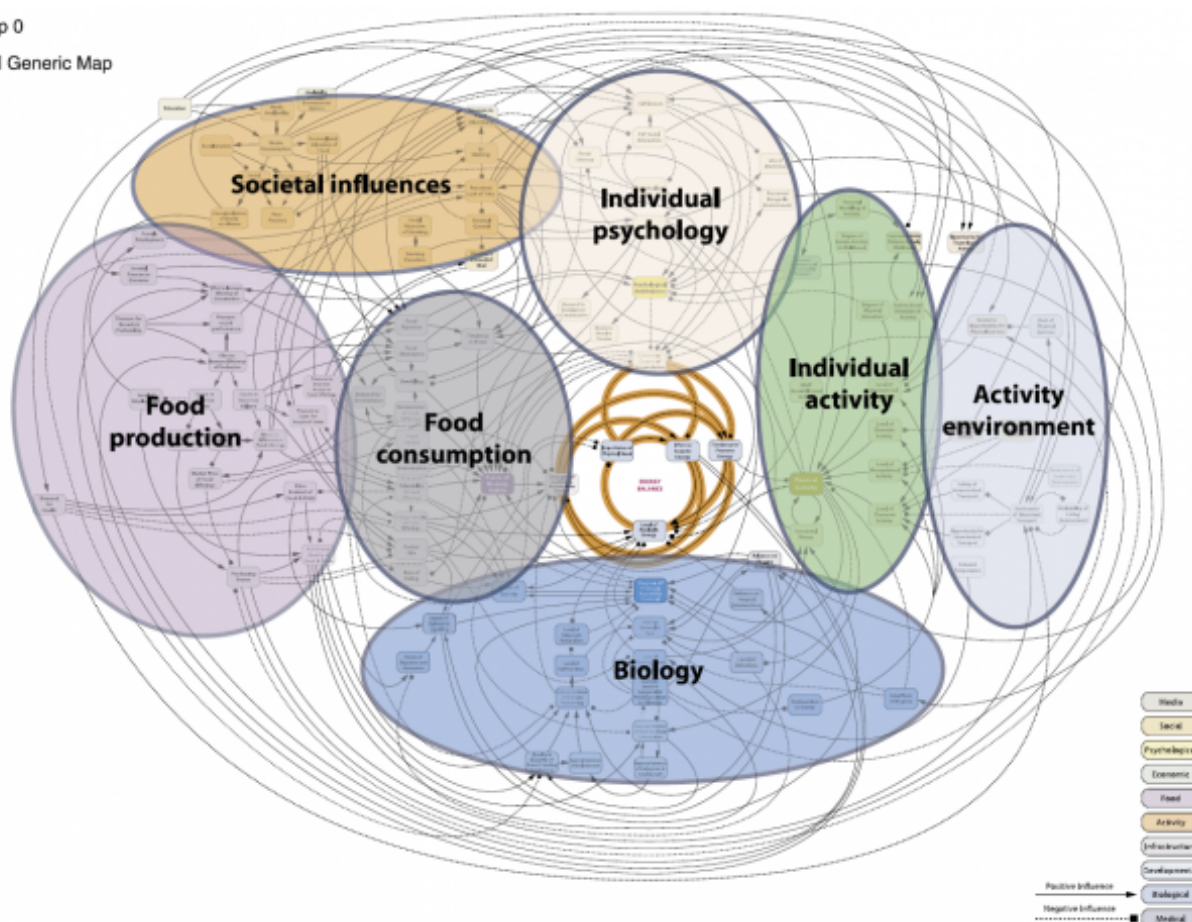
¹ Foresight Report available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/295153/07-1172-obesity-system-atlas.pdf

Figure 1: Foresight Obesity Systems Map

Map 0

Full Generic Map



The Whole Systems Approach to Obesity Prevention

The Healthy Weight: Healthy Wales delivery plan identifies a specific focus on prevention through building a whole systems approach across Wales as one of the priorities for 2022-2024.

A whole systems approach involves developing an understanding of the local system in order to identify points in the system where it can be influenced in order to create a change with a view to improving outcomes.

Key features of a whole systems approach include:

- strategic approach and requires senior professional/political buy-in within the local system;
- recognises and responds to complexity;
- long-term commitment – involves incremental steps delivered through collaborative working with a range of partners;
- brings local stakeholders and communities together to identify and prioritise where the greatest opportunities and leverage points are in the local system to achieve sustainable change;
- tests new approaches;

- follows a systems working methodology.

Benefits of taking a whole systems approach

The potential benefits include: drawing on local area strengths, supporting key priorities and recognising that local approaches can be strengthened by engaging with communities and their local assets.

Leadership

Sustained, visible and active support from senior leaders across the system is vital to an effective systems approach and sends a clear message that tackling overweight and obesity is a priority. The support of the Board Committee is therefore being sought as an early step in advance of engaging with leaders across the wider system in Powys.

Isn't systems working the same as partnership working?

Systems working involves partnership working but differs to it in that it also involves the application of complex systems thinking, methodology and practice to understand the problem and to support identification and testing of actions to address it.

Methodology

Briefly, this involves mapping the local obesity system to understand the local landscape and working with communities and stakeholders to understand the problem and to support the identification and testing of solutions. System mapping aims to identify the local partners, agencies, partnerships, leaders and stakeholders and the local influences, drivers and levers. Following this, the process involves the identification of one (or more) parts of the system (for example, this could be a geographical area or a population group) where focussed work can be done to influence how this part of the system operates with a view to creating a positive change. A detailed action plan for working with this sub-system is then developed.

Public Health Wales has provided support for local Obesity Systems Teams to develop the necessary expertise and is facilitating a network approach across Wales. It is anticipated that the process of identifying local sub-systems across Wales will involve some central coordination in order that work with a range of sub-systems can be tested and the learning shared.

The methodology is outlined in figure 2.

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Figure 2: Nine Step Approach to Whole System Working



Source: Public Health Wales

The Whole Systems Approach to Obesity Prevention in Powys

Powys Obesity Systems Team

This work programme is led by the Director of Public Health who is supported by a consultant in public health and the following grant-funded Obesity Systems Team:

- 1.0 WTE Principal Public Health Practitioner (AfC band 8a)
- 0.5 WTE Senior Public Health Practitioner (AfC band 7)
- 0.5 WTE Admin Officer (AfC band 3)

This team sits within the local Public Health Team and reports via the Principal Public Health Practitioner to the Public Health Consultant lead for healthy weights.

Confirmation of funding for 2022/23 and 2023/24 was received on 13 June 2022 and is £102,195.00/pa. This includes a small non-pay allocation.

Objectives and deliverables for 2022/23

The key objectives and deliverables for the Obesity Systems Team in 2022/23 are as follows.

Objectives:

- to engage with key stakeholders across the system;
- to agree at least one sub-system for focused work;
- to develop a plan of action to leverage change within the identified sub-system(s).

Deliverables:

- to map the local obesity system;
- to hold a system engagement event/s leading to an agreed focus of at least 1 sub-system;
- to produce local narrative for the system and chosen sub-system(s);
- to conduct network analysis of the agreed sub-system(s);
- to identify opportunities to leverage change within the agreed sub-system;
- to develop a plan of action focusing on growing the system, increasing connectivity and increasing capacity and reach; and
- to undertake system engagement, for example, stakeholder system events.

Progress to date

The programme commenced in mid-2021/22 with recruitment to the public health practitioner roles taking place in Q3/Q4 and the staff taking up post in September and January respectively. Following an initial delay, the admin post has recently been filled and so the whole team is now in place.

The focus to date has been on establishing the team, project planning, staff training including participation in national training and networking, and system mapping.

Planned approach for 2022/23

Engagement with and gaining the support of senior leaders and partnerships across system in Powys will be critical to the success of this work; engaging with and seeking the support of Board Members is therefore an important early step in this process.

Subject to the Board's approval, the following approach is proposed for 2022/23:

- **ensure Health Board is sighted on the programme and seek approval for proposed approach:**
 - paper to Board Committee (this paper).

- **engage with key stakeholders:**
 - explain the programme, gather early views about priorities, seek support and encourage participation in the stakeholder engagement event.
- **engage with local strategic partnerships:**
 - paper to Public Service Board and/or Regional Partnership Board as appropriate to ensure that strategic partners understand the programme and to seek their support for it.
- **hold stakeholder event:**
 - to agree a sub-system for the Whole Systems Approach work to focus on;
 - event currently planned for 27 September 2022;
 - we anticipate that the overall engagement process (ahead of and including the stakeholder event) will be iterative;
 - we hope that colleagues from the Health Board and partner organisations will be able to provide support with facilitation at the event and that this will in turn help to gain support for the programme from key players within the local system. Initial discussions have taken place with WOD.
- **further work to agree and understand the sub-system:**
 - undertake further mapping and analysis of the sub-system and develop narrative to gain a better understanding of the chosen sub-system and identify opportunities for leverage;
 - hold further engagement/stakeholder events if/as required (currently working assumption: 1 or 2 sub-system events in Q3/Q4).
- **develop and implement action plan**
 - supported by multi-agency implementation group as appropriate – details to depend on the outcome of stakeholder events.

Governance

This programme forms one strand of a wider programme of work on the local implementation of Healthy Weight: Healthy Wales. The weight management pathway development work forms another key strand. Whilst both work-streams report to the Executive Team, there is currently no strategic group in place to oversee the local delivery of Healthy Weight: Healthy Wales as a whole. Previous arrangements for coordinating healthy weight-related work were stood down during the pandemic and would not be suitable for the current agenda.

It is proposed to form a strategic Healthy Weight: Healthy Powys group, chaired by the Director of Public Health, to oversee implementation of these two programmes reporting to the Executive Team and to the Planning, Partnerships and Population Health Committee respectively.

Summary

- A new Obesity Systems Team has been established within the Powys Local Public Health Team to implement the new national Healthy Weight: Healthy Wales Whole Systems Approach to Obesity Prevention programme.
- Senior leadership support from the Health Hoard and from wider partners will be integral to the success of this new programme of work.
- Significant progress has been made to date, despite the impact of the COVID-19 pandemic on capacity within the Local Public Health Team.
- A proposed approach has been developed including a work-plan for 2022/23. Next steps include engagement with stakeholders and partnerships ahead of a strategic engagement event later in the year.
- Governance arrangements need to be agreed for this work and proposed to form a strategic Healthy Weight: Healthy Powys group, chaired by the Director of Public Health, to oversee implementation.

Recommendations

The Board is asked to:

- NOTE the Whole System Approach to Obesity Prevention programme in Powys;
- NOTE the progress made to date;
- APPROVE the proposed approach for 2022/23;
- AGREE the proposed governance arrangements including the proposal for a Strategic Healthy Weight: Healthy Powys Group to be established to provide strategic oversight for this and other work relating to healthy weight.

NEXT STEPS:

Subject to approval by the Board the next steps will be to:

- Engage with the PSB and/or RPB to present this work and seek support.
- Coordinate and deliver a strategic stakeholder event and agree a priority area(s) for action.
- Establish Strategic Healthy Weight: Healthy Powys Group to lead the work relating to healthy weight reporting to the Executive Team and the Planning, Partnerships and Population Health Committee.

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			
<p align="center">Statement</p> <p align="center"><i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i></p>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical	X			
Financial	X			
Corporate	X			
Operational	X			
Reputational	X			
<p align="center">Statement</p> <p align="center"><i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i></p>				

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Powys Teaching Health Board

Integrated Performance Report

Month 2 – Updated 12/07/2022

Select one of the below boxes to navigate to the required section of the report

[Executive Summary](#)

[COVID-19](#)

[Ministerial Measures](#)

[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 the latest available performance update against the phase one Ministerial Measures their progress against trajectories set in the IMTP, and the existing 2021/22 NHS Delivery Framework. This snapshot is for month 2 2022/23 but data will remain un-completed for metrics from the 2021/22 financial year, some measures do not have a final update until late in Q2. The data, drawn from various sources has been supported by statistical process charts, and includes officer lead narrative for challenges, actions, and further mitigations. It should also be noted that the availability of recent performance data varies by measure with monthly, quarterly, and annual updates, this resulting in some metrics not having an update for a 12+ month period.

Summary

Performance for the health board remains challenging against the key Welsh Government metrics that are used to assess improvement towards the "A Healthier Wales" ambitions and priority areas.

This snapshot against shows a diverse picture with very positive improvements of most key planned and elective care targets including referral to treatment (RTT), diagnostics, therapies, and mental health pathways targets in the local provider services.

Key areas of challenge for the health board are linked to ongoing COVID-19 outbreak exacerbating whole system pressures e.g., inpatient facilities that are via COVID outbreaks affecting patients, and staffing capacity as a result of sickness absence. And the ongoing fragility for planned care with in-reach consultant led services.

Commissioned service challenges are significant including emergency access where continuing very high system pressures in acute care are resulting in very long waits in accident and emergency (A&E), this in turn also impacts on ambulance waiting times with units unable to hand over patients quickly redeploying back in to the county. Patient access times for planned care pathways remains poor with elective care patients waiting beyond acceptable targets for treatment. The ongoing variance of recovery between Powys as a provider, Welsh acute care providers, and English care providers has resulted in three speeds of access depending on patient geographical or specialism flow pathway. COVID-19 has also impacted on acute care trusts admissions and sickness resulting in ongoing emergency and elective care pathway disruption.

In response supporting and maximising repatriation to improve acute flows the health board has placed further focus on increased management input into Powys bed flow, this will maximise provider beds supporting demand and reducing repatriation delays to the absolute minimum.

Compliance against NHS Delivery framework measures at month 2 by quadruple aim area.

Compliance against targets quadruple aim 1



Compliance against quadruple aim 2



Compliance against quadruple aim 3



Compliance against quadruple aim 4





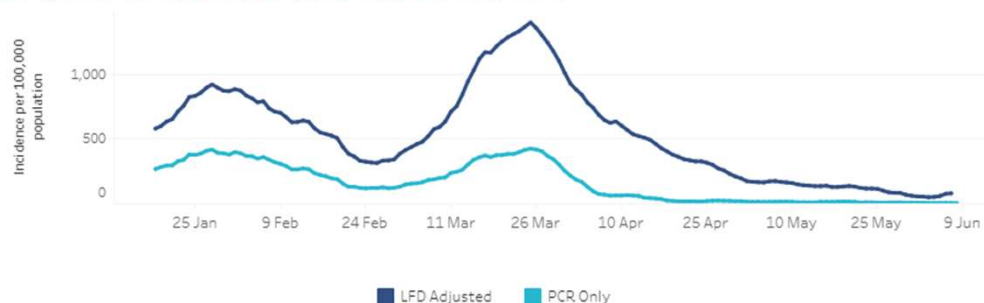
COVID-19 Infection Reporting – Source Public Health Wales

National reporting of COVID-19 infection data by Public Health Wales changed on 26 May 2022. At that time the latest published data on cases and tests by Local Authority of residence was as follows (snapshot date 20/05/2022 – Source Public Health Wales):

Time Period	Cases	Cases per 100k population	Testing Episodes	Testing per 100k population	Positive proportion
All Cases	26,301	19,859.6	167,951	126,817.7	15.7%
Wales average	834,202	26,458.4	4,892,528	155,176.5	17.1%

PHW reporting from 26 May 2022 reflects the changes in testing from 1 April 2022. Since 1 April 2022 the availability of community testing via both PCR and lateral flow devices has reduced significantly and may continue to change as guidance is updated. Therefore PCR and LFD testing figures and trends should be interpreted with caution and considered alongside other sources such as hospital admissions, mortality, wastewater to monitor COVID prevalence.

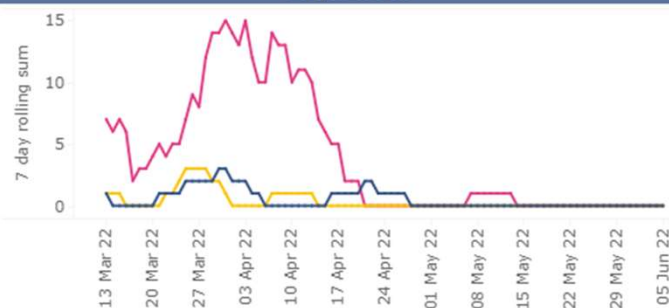
Rolling 7-day incidence per 100,000 population, by Local Health Board



The chart on the left shows the rolling 7-day incidence based on "PCR only" and "LFD adjusted" rates for Powys.

The chart on the right shows rolling 7 day sum of hospitalised cases in PTHB hospitals (red = hospital acquired, blue = community acquired, yellow = indeterminate).

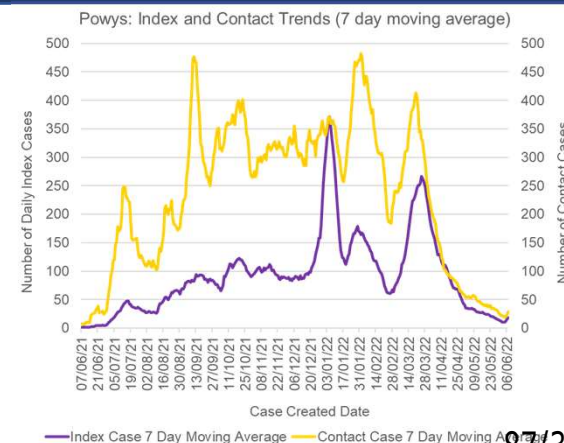
Rolling 7 day sum of hospitalised cases in Powys THB, by acquisition



COVID-19 Test, Track, and Protect (TTP) – Source Powys County Council

Reporting of COVID-19 TTP data is sourced directly from Powys County Council Business Intelligence team. The Test, Trace, and Protect process is in a period of transition from the previous model in place during 2021/22 to a new model from Q2 2022/23. Funding and requirements for contact tracing in 2022/23 were confirmed by Welsh Government in March 2022 and transition is nearing completion. As at 15 June 2022 Welsh Government has not yet confirmed funding or requirements for testing from 1 July 2022, which creates a level of operational and financial risk.

Changes in testing since 1 April mean that the number of index and contact cases have reduced since the last IPR and for the period 01 Jun to 07 Jun there were **137** contact cases (compared with 2197 for 08 Feb to 15 Feb) of which 99.3% were successfully followed up. Of **118** index cases (compared with 837 from 08 Feb to 15 Feb), 71% had completed contract tracing (56% within 24 hours). 100% of health and social care workers has contract tracing complete.



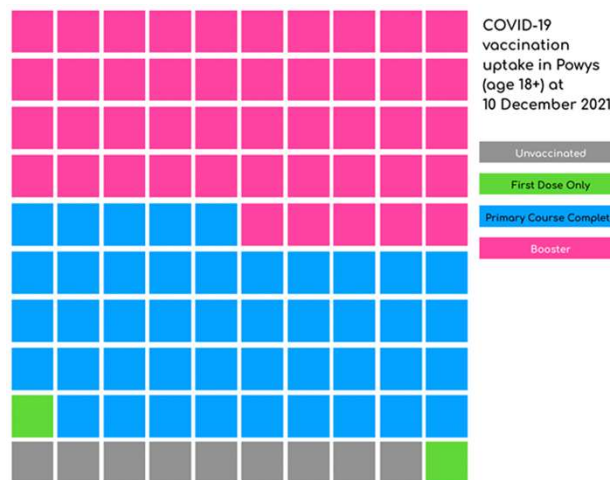


COVID-19 Vaccination Programme

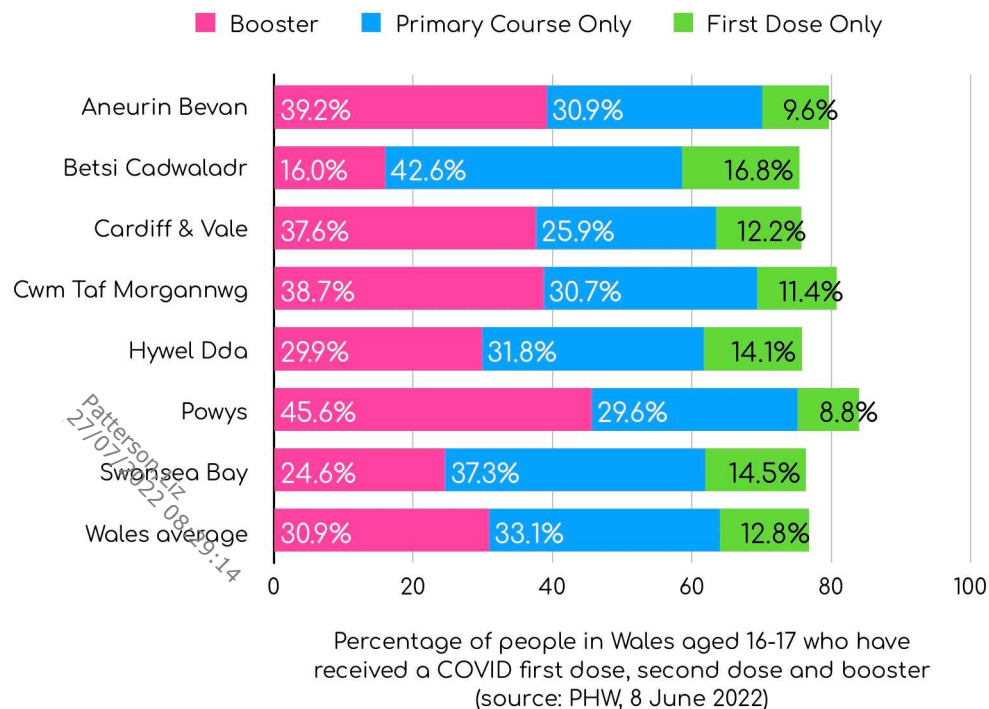
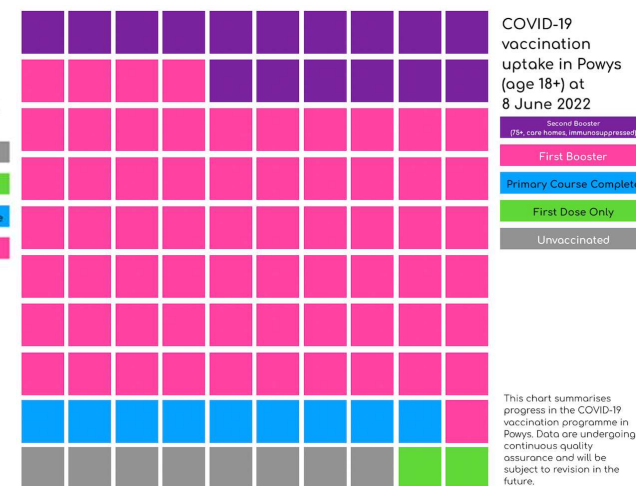
Where are we now?

- 80.6% of all adults in Powys have received their first booster, and 80% of eligible individuals have received their spring booster.
- 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 over the last six months including a further slight increase in uptake of first and second doses.

December 2021



June 2022



Current priorities include:

- Spring boosters for eligible individuals (residents of care homes for older adults, people aged 12+ with severe immunosuppression, people aged 75+): All invitations have been issued, and drop-in is available. 80% of eligible individuals have already taken up the invitation, which is the highest rate of all HBs in Wales.
- Boosters for people aged 16-17: All invitations have been issued, and drop-in is available. 45.6% of 16-17 year olds have taken up the invitation, which is the highest rate of all HBs in Wales (see left).
- First and second doses for people aged 5-11: Partial booking letters have been sent to all eligible individuals but uptake has been low (6% compared with Wales average of 14.1%). A programme of "full booking" is being considered for the summer holidays.
- "Always Open" offer for people who have not previously taken up COVID vaccination or completed their course: Drop-in remains available for first & second doses (12+), first boosters (16+) and spring boosters (eligible individuals).
- Planning ahead for Autumn Boosters following interim guidance published by the JCVI on 19 May 2022.



National changes to reporting measures

Please note this is a preview of the upcoming changes to the national reporting measures, this framework will be released in week 2 July 2022.

This month 2 integrated performance report (IPR) currently contains two separate frameworks for reporting assurance, and performance for Powys responsible patients health and well-being.

1. Ministerial measures
2. NHS delivery framework

For Q2 2022/23 the health board will update reporting inline with the the redeveloped NHS Performance Framework, this framework will amalgamate the Ministerial measures & NHS delivery framework.

The initial release version will contain;

- **84** measures Inc. Ministerial priority measures

Changes include;

- **25** new measures included this year to assess emerging priority areas
- **20** measures have been retired compared to the 2021-22 NHS delivery framework
- **9** self assessment qualitative returns

These will be reported via

NHS and Welsh Government Meetings:

- NHS Wales Leadership Board
- Integrated Quality, Planning and Delivery*
- Joint Executive Team*

Welsh Government Meetings:

- Executive Directors Team
- Quality Delivery Board*

*These groups form part of the NHS performance management framework

Operating measures

There will also be an additional bundle of **8** operating measures, these will not be routinely reported via NHS & Welsh Government meetings but will instead be tracked by Welsh Government policy leads and escalated/discussed as required

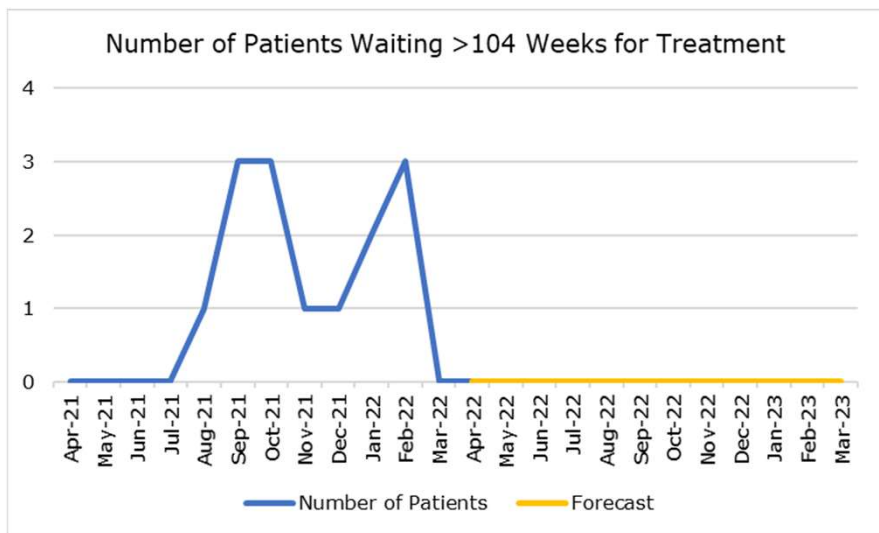


Ministerial Measures

Ministerial Measures

Within the NHS Wales Planning Framework 2022-2025 (which was published 9 November 2021), the Minister outlined her expectations and priorities for the NHS going forward at this challenging time. Within the Framework <https://gov.wales/nhs-wales-planningframework-2022-2025>, the Minister indicated her intention to set and issue a number of measures that will demonstrate improvement in the identified priority areas. These measures as discussed above will be amalgamated into a new framework.

The below section will contain the current Phase 1 measures where the health board has profiled a trajectory of performance for 2022/23, and where the measure has data available.



Number of patients waiting over 104 weeks for treatment Target - Improvement trajectory towards a national target of zero by 2024

Powys planned care performance in reducing very long waits has been positive, no patients now wait 104 weeks for treatment.

For more details on patient waits please review the quadruple aim 2 RTT slide [here](#)

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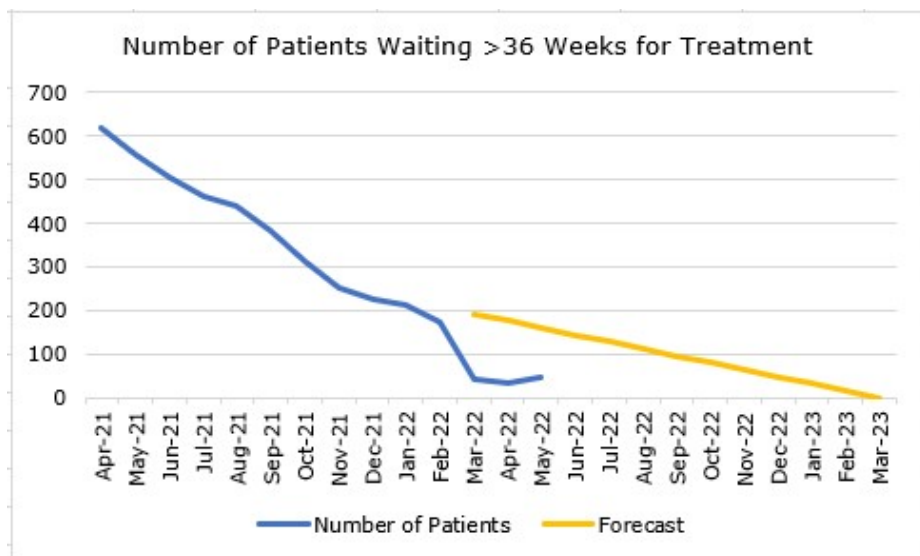
Ministerial Measures

Number of patients waiting over 36 weeks for treatment

Target - Improvement trajectory towards a national target of zero by 2026

Powys planned care performance in reducing waiters over 36 weeks is the best in Wales & England for Powys residents. The health board is currently reducing this patient cohort quicker than predicted.

For more details on patient waits please review the quadruple aim 2 RTT slide [here](#)



Number of patients waiting over 104 Weeks for a new outpatient appointment

Target - Improvement trajectory towards eliminating over 104 week waits by July 2022

Powys as a provider of planned care has not had patients waiting over 104 weeks for a new outpatient appointment this financial year, the health board is already compliant with the ministers target.

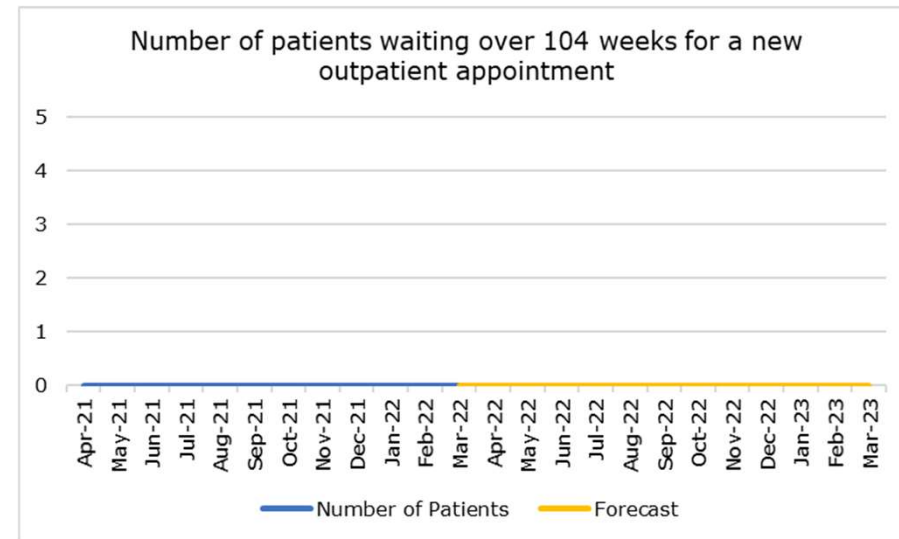
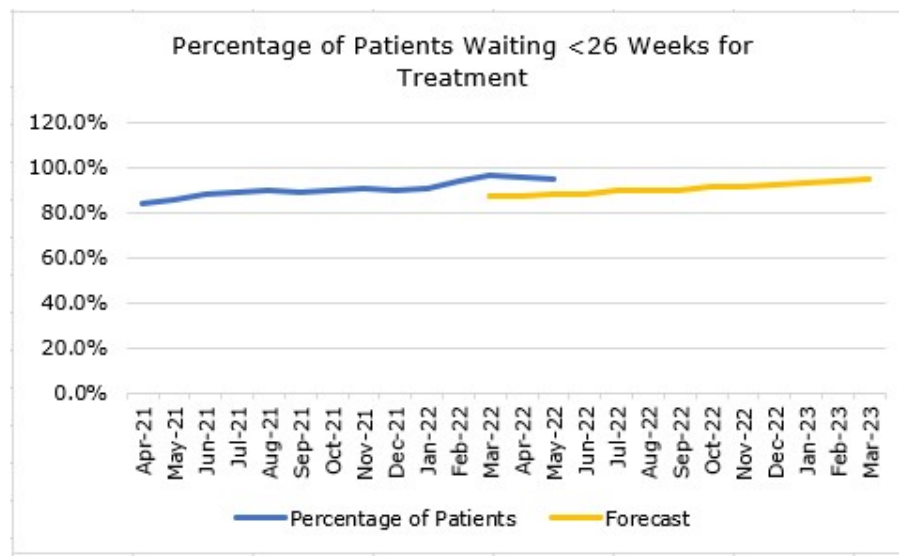
For more details on patient waits please review the quadruple aim 2 RTT slide [here](#)

Number of patients waiting under 26 weeks for treatment

Target - Improvement trajectory towards a national target of 95% by 2026

Powys planned care performance as a provider is remains positive, the health board at present is reporting validated 94.9% compliance against the 26 week target (95%) for treatment. As a provider we are on track to meet trajectory as set out in the IMTP.

For more details on patient waits please review the quadruple aim 2 RTT slide [here](#)





Ministerial Measures

Number of patients waiting over 52 weeks for a new outpatient appointment Target - Improvement trajectory towards eliminating over 52 week waits by October 2022

Provider services have successfully reduced patients wait over 52 weeks for a new outpatient appointment to zero before the October deadline.

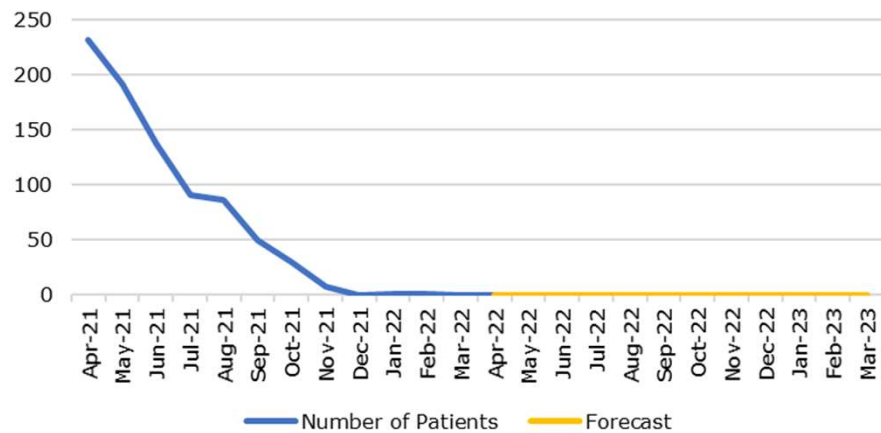
For more details on patient waits please review the quadruple aim 2 RTT slide [here](#)

Number of patients waiting over 8 weeks for diagnostic endoscopy Target - Improvement trajectory towards a national target of zero by March 2026

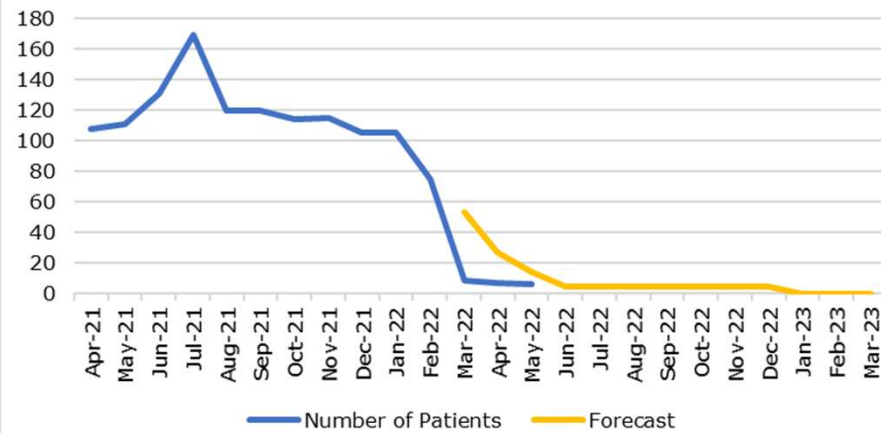
Powys provider services are on track to meet the ministers target reducing the number of patients to zero before March 2026.

For more details on diagnostics please review the quadruple aim 2 diagnostic slide [here](#)

Number of patients waiting over 52 weeks for a new outpatient appointment



Number of patients waiting over 8 weeks for a diagnostic endoscopy

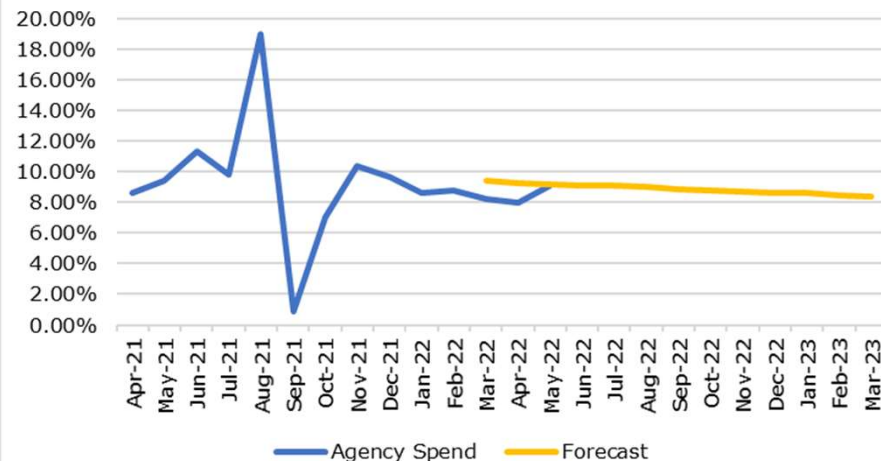


Agency spend as a percentage of the total pay bill

The provider agency spend as a percentage of total pay bill varies as a response to demand. The health board plans to remain on trajectory although there is significant unforeseeable risk including COVID-19 sickness of another wave happens in the remaining period to year end.

For more details on agency spend please review the quadruple aim 4 slide [here](#)

Agency spend as a percentage of the total pay bill





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 delivery measures mapped to the Healthier Wales quadruple aims.

People in Wales have improved health and well-being with better prevention and self-management

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

A Healthier Wales
Quadruple Aims

The health and social care workforce in Wales is motivated and sustainable

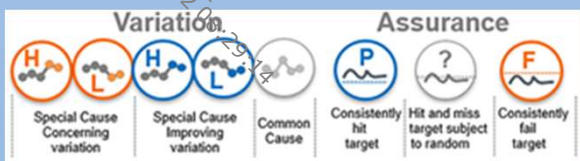
Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

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 ("in arrears")	
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%	Q3 21/22	95.8%	93.9%	96.1%	3rd	95.9%
	Director of Public Health	Consultant in Public Health	3	2 doses of the MMR vaccine by age 5	95%	Q3 21/22	91.3%	91.5%	91.0%	4th	90.0%
	Director of Public Health	Consultant in Public Health	4	Attempted to quit smoking – Cum	5%	Q3 21/22	2.00%	1.62%	2.43%	5th	2.99%
	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Assistant Director of Mental Health	5	Standardised rate of alcohol attributed hospital admissions	4 quarter reduction trend	Q3 21/22	355.2	425.1	428.5	6th	378.6
	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	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	Q4 21/22	69.6%	63.1%	50.0%	6th	67.4%
	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%
	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Assistant Director of Mental Health	9a	MHPart 2 – % residents with CTP <18	90%	May-22	88.9%	93.9%	96.9%	3rd*	80.1%
	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Assistant Director of Mental Health	9b	MHPart 2 – % residents with CTP 18+	90%	May-22	97.7%	83.6%	83.5%	6th*	85.4%
	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	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 ("in arrears")	
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 <i>Patterson.Liz 27/07/2022 08:29:14</i>	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	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%
		Assistant Director of Primary Care	16	Percentage of children regularly accessing NHS primary dental care within 24 months	4 quarter improvement trend	Q3 21/22	55.7%	45.9%	40.5%	5th	43.6%
		Assistant Director of Primary Care	17	Percentage of adults regularly accessing NHS primary dental care within 24 months	4 quarter improvement trend	Q3 21/22	47.0%	38.4%	32.8%	5th	33.0%
		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%	Apr-22		87.0%	85.0%	3rd*	84.8%
		Senior Manager Unscheduled Care	19	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	May-22	53.6%	48.3%	43.5%	7th	54.5%
		Senior Manager Unscheduled Care	21	MIU % patients who waited <4hr	95%	May-22	100.0%	100.0%	99.9%	1st	66.6%
		Senior Manager Unscheduled Care	22	MIU patients who waited +12hrs	0	May-22	0	0	0	1st	10,226
		Senior Manager Unscheduled Care	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					
		Senior Manager Unscheduled Care	24	Median time from arrival at an ED to assessment by a senior clinical decision maker	12 month reduction trend						
		Assistant Director of Community Services	32	Number of diagnostic breaches 8+ weeks	0	May-22	194	96	67	1st*	45,028
		Assistant Director of Community Services	33	Number of therapy breaches 14+ weeks	0	May-22	7	70	128	1st*	13,103
		Assistant Director of Community Services	34	RTT patients waiting less than 26 weeks	95%	May-22	85.4%	95.8%	94.9%	*1st	*53.7%
		Assistant Director of Community Services	35	RTT patients waiting over 36 weeks	0	May-22	508	35	48	*1st	*258,190
	Director of Planning and Performance		Local	Commissioned RTT patients waiting less than 26 weeks (English & Welsh Providers)	95%	Apr-22	60.1%	60.3%	59.2%		
			Local	Commissioned RTT patients waiting over 36 weeks (English & Welsh Providers)	0	Apr-22	4,170	4,891	5,001		



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 ("in arrears")	
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	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Assistant Director of Community Services/Assistant Director of Mental Health	38	Number of patients waiting for a follow-up outpatient appointment	<= 3,864	FUP data is currently being validated for both reportable/non reportable specialties following reporting change to use WPAS national team stored procedure. Validation is due to be complete by end of July.					
			39	Number of patient follow-up outpatient appointment delayed by over 100%	<= 201						
		Assistant Director of Community Services	40	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)	95%	May-22	64.5%	59.9%	61.5%	6th*	65.4%
		Assistant Director of Community Services	Local	Percentage of patient pathways without a HRF factor	<= 2.0%	May-22	0.3%	0.7%	1.3%		
		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
		Assistant Director of Mental Health	42	CAMHS % waiting <28 days for first appointment	80%	May-22	98.0%	97.5%	92.5%	2nd*	41.2%
		Assistant Director of Mental Health	43a	MH Part 1 - Assessments <28 days <18	80%	May-22	97.5%	96.9%	95.9%	1st*	45.2%
		Assistant Director of Mental Health	43b	MH Part 1 - Assessments <28 days 18+	80%	May-22	94.0%	79.1%	72.1%	3rd*	67.7%
		Assistant Director of Mental Health	44a	MH Part 1 - Interventions <28 days <18	80%	May-22	96.0%	96.6%	95.5%	1st*	37.9%
		Assistant Director of Mental Health	44b	MH Part 1 - Interventions <28 days 18+	80%	May-22	71.8%	36.7%	48.3%	6th*	62.7%
		Assistant Director of Womens and Children's	45	Children/Young People neurodevelopmental waits	80%	May-22	52.0%	88.3%	90.4%	1st*	37.5%
		Assistant Director of Mental Health	46	Adult psychological therapy waiting < 26 weeks	80%	May-22	95.7%	93.5%	88.8%	2nd*	71.8%
	Director of Nursing	Deputy Director of Nursing	47a	HCAI - E.coli per 100k pop cum	Local - Improvement	May-22				0.64	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		May-22				0.00	
	Director of Nursing	Deputy Director of Nursing	47c	HCAI - C.difficile per 100k pop cum		May-22				0.64	
	Director of Nursing	Deputy Director of Nursing	48a	HCAI - Klebsiella sp cumulative number		May-22				0.00	
	Director of Nursing	Deputy Director of Nursing	48b	HCAI - Aeruginosa per 100k cumulative number		May-22				0.00	

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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 (*in arrears)	
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	Head of Workforce	52	Performance Appraisals (PADR)	85%	May-22	69.0%	72.0%	72.6%	1st (Feb-22)	58.0% (Feb-22)
	Director of Workforce and OD	Head of Workforce	53	Core Skills Mandatory Training	85%	May-22	78.9%	83.0%	84.0%	2nd (Feb-22)	79.0% (Feb-22)
	Director of Workforce and OD	Head of Workforce	55	(R12) Sickness Absence	12m↓	May-22	4.90%	5.87%	5.84%	2nd (Feb-22)	6.67% (Feb-22)
	Director of Workforce and OD	Head of Workforce	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 (local data)	75%	Q4 2021/22		38.0%	30.0%	Not applicable	
	Medical Director	TBC	60	Percentage of Health and Care Research Wales non-commercial portfolio studies recruiting to target	100% of studies	N/A	Nationally no reportable studies for PTHB				
	Medical Director	TBC	61	Percentage of Health and Care Research Wales portfolio commercially sponsored studies recruiting to target	100% of studies						
	Medical Director	TBC	62	Crude hospital mortality rate (74 years of age or less)	12m↓	May-22	3.28%	2.38%	2.27%	Not applicable	1.06%*
	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%	Q3 21/22	97.0%	97.5%	97.7%	6th	98.8%
	Medical Director	Chief Pharmacist	67	Total antibacterial items per 1,000 STAR-PUs	249.3	Q3 21/22	206.7	223.5	260.0	1st	302.6
	Medical Director	Chief Pharmacist	69	Number of patients age 65 years or over prescribed an antipsychotic	Quarter on quarter reduction	Q3 21/22	491	472	479.0	1st	10,312
	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	Q3 21/22	0.13%	0.10%	0.10%	1st	0.13%
	Medical Director	Chief Pharmacist	71	Opioid average daily quantities per 1,000 patients	4 quarter reduction trend	Q3 21/22	4,251.5	4,187.3	4222.1	2nd	4,546.6
	Director of Finance and ICT	TBC	74	Agency spend as a percentage of the total pay bill	12m↓	May-22	9.4%	8.0%	9.1%	10th (Feb-22)	10.2% (Feb-22)
	Director of Finance and ICT	Head of Information	75	Percentage of episodes clinically coded within one reporting month post episode discharge end date	12m improvement trend towards achieving the 95% target	Mar-22	100.0%	100.0%	100.0%	1st	83.7%

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Quadruple Aim 1

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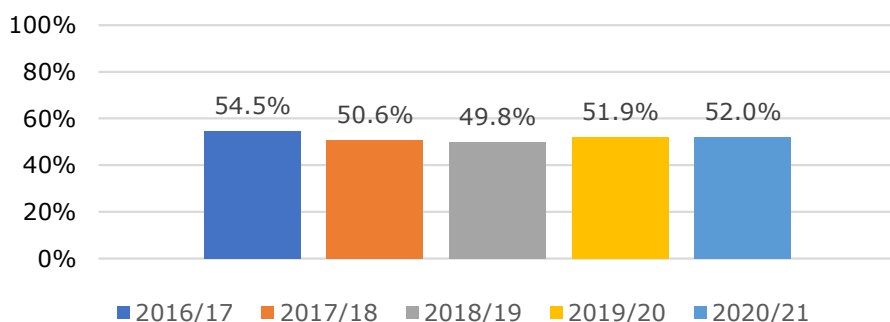
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People in Wales have improved health and well-being and better prevention and self-management

Measure: Percentage of babies who are exclusively breastfed at 10 days old

Executive Lead	Director of Nursing
Officer Lead	Head of Midwifery and Sexual Health
Strategic Priority	2

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 27/07/2022 08:29:14</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

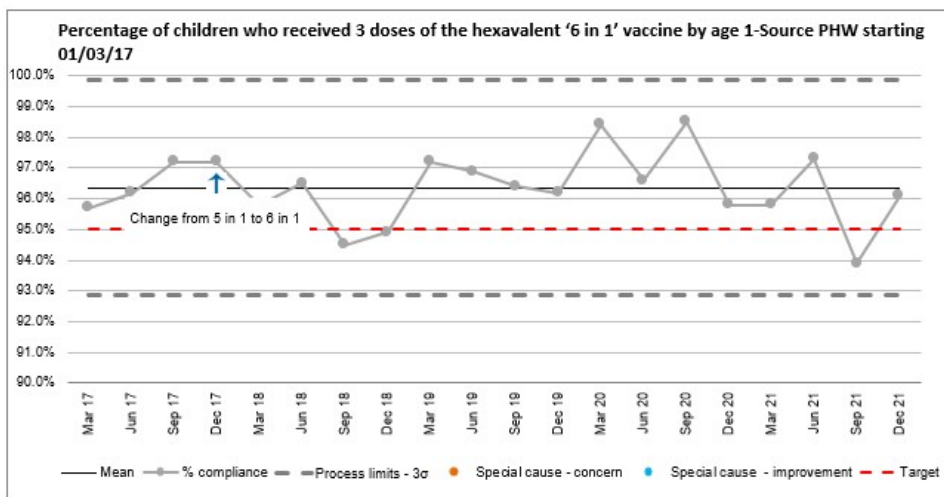
People in Wales have improved health and well-being and better prevention and self-management

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

Strategic Priority 2



Performance Q3 2021/22

Local Performance	All Wales Benchmark
96.1%	95.9% (3 rd)

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. The latest Q3 2021/22 ending December has shown recovery to above target and near average performance for the provider, the All Wales performance is 95.9%.

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

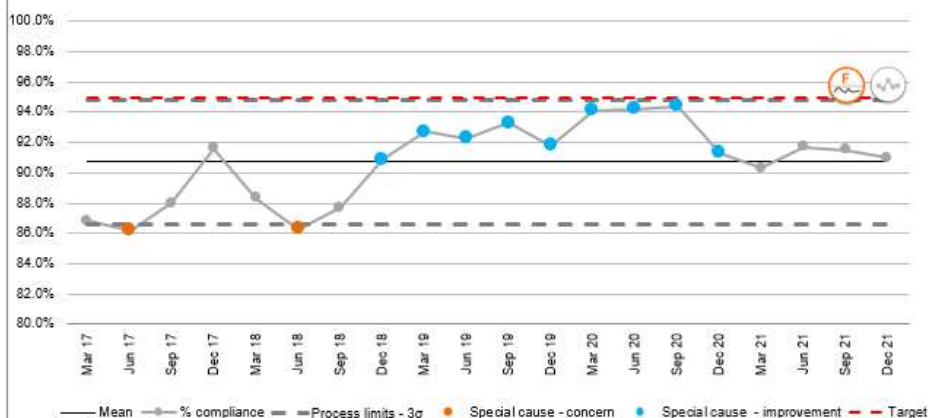
Measure: Percentage of children who received 2 doses of the MMR vaccine by age 5

Executive Lead Director of Public Health

Officer Lead Consultant in Public Health

Strategic Priority 2

Percentage of children who received 2 doses of the MMR vaccine by age 5-Source PHW starting 01/03/17



Performance Q3 2021/22

Local Performance	All Wales Benchmark
91.0%	90.0% (4 th)

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 4th against and All Wales performance of 90% for Q3 2021/22.

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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

We are currently working with general practices with the longest queue to request further immunisation slots are opened up.

Capacity to undertake this work is limited due to lack of capacity from the immunisation coordinator.

Mitigations

A recovery plan will be developed during Q1 and 2 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

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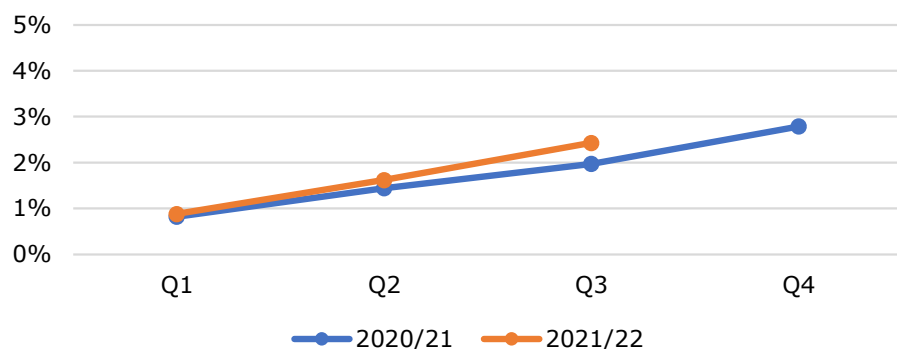
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People in Wales have improved health and well-being and better prevention and self-management

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
Strategic Priority	2

Percentage of adult smokers who make a quit attempt



Performance Q3 2021/22	
Local Performance	All Wales Benchmark
2.43%	5th (2.99%)
Variance Type	
N/A	
Target	
5% Annual Target	
Data Quality	

What the data tells us	Issues	Actions	Mitigations
<p>The cumulative quit attempts for the financial year to Q3 show a slight uptake in quit attempts on 2020/21 but they are still lower than the national benchmark.</p> <p>This includes the total quit attempts across Powys.</p> <p>The numbers of smokers within Powys attempting to stop smoking is in the main lower than other health board areas.</p>	<p>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.</p> <p>Both community and maternity provision has increased slightly.</p>	<p>With the removal of further social distancing and IPC requirements it is hoped community pharmacy will increase the offer to those wishing to quit.</p> <p>The health board is 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.</p>	<p>Mitigation is limited at the current time although the community services are increasing slot for smokers wishing to be supported through quit attempts.</p>



Quadruple Aim 1

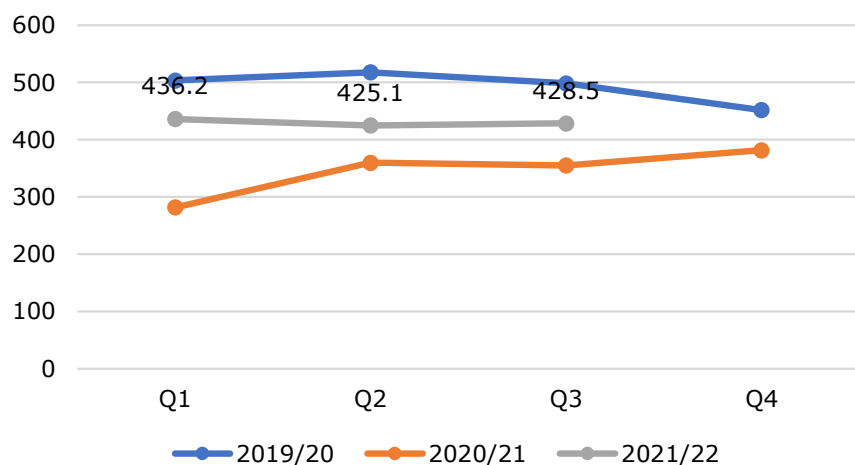
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5

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)

Alcohol attributed hospital admissions



Performance Q3 2021/22

Local Performance	All Wales Benchmark
428.5	6th (378.6)
Variance Type	
N/A	
Target	
4 quarter reduction trend	
Data Quality	

Executive Lead

Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

Officer Lead

TBC

Strategic Priority

2

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 Q3 2021/22 is 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

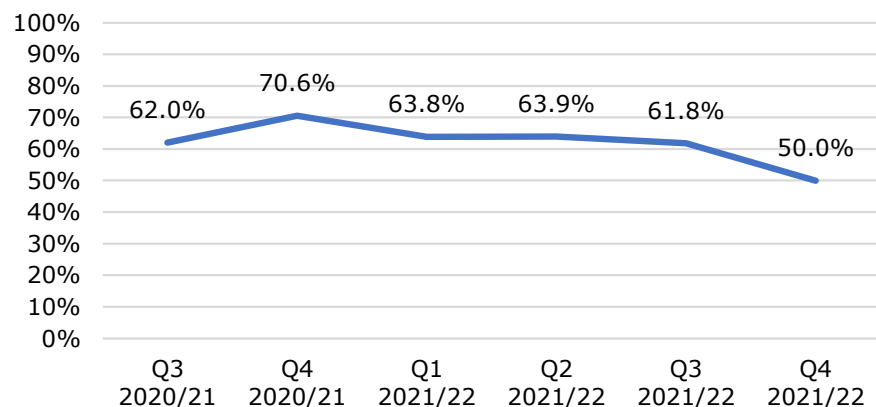
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6

People in Wales have improved health and well-being and better prevention and self-management

Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse

Completed Treatment for alcohol Misuse



Performance Q4 2021/22

Local Performance	All Wales Benchmark
50.0%	6 th 67.4%

Variance Type

N/A

Target

4 Quarter Improvement Trend

Data Quality

Executive Lead

Deputy Chief Executive
& Director of Primary
Care, Community &
Mental Health Services

Officer Lead

Assistant Director of
Mental Health

Strategic Priority

2

What the chart tells us

Performance has not met the national target of 4 quarter improvement. The health board is ranked 6th in Wales against the All Wales figure of 67.4%.

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Issues

This target is very broad, and interpretation of the target varies across Wales. We have focussed the Powys service to concentrate on harm reduction and enabling service users to take control on reducing the harm of substance misuse therefore, this does not always include complete abstinence and clients may access the service for a significant length of time.

Actions

Re-tendering for the drug and alcohol community treatment service has been complete and the successful provider to take up contract in September 2022. the new contract places a greater emphasis on client identified outcomes and holistic support.

Mitigations

Delivery of the 2022 Area Planning Board work plan focused on achieving client-centred goals and recovery including the development of recovery focused communities.



Quadruple Aim 1

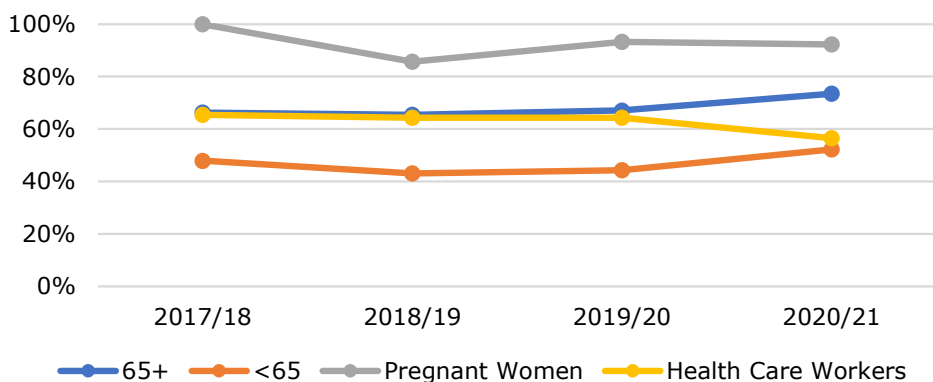
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7

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		
Measure	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
Strategic Priority	2

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>



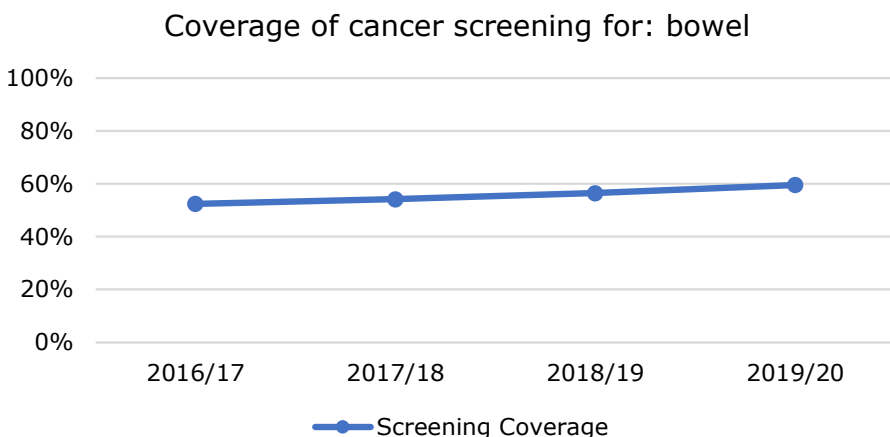
Quadruple Aim 1

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
Strategic Priority	7

What the data tells us	Issues	Actions	Mitigations
Coverage for bowel screening has improved consistently for PTHB, and the health board now ranks 1 st 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.	There is an issue with timely release of data to enable us to understand ongoing uptake of the bowel screening programme.	We will continue to support the roll out and extension of the bowel screen programme where possible.	None required – awaiting more up to date data.



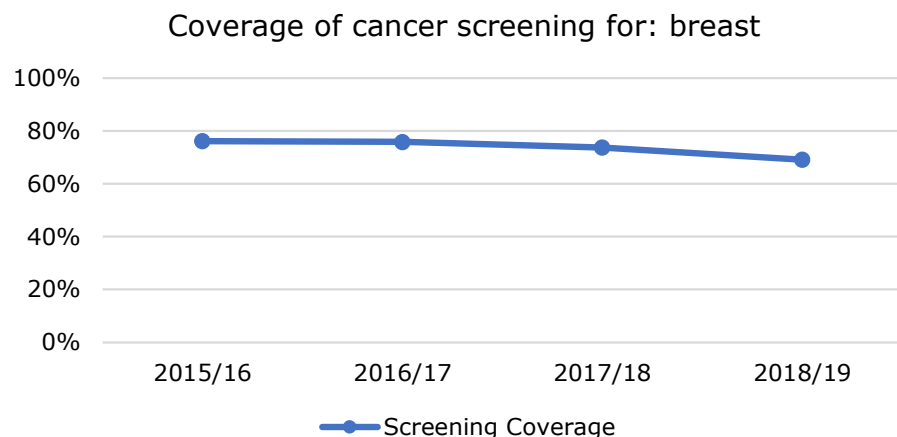
Quadruple Aim 1

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
Strategic Priority	7

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. <small>Reported by: Liz 2022/07/07/2022 08:29:14</small>	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

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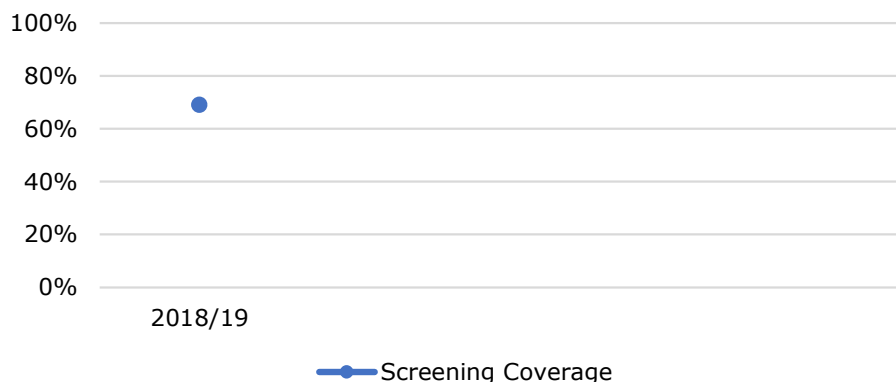
8c

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
Strategic Priority	2

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 the health board 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

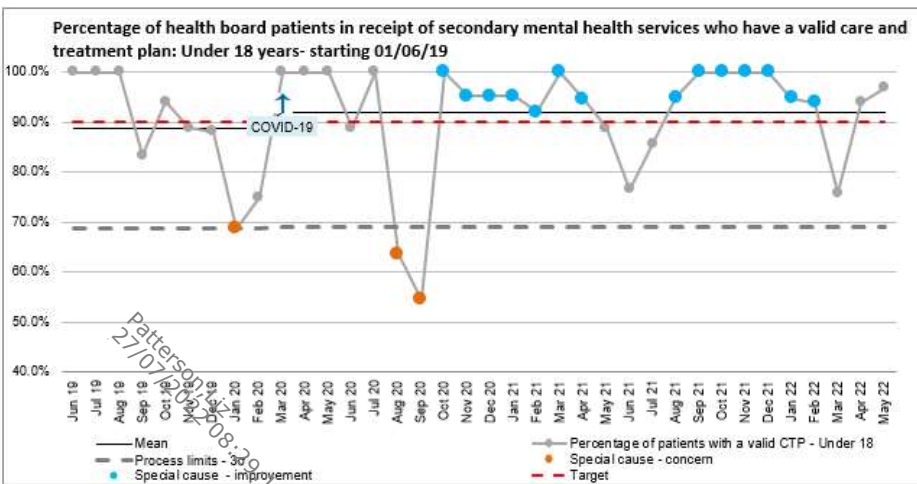
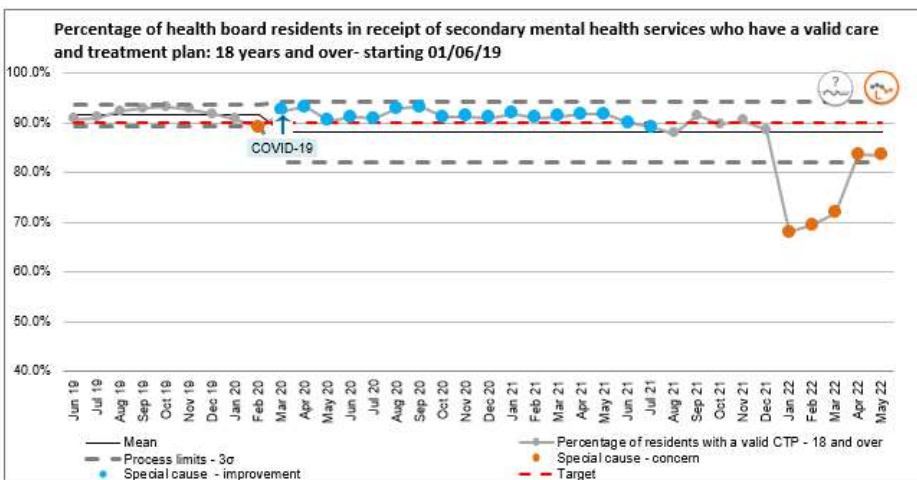
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9

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



May 2022 Actual Performance

18 years & over		Under 18 years	
Local	All Wales	Local	All Wales
83.5%	85.4%*	96.9%	80.1%*
Variance Type			
Special Cause Concern (18+), Common Cause (<18)			
Target			
90%			
Data Quality			

Executive Lead

Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

* Benchmark from previous available period

What the charts tell us

Learning disabilities, Ystradgynlais, South Powys and CAMHS all achieved the 90% target in May 2022.

CAMHS compliance improved in May to 96.9%, above the 90% target.

Collectively, Adult and older CTP compliance is 83.5% and remains special cause for concern in May.

The area bringing down overall compliance is North Powys due to staffing challenges.

Issues

North Powys services face significant challenges in terms of staff vacancies.

The service is further impacted by Social Services inability to undertake their share of Office Duty (due to vacancies and home working), with this responsibility falling to PTHB Staff, further impacts on clinicians' ability to care coordinate.

Access to administration support continues to be a contributory factor, affecting ability to extract accurate data – medical secretary support in North Older Adult is a huge challenge due to sickness. An improvement programme is planned to improve accuracy of data, and the service is currently accessing additional administrative support via the TSU.

Actions

Series of meetings set with Director of Social Services and Head of Adults over Powys County Councils responsibilities in Community Mental Health Teams.

Recruitment to vacant posts.

TSU administration support sought as interim measure.

A data cleansing project is underway to review WCCIS usage in North Powys in partnership with WCCIS Team and Information Team.

Mitigations

Clinical assessment and prioritisation of case loads.

Prioritising data cleansing and data accuracy.



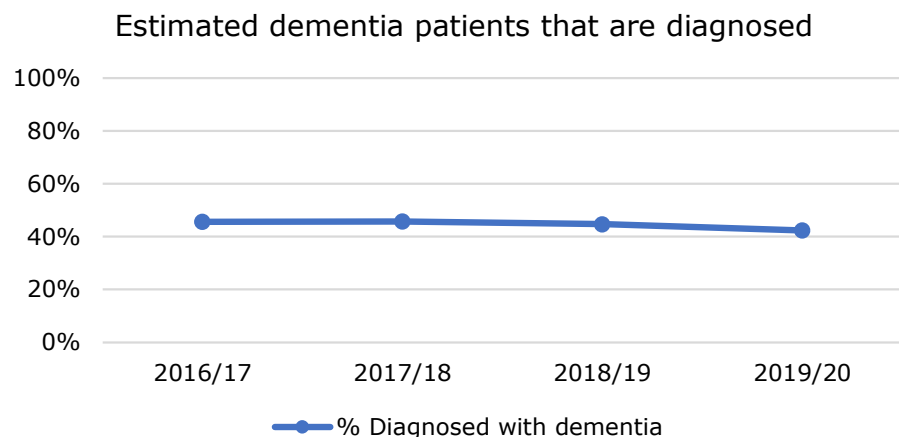
Quadruple Aim 1

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

Deputy Chief Executive
& Director of Primary
Care, Community &
Mental Health Services

Officer Lead

Assistant Director of
Mental Health

Strategic Priority

10

What the chart tells us

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%.

Issues

The target has proved challenging for Memory Assessment services for a number of years, compounded during the Covid-19 pandemic.

This is because:

- 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.

Actions

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.

Mitigations

See the action segment.

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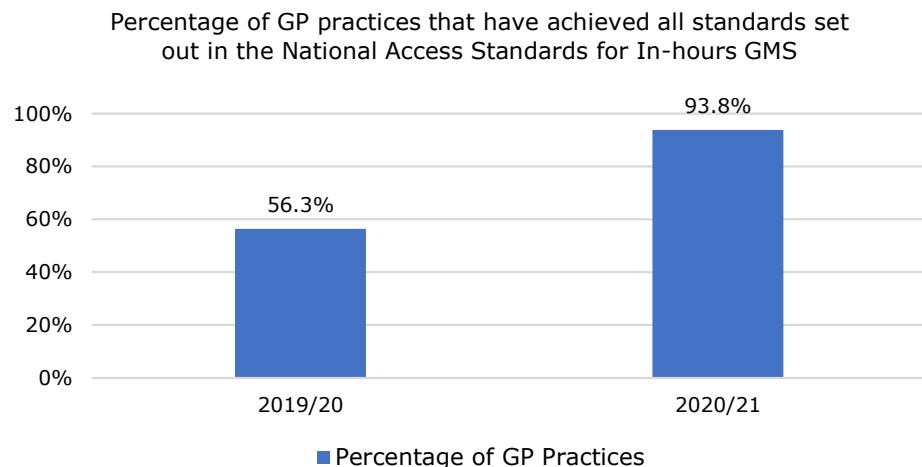
Quadruple Aim 2

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



Performance 2020/21	
Local Performance	All Wales Benchmark
93.8%	75.9%
Variance Type	
N/A	
Target	
100%	
Data Quality	

Executive Lead	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services
Officer Lead	Assistant Director of Primary Care
Strategic Priority	4

What the chart tells us	Issues	Actions	Mitigations
<p>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</p> <p>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.</p>	<p>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.</p>	<p>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</p>	<p>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.</p> <p>Specific mitigation for this issue is as per the Action.</p>



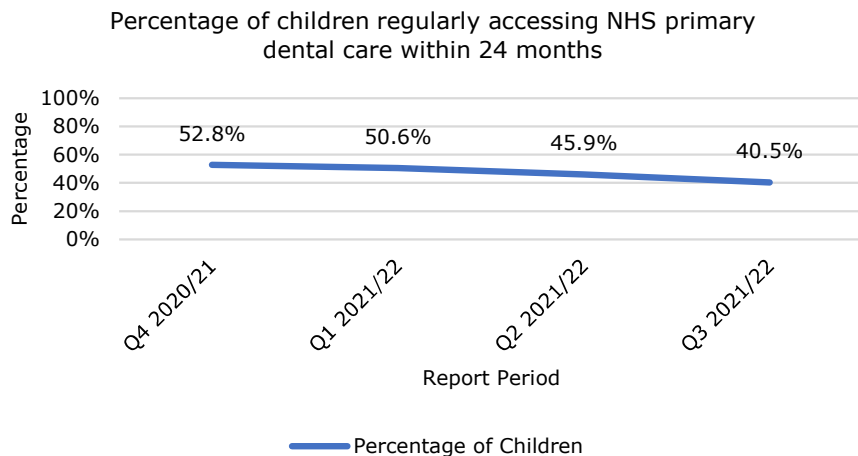
Quadruple Aim 2

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



Q3 2021/22 Performance

Local Performance	All Wales Benchmark
40.5%	(5 th) 43.6%

Variance Type

N/A

Target

4 quarter improvement trend

Data Quality

Executive Lead

Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

Officer Lead

Assistant Director of Primary Care

Strategic Priority

4

What the chart tells us

Performance has continued to fall across the displayed time period. PTHB performs below the All Wales average and ranks 5th for this metric.

Dental measures are to be revised for 22/23 financial year with the new Welsh Government framework

Issues

Welsh Government suspended the normal contract monitoring metrics (UDA's) until Q4 21/22. 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 IPC and ventilation standards/requirements for the clinical environment has impacted significantly on patient footfall.

Actions

- Reduced IPC requirements introduced in Q4 will improve patient flow
- Restart of dental contract reform has commenced since 1st April 23
- Practices have a choice to either be part of the reform programme or a return to contractual arrangements based wholly on delivery of UDA activity.
- 75% of Powys practices have chosen the contract reform model for 22/23

Mitigations

The following measures will be monitored during 22/23

- >80% of all child patients with a risk of caries (red or amber) have an application of fluoride varnish
- New patient target, for patients who have not had an appointment in the preceding 4 years, including children and adult
- Historic patient target, to review patients seen in the previous four years, including children and adult.

Child access against the above measure will be monitored monthly.



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

Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

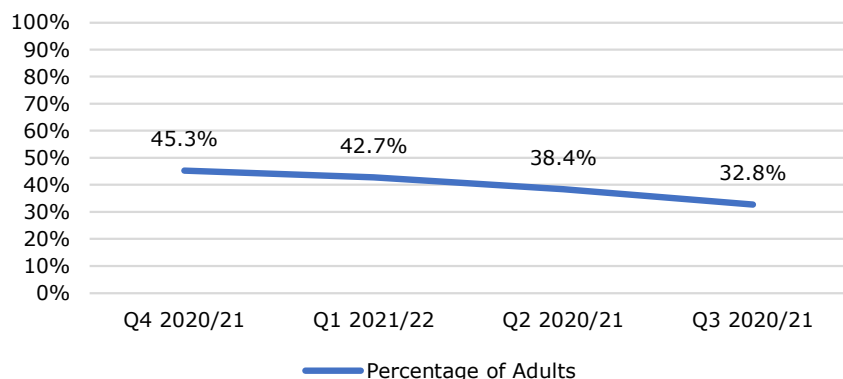
Officer Lead

Assistant Director of Primary Care

Strategic Priority

4

Percentage of adults regularly accessing NHS primary dental care within 24 months



Q3 2021/22 Performance

Local Performance	All Wales Benchmark
32.8%	(5 th) 33%

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 below the All Wales average of 33% ranking 5th.

Dental measures are to be revised for 22/23 financial year with the new Welsh Government framework.

Issues

Welsh Government suspended the normal contract monitoring metrics (UDA's) until Q4 21/22. 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 IPC and ventilation standards/requirements for the clinical environment has impacted significantly on patient footfall.

Actions

- Reduced IPC requirements introduced in Q4 will improve patient flow
- Restart of dental contract reform has commenced since 1st April 23
- Practices have a choice to either be part of the reform programme or a return to contractual arrangements based wholly on delivery of UDA activity.
- 75% of Powys practices have chosen the contract reform model for 22/23

Mitigations

The following measures will be monitored during 22/23

- New patient target, for patients who have not had an appointment in the preceding 4 years, including children and adult
- Historic patient target, to review patients seen in the previous four years, including children and adult.

Access against the above measure will be monitored monthly.



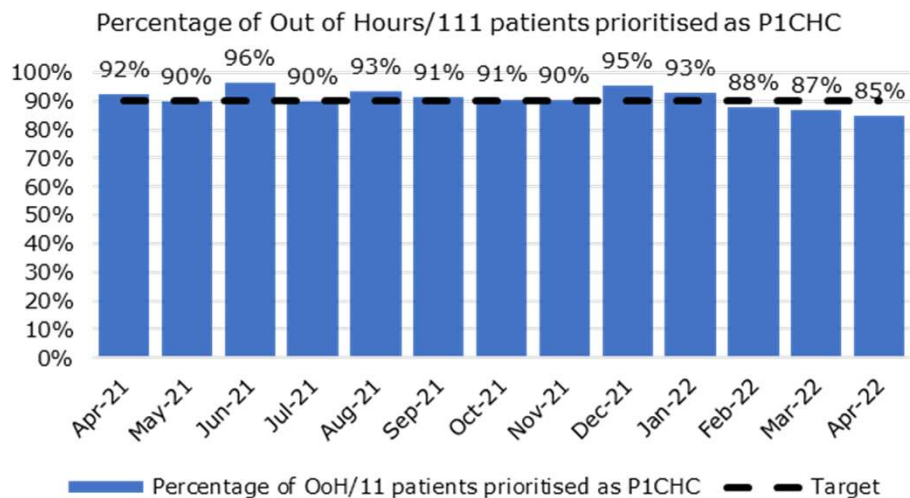
Quadruple Aim 2

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



April 2022 Performance

Local Performance	All Wales Benchmark
85%	N/A
Variance Type	
N/A	
Target	
90%	
Data Quality	

Executive Lead

Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

Officer Lead

Assistant Director of Primary Care

Strategic Priority

4

What the chart tells us

Performance against the 90% target dropped in Feb, March and April due to winter pressures combined with Covid-19. In addition there have been considerable staffing challenges due to Covid-19 absences.

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 Adastral 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 during 22/23

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

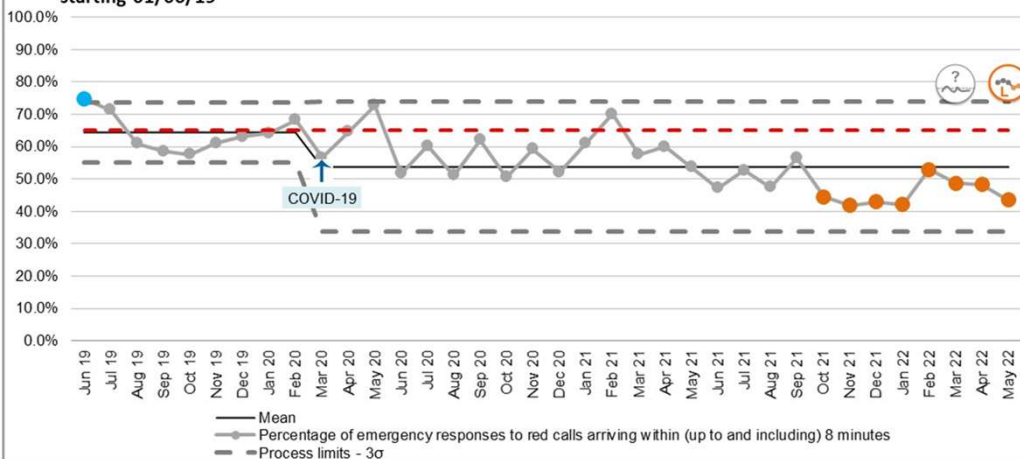
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19

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes

Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes- Source WAST starting 01/06/19



May 2022 Performance

Local Performance	All Wales Benchmark
43.5%	(7th) 54.5%

Variance Type

Special cause concern

Target

65%

Data Quality

Executive Lead

(Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

Officer Lead

Senior Manager
Unscheduled Care

Strategic Priority

11

What the chart tells us

Performance has deteriorated in May to 43.5% this is special cause concern and could show a shift in process with 7 sequential points below the mean. Powys ranks 7th below the All Wales average of 54.5% for the same period.

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.

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Quadruple Aim 2

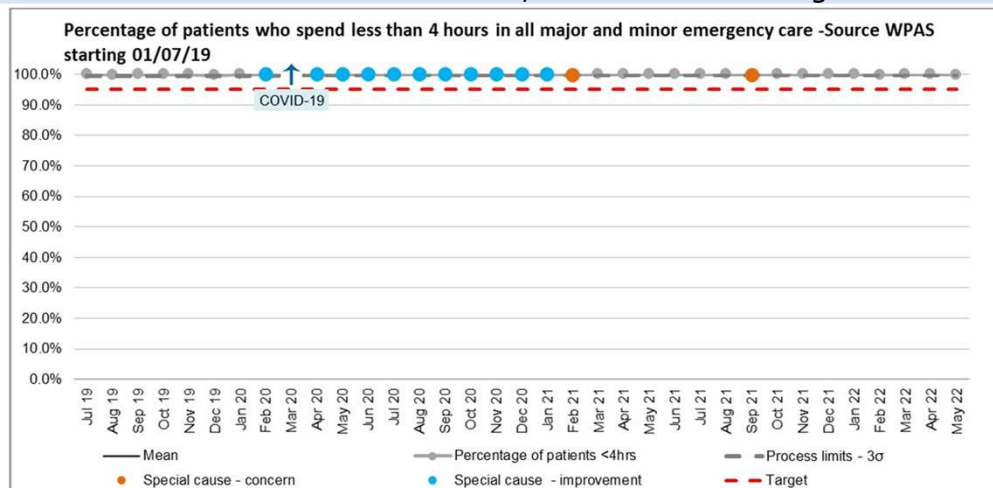
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21

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

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



May 2022 Performance

Local Performance	All Wales Benchmark
99.9%	(1 st) 66.6%

Variance Type

Common Cause

Target

95%

Data Quality

Executive Lead

(Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

Officer Lead

Senior Manager
Unscheduled Care

Strategic Priority

11

What the chart tells us

MIU performance against the access target remains excellent circa 99+% on a monthly basis. The All Wales average was 66.6% but this is non comparable due to the provider service types e.g., minor vs mixed units including tier 1.

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.

Patterson Liz
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Quadruple Aim 2

No.

22

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

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

(Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services)

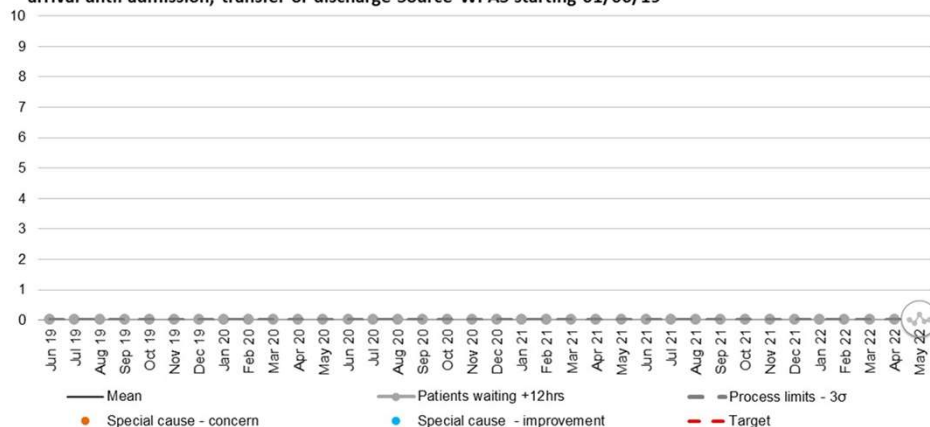
Officer Lead

Senior Manager
Unscheduled Care

Strategic Priority

11

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 01/06/19



May 2022 Performance

Local Performance	All Wales Benchmark
0	10,226 (1 st)
Variance Type	
Common Cause	
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 for May was 10,226 which has been the second highest number of delays recorded in 2021/22.

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.

32

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Diagnostic Breaches

Number of patients waiting more than 8 weeks for a specified diagnostic

Executive Lead

(Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

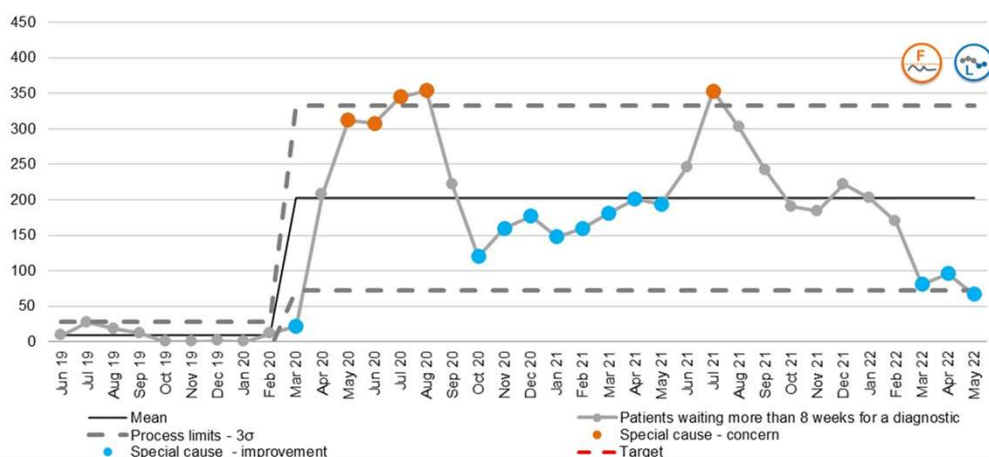
Officer Lead

Assistant Director of Community Services

Strategic Priority

5

Patients waiting more than 8 weeks for a diagnostic- Source WPAS starting 01/06/19



May 2022 Performance

Local Performance	All Wales Benchmark
67	*(1 st) 45,028

Variance Type

Special cause improvement

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 variance is a special cause for improvement for the past three months, after a significant reduction in Q4 21/22 and in reach capacity. Key specialty with challenge in May remains non-obstetric ultrasound.

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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Quadruple Aim 2

No.

32

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

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"> The service is fragile and reliant on in reach particularly for lowers. In reach CD retires in July 2022 There is a national shortage of colonoscopists. Capacity impacted by C19 testing and isolation requirements unable to fill cancellation slots at short notice Bowel screening service is fragile single points of failure Demand & Capacity modelling pre covid indicated underlying deficit in colonoscopy capacity for PTHB 5 sessions per month <p>Non Obstetric Ultrasound (NOUS)</p> <ul style="list-style-type: none"> PTHB have appointed own Sonographers The specialist NOUS e.g. MSK (out of the scope of Powys's practitioners) are the breachers 	<p>Endoscopy</p> <ul style="list-style-type: none"> Lead Nurse post for endoscopy developed and successfully recruited to provide specific speciality level clinical leadership to the service. PTHB first clinical endoscopist trainee post completes training in August 22 and will provide additional JAG accredited endoscopy capacity for gastroscopy Schemes under development for endoscopy include cytosponge and naso endoscopy. Clinical Endoscopist currently working with National Team to develop lifestyle virtual group clinics for endoscopy patients Working with National Endoscopy Programme on demand and capacity modelling and regional plans/solutions (across 3 regions South East, South West, North) Plans in place for medical model & leadership review Working with PHW Bowel Screening Wales on regional solutions to service sustainability, CTMUHB specialist nurse post providing in reach into PTHB service <p>Non Obstetric Ultrasound (NOUS)</p> <ul style="list-style-type: none"> Liaising with external providers to provide a plan 	<ul style="list-style-type: none"> Rolling programme of clinical and administrative waiting list validation. Additional in sourcing capacity to be provided to address routine backlog commenced in March 2022 and extended to Q3 Working at Regional level to support service sustainability <p>Non Obstetric Ultrasound (NOUS) Continuous monitoring of waiting list</p>

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Quadruple Aim 2

No.

33

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Therapy Breaches

Number of patients waiting more than 14 weeks for a specified therapy

Executive Lead

(Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

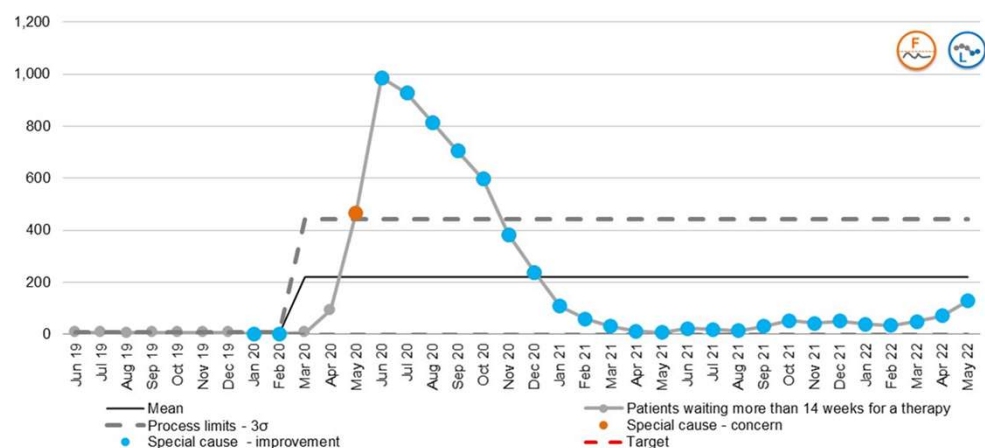
Officer Lead

Assistant Director of Community Services

Strategic Priority

5

Patients waiting more than 14 weeks for a therapy - Source WPAS starting 01/06/19



May 2022 Performance

Local Performance	All Wales Benchmark
128	(1 st) *13,103

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 but breach levels have increased slightly to 128. Breaches remain in Audiology, Paediatric Dietetics, Podiatry, Physiotherapy and Speech & Language Therapy.

Issues

- Cancellations of clinics at short notice due to staff having to isolate due to covid causes breaches
- Vacancies across services particularly physiotherapy, Dietetics and Audiology 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



Quadruple Aim 2

No.

34

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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	(Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services)
Officer Lead	Assistant Director of Community Services
Strategic Priority	5

May 2022 Performance

Local Performance	All Wales Benchmark
94.9%	53.7% (1 st)*

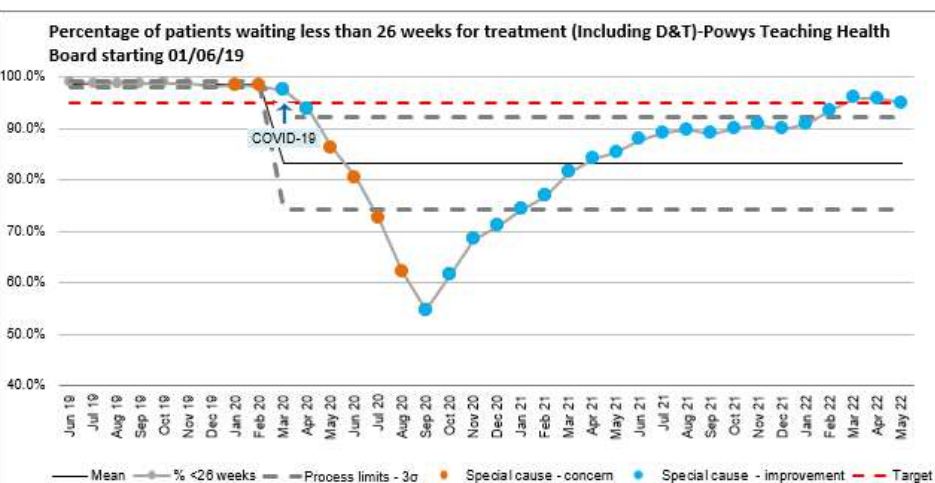
Variance Type

Special Cause - Improvement

Target

95%

Data Quality



RTT waits by specialty and band	Weeks wait band						
Main Specialty	0 to 25 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 weeks	Grand Total
100 - GENERAL SURGERY	316	19	12	0	0	0	347
101 - UROLOGY	119	25	3	0	0	0	147
110 - TRAUMA & ORTHOPAED	484	69	15	0	0	0	568
120 - ENT	385	14	1	1	0	0	401
130 - OPHTHALMOLOGY	806	62	0	0	0	0	868
140 - ORAL SURGERY	218	41	6	0	0	0	265
143 - ORTHODONTICS	13	1	0	0	0	0	14
191 - PAIN MANAGEMENT	172	1	0	0	0	0	173
300 - GENERAL MEDICINE	45	1	0	0	0	0	46
320 - CARDIOLOGY	117	13	0	0	0	0	130
330 - DERMATOLOGY	48	5	0	0	0	0	53
410 - RHEUMATOLOGY	109	6	3	0	0	0	118
420 - PAEDIATRICS	39	1	0	0	0	0	40
430 - GERIATRIC MEDICINE	22	0	0	0	0	0	22
502 - GYNAECOLOGY	227	25	7	0	0	0	259
Total Excluding D&T	3120	283	47	1	0	0	3451
998- DIAGNOSTIC SERVICES	59	2	0	0	0	0	61
999- AHP SERVICES	2978	0	0	0	0	0	2978
Grand Total	6157	285	47	1	0	0	6490

What the chart tells us

Powys provider planned care has continued to report special cause improvement since Q3 2020. The service in May reported 94.9% compliance against the 95% target for patients waiting under 26 weeks (considerably better than other Welsh providers).

Issues

Covid-19 related in reach absences/pressures including unavailability of anaesthetic cover and patient unavailability due to Covid-19 have been the primary cause of waiting list pressures.

[Actions and Mitigations on next page](#)



Quadruple Aim 2

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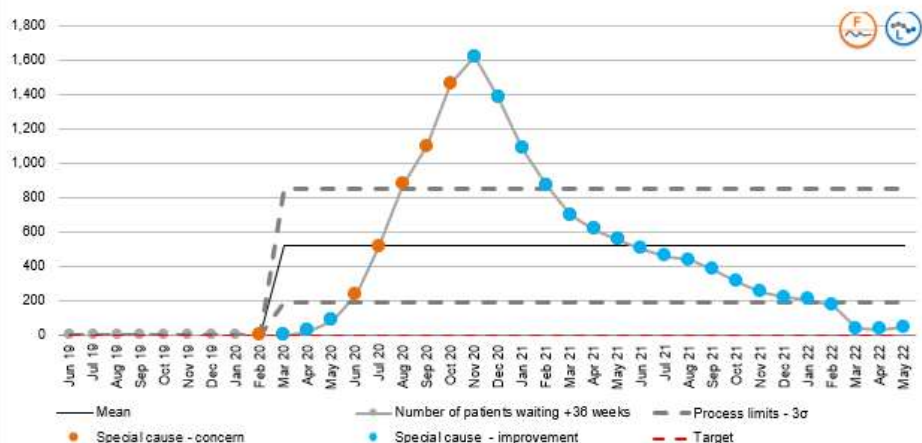
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Referral to Treatment – Powys Teaching health board as a provider

Number of patients waiting more than 36 weeks for treatment

Patients Waiting +36 weeks Including D&T-Powys Teaching Health Board starting 01/06/19



May 2022 Performance

Local
Performance

48

All Wales
Benchmark

258,190 (1st)*

Variance Type

Special Cause - Improvement

Target

0

Data Quality

Executive Lead

(Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

What the chart tells us

Planned care services have demonstrated exemplar recovery progress prior to Welsh Government recovery monies, outsource contracts, and transformational workstreams. Since Q3 2020 the recovery of long waiters has reported special cause improvement.

Actions

- Improvement work to manage waiting lists in line with the National Planned Care Programme Outpatient Transformation and Speciality Boards continues with activity levels closely monitored locally via the daily review of patient lists and weekly RTT meetings.
- Waiting lists are clinically validated and risk stratified in addition to administrative waiting list validation. Theatre lists are clinically prioritised utilising the Federation of Surgical Speciality Association Covid-19 prioritisation tool with the vast majority of patients categorised as priority 4 (low risk), however all long waiters are regularly, clinically reviewed to ensure their condition is not changing and in need of re-prioritising. Any patients requiring urgent treatment are transferred to DGH urgent pathways if immediate lists are not available in PTHB.
- Wet AMD service has been extended into mid Powys, now available in Llandrindod and Brecon Hospitals. PTHB 1st nurse eye care injector trained. Excellent clinical outcomes above national average for wet AMD service.
- MDT for eye care including ophthalmic scientist and hospital optometry developed. New one stop eye care clinic established in Llanidloes, patients no longer need to travel out of county to HDUHB Bronglais and face significant wait for eye care scans. General OP teams in North Powys received update training specific. Care closer to home for patients, instant diagnostics for decision making for clinicians and improved access times to support RTT management.
- Embedded vascular "mega" clinic established in North Powys August 2021 vascular surgeon, ultrasonography, podiatry, district nursing – one stop clinic running successfully.
- Plans in place to secure orthopaedic clinical director sessions to support service development and transformation

Mitigations

- National Planned Care Programme is developing national harm review processes and national system.
- Additional capacity in place from February 2022, this is now extended to Q3 – insourcing
- Standard Operating Procedures (SOPS) continually reviewed in line with updated Royal College, PHW and national guidance.
- SLAs managed via PTHB Commissioning Assurance Framework



Quadruple Aim 2

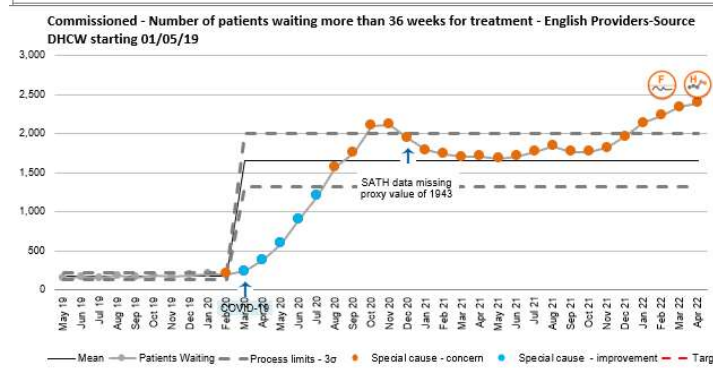
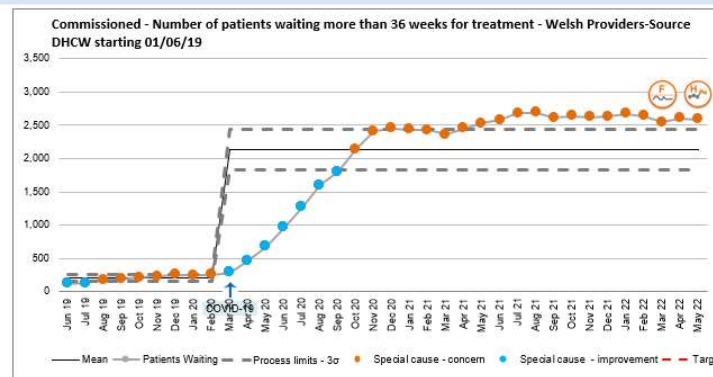
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Referral to Treatment Percentage of patients waiting less than 26 weeks for treatment & Number of patients waiting more than 36 weeks for treatment

Welsh Providers	May 2022	Patients 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	Total Waiting
Aneurin Bevan Local Health Board	65.4%	1531	247	216	148	77	121	2340
Betsi Cadwaladr University Local Health Board	45.5%	257	59	75	83	25	66	565
Cardiff & Vale University Local Health Board	54.6%	242	47	45	42	23	44	443
Cwm Taf Morgannwg University Local Health Board	45.0%	241	58	59	58	38	82	536
Hywel Dda Local Health Board	52.9%	770	137	166	137	134	111	1455
Swansea Bay University Local Health Board	47.1%	940	217	221	192	132	294	1996
Total	54.3%	3981	765	782	660	429	718	7335

English Providers	Apr 2022	Patients 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	Total Waiting
English Other	65.3%	156	34	33	13	1	2	239
Robert Jones & Agnes Hunt Orthopaedic & District Trust	58.8%	1618	336	390	287	94	29	2754
Shrewsbury & Telford Hospital NHS Trust	65.1%	2525	504	555	252	43	0	3879
Wye Valley NHS Trust	63.3%	2070	504	493	158	29	15	3269
Total	62.8%	6369	1378	1471	710	167	46	10141



What the chart tells us

Welsh provider performance does not meet the national targets with limited improvement, both under <26 week and +36 week national targets are special cause concern variation and failing to meet target.

That English providers are showing common cause variation for under 26 week performance and failing to meet the target. Whilst for 36+ week waiters they are showing special cause for concern with a significant increase through Q4 and into month 1 2022/23.

No NHS commissioned services are delivering the Welsh Government set 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.
- Welsh & English providers, including Powys provider services have mobilised additional capacity be that insourcing, outsourcing or the increase usage of additional payments for clinical activity.
- In England overall progress is being slowed currently by the impact of Covid-19 on staff resulting in system elective activity suspensions decisions (a system decision is collective change to providers (integrated care systems (ICSs) in a region by NHSEI [NHS England » Integrated care in your area](#)), inclusive of this is the impact of urgent care on the delivery of planned care services.
- 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.
- Further national work is being carried out by the Welsh Delivery Unit to improve All Wales waiting list reporting which will provide identifiable weekly waiting lists starting from August 2022. This will enhance PTHB's ability to track responsible wait pathways across multiple Welsh providers.

Further provider break down graphs are available within the [appendix](#)



Quadruple Aim 2

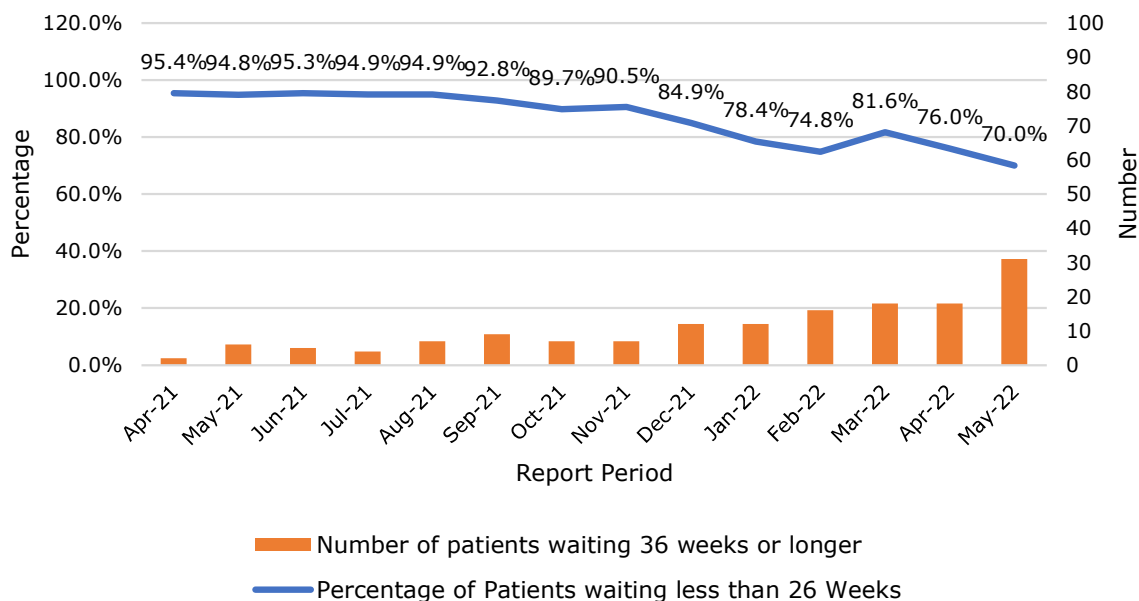
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Insourcing/Outsourcing

Private Dermatology Outsourcing – Referral to Treatment

Private Dermatology Outsourcing – Referral to Treatment



Source: Provider	% patients waiting under 26 weeks	Weeks Wait Bands				Total waiting
Month		Under 26	26 to 35	36 to 51	52+ Weeks	
Apr-21	95.4%	248	10	2	0	260
May-21	94.8%	275	9	6	0	290
Jun-21	95.3%	286	9	5	0	300
Jul-21	94.9%	319	13	3	1	336
Aug-21	94.9%	354	12	6	1	373
Sep-21	92.8%	337	17	9	0	363
Oct-21	89.7%	341	32	7	0	380
Nov-21	90.5%	354	30	7	0	391
Dec-21	84.9%	338	48	12	0	398
Jan-22	78.4%	338	81	11	1	431
Feb-22	74.8%	336	97	16	0	449
Mar-22	81.6%	338	58	18	0	414
Apr-22	76.0%	333	87	18	0	438
May-22	70.0%	299	97	31	0	427

What the chart tells us

Performance at the private provider service has continued to reduce against the Welsh under 26 week target with an increase in patients waiting over 36 weeks. It should be noted that no patients wait over 52 weeks during May

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.



Quadruple Aim 2

No.

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Provider Single Cancer Pathway (SCP) Performance

Executive Lead

Medical Director

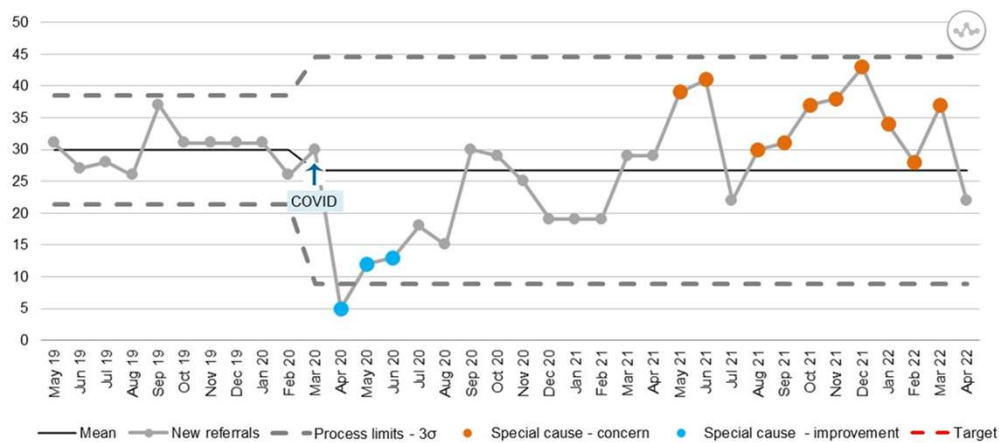
Officer Lead

TBC

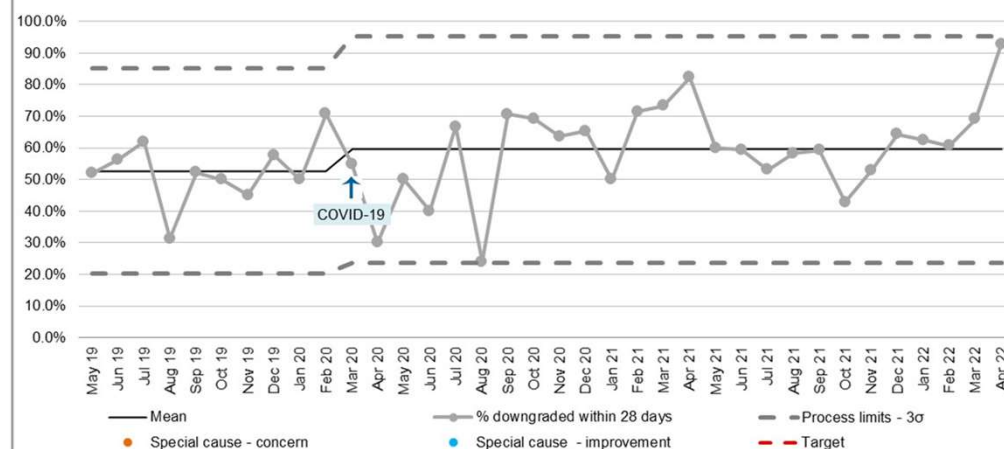
Strategic Priority

7

Single Cancer Pathway Referrals into Powys THB- Source WPAS CWS starting 01/05/19



Single cancer pathway downgrades within 28 days best practice- Source WPAS CWS starting 01/05/19



What the charts tells us

- During April 23 patients started an SCP pathway within provider, slightly below the month average. The number of patients being referred however has remained predominately above average this financial year.
- The downgrade performance (92.9% Apr-22) against the best practice guidance for those patients who **DO NOT** have cancer being told within 28 days.
- Low number of both referrals and downgrades can cause significant fluctuation in the provider, and the majority of referrals go from primary to secondary acute care directly (especially in North and South West Powys).

Issues

Actions

- The Cancer Services Tracker continuously monitors live data for PTHB as a provider.
- There are no current breaches identified for patients receiving their diagnostic appointments in Powys.

Mitigations



Quadruple Aim 2

No.

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Commissioned Services Single Cancer Pathway (SCP) Breach Performance

Executive Lead	Medical Director
Officer Lead	TBC
Strategic Priority	7

Welsh SCP pathways breaching by provider – source DHCW

ProviderOrgDesc	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	2022-01	2022-02	2022-03	2022-04	Total
Aneurin Bevan Local Health Board	2	4	3	3	5	4	2	3	12	6	4	1	49
Betsi Cadwaladr University Local Health Board			1	1				2					4
Cwm Taf Morgannwg University Local Health Board		3	2	3	1	2	2	1	2	2		3	21
Hywel Dda Local Health Board	2	4	4	1	2	4	6	4	5	1	6	2	41
Swansea Bay University Local Health Board	2	2	7	2	3	2	6	2	3	5	2	3	39
Total	6	13	17	10	11	12	16	12	22	14	12	9	154

Commissioned services - What the table tells us

Welsh Providers

- The number of breaches reported has not significantly changed with 9 reported across all Welsh treatment providers for April.

English Providers

- Shrewsbury and Telford hospital (SATH) NHS trust reported 8 breaches of their cancer pathway reported for April 2022, 2 patient was reported as waiting over 104 days.
- Wye Valley NHS Trust (WVT) reported 4 breaches of their cancer pathway in January 2022, the challenge of issues mirrors SATH including radiological investigation delays and elective capacity challenges.

Issues	Actions	Mitigations
<ul style="list-style-type: none"> 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. Commissioned provider breach counts are being updated retrospectively following validation. 	<ul style="list-style-type: none"> Initial work (phase 1) undertaken in March and April 2022 using non-recurrent Wales Cancer Network funding to develop a business intelligence tool using the Power BI platform for all active suspected cancer pathways for Powys residents receiving diagnosis or treatment in other health boards or NHS trusts in Wales. PTHB Harm Review panel established and meeting monthly to review breach reports completed by commissioned providers. 	<ul style="list-style-type: none"> Wales Cancer Network have confirmed non recurrent funding for April – September 2022 of £43093 to further develop progression of the business intelligence tool. Phase 2 will enable the transfer of the Power BI standalone system onto the Powys server and then linking to the data resulting in live tracking of Powys patients on the Suspected Cancer Pathway in Wales. Phase 3 will include English flows so that the picture for PTHB spans the population for which it is responsible.



Quadruple Aim 2

No. 38/39

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Follow Ups

Measure 38 - Number of patients waiting for a follow-up outpatient appointment

Measure 39 - Number of patients waiting for a follow-up outpatient appointment who are delayed by 100%

Executive Lead

(Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

Please note PTHB performance data is currently not available for the follow-up metrics. Welsh Government have been notified of this reporting and operational challenge. Work to resolve this is currently being undertaken, this work includes engagement with PTHB patient services, operational teams, Powys Digital Transformation and Informatics, and the DHCW (national) patient administration system team (PAS).

What the chart tells us

No performance data for these measures is currently available.

Issues

The health board has an ongoing challenge to validate the follow-up waiting list especially within the non-reportable specialties.

Impact of COVID sickness in staff risks meeting July deadline with multiple members of the validation team on sick leave.

Actions

All service validation currently being undertaken with deadline for reportable specs by 31st of July 2022.

Extra capacity has been organised to meet deadline with extra training undertaken.

Mitigations

- Reportable waiting lists are clinically validated and risk stratified in addition to administrative waiting list validation.

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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

Current measure - Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date

Retired measure - Percentage of ophthalmology R1 appointments who are waiting within their clinical target date or within 25% beyond their clinical target date

Chart 1 – Current measure 2021/22 framework

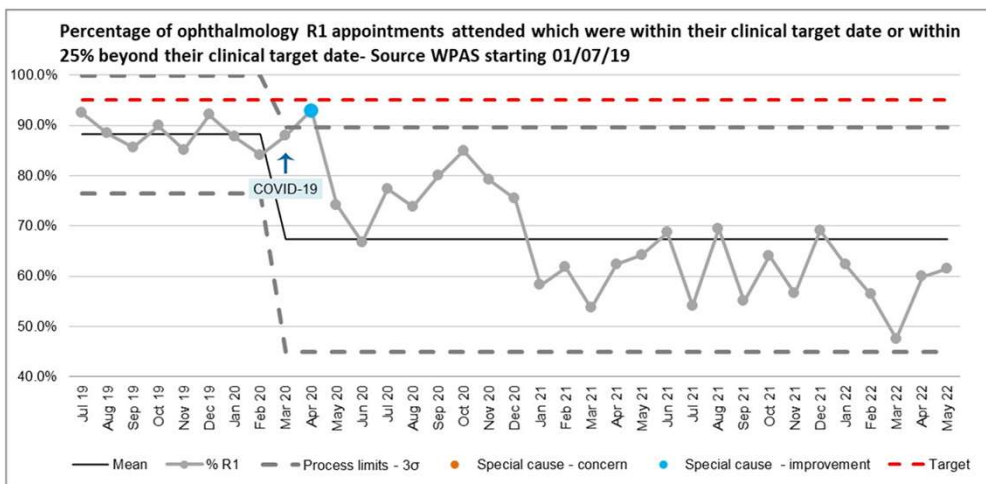
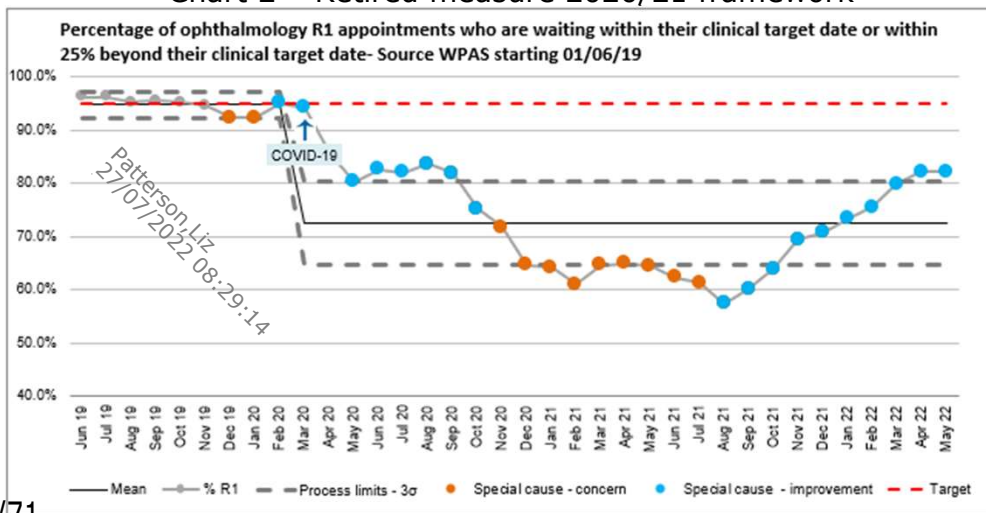


Chart 2 – Retired measure 2020/21 framework



What the chart tells us

The Ophthalmology measure changed during Q3 2021 with the release of the new but late 2021/22 NHS Delivery Framework.

The wording of this measure had been revised, the measure for 2021-22 reports on ophthalmology R1 appointments attended. The previous measure focused on R1 patients who were waiting within their clinical target date for care and treatment. To provide transparency both measures continue to be reported in the IPR until the priority measures are released.

Performance for R1 appointments attended does not meet the 95% target (61.5%) in May but has improved significantly. Although common cause variation the performance compliance remains below post COVID-19 suspension average. It should be noted that data quality due to the follow-up challenge could be adversely affect reported performance.

Performance for R1 patients waiting within their clinical target date or within 25% has seen special cause for improvement (82.2% May-22) since Q3.

Executive Lead

Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

May 2022 Performance

Local Performance	All Wales Benchmark
61.5%	*(6th) 65.4%

Variance Type

Common Cause

Target

95%

Data Quality

Data quality risk linked to FUP reporting challenge affecting current measure

[Issues, actions, and mitigations continued on next page](#)



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

Current measure - Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date

Retired measure - Percentage of ophthalmology R1 appointments who are waiting within their clinical target date or within 25% beyond their clinical target date

Issues	Actions	Mitigations
<ul style="list-style-type: none"> Reporting for the measure is under review with PTHB Information Department with linked performance risk and follow up validation & reporting issues. Fragility of in reach providers and DGH Covid-19 pressures, Covid-19 related absences. Fragility of theatre staffing due to sickness absence, and vacancies Digital Eye Care pilot delayed until May 2022 	<ul style="list-style-type: none"> Wet AMD service has been extended into mid Powys, now available in Llandrindod and Brecon Hospitals. PTHB 1st nurse eye care injector trained. Excellent clinical outcomes above national average for wet AMD service. MDT for eye care including ophthalmic scientist and hospital optometry developed. New one stop eye care clinic established in Llanidloes, patients no longer need to travel out of county to HDUHB Bronglais where they face significant wait for eye care scans, further extension of the service into Welshpool (repatriating patients from Shrewsbury & Telford NHS Trust) in Q4 2021/22 General out patient (OP) teams in North Powys received update training specific. Care closer to home for patients, instant diagnostics for decision making for clinicians and improved access times to support RTT management. OP nursing team supporting the Digital eye care record roll out in PTHB to be lead with pilot in Ystradgynlais community hospital with National Planned Care Clinical Lead who is a PTHB in-reach ophthalmologist. Phase 2 will include North Powys Hydroxychloroquine Screening Service for eye care & rheumatology patients under development with equipment purchased from WG Eye Care funding in Q4 2021/22. Service SOPs under development, team visits to view service at Birmingham and Midland Eye Centre. Nurse led glaucoma pilot commencing in July 22 to provide additional eye care capacity, community optometry management of glaucoma scheme in place since April 22 Eye care in North Powys looking at opportunity to establish biometric clinics to support cataract surgery within PTHB Scoping potential for Physicians Assistants in optometry 	<ul style="list-style-type: none"> Community optometry support to risk stratify long waits/overdue follow ups Development of eye care MDT Corporate review of FU reporting performance and harm management

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Quadruple Aim 2

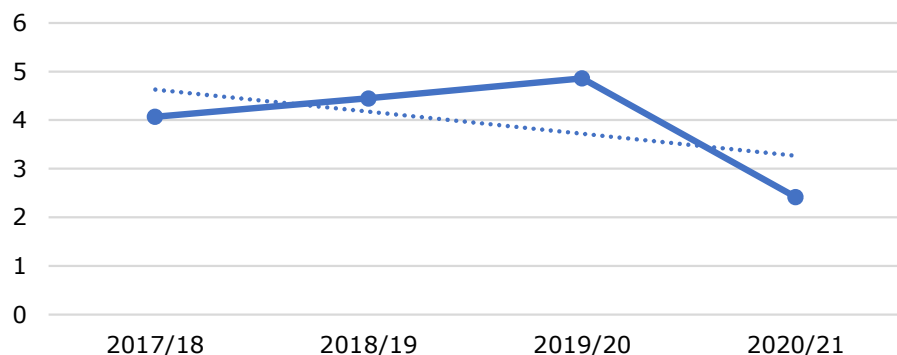
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People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

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

Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

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.

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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

No.

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

Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

Officer Lead

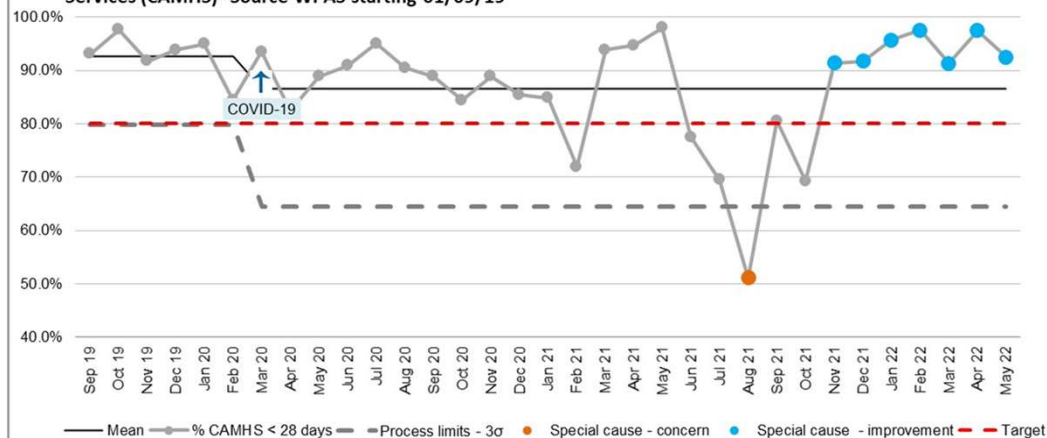
Assistant Director of Mental Health

Strategic Priority

10

* Benchmark from previous available period

Percentage of patients waiting less than 28 days for a first appointment for Child and Adolescent Mental Health Services (CAMHS)- Source WPAS starting 01/09/19



Performance May 2022

Local Performance

92.5%

All Wales Benchmark

2nd (41.2%)*

Variance Type

Special Cause Improvement

Target

80%

Data Quality

What the chart tells us

Performance remains robust and achieving national targets.

Issues

Performance would be further improved by;

- Recruitment to vacant posts remains a significant challenge within CAMHS. We had recruited into vacant posts reported in the last quarter but subsequently, additional vacancies have arisen.
- All options to further skill mix are being considered.

Actions

New recruitment campaign is underway.

Silvercloud service has commenced in CAMHS and uptake has been encouraging. Further promotion of the service will further improve performance.

Single Point of Access (SPOA) piloted for access to both PCAMHS and SCAMHS – reducing duplicate assessments and clinical time. Pilot was successful and entailed two regular staff providing SPOA duties. Service has since recruited into one of two SPOA/ Duty team posts. Interviewing mid April for second position which in turn will free capacity for PCAMHS and SCAMHS intervention support.

Mitigations

See actions.

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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

Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

May 2022 Actual Performance

18 years & over		Under 18 years	
Local	All Wales	Local	All Wales
72.1%	67.7%*	95.9%	45.2%*

Variance Type

Special cause concern (18+), Special cause improvement (<18)

Target

80%

Data Quality

What the chart tells us

- Part 1 +18 year old assessments performance decreased to 72.1% in May and is reporting a special cause for concern for the last 3 months.
- Part 1 < 18 year old assessments performance has reported 95.9% compliance and is a special cause for improvement for the last 7 reported months.
- Performance against the All Wales benchmark is positive with PTHB being significantly higher for <18 performance.

Issues

Challenges with performance are as a direct result of staffing sickness impacting significantly into March reducing service capacity. Increases in referrals is also impacting the ability of the service to meet increasing need.

Actions

Additional resource for LPMHSS has been bid for in the 2022 WG service improvement fund.

Funding was confirmed in June, and this additional resource will allow for a waiting list initiative to achieve the target.

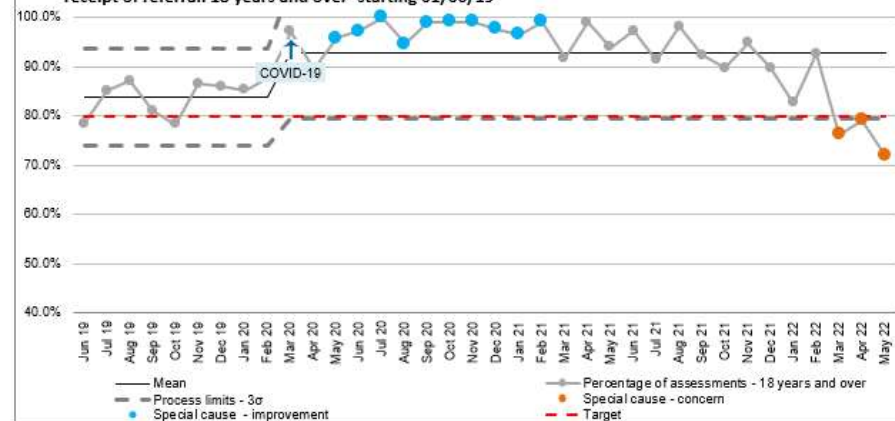
Once Funding has been released, additional LPMHSS practitioner roles will be advertised via TRAC.

Mitigations

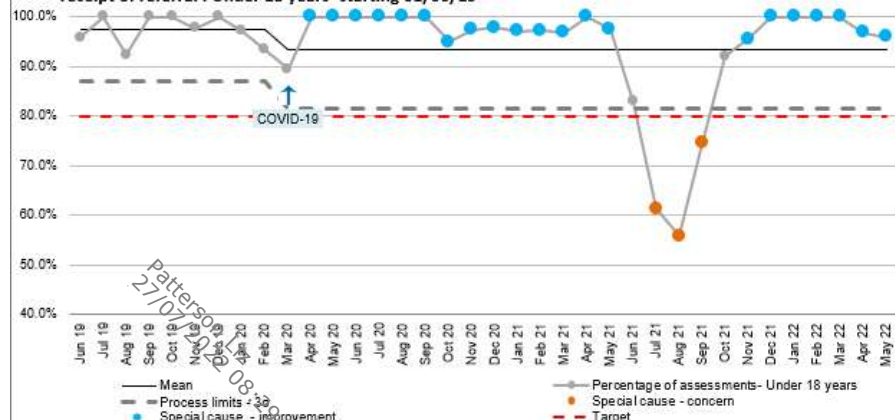
Staffing capacity has improved during April, with two Team Leads on Phased return as of the end of May 2022.

Waiting List initiative due to be commenced once service improvement funding received.

Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral: 18 years and over- starting 01/06/19



Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral: Under 18 years- starting 01/06/19





Quadruple Aim 2

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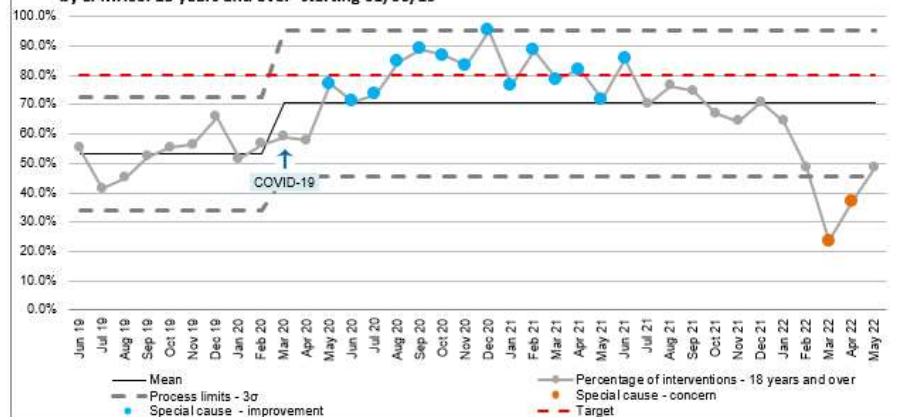
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People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

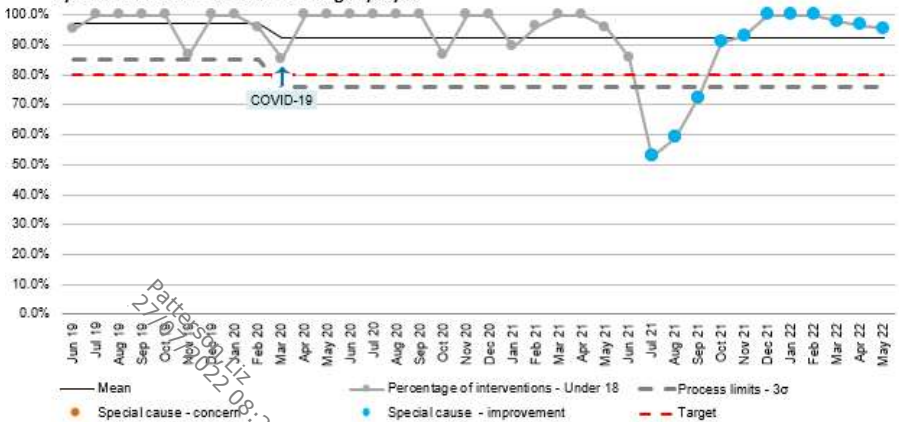
Mental Health - Part 1

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 01/06/19



Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS : Under 18 Years- starting 01/06/19



May 2022 Actual Performance

18 years & over		Under 18 years	
Local	All Wales	Local	All Wales
48.3%	62.7%*	95.5%	37.9%*

Variance Type

Common cause (18+), Special cause improvement (<18)

Target

80%

Data Quality

Executive Lead

Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

What the chart tells us

- Performance for therapeutic interventions in adult and older patients has improved to 48.3%, and is no longer a special cause concern nor below the lower control limit. However performance remains below the 80% target.
- < 18 years performance for therapeutic interventions in contrast is very positive with 95.5% compliance. This is special cause improvement for the last 11 months.

Issues

- Performance in terms of interventions within 28 days is low as a result of;
- Significant staff sickness across services
 - Increase in acuity and number of patients referred to the service.
 - Service delivering more intensive services to prevent escalation into secondary care (e.g. CBT, EMDR) these courses of treatment take longer.
 - Staffing challenges in terms of vacancies in Ystradgynlais

Actions

- Recruitment to unfilled posts.
- Continued promotion of Silvercloud.
- Secure additional capacity within the service, and for management of the service (via service improvement fund), this will include a waiting list initiative.
- Staff are on a phased return and we can expect compliance to slowly improve. There will be an inevitable backlog to address following their absences, teams are cross covering where possible.

Mitigations

See Actions



Quadruple Aim 2

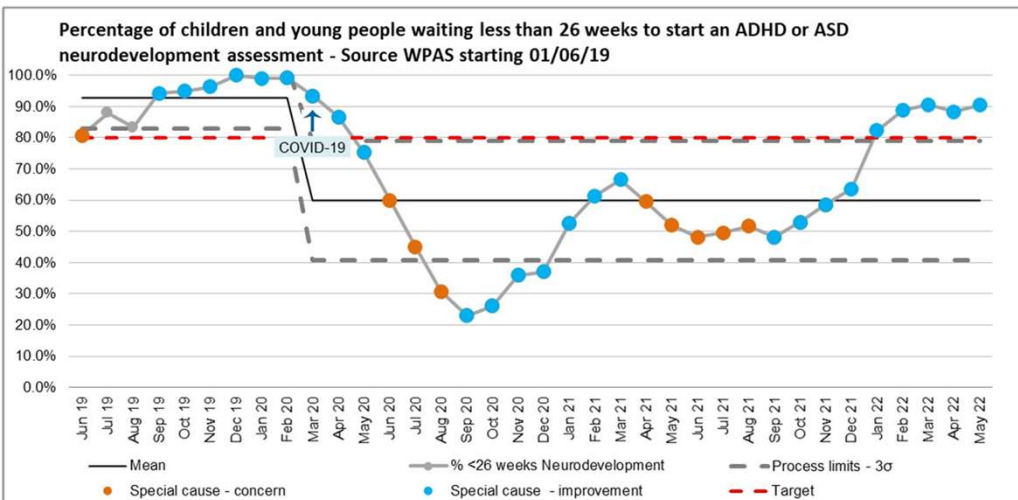
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People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Neurodevelopment Assessment

Percentage of children and young people waiting less than 26 weeks to start and ADHD or ASD neurodevelopment assessment



Performance May 2022

Local Performance	All Wales Benchmark
90.4%	* 37.5%
Variance Type	
Special cause - Improvement	
Target	
80%	
Data Quality	

Executive Lead

Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

Officer Lead

Assistant Director of Women's and Children's Services

Strategic Priority

10

What the chart tells us

Performance for neurodevelopmental assessment has shown special cause – improvement for the last 9 reported months. Powys compares favourably with All Wales for April reporting only 37.5% compliance.

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Issues

- The referral demand trend continues to increase from an average of 20 per month pre COVID, rising to an average 40 at Qtr3.
- Capacity remains insufficient to meet this ongoing demand, even with additional temporary renewal work force colleagues.
- The hidden waiting list (assessments in progress) backlog, combined with the waiting list for first appointments, is not reducing as anticipated due to the overwhelming referral demand.

Actions

- ND service capacity continues to be ratioed to enable both the Referral To Treatment (RTT) and 'hidden' waiting lists to be addressed simultaneously. However, given the continual increase in referral demand, there is a risk that these waiting lists will not be fully address the waiting lists by 31st December 2022.

Mitigations

- Additional non recurrent renewal funding has been extended for 5 key posts until Dec 2022 to enable the current waiting list backlogs 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 long term.



Quadruple Aim 2

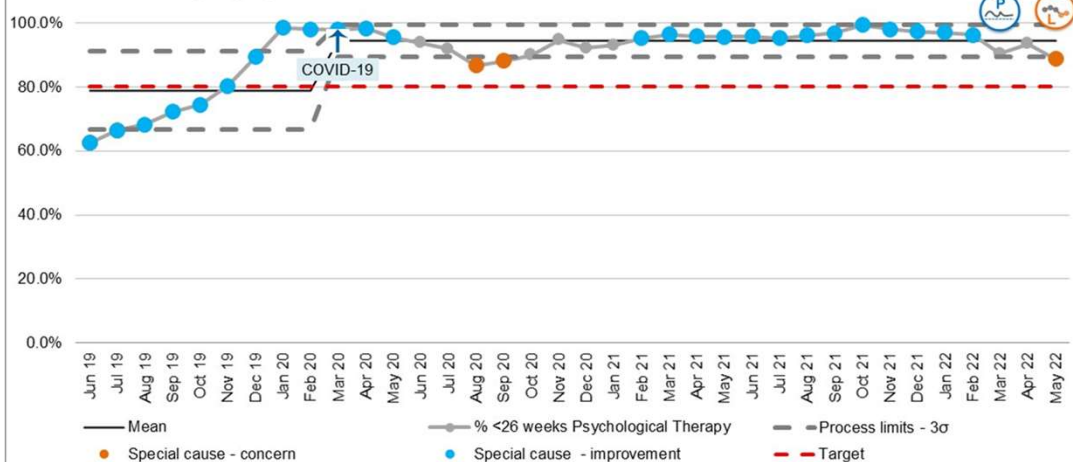
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46

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

Percentage of patients waiting less than 26 weeks to start a Psychological therapy in Specialist Adult Mental Health- starting 01/06/19



Performance May 2022

Local Performance	All Wales Benchmark
88.8%	2nd *71.8%

Variance Type

Special Cause Concern

Target

80%

Data Quality

Executive Lead

(Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

* Benchmark from previous available period

What the chart tells us

- Performance remains above target at 88.8% for May. It should be noted that this month is showing special cause concern, falling outside of the lower control limit.
- The health board benchmarks positively with All Wales performance not meeting the target at 71.8% in April.

Issues

PTHB's Head of Psychology has been working with the Information Team to cleanse the waiting list to ensure that patients with a clinical condition of "Psychology - Neuropsychological Assessment" are not included in the 26 week wait list (as neuro assessment does not fall under the 26-week target). Until recently, we were not aware that Neuro assessment patients were being counted in these figures.

Actions

Since the neuro assessment patients have been removed from the 26-week waiting list, the number of valid waiters has reduced, providing an accurate waiting list in terms of this target.

Mitigations



Quadruple Aim 2

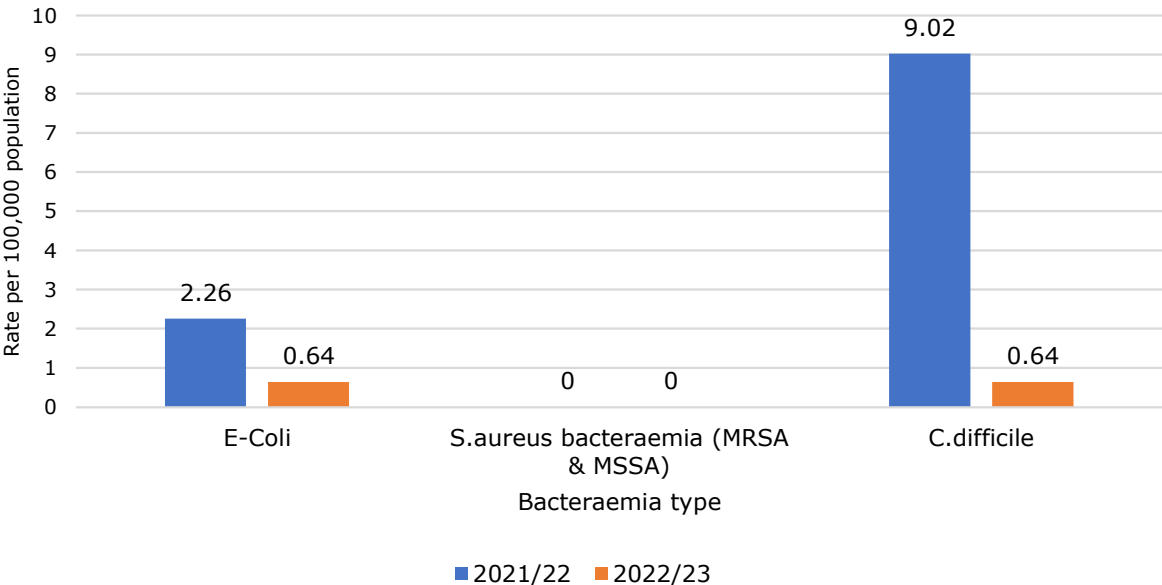
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People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E-Coli, S.aureus bacteraemia (MRSA & MSSA), and C.difficile

Executive Lead	Director of Nursing
Officer Lead	TBC
Strategic Priority	22

Cumulative reported cases per 100,000 by bacteraemia type and year – source PHW



Performance May 2022/23	
Local Performance per 100k	
Infection Type	Performance
E-coli	0.64
S.Aureus (MRSA & MSSA)	0
C.Difficile	0.64
Target	
Local – Improvement	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
PTHB infection rates for the monitored and reported bacteraemia are very low and are not benchmarked with the other health boards. Of the infections 1 inpatient specimen was reported in April for C.difficile and 1 inpatient specimen of E.coli bacteraemia was reported in May.			



Quadruple Aim 2

No.

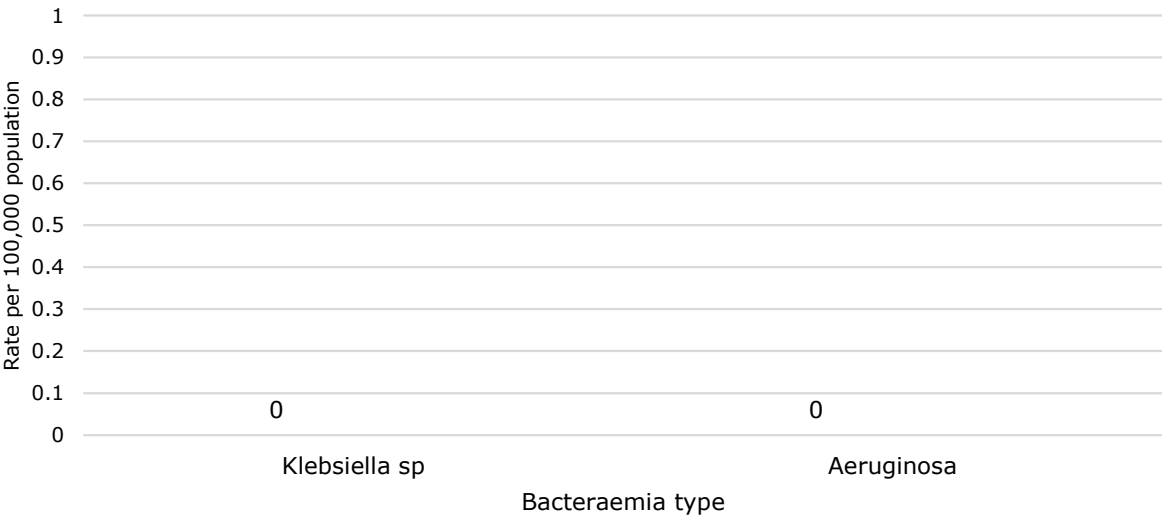
48

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp, and Aeruginosa

Executive Lead	Director of Nursing
Officer Lead	TBC
Strategic Priority	22

May comparison snapshot of cumulative reported cases by bacteraemia type – source PHW



Performance May 2022/23	
Local Performance per 100k	
Infection Type	Performance
Klebsiella sp	0
Aeruginosa	0
Target	
Local – Improvement	
Data Quality	

What the chart tells us

Powys has had no cases reported within the 2022/23 financial year for either Klebsiella sp or Aeruginosa.

Issues

Actions

Mitigations

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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)

Executive Lead

Director of Workforce & OD

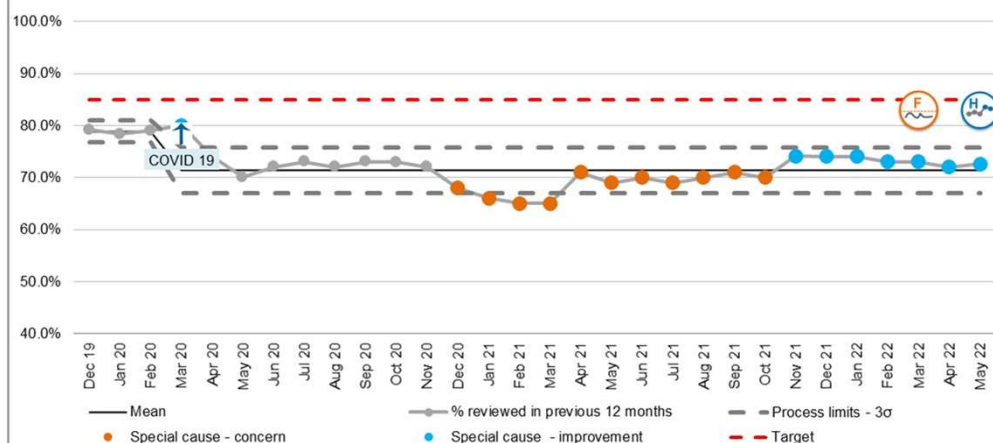
Officer Lead

Head of Workforce

Strategic Priority

14

PADR Compliance -Source PTHB WOD starting 01/12/19



May 2022 Actual Performance

Local Performance

72.6%

All Wales Benchmark

58%
(Feb-22)

Variance Type

Special Cause Improvement

Target

85%

Data Quality

What the chart tells us

PTHB PADR performance reported at 72.6% for May, this is still above average for the period since COVID-19, and is special cause for improvement. The health board benchmarks positively against the All Wales position.

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.

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
- Ongoing performance relating to PADR compliance will be addressed with directorates via directorate performance review meetings once these are reinstated.

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

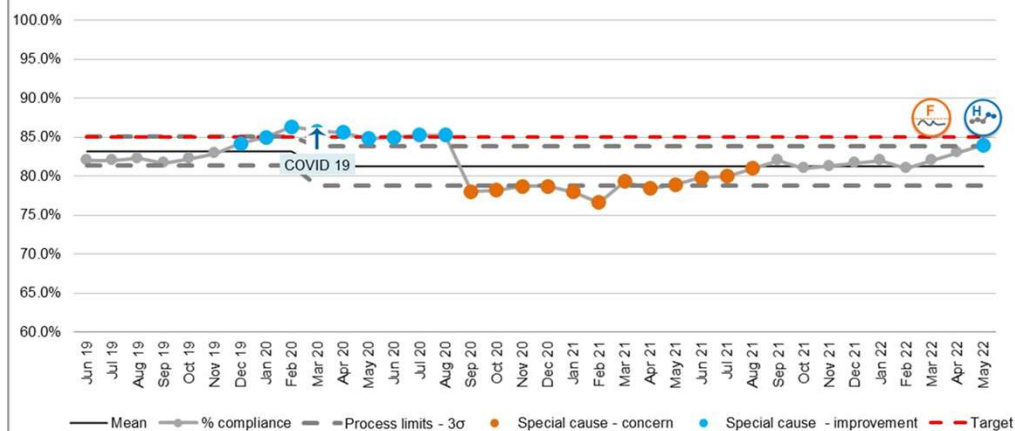
Officer Lead

Head of Workforce

Strategic Priority

14

Mandatory Training Compliance-Source PTHB WOD starting 01/06/19



May 2022 Actual Performance

Local Performance

84.0%

All Wales Benchmark

79%
(Feb-22)

Variance Type

Special Cause Improvement

Target

85%

Data Quality

What the chart tells us

Performance in May reported as 84% and is showing special cause improvement. PTHB is 1% below meeting the national target of 85%.

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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.

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.
- Ongoing performance relating to PADR compliance will be addressed with directorates via directorate performance review meetings once these are reinstated.

Mitigations

- Services have been asked to 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

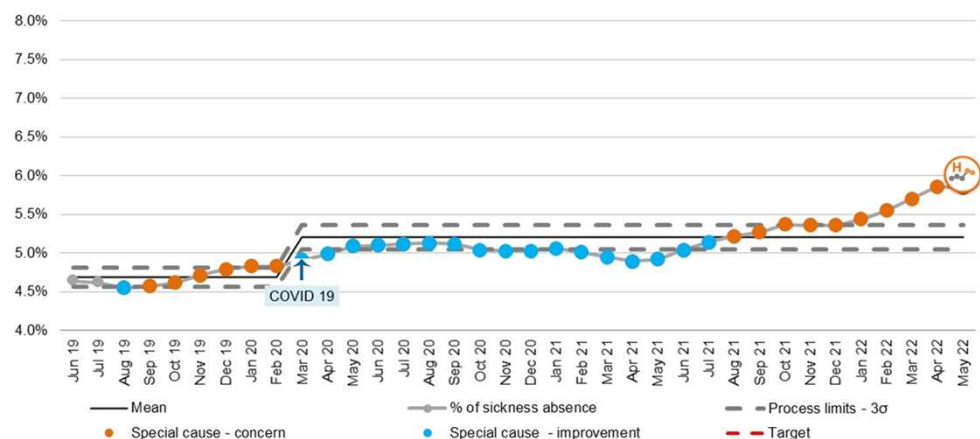
Officer Lead

Head of Workforce

Strategic Priority

14

Percentage of sickness absence rate of staff-WOD starting 01/06/19



May 2022 Actual Performance

Local
Performance

5.84%

All Wales
Benchmark

6.67%
(Feb-22)

Variance Type

Special Cause - Concern

Target

12 month reduction

Data Quality

What the chart tells us

PTHB sickness performance remains as special cause from concern. The rolling 12 performance is reported as 5.84% for May, monthly actual 5.38% which consists of 1.4% short term and 3.98% long term. Although high when compared to pre-covid the health board is one of the lowest in Wales.

Issues

- COVID-19 continues to have an impact on sickness absence percentage. High levels of stress & anxiety reflective of the overall population.

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 approved.
- Business case to support OH team capacity approved. Recruitment to vacant posts is underway.
- A single tender waiver to increase counselling services has also been approved, ahead of a retender exercise.

Mitigations

- Managing Attendance at Work Policy
- Well being action plan
- Staff counselling service
- Online CBT
- Long Covid Programme
- Occupational Health Service



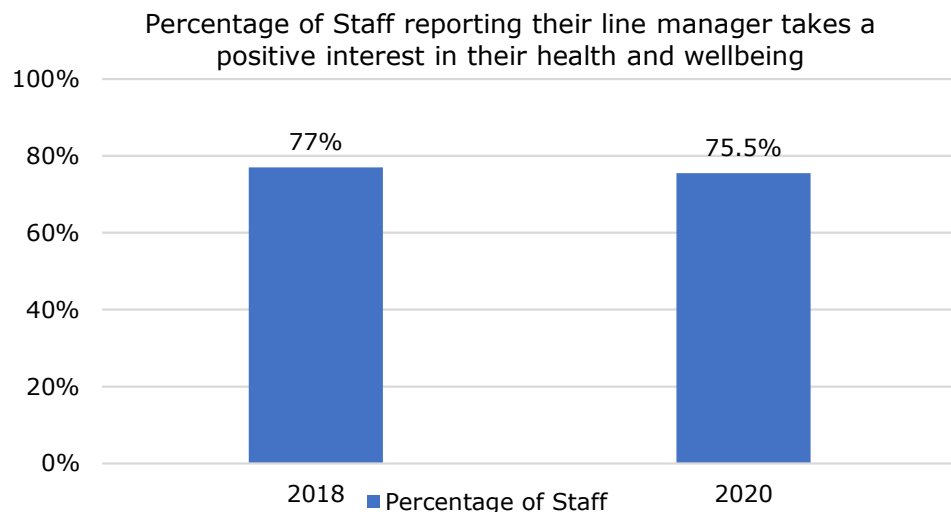
Quadruple Aim 3

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	Head of Workforce
Strategic priority	15

What the chart tells us

Performance is good when compared to the All Wales benchmark, the health board ranks 2nd in Wales. But has not met the improvement target when compared to the 2018 data point.

Issues

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.

Actions

All-Wales wellbeing conversation tool has been introduced and advertised. Wellbeing action plan being implemented.

Mitigations

Updated agile working policy. Continued focus on PADR.

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Quadruple Aim 4

No.

59

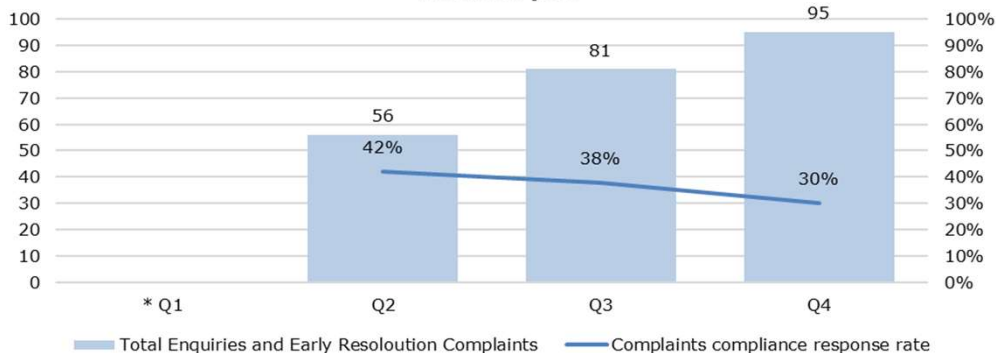
Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

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

Executive Lead	Director of Nursing
Officer Lead	Assistant Director of Quality & Safety
Strategic priority	22

Complaints compliance response rate & number of enquiries and early resolutions by quarter - source Datix CloudIQ - 2021/22 financial year



What the chart tells us

- * Please note that the Datix incidents were closed as part of the Datix upgrade data for April & May and are not comparatively available for Q1 2021/22.
- No national benchmark data is currently available via Welsh Government due to the Datix upgrade.
- Performance is not currently meeting the 75% target however extensive and ongoing validation work is being undertaken to strengthen the compliance and subsequent reporting for the measure. Positively this work has shown the mis categorising of complaints with an increased number actually being resolved via early resolution or actually being correctly reported as enquiries.

Q4 2021/22 Actual Performance

Local Performance	All Wales Benchmark
30%	N/A
Target	
75%	
Data Quality	

Issues

- Mis categorisation of commissioned complaints
- Proactive and supportive management of concerns when received
- Lack of appropriate escalation to ensure 30 working day response is prioritised
- Lack of accurate and accessible data
- No user feedback

Actions

- Review of the concerns management process
- Refresh template letters
- Implementation of a robust escalation process to meet 30 working day (WD) response timescale
- Review improvement plan
- Implement clear process for learning and improvement from concerns
- Further work required to cleanse and quality assure data
- Implementation of a concerns feedback process 'How was the process for the complainant'

Mitigations

- Robust review of end to end process to ensure compliance with PTR regulations
- Improvements being data led
- Robust escalation process to meet 30WD response timescale
- Review improvement plan
- Implement clear process for learning and improvement from concerns
- Further work required to cleanse and quality assure data



Quadruple Aim 4

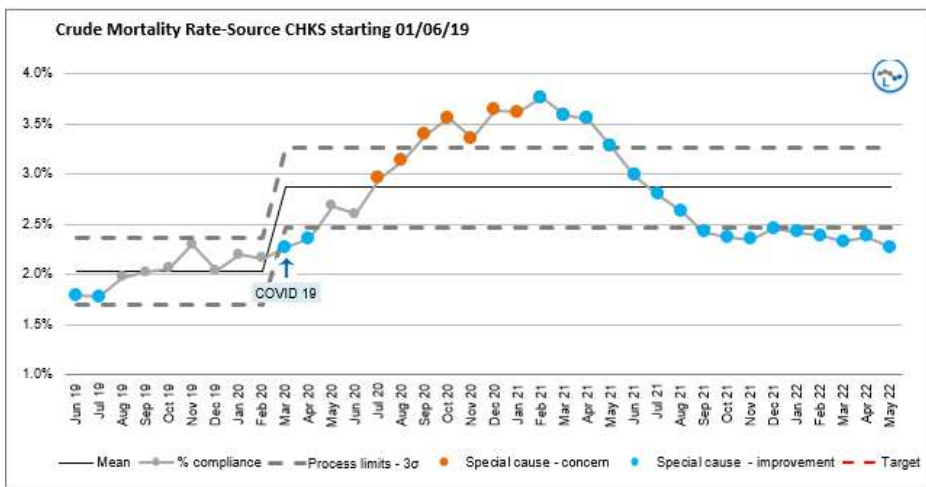
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62

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Crude Hospital Mortality Rate (R12)

Crude hospital mortality rate (74 years of age or less)



May Actual Performance

Local Performance	All Wales Benchmark
2.27%	1.06%*

Variance Type

Special Cause - Improvement

Target

12 month reduction trend

Data Quality

Executive Lead

Medical Director

Officer Lead

TBC

Strategic priority

22

What the chart tells us

The crude mortality rate in Powys has continued to show a special cause improvement predominately due to the increase in the denominator of admissions into provider services. It should be noted that Powys normally has a higher than All Wales average crude mortality as a non acute care provider who also supports end of life within inpatient wards.

Issues

No issues actual monthly deaths within expected values.

Actions

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

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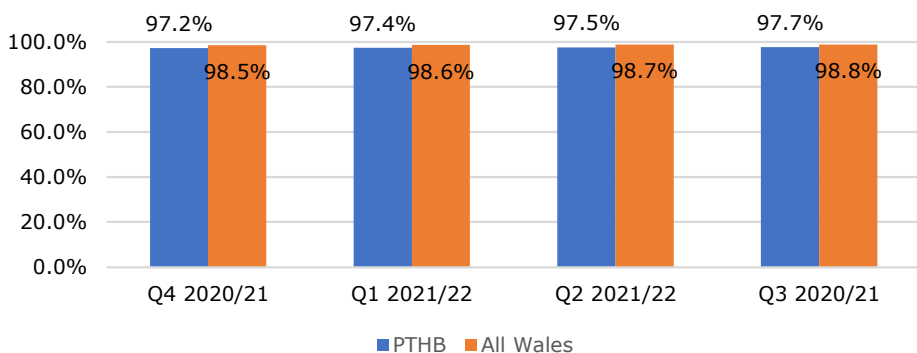
66

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 AWMMSG 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 AWMMSG appraisal recommendation

New medicine availability within 2 months of Nice Final Appraisal



Q3 2021/22 Actual Performance	
Local Performance	All Wales Benchmark
97.7%	98.8%
Variance Type	
N/A	
Target	
100%	
Data Quality	

Executive Lead

Medical Director

Officer Lead

Chief Pharmacist

Strategic priority

24

What the chart tells us

The health board does not meet the national target but has an improvement trend reporting 97.7% for Q3 2021/22. The national All Wales average is 98.8%.

No provider in Wales meets the target of 100%.

The trend is based on the long term average since the New Treatment Fund began in 2017.

The variation between national and local indicators is due to the way historic data was recorded.

Issues

- Discrepancies with nationally reported data on this metric.
- Locally reported that in 2017 there were some delays in hitting the 2 month deadline, it is unclear whether this is still impacting on our compliance? Since 2017 the 2 month deadline has been met on all but 3 occasion (2 drugs relating to highly specialised treatments that are not provided within Powys and other LHBs were struggling to implement and 1 drug at the beginning of COVID when the Medicines Management Team was focussed on the COVID response).
- Shared national NTF excel document updated every time a new AWMMSG/NICE TA is published.

Actions

- Non compliant areas of formulary updated to confirm that the health board does commission the treatments – 'specialist use only' and mapping carried out to understand pathways for access to such specialised treatments.

Mitigations

- Set aside dedicated time each week to ensure NTF access definition of within 2 months is met and our performance continues to improve.



Quadruple Aim 4

No.

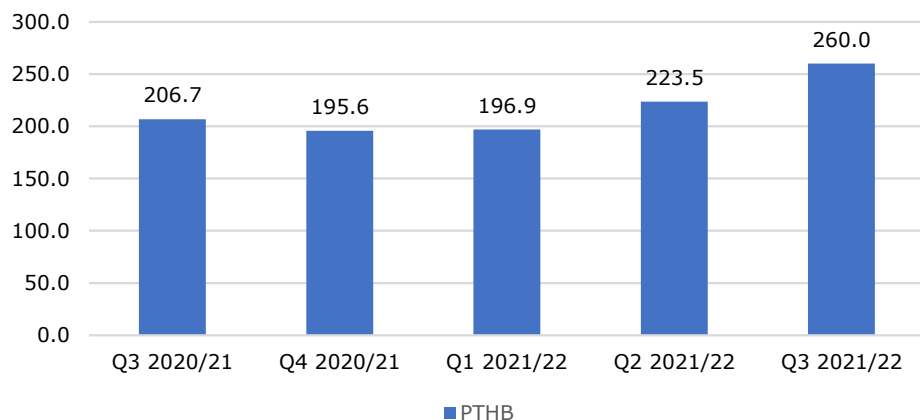
67

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)

Total Antibacterial Items per 1,000 STAR-PU's



Q3 2021/22 Actual Performance

Local Performance	All Wales Benchmark
260	302.6 (1 st)

Variance Type

N/A

Target

249.3

Data Quality

Executive Lead

Medical Director

Officer Lead

Chief Pharmacist

Strategic priority

24

What the chart tells us

The Q3 2021/22 Powys target for this metric is 249.3 items per 1000 star PU's, the provider performance for Q3 has been reported as 260.0. No health board in Wales met their derived target for Q3 but Powys was the lowest prescriber (items/1000 STAR-PU) of antibacterial items.

Issues

- No antimicrobial stewardship pharmacist in post.
- COVID response creating challenge with prioritising national KPIs

Actions

- Antimicrobial Stewardship Group in place (meets quarterly) – reports to IPC Group.
- Antimicrobial stewardship improvement plan in place.
- Data analyst providing regular data on antimicrobial prescribing in primary care.
- Antimicrobial prescribing discussed during practice meetings.
- Antimicrobial KPIs included in Medicines Management Incentive Scheme and practice SLAs
- 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 – absence of dedicated antimicrobial pharmacist included in meds management risk register

Mitigations

See actions.
Further mitigations not possible due to workforce challenges.



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

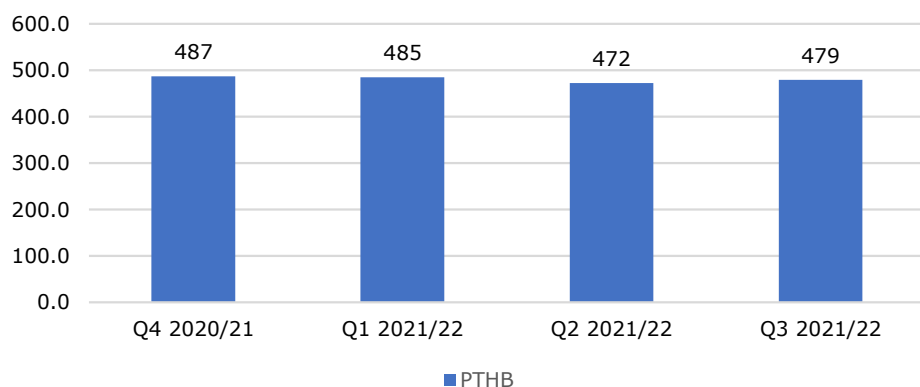
Officer Lead

Chief Pharmacist

Strategic priority

24

Number of patients age 65 years or over prescribed an antipsychotic



Q3 2021/22 Actual Performances	
Local Performance	All Wales Benchmark
479	10,312
Variance Type	
N/A	
Target	
Quarter on Quarter Reduction	
Data Quality	

What the chart tells us	Issues	Actions	Mitigation
PTHB has not met the target of reduction for Q3 2021/22 (479). In Wales we prescribe the least of all health boards, but have the smallest cohort size. Further development of the measure would be required to allow comparisons between health boards in Wales. <small>Paterson.Liz 21/07/2022 08:29:14</small>	<ul style="list-style-type: none">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 1.5%, our figure is 1.23%. Powys has the lowest level of prescribing in this area of all Welsh Health Boards.	<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

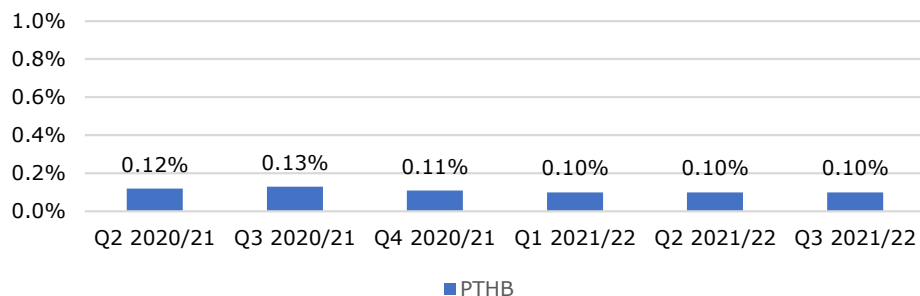
Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age

Executive Lead Medical Director

Officer Lead Chief Pharmacist

Strategic priority 24

Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age



Q3 2021/22 Actual Performance	
Local Performance	All Wales Benchmark
0.10%	0.14%
Variance Type	
N/A	
Target	
Quarter on Quarter Reduction	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
PTHB has met the required target of quarterly reduction with 0.10% of women prescribed valproate in Q3 2021/22. Powys remains as ranked 1 st in Wales with the lowest prescribing rate of all Welsh health boards. <i>Patterson, Liz 27/07/2022 08:29:14</i>	Nationally Q3 2021/22 – 946 female patients aged 14-45 issued with a prescription for sodium valproate in Wales = 0.134% of female patients aged 14-45. Powys = 0.1% (lowest % of all LHBs) Quarter on quarter reduction being seen. COVID response creating challenge with prioritising national KPIs	<ul style="list-style-type: none">Regularly monitored through national medicines safety dashboard.Regular reminders about prescribing valproate in women of child bearing age.Reminder about Pregnancy Prevention Plan (PPP)Cascade of patient information to primary care and community pharmacy.	See actions Plan to provide regular reports to primary care as soon as resource allows.



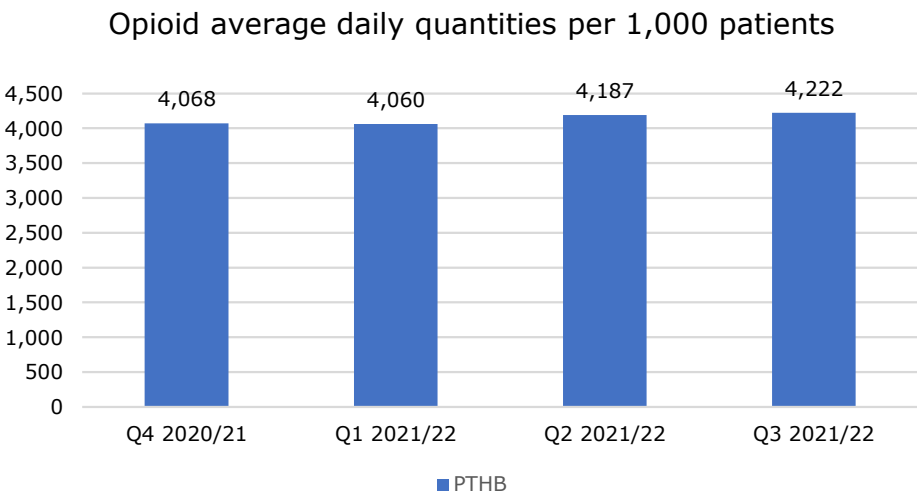
Quadruple Aim 4

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



Q3 2021/22 Actual Performance	
Local Performance	All Wales Benchmark
4222.1	4546.6
Variance Type	
N/A	
Target	
4 Quarter reduction trend	
Data Quality	

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
Strategic priority	24

What the chart tells us	Issues	Actions	Mitigations
<p>PTHB has not met the 4 quarter reduction target for Opioid quantities although Q2 2021/22 the position has deteriorated – 4,222.10 ADQ/1000 pts. Powys ranks 2nd nationally against and All Wales figure of 4,546.6</p> <p>Patterson, Liz 27/07/2022 08:29:14</p>	<p>COVID response creating challenge with prioritising national KPIs</p>	<ul style="list-style-type: none">• Raising awareness of the issues associated with opioid prescribing and the variation in prescribing practice across the health board with clinicians and health board executives.• Raising awareness of opioids aware resource for clinicians and patients.• Regular monitoring through the national indicators.• Regularly discussed during practice visits.• Regular provision of prescribing data• Introduction of prescribing analysis to identify 'excessive' prescribing	<p>See actions</p>



Quadruple Aim 4

No.

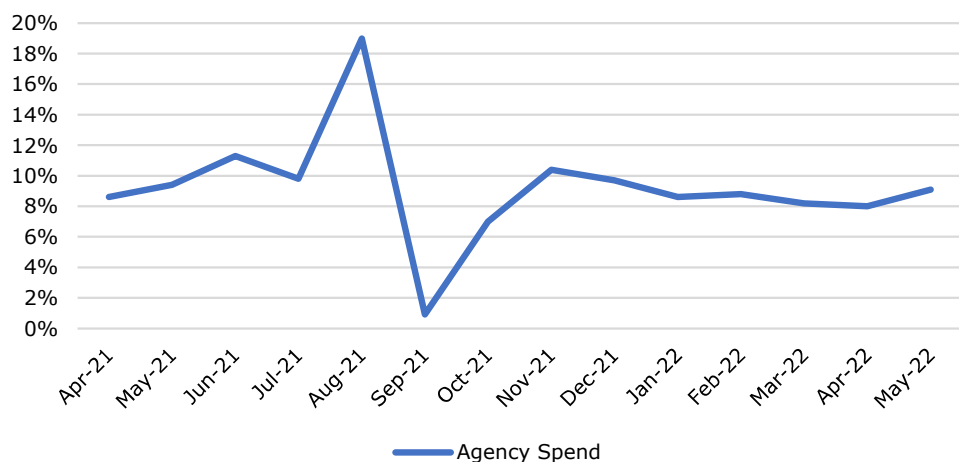
74

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

Agency Spend

Agency spend as a percentage of the total pay bill

Agency spend as a percentage of the total pay bill



May 2022 Actual Performance	
Local Performance	All Wales Benchmark
9.1%	10.2% (Feb-22)
Variance Type	
N/A	
Target	
12 Month Reduction Trend	
Data Quality	

Executive Lead

Director of Finance and ICT

Officer Lead

TBC

Strategic priority

13

What the chart tells us

The provider agency spend as a percentage of total pay bill varies as a response to demand. The 12-month target of reduction has been met for May 22. However as noted by the finance team that the agency spend figure 0.9% for September is significantly lower, this was due to the Month 6 return being used for correction purposes to avoid prior monthly adjustment. This has not affected the overall pay position or forecast but **will affect** the 12 month reduction target calculation which uses trend function.

Issues

Actions

Mitigations



Quadruple Aim 4

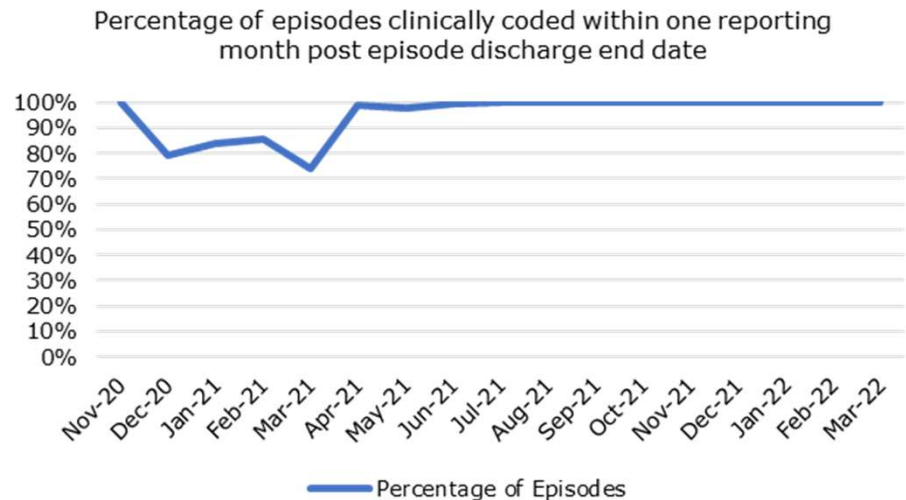
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75

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



March 2022 Actual Performance	
Local Performance	All Wales Benchmark
100%	83.7%
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
Strategic priority	22

What the chart tells us	Issues	Actions	Mitigations
<div>PTHB performance has remained at 100% since July 2021. The All Wales performance for March was 83.7%.</div> <div>Patterson,Liz 27/07/2022 08:29:14</div>			



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 back to near target performance, although remaining at significant risk from COVID-19 & subsequent variant re-infections.
- The health board has now restarted the directorate review process during Q1 which aim to:
 1. *Review directorate performance against directorate plan and agreed performance measures*
 2. *Ensure directorate performance management and review is considered across all perspectives, e.g. Quality, Access, Workforce, Finance and Governance.*
 3. *Investigate any challenging areas of non-delivery and ensuring improvement plans are in place*
 4. *Explore learning opportunities and areas of best practice*
 5. *Identify areas for additional support and guidance (improvement through learning)*
 6. *Enable a culture of high performance and continuous improvement. (linking with the redeveloping Improving Performance Framework)*
- 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 Governments phase one Health Minister measures have had their first projections submitted for 2022/23 via the IMTP and Minimum Data Set (MDS) processes. The health board will be required to monitor, assess, and intervene if required to meet the goals set out. These measures have been 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 continues to engage with the Integrated quality, performance and delivery meetings hosted by Welsh Government on a monthly basis, and have just successfully completed the Q1 meeting schedule.
- Integrated Performance reporting will continue to evolve during 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 measures and their rollout.
- National development of the replacement framework for the National Delivery Framework and Ministerial measures is in the final stages of sign off to be confirmed early Q2. The Powys Performance and Planning team remain fully engaged with these work streams to ensure that Powys as a community health board can maximise the integration of measurement and assurance and report robustly going forward.

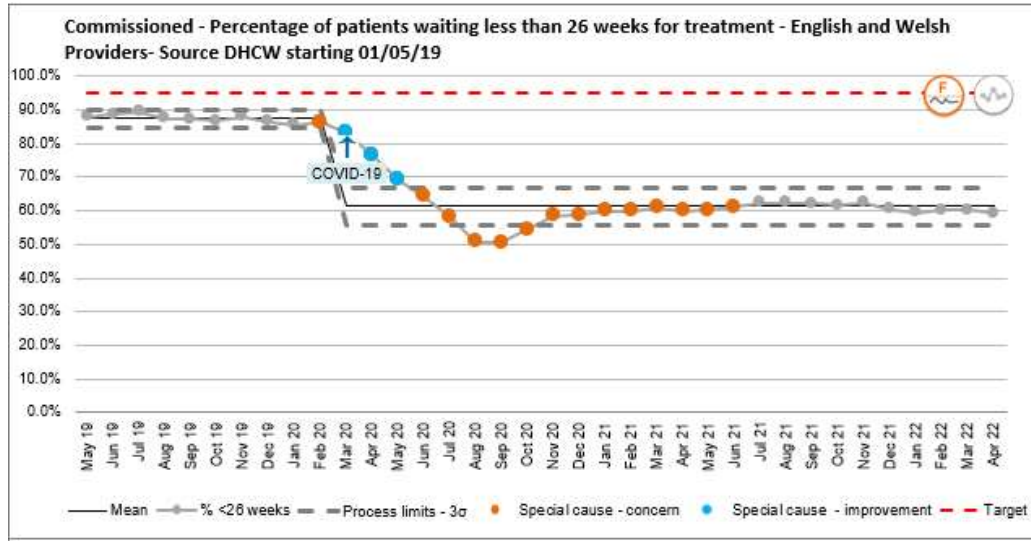


Appendix

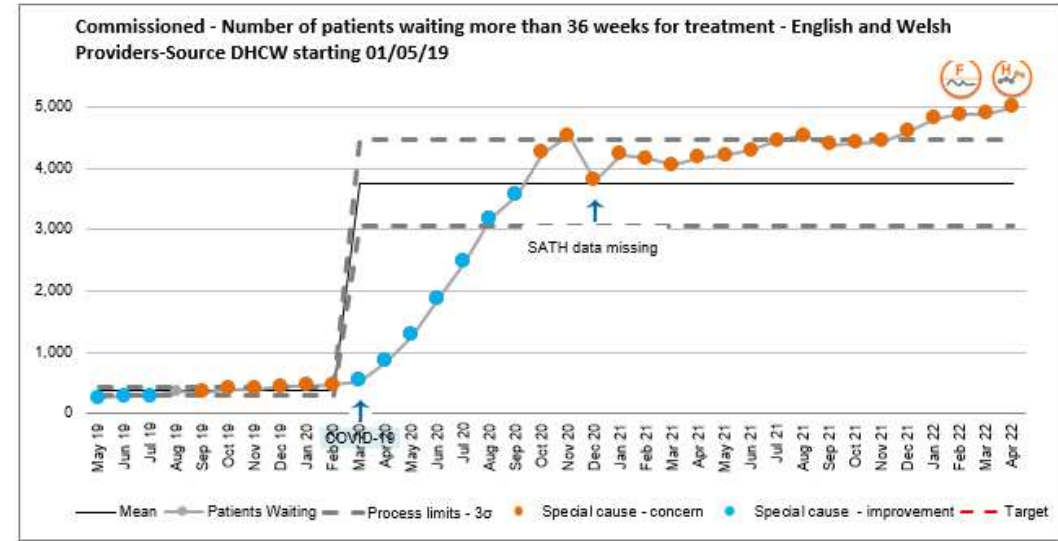
Referral to Treatment – Commissioned Providers Summary

Percentage of patients waiting less than 26 weeks and number waiting more than 36 weeks for treatment hosted by English and Welsh providers

Combined English and Wales Commissioned RTT >26 weeks



Combined English and Wales Commissioned RTT 36+ weeks



Patterson Liz
27/07/2022 08:29:14

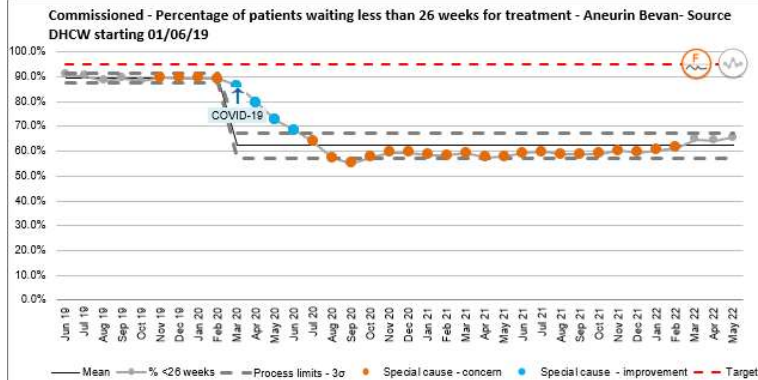


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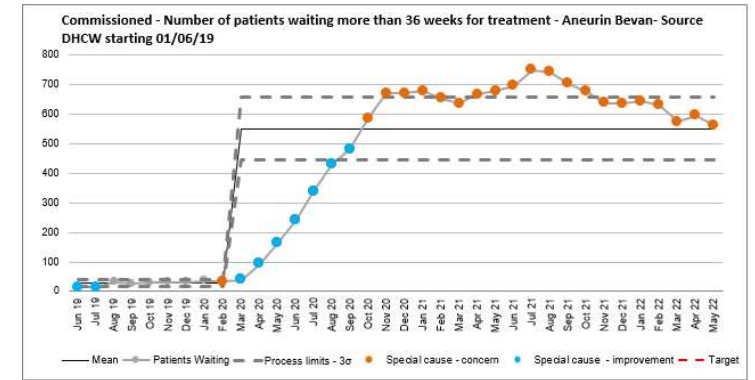
Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of patients waiting less than 26 weeks and number waiting more than 36 weeks for treatment hosted by English and Welsh providers

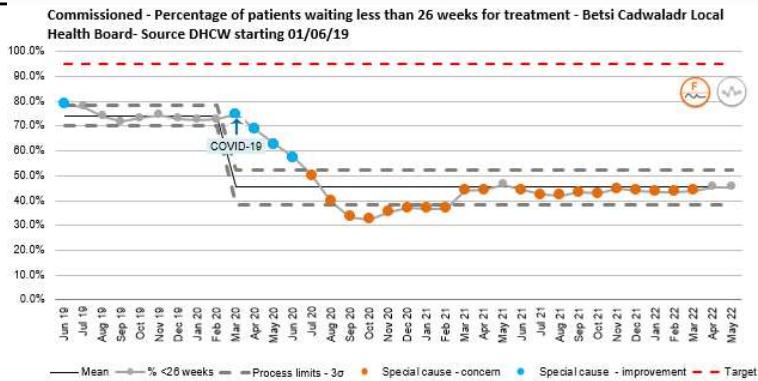
**Aneurin Bevan
% RTT >26
weeks**



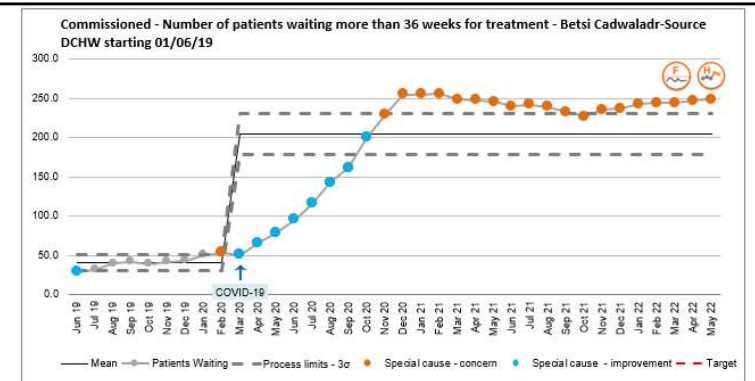
**Aneurin Bevan
RTT
36+ weeks**



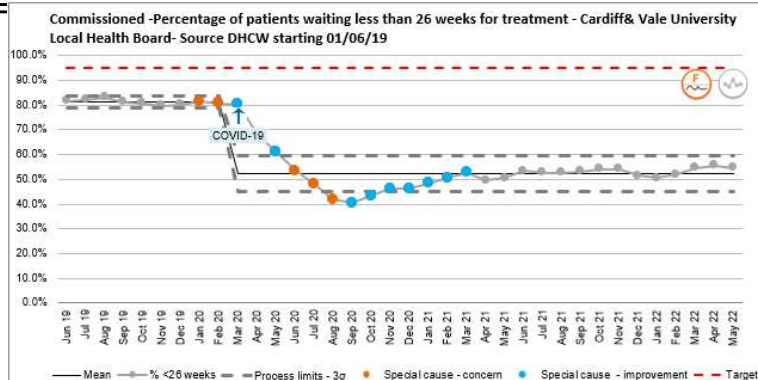
**Betsi Cadwaladr
% RTT >26
weeks**



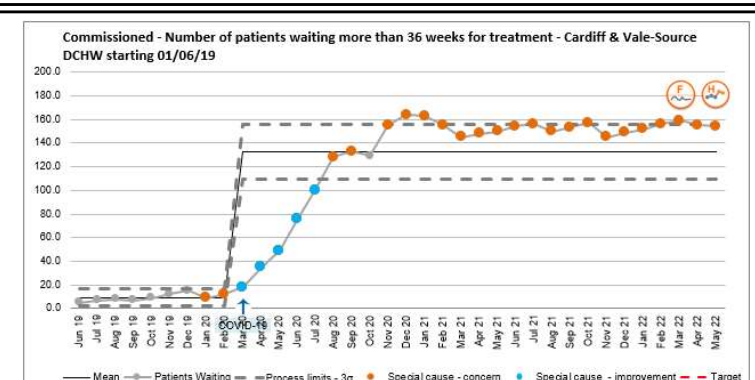
**Betsi Cadwaladr
RTT 36+
weeks**



**Cardiff & Vale
% RTT >26
weeks**



**Cardiff & Vale
RTT 36+
weeks**



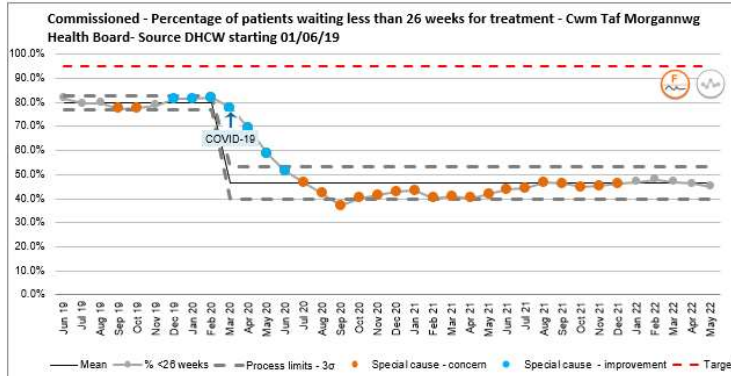


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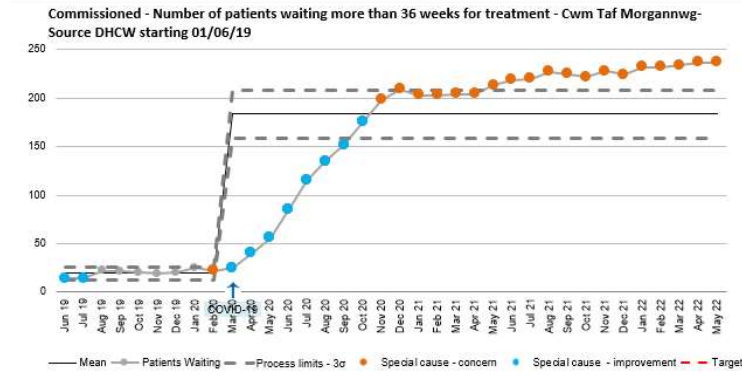
Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of patients waiting less than 26 weeks and number waiting more than 36 weeks for treatment hosted by English and Welsh providers

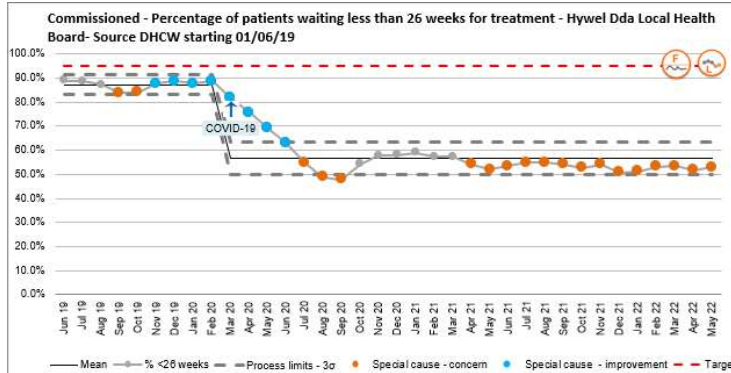
**Cwm Taf Morgannwg
% RTT >26
weeks**



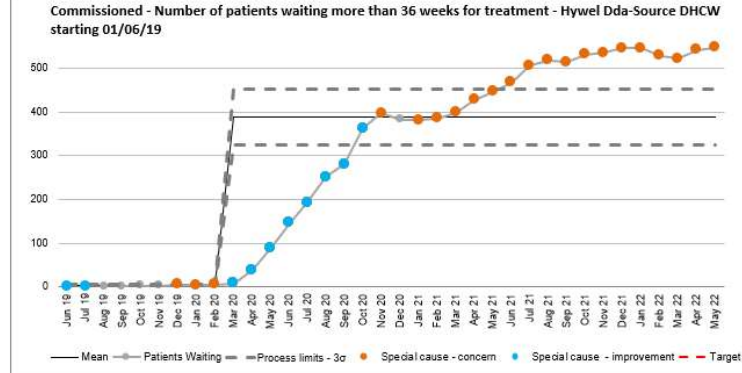
**Cwm Taf Morgannwg
RTT
36+ weeks**



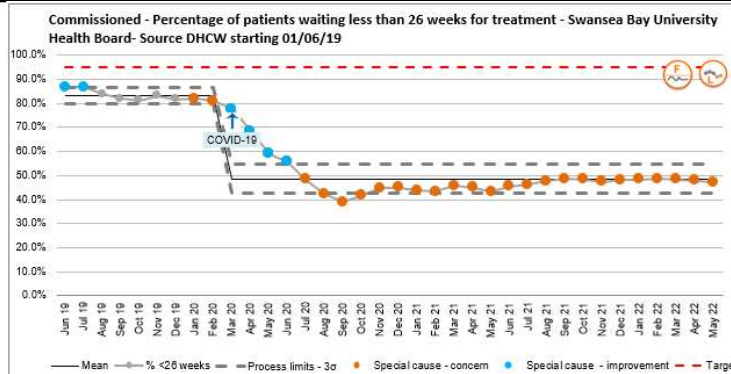
**Hywel Dda
% RTT >26
weeks**



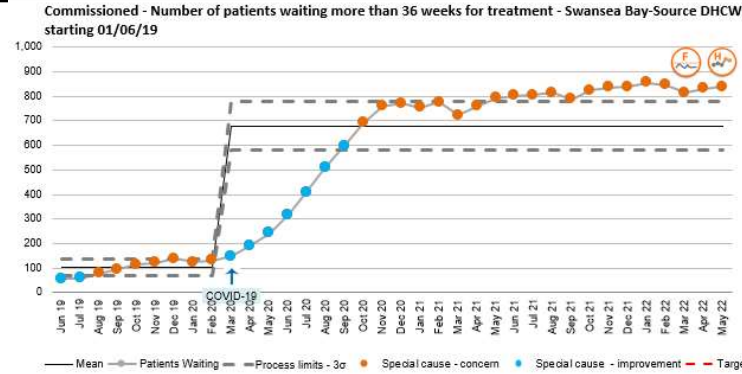
**Hywel Dda
RTT 36+
weeks**



**Swansea Bay
% RTT >26
weeks**



**Swansea Bay
RTT 36+
weeks**



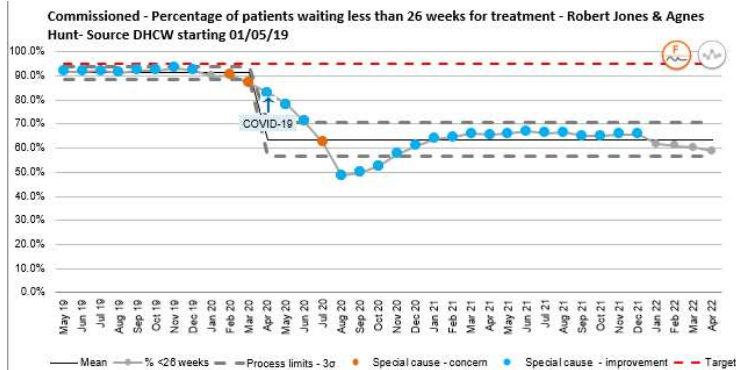


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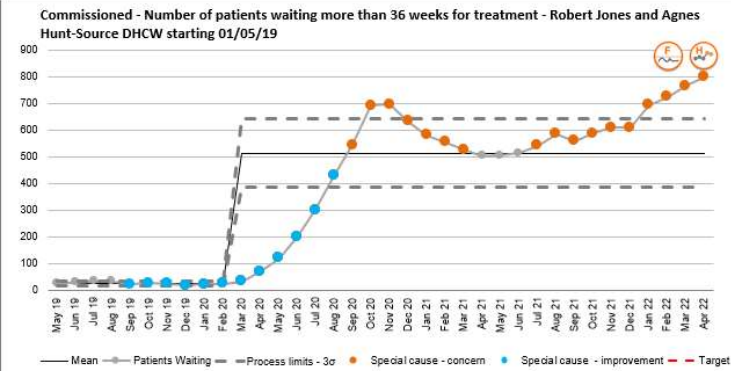
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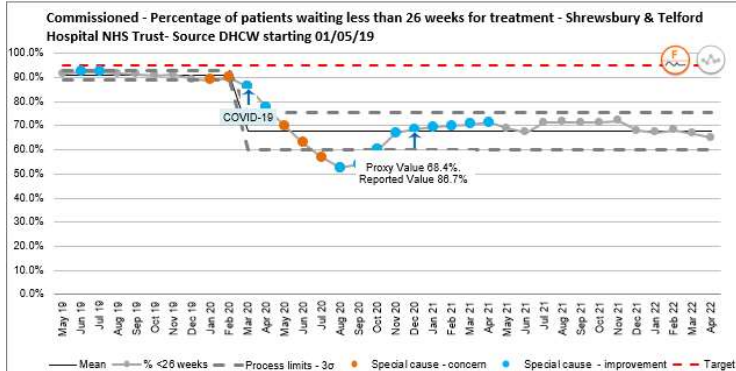
Robert Jones and Agnes Hunt % RTT >26 weeks



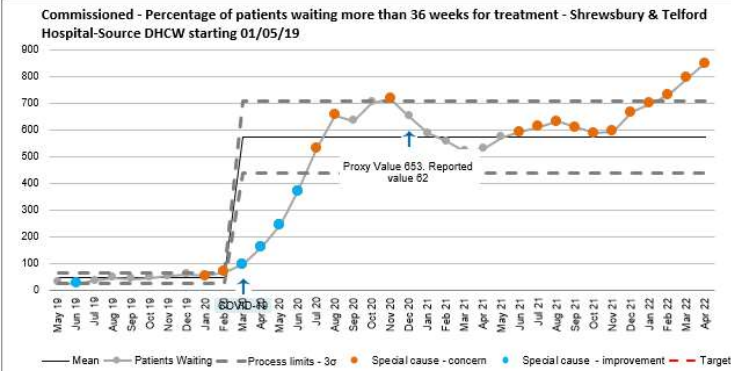
Robert Jones and Agnes Hunt # RTT 36+ weeks



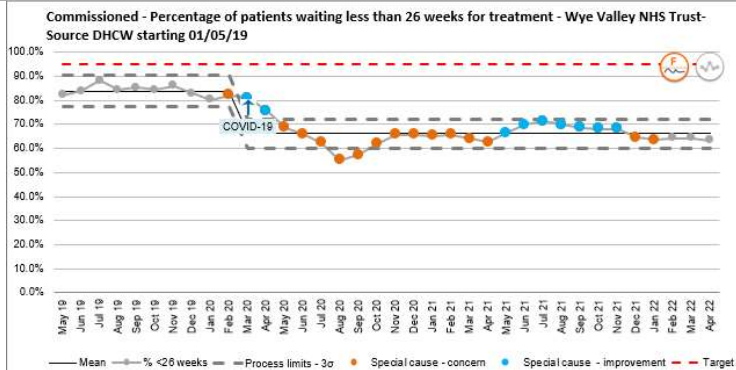
Shrewsbury and Telford Hospital % RTT >26 weeks



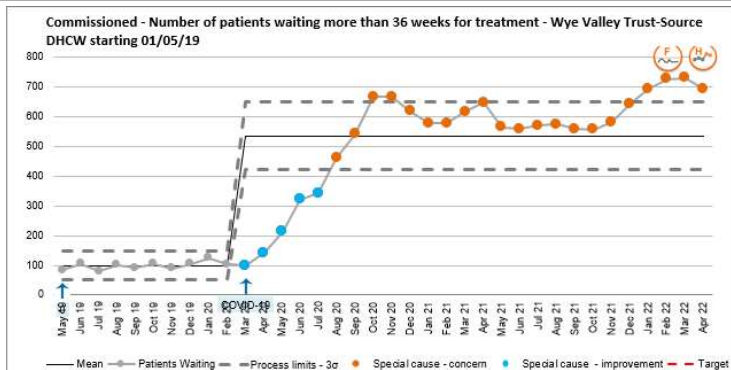
Shrewsbury and Telford Hospital # RTT 36+ weeks



Wye Valley Trust % RTT >26 weeks



Wye Valley Trust # RTT 36+ weeks

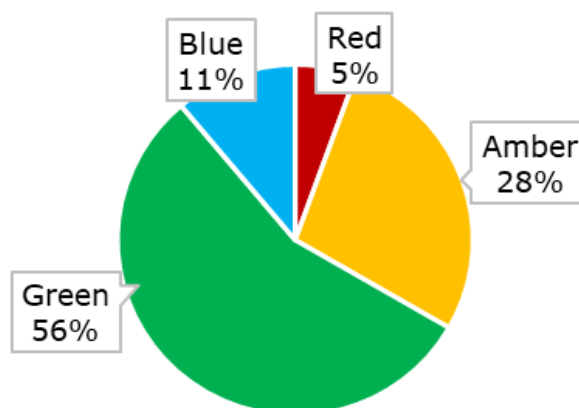


Board		27th July 2022
Subject :	Progress Against the Integrated Medium Term Plan 2022 – 2025, for the Quarter 1 Period April to June 2022	
Approved and Presented by:	Interim Director of Planning and Performance	
Prepared by:	Assistant Director of Planning	
Other Committees and meetings considered at:	Executive Committee	
PURPOSE:		
<p>This report provides the Board with an update of the progress made against the Integrated Medium-Term Plan (IMTP) for the quarter 1 period (April 2022 to June 2022).</p> <p>The report is comprised of updates provided by each lead Executive Director on status and a supporting commentary noting progress and any areas of 'red' rating meaning progress is off track and requires additional action.</p> <p>The reporting of progress is in line with requirement set by Welsh Government, following approval of the IMTP. It should be noted however that the Accountability and Conditions letter has not yet been received and therefore there is no specific commentary in this report that covers those aspects.</p>		
RECOMMENDATION(S):		
<p>That the Board review the progress against the IMTP for quarter 1 (April 2022 to June 2022) ahead of submission to Welsh Government as part of the quarterly IMTP monitoring.</p>		

STATUS MONITORING
Blue - Complete
Red - Behind schedule
Amber - At risk/issues present
Green - On track

Wellbeing Goal 1: Focus on Wellbeing

1	Take Action to Reduce Health Inequalities and Improve Population Health
2	Deliver Health Improvement Priorities
3	Deliver Covid-19 Prevention and Response and Integrated, Comprehensive Vaccination

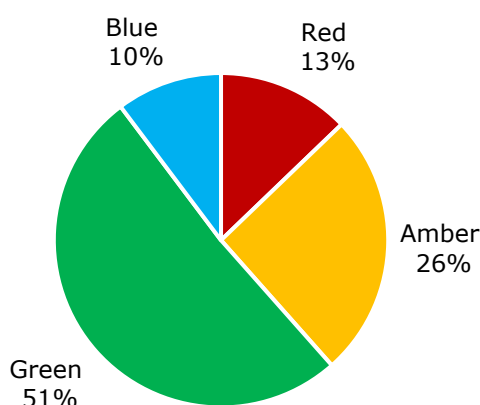


Commentary:

All but one action is underway. Two actions are completed and closed. One action is red rated, relating to the work needed to identify the opportunities for the transferred public health team in integrating into the health board and considering how best to support further developments. This work will be undertaken during quarter 2.

Wellbeing Goal 2: Early Help and Support

4	Improve Access to High Quality Sustainable Primary Care
5	Develop a Whole System Diagnostic, Ambulatory and Planned Care Model
6	Improve Access to High Quality Prevention and Early Intervention Services for Children, Young People and their Families



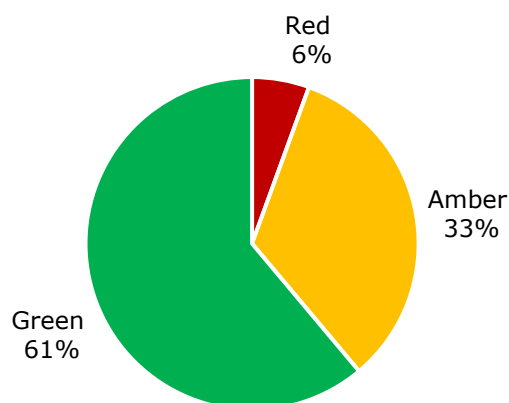
Commentary:

Whilst indicators for strategic priorities 4 and 5 are rated as green or amber, there are 3 areas within strategic priority 6 rated as red. This means there is a delay in establishing the work required to deliver the strategic priority and that this will be therefore moved into Quarter 2 and tracked carefully. Some of the actions are reliant on wider, national work and therefore an assessment will take place during Quarter 2 if there is likely to be any further delay.

1. Maternity: Work on national neonatal outcomes to help inform this work; to be progressed during quarter 2.
2. AHP Framework: Children's Therapies review completed by Assistant Director of Therapies and Health Sciences in 2021 and recommendations delivered to operational team, for full incorporation into IMTP. Transition working group being established under leadership of deputy director of nursing and ADOTH. Will take into account ALN legislation
3. Gender Identity Service: Limited progress in paper due to reduced capacity, however Virtual Gender forum resumed to inform proposal. To be progressed during Q2.

Wellbeing Goal 3: 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
9	Develop and implement the next stage of the Breathe Well Programme
10	Undertake Strategic Review of Mental Health, to improve outcomes from high quality, sustainable services, including specialist services

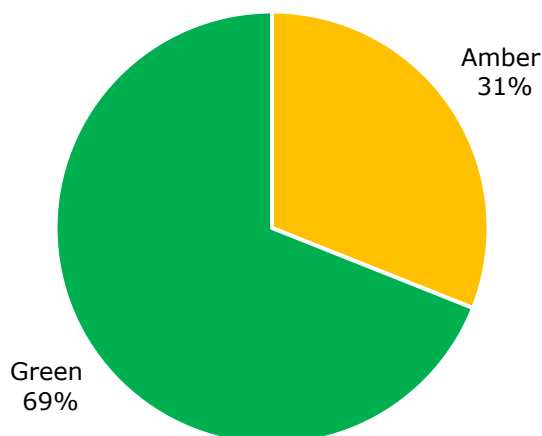


Commentary:

Strong progress has been made across the strategic objectives with two-thirds of the key milestones being on track (green). Only one key milestone is significantly off track and requires additional focus; the process for the workforce model under the Breathe Well Programme requires additional work. This is likely to move implementation to Quarter 4.

Wellbeing Goal 4: Joined Up Care

11	Design and Deliver a Frailty and Community Model including improved access to Urgent and Emergency Care
12	Support improved access to and outcomes from Specialised Services

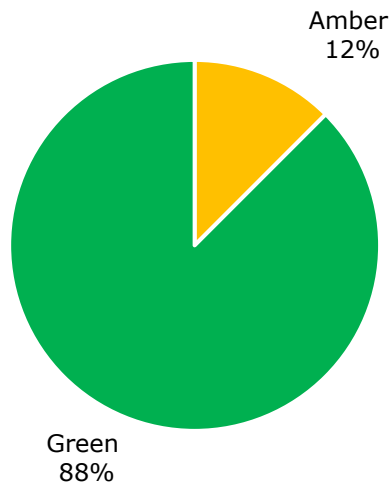


Commentary:

Two-thirds of key milestones are on-track, with one-third although action has started experiencing some delay. No actions are red rated. The Urgent and Emergency care work has an intensive period during quarter 2 in order to be able to impact on the autumn/winter ahead.

Wellbeing Goal 5: Workforce Futures

13	Designing, develop and implement a comprehensive approach to workforce planning
14	Review, redesign and implement leadership and team development
15	Deliver improvements to staff wellbeing and engagement
16	Enhance access to high quality education and training
17	Implement key actions that enhance the health boards role in partnership and citizenship

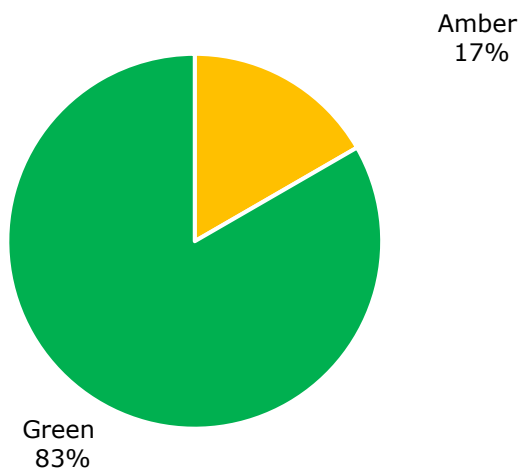


Commentary:

Close to 90% of actions are reported as on track; many being part of activity that crosses several quarters. The Review of Occupational Health has been completed and additional investment made to support the workforce's health and wellbeing. This will be evaluated during quarter 4. There are no red actions during this quarter.

Wellbeing Goal 6: Digital First

18	Implement Clinical Digital Systems that directly enable improved care
19	Implement key improvements to digital infrastructure and intelligence; undertaking a Digital Service Review for the medium/longer term

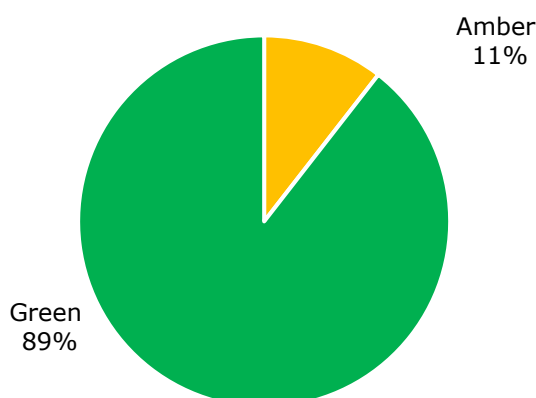


Commentary:

Key milestones against the 2 strategic priorities that make up Digital First have been rated as green – on track. There are no red rated actions. The Board will, during a Development Session, be exploring the digital agenda and specifically opportunities that lay head as part of developing a strategic framework for the medium/longer term.

Wellbeing Goal 7: 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



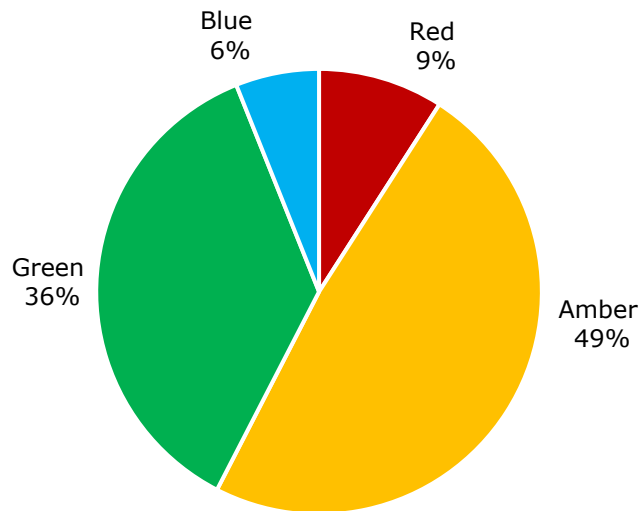
Commentary:

Almost 90% of the key milestones are on track. No red rated milestones have been identified for the first quarter. Major capital programmes, such as Machynlleth Hospital, are on track for delivery as planned. The amber rated milestone relates to some delay in the Llanfair Caereinion Third Party development.

Wellbeing Goal 8: Transforming in Partnership

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

22	Improve quality (safety, effectiveness and experience) across the whole system; building organisational effectiveness
23	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 improvement priorities including embedding risk management, effective policies, procedures and guidance; audit and effectiveness; Board effectiveness and systems of accountability



Commentary:

Just under half of all key milestones are on track or have been completed; with the vast majority of others experiencing some slippage. One area has flagged as red rated and is part of a wider escalation relating to financial resources.

NEXT STEPS:

In line with the Improving Performance Framework and the Board Committee work plans, the IMTP Delivery Plan Progress Reports, or parts thereof, will be considered by specific committees, including the Executive Committee and actions put in place to both risk assess amber and red rated milestones and to support delivery.

The report will also be submitted to Welsh Government as part of the general requirements of the IMTP oversight process.

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	✓

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:

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	No impact	Adverse	Differential	Positive	Statement <i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i>
Age		X		X	<p>There are adverse and positive impacts relating to changes to service delivery in line with national guidance in response to the pandemic, which will continue into 2021/22.</p> <p>A full impact assessment will be carried out for specific initiatives / programmes of work as they are progressed in year where they require further consideration and decision; this will take into account the socio-economic duty</p>
Disability		X		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				

Risk Assessment:

	Level of risk identified				Statement <i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i>
	None	Low	Moderate	High	
Clinical			X		Refer to the Corporate Risk Register for a fuller description of key strategic risks and mitigations in place
Financial			X		
Corporate		X			
Operational			X		
Reputational		X			

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Integrated Medium Term Plan – Delivery Plan 2022 - 2023

PROGRESS REPORT QUARTER 1 2022/23

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Focus on Wellbeing

Strategic Priority and Key Actions	Key Milestones	
1 - Take Action to Reduce Health Inequalities and Improve Population Health <i>Executive Lead – DPH & DoTH</i>		
Quarter 1 Progress: Key Public Health actions on track or completed in Q1 including the Powys Wellbeing Assessment and Powys Population Needs Assessment. Some work not progressed in Q1 in relation to further analysis of Covid impact; this will be progressed in Q2. Commentary on red rated actions: 1. Not progressed as DPH post vacant since mid-March. Director of Public Health started on 27 June.		
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	Q1
	Manage transfer of Public Health team and implement actions in accordance with Public Health Wales transfer timetable	Q1-4
	Work with staff as part of the transfer to develop the public health function as a wellbeing service offer for Powys (1)	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	Q1 – Q4
	Quarterly horizon scanning	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

Executive Lead - DPH

Quarter 1 Progress: Very good progress made in Q1 on healthy weight, smoking cessation and healthy schools/preschools areas of work. This is notable given:

a) DPH post vacant since mid-March

b) Continuing, significant health protection workload (COVID-19, Ukrainian arrivals, Monkey Pox)

Commentary on red rated actions: no red actions

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	Q1 – Q4
	Review progress as part of annual priority setting	Q4
	Implement weight management pathway for adults, children, young people and families	Q2
	Further develop and refine all age weight management pathways in Powys	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;	Q1
	Implementation of plan	Q2 – Q4
	Review pharmacy delivery model and coverage / options in primary care; Develop proposals	Q1
	Implement agreed changes	Q2
	Review learning	Q3 – 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;	Q1
	Implement scheme.	Q2-Q3
	Scheme monitoring reports submitted to PHW.	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

Executive Lead – DPH

Quarter 1 Progress: Excellent progress made on COVID-19 vaccination Spring booster campaign and planning is under way for Autumn Booster based on JCVI guidance and WG planning framework. Progress on TTP transition has been affected by national delay in confirmation of funding. WG confirmed funding for testing from Q2-Q4 on 21 June so work is now under way to escalate transition to Q2 operational and workforce model. Contact tracing transition to Q2 model is on schedule. Whilst COVID vaccination programme and contact tracing transition are on track, national delays in confirmation of testing funding & requirements lead to an overall rating of "amber"

Commentary on red rated actions: no red actions

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	Q1
	Phased transition of TTP arrangements subject to public health conditions	Q1
	Implement 'Covid Stable' model with contingencies for 'Covid urgent'	Q2
	Continue transition of TTP arrangements to 'business as usual' model	Q3
	Fully integrate approach to COVID-19 prevention and response	Q4
Offer anti-viral treatments and other therapeutic options based on the latest available evidence	Develop a Responsive Plan to meet emerging requirements for anti-viral treatments and other therapeutic options based on latest available evidence	Q1 – 4
Deliver the COVID-19 Vaccination Strategy for 2022 and implement the	Deliver the COVID-19 Vaccination Strategy for 2022 and implement the National Immunisation Framework for Wales	Q1 – 4

National Immunisation Framework for Wales	- Q1 Spring Booster campaign delivery	Q1
	- Q2 Develop and test models for future delivery	Q2
	- Q3 Autumn Booster campaign Delivery	Q3
	- Q4 Transition to future model aligned with National Immunisation Framework	Q4

Early Help and Support

Strategic Priority and Key Actions	Key Milestones	
4 - Improve Access to High Quality Sustainable Primary Care <i>Executive Lead - DPCCMH</i>		
Quarter 1 Progress: Progressing and implementing GMS/GDS and Community Pharmacy Services contract reform initiatives to improve access. Improvements to GOS will be dependent on the new contract which is assumed to be phased in during 2022/23. Out of Hours contract with Shropdoc extended for a further 2 years until June 2024.		
Commentary on red actions:		
1. Dental: Mobile unit continues to be used to support GDS access at the PTHB dental managed practice due to IPC restrictions in the practice surgery		
2. Optometry: Will be progressed once National Contract Reform negotiations have been concluded		
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
	Relaunch Practice in Powys website, followed by content expansion	Q2-Q3
	Annual CPD programme for medical, wider clinical and non-clinical staff; establish Careers workshops (Q2)	Q1-Q2
	Finalise service specification and Award of Out of Hours contract,	Q1-Q4

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	Implementation revised contract for OOHs	Q1
	Tele-Dermatology Diagnostic Project – agree and implement plan	Q2 – 4
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
	Develop professional practice and clinical governance approach to support local enhanced Community Dentistry skills	Q2
	Implement approach in team, including training additional CDS Nurses in extended duties (Q1 – 3)	Q3
	Scope / model local oral surgery offer, specification (Q1), recruitment and implementation	Q2 - Q4
	Scope & develop paediatric dental specialist support, agree Service Level Agreement and Implementation	Q2 - Q3
	Scope paediatric sedation services and investment / implementation	Q2 - Q4
	Increase use of mobile dental unit for residential and care home sector (1)	Q1 - Q4
	Additional specialist / DES in special care dentistry including domiciliary care – investment scope/ case, implementation	Q2- Q3
	Develop undergraduate dental therapy placement programme with Cardiff Dental School	Q2-Q3
Optometry: Implementation of contract reform, development of clinical roles,	Implement contract reform with associated training plan/ progression of higher qualifications and clinical roles	Q1 – Q4

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delivery against national eye care recovery plan	Review eye care access to inform recovery and renewal plans in conjunction with contract reform	Q1
	Refine business case and pathway for school vision screening, implement enhanced service (mid cluster pilot) Q1, evaluate to inform future model (Q4)	Q1- Q4
	Scope and develop health board led domiciliary service (2)	Q1 – Q4
	Agree and implement 'The Eyes Open' communication campaign	Q1 - Q4
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)	

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5 - Develop a Whole System Diagnostic, Ambulatory and Planned Care Model

Executive Lead – DoPP, DPCCMH, DoN & DoTH

Quarter 1 Progress: Diagnostic ambulatory and Planned Care Board established. Outpatient transformation implementation progressing in line with Programme; additional £450K secured for OP Transformation including Eye Care & Central Support. Awaiting further details from WG on 10 Planned Care Pathways for implementation in 2022/23. Working with National Endoscopy Programme & Bowel Screening Wales on service sustainability and regional approach. Proposal under development with Transformation & Value Team for repatriation of long waiting patients back into PTHB. Liaising with Health and Care Academy & HEIW on developmental posts and care pathways across PTHB Planned Care. Developing GIRFT (Getting It Right First Time) action plans and working with National Planned Care Board on speciality based service transformation and regional plans.

Commentary on red actions: no red actions

Delivery of the Diagnostics, Ambulatory and Planned Care Renewal Programme; <i>incorporating Advice, Support and Prehabilitation Workstream</i>	Review and evaluate impact of the Insourcing project	Q1
	Secure access to medical speciality advice	Q1
	Agree phased implementation for the Diagnostic Strategic Plan; implementation	Q1
Mobilisation of Planned Care improvements	Ensure clarity of opportunity for outpatient repatriation, implement phased plan	Q2 – Q4
	Develop phased, creative workforce model, Develop ability of workforce to meet Welsh Language Act	Q2-4
	Implementation of the Eye Care Plan	Q1
Implement sustainable medical and wider clinical and non-clinical workforce model	Implementation of Dermatology Plan	Q1 – Q4
	Work with other health boards on regional diagnostic and planned care regional solutions including orthopaedics, cataracts and endoscopy	Q1 – Q4
	Implement plan to maximise theatre and endoscopy utilisation	Q2 – Q4
	Develop the Ambulatory Care Strategic Plan and Model, implementation including Ambulatory Care Centres	Q2 – Q4
	Ensure robust improvement trajectories are in place and are being monitored	Q2 - Q4

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6 - Improve Access to High Quality Prevention and Early Intervention Services for Children, Young People and their Families *Executive Lead – DPH, DoN, DPCCMH & DoTH*

Quarter 1 Progress: Local - Delivery of HCWP, and school aged vaccination programme, Children's community nursing service provision review ongoing. Delivery of Healthy Lifestyle programme- families with children aged 0-5. Working with public health colleagues to progress public health priorities workplans, this includes infant feeding, perinatal mental health, smoking. Work within safeguarding procedure.

Partnership- progression of pathfinder programme to review early years services, Flying Start expansion planning in place. Engaged and supporting Start Well workstreams

3rd sector- engaged with 3rd sector for support and signposting as required

National- . Engaged in national development of School Health Wellbeing Programme (SHWP) for universal and special school service provision

Commentary on red actions:

1. Maternity: Work on national neonatal outcomes to help inform this work; to be progressed during quarter 2.

2. AHP Framework: Children's Therapies review completed by ADOTH in 2021 and recommendations delivered to operational team, for full incorporation into IMTP. Transition working group being established under leadership of interim deputy director of nursing and ADOTH. Will take into account ALN legislation

3. Gender Identity Service: Limited progress in paper due to reduced capacity, however Virtual Gender forum resumed to inform proposal. To be progressed during Q2.

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>	Q1 – Q4
	Delivery of Multi Agency Plan for Additional Learning Needs (ALN) and Education Tribunal (Wales) Act (2018)	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 (1)	Q1 – Q4
	Implementation of South Powys pathways, reassert plans for safe pathway changes Q1, monitoring and service change subject to Board decision Q1 – Q4	Q1 – Q4
	Powys Project Board to consider WG Digital Maternity Cymru recommendations for implementation, including potential for funding and recruitment for implementation	Q2
	Develop a plan and timeline to implement Birth Rate plus recommendations	Q1 – Q4
	Implement HIW recommendations including birth centre environments; (including CAD designs and programme of works for Llanidloes Q1/ Knighton Q2)	Q1 – Q4

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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 (2)	Q1 – Q4
	Implement Healthy Growth and Development Plan including Universal Screening	Q1 – Q4
	In line with comprehensive Vaccination Programme work (see Focus on Wellbeing objective) develop a robust plan for implementing Childhood Immunisations	Q1 – Q4
	Develop and implement plan for Neurodevelopment Service Remodel including evaluation and review	Q1 – Q4
	Develop and implement plan for Childrens Complex Care	Q1 – Q4
	Develop and implement Healthy Weights pathway for children and young people, in line with organisational Strategic Plan	Q1 – Q4
	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	Q1 – Q4
	Scope sustainable model and investment for Gender Identity Service including Demand and Capacity review (3)	Q1 – Q4
	Scale up Endometriosis & Menopause pilots, based on evaluation outcomes	Q4

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Tackling the Big Four

Strategic Priority and Key Actions

Key Milestones

7 - Implement Improvements in Early Diagnosis, Treatment and Outcomes for People with or suspected of having Cancer

Executive Lead - MD

Quarter 1 Progress: All Powys GP Practices now have access to symptomatic FIT services; most residents of Powys not have access to rapid diagnostic centres for vague symptoms, except for Mid Powys where options are being worked up.

Commentary on red actions: no red actions

Deliver Cancer Programme - Renewal Portfolio - Improve access to testing and diagnostics - Work with the Wales Cancer Network on Optimal pathways and quality statement - Progress suspected cancer pathway tracking & harm review approach	Progress plan to improve access to FIT testing	Q1
	Improve access for Powys residents to rapid diagnostic centres for vague symptoms	Q1
	Cytosponge implementation with BCUHB	Q3
	Transnasal endoscopy	Q2
	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

Quarter 1 Progress: Mapping of diabetes, stroke and cardiac quality statements being undertaken involving clinical leads, however a phased plan for development is not yet in place. Funding secured for community cardiology service development. Strategic change assessment for stroke not yet fully complete – workshop held regarding vision for stroke and neurological conditions.

Commentary on red actions: no red actions

Deliver Circulatory Programme - Renewal Portfolio - 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

Quarter 1 Progress: Draft Respiratory Quality statement commented on, final statement expected September 2022. Childrens workstream agreed – first meeting to be held in Q2. Healthcare support workers recruited to support respiratory diagnostics.

Commentary on red actions:

1. Medical staffing proposal to be considered in July, hence implementation likely to be delayed to Q4.

Deliver Breathe Well Programme - Renewal Portfolio - Develop and implement medical model - Develop and implement plan to meet Quality Standard	Develop & implement plan to meet Respiratory Quality Standard	Q1 – Q4
	Undertake next stage of outpatient activity redesign and repatriation through options appraisal and implementation of medical model (1)	Q1 – Q3
	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	Q1 – Q2

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<ul style="list-style-type: none"> - Deliver plan for Children and Young People - Improve access to diagnostics closer to home 	Phased approach to respiratory diagnostics closer to home, embedding spirometry model and sleep clinics, scoping fractionised exhaled nitric oxide and full lung function testing	Q1 – Q4
10 - Undertake Strategic Review of Mental Health, to improve outcomes from high quality, sustainable services, including specialist services <i>Executive Lead - DPCCCMH</i>		
Quarter 1 Progress: The Strategic Review of Mental Health is being undertaken within the Health Board's Renewal Programme, which is working to drive tangible service change that delivers improved outcomes, experience and cost with longer term sustainable transformation due to commence September 2022 Commentary on red actions: no red actions		
Deliver Strategic Review of Mental Health Delivery of Live Well MH Partnership priorities (2022 – 2025) Develop services to improve outcomes and access in line with national plans Roll out children and young people's emotional health and resilience service	Undertake a Strategic Review of Mental Health services; including specific work on the following areas:	Q1 – Q4
	Design the approach to a Sanctuary House, including commissioning the service (potential Tender / Award) Provision & Monitoring	Q2 – Q4
	Complete the roll out of the Single Point of Access 111 – Tender Q1, Provision & Monitoring	Q2 – Q4
	Deliver against Dementia Action Plan 2018-22 including Memory Assessment Redesign	Q1 – Q4
	Implement the milestones of the Deliver Powys Talk 2 Me 2 Strategy	Q1 – Q4
	Roll out Children and young people's emotional health and resilience service	Q1 – Q4

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Joined Up Care

Strategic Priority and Key Actions

Key Milestones

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

Executive Lead – MD & DPCCMH

Quarter 1 Progress: Actions have commenced across all quarter 1 targeted milestones; some areas require more progression (thus amber rated). High level model developed following gap analysis. Work with Improvement Cymru and Institute of Healthcare Improvement being shaped – progressing during Q2. Two value-based healthcare proposals submitted for funding to WG relating to prevention and response to falls in care homes, response awaited.

Commentary on red actions: no red actions

<p>Develop and deliver a Frailty and Community Model <i>Including intensive community and home-based care; a frailty pathway including falls and home first ethos.</i></p> <ul style="list-style-type: none"> 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
<p>Develop a place-based care approach in East Radnorshire, building on the expertise and resources in Knighton and District specifically</p>	Establish a formal project 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 model	Q2-Q3
	Progress implementation	Q3-Q4
<p>Deliver an Urgent and Emergency Care 'Six Goals' model</p> <p>Goal 1 Coordination, planning and support for people at greater risk of needing Unscheduled Emergency Care (UEC)</p> <ul style="list-style-type: none"> ➤ Build on cluster led risk stratification and virtual wards <p>Goal 2 Signposting, information and assistance</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 ➤ Test potential for Urgent Primary Care Centres (UPCCs) <p>Goal 3 Clinically safe alternatives to admission</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 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 <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 	Goal 1 Build on cluster led risk stratification and virtual wards	Q1 - Q2
	Goal 2 Deliver 24/7 Urgent Care Model, work with partners to review utilisation of NHS 111 Wales & Enhanced Directory of Services	Q1 - Q4
	Goal 3	Q1-Q2
	Goal 4	Q1-Q2
	Goal 5	Q1-Q2

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<p>in hospital / in the community waiting for response and reduce average length of stay to 28 days</p> <ul style="list-style-type: none"> ➤ Implement SAFER patient flow guidance <p>Goal 6 Home first approach and reduce the risk of readmission</p> <ul style="list-style-type: none"> ➤ 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. 	<p>Goal 6 Home first approach and reduce the risk of readmission</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 ➤ Work with the care sector to improve resilience in domiciliary and residential / nursing care and processes ➤ Partnership work with Welsh Ambulance Services; annual plan ➤ Learning from the System Resilience / Winter Plan; identification of further high impact changes across the Regional Partnership Board 	<p>Q1-Q4</p>
<p>12 - Support improved access to and outcomes from Specialised Services</p> <p><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>Executive Lead - DoPP</p> <p>Quarter 1 Progress: Work in this area is progressed via collaboration in the WHSSC Management Group and Joint Committee as well as key actions in PTHB in relation to Powys pathways and engagement; of the four milestones due in Q1, 2 are 'green' and 2 are 'amber' of the remaining work is underway</p> <p>Commentary on red actions: no red actions</p>		
<p>- Work with the Welsh Health Specialised Services Committee to implement Integrated Commissioning Plan</p>	<p>Participate in Management Group and Joint Committee</p> <p>Appoint to specialised pathway lead</p>	<p>Q1</p> <p>Q1</p>

Ensure equitable access and outcomes for the Powys population and work in partnership to address variation	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) <i>Executive Lead - DWOD</i>		
Quarter 1 Progress: Positive progress is being made against a number of actions, although these spread over the following quarter(s). International recruitment has seen new recruits join the organisation and progressive discussions with HEIW have taken place regarding commissioning and placements.		
Commentary on red actions: no red actions		
<ul style="list-style-type: none">- Review and develop sustainable workforce model (including Covid Response, staffing/ medical model)- Implement All Wales Workforce Planning Toolkit- Develop Workforce plan for North Powys Wellbeing Programme- Widen apprenticeship offer- Progress international recruitment- Promote Health and Care careers	Support services to review and develop sustainable workforce model	Q1-Q2
	Begin implementation of the Toolkit, focusing on the Renewal Priorities	Q1-Q3
	NPWP Scoping exercise; Support workforce planning	Q1 –Q4
	Widen the apprenticeship offer	Q1-Q2
	Progress international recruitment, in line with a 'Once for Wales' approach	Q1-Q2

- Progress Health Care Support Worker / Nursing Degree	Deliver Schools Pilot project	Q3-Q4
- Enhance Student Streamlining offer for Powys	Review further opportunities for part-time pre-registration Nursing degree / Health Care Support Worker route	Q1
	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 <i>Executive Lead - DWOD</i>		
Quarter 1 Progress: Development programmes in place include Executive Team development and Deputy and Assistant Director programme. Further work to do on Clinical Leadership programme. Intensive Learning Academy development, in partnership with other organisations has had a soft launch with some of the digital technology secured to enable learning connected with the Health and Care Academy.		
Commentary on red actions: no red actions		
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 <i>Executive Lead - DWOD</i>		
Quarter 1 Progress: Occupational Health Service review and proposal for development complete – additional resource allocated to support increased provision. MH First aid training proposal developed – awaiting funding support.		
Commentary on red actions: no red actions		
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
	Scope and progress wellbeing survey, subject to the timing of a national survey;	Q3
	Develop model and implement approach to financial wellbeing support	Q2
16 - Enhance access to high quality education and training Across all disciplines, specifically focusing on 'grow our own'/apprenticeships Executive Lead - DWOD		
Quarter 1 Progress: Positive work is being undertaken with Health Education Improvement Wales and agreement has been reached for a small number of Allied Health Professional ringfenced places for PTHB in line with agreements for nursing.		
Commentary on red actions: no red actions		
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
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 Executive Lead - DWOD		
Quarter 1 Progress: A pilot of a wellbeing programme for carers has been undertaken (the Powys Balance Programme). Formal evaluation to be undertaken.		
Commentary on red actions: no red actions		

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

Digital First

Strategic Priority and Key Actions	Key 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>		
Quarter 1 Progress: Good progress being made across a range of digital developments, including Welsh Nursing Care Record with one site left to implement; Once for Wales Concerns Management system implemented (benefits and evaluation report to be received) prior to full closure; Electronic prescribing portfolio (led by DHCW) underway in early phases, bed management system rolling out. Some delays to eye care digitisation programme.		
Commentary of red actions: no red actions		
Implement key programmes to deliver Digital Care 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	Range of milestones for each project area <i>including health records, WMCR, Phase 2 OfWCMS, Eye Digitisation, Electronic prescribing and bed management</i>	Q1
	Deliver Cross Border programme including sign off, recruitment Q1, design / build and implementation with user acceptance testing and integration	Q2 – Q4
	Range of milestones for each project area (detailed Directorate Plan)	Q2 – Q4

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

Executive Lead - DoF

Quarter 1 Progress: New Head of Data Architecture and Business Intelligence due to join the organisation imminently. Interactive Power BI Reports now available providing dynamic view of patient activity in and outside of Powys provision. Community Training Platform now in place with recruitment underway to source content building and digital facilitation. Sharepoint migration progressing. Infrastructure developments making progress including print management business case in development, Telephony work with suppliers on model and specification being worked up, cyber improvement plan in place.

Commentary of red actions: no red actions

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

Strategic Priority and Key Actions	Key Milestones	
20 - Implement ambitious commitments to Carbon Reduction, Biodiversity Enhancement and Environmental Wellbeing		
Executive Lead - DoE		
Quarter 1 Progress:		
Implement Decarbonisation and Biodiversity Delivery Plans:	Detailed Decarbonisation and Biodiversity Delivery Plans in place and reported separately via Environment and Sustainability Group / Committee and Board	Q1 - Q4

<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 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; 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 		
	Commission self-audit Q4, audit activity Q1, address actions arising Q2, preparation for re-audit Q3	Q1
	Re-commission tree survey for Pan-Powys estate in Q2, subsequently implement actions arising	Q1-Q4
	Contracts for waste and recycling compliant with NHS Financial Standing Orders and Welsh Government sustainability targets. Roll out of waste segregation training.	Q2-Q4
	Annual Estates, Facilities Performance Management System data submission Q1	Q1-Q4
	Q2 Welsh Government Energy Service 'Fleet Review' initiated along with EV charge point assessment. Q3 Review vehicle management assessments and report findings along with commencement of EV implementation on site at Brecon Car Park. Q4 Implement fleet review recommendations and EV roll out.	Q1-Q4
	Introduction of environmental-weighting into procurement questions with Contractor Workshop Q2	Q1-Q4
	Develop next steps in investment programme to upgrade BMS systems. Embed biodiversity protection and enhancement into all business cases. Develop MMC and Net Zero build principles into future new developments	Q1-Q4
	Award of Bronze Carbon Literacy Organisation	Q1-Q4
	Develop accredited All Wales Carbon Literacy training package Q2 and implement training delivery plan	Q1-Q4
21 - Implement capital, estate and facilities improvements that directly enhance the provision of services to patients/public and the wellbeing/experience of staff Executive Lead - DoE		

Quarter 1 Progress: Capital, Estates and Facilities section (21) has 9 sub actions with 8 "green" and 1 "amber". Progress maintained to deliver Discretionary Capital Programme along with both major projects (Machynlleth and Brecon Car Park) on programme and within budget. Business cases progressing for North Powys and Llandrindod Phase 2 with funding approved by WG for replacement lift at Llandrindod. Level 5 environmental hygiene ratings maintained across all catering facilities and compliance maintained on NHS Cleaning Standards. Estates Maintenance Contract programme ongoing and agile working occupancy survey to be initiated at Bronllys.

Commentary on red actions: no red actions

Deliver Discretionary & Major Capital Programme <i>Including developments at Machynlleth; Brecon Car Park; Llandrindod Wells Phase 2; Llanfair Caereinion Primary Care Centre</i>	Deliver agreed programme of Discretionary Capital	Q1 – Q4
	Completion of works at Machynlleth	Q4
	Completion of works at Brecon Car Park	Q3
	Phase 2 Llandrindod Wells scheduled for start with Business Justification Case 2022/23 for infrastructure, subsequent clinical focused reconfiguration 3-5 years	Q3
	Llanfair Caereinion: Third Part Primary Care development works scheduled for 14 months construction. Commence Q2	Q2-Q4
Deliver Facilities & Estates Compliance & Improvements <i>Stores & Distribution, Health & Safety, Catering & Food Hygiene, Support Services, Estates Compliance</i>	Deliver Estates programme for fire, environment and infrastructure as agreed at Estates Funding Advisory Board	Q1 - 4
	Deliver Facilities work plan to include compliance with new food hygiene regulations Q1, implementation of Health & Safety Policy, compliance with cleaning standards, review of hotel services career structure Q1 – 2, strengthen maintenance contracts Q4	Q1 – Q4
	Development of protocols to support agile working	Q1 – Q3

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Delivery of the Research and development programme	Deliver Clinical Audit Plan	Q1 – Q4
	Complete implementation of Once for Wales Concerns Management system	Q3
	Plan for implementation of Duty of Candour	Q2 – Q4
	Deliver 'I&I Portal' database	Q1
	Explore the creation of a Research, Innovation and Improvement fund	Q1
	Align activity to School of Research Innovation and Improvement Adopt approach to clinical quality improvement ; training Q1; projects Q1–4; expert partnerships Q1, increase placements	Q1 – Q4
	Deliver Clinical Audit and assessment (aligned to Clinical Quality Framework)	Q1 -4
	Increase research participation and develop Powys led studies	Q1 - 4
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>		
Quarter 1 Progress: Good progress being made across a range of areas including the review of partnership mechanisms within the RPB. The health and care strategy is due to mid-year review during quarter 2. Good progress made on North Powys Wellbeing Programme following submission of Strategic Outline Case, key work underway on Outline Business Case detail and a review of governance and programme mechanisms. Work underway with Section 33 agreements however further consideration needed as to mechanism for overview.		
Commentary on red actions: no red actions		
Delivery of Regional Partnership Board priorities, with mid-year review of Health and Care Strategy	Deliver agreed RPB priorities	Q1 – 4
	Contribute to RPB mid year review of the Health and Care Strategy	Q2
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

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Management of Strategic Change with targeted action for live programmes with an impact on the Powys population	Strategic Change Stocktake process re-established Q1, with quarterly review and update Q2 – 4; Targeted action on live programmes as required	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	Communication plan implementation	Q1-Q3
24 - Implement value-based healthcare, to deliver improved outcomes and experience, including the effective deployment and management of resources <i>Executive Lead - Various</i>		
Quarter 1 Progress: Strong progress made in relation to progressing the value-based healthcare work, particularly on PROMS (Patient Reported Outcome Measures) and PREMS (Patient Reported Experience Measures). Strengthened links with the Welsh Value in Health Centre and active participation in 'Bringing Value to Life' Education Programme. On finance,		
Commentary on red actions: 1. Action underway to identify case releasing savings given financial pressures and demand in system. This work has started but needs to accelerate, including development of pipeline schemes/developments. 2. Impact of English providers provision in terms of contract costs closely reviewed at month 03. Risk overall, however further close monitoring underway and further escalation may be necessary. 3. Changes to funding for COVID related activity require an exit strategy for non-recurrent COVID activity. This will be accelerated during Q2.		
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	Q1 – Q3
Patterson, Liz 27/07/2022 08:29:14	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 – 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
	WG/FDU quarterly touch point sessions	Q1
	Finalise development of recurrent savings plan (1)	Q1 – Q4
	Impact assessment of English contracting position (2)	Q1 – Q4
	Devise/implement exit strategy for all non-recurrent COVID costs (3)	Q1
	Focussed PSPP target improvement >95%	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 <i>Executive Lead – BS, DoPP</i>		
Quarter 1 Progress: Good progress is being made across a number of areas, some of which will fully deliver in Quarter 2 and beyond. Annual Report and Scheme of Delegation delivered and now closed. Key Framework that support Board delivery have been reviewed and draft revisions being made ready for approval in Quarter 2.		
Commentary on red actions: no red actions		
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 and 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

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Delivery of Governance Work Programme	As per Governance Work Plan, Initial focus on establishing Board and committee cycle for the year in Q1	Q1
	Review of Board Assurance Framework and Risk Management Arrangements also in Q1 to support delivery of IMTP objectives	Q1
	Review of Scheme of Delegation Q1	Q1
	Remaining elements of Governance Work Programme scheduled for Q2-Q4 building on cornerstone arrangements noted above in Q1	Q2 – Q4
Deliver the priorities of the Organisational Development Framework	As per Organisational Development Implementation Plan	Q1-Q4

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Agenda item: 3.2

Board Meeting		Date of Meeting: 27 July 2022
Subject :	Cancer Programme – Renewal Priority	
Approved and Presented by:	Medical Director	
Prepared by:		
Other Committees and meetings considered at:	Renewal Strategic Portfolio Board	

PURPOSE:

To provide an overview of the Cancer Renewal Programme, one of the programmes in the health board's Renewal Strategic Portfolio.

RECOMMENDATION(S):

The Board are asked to note to findings in the presentation.

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	✓
	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:

A strategic priority within the health board's renewals programme and Integrated Medium Term Plan for 2022/3 – 2024/5 is to implement improvements in early diagnosis, treatment, and outcomes for people with or suspected of having cancer.

The attached presentation provides an overview of the Cancer Renewal Programme, one of the programmes in the Renewal Strategic Portfolio.

The presentation outlines:

- Cancer Programme definition and scope;
- progress to date against the key priorities and objectives;
- an overview of the Welsh Government Quality Statement for Cancer; and
- remaining actions and priorities 2022/23 in the Cancer Renewal Programme.

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DETAILED BACKGROUND AND ASSESSMENT:

The Cancer Renewal Programme scope includes:

- 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 Suspected 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 patients with cancer. The programme will also help to ensure processes and space for multiagency assessment and for patient and carer education.

NEXT STEPS:

The key priorities in the next three year phase:

- 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
- Transnasal endoscopy implementation

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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	✓			
Disability	✓			
Gender reassignment	✓			
Pregnancy and maternity	✓			
Race	✓			
Religion/ Belief	✓			
Sex	✓			
Sexual Orientation	✓			
Marriage and civil partnership	✓			
Welsh Language	✓			
<p style="text-align: center;">Statement</p> <p><i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i></p>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical				
Financial				
Corporate				
Operational				
Reputational				
<p style="text-align: center;">Statement</p> <p><i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i></p>				

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Cancer Renewal Programme Update for PTHB Board July 2022

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Tackling the Big Four causes of ill health and premature mortality for the Powys population including Cancer is a priority within the Health and Care Strategy. The Covid-19 pandemic has had a significant impact on people with cancer as a result of the temporary suspension of screening programmes, delays to diagnosis and backlogs to treatment. Patients have been less likely to see GPs about worrying symptoms and risks associated with cancer such as obesity and use of alcohol.

Whilst there are major challenges there are major opportunities for transformation.

A strategic priority within the Integrated Medium Term Plan for 2022/3 – 2024/5 is to:
Implement improvements in early diagnosis, treatment and outcomes for people with or suspected of having cancer.

The Powys outcomes to be achieved are:

- 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.

Important actions are needed across the whole system from the focus on wellbeing, for example weight management, smoking cessation, alcohol reduction and uptake of vaccination and screening through early help and support such as earlier diagnosis through sustainable endoscopy; joined up care linking with district general hospitals for treatment and transforming in partnership including ensuring a holistic approach.

Programme Definition and Scope

- 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 Suspected 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 patients with cancer. The programme will also help to ensure processes and space for multiagency assessment and for patient and carer education.

Key actions in the next three year phase (in IMTP 2022)

- 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

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The Wales Quality Statement for Cancer (updated May 2022) has replaced the Cancer Delivery Plan for Wales.

The Quality Statement includes the immediate, short-term focus on recovery and also consideration of the longer-term potential for transformational innovations. However, its substantive focus is on the medium-term development of services.

The statement identifies 22 quality attributes of cancer services in Wales across six themes:

- **Equitable** - Cancer services collaborate through the clinical network to ensure transparency and support equity of access & consistency in standards of care.
- **Safe** - An immediate system-level focus on recovering the pre-pandemic waiting list volume.
- **Effective** - More cases of cancer are detected at earlier, more treatable stages through more timely access to diagnostic investigations.
- **Efficient** - The Suspected Cancer Pathway and its Nationally Optimised Pathways are comprehensive and fully embedded in local service delivery.
- **Person Centred** - Cancer care is culturally embedded and supported by a common approach to assessing and managing people's needs.
- **Timely** - At least 75% of people referred on the suspected cancer pathway start first definitive treatment within 62 days of the point of suspicion.



Whilst some limited diagnostics are provided within Powys Teaching Health Board such as endoscopy in south Powys the health board does not have cancer teams which provide treatment within district general hospitals and specialised services.

Patient pathways are complex involving around 15 different district general hospitals across England and Wales with nearly half of the flows into England. Flows also vary depending on whether the patient is a child or an adult and the site of the cancer e.g. head and neck or prostate.

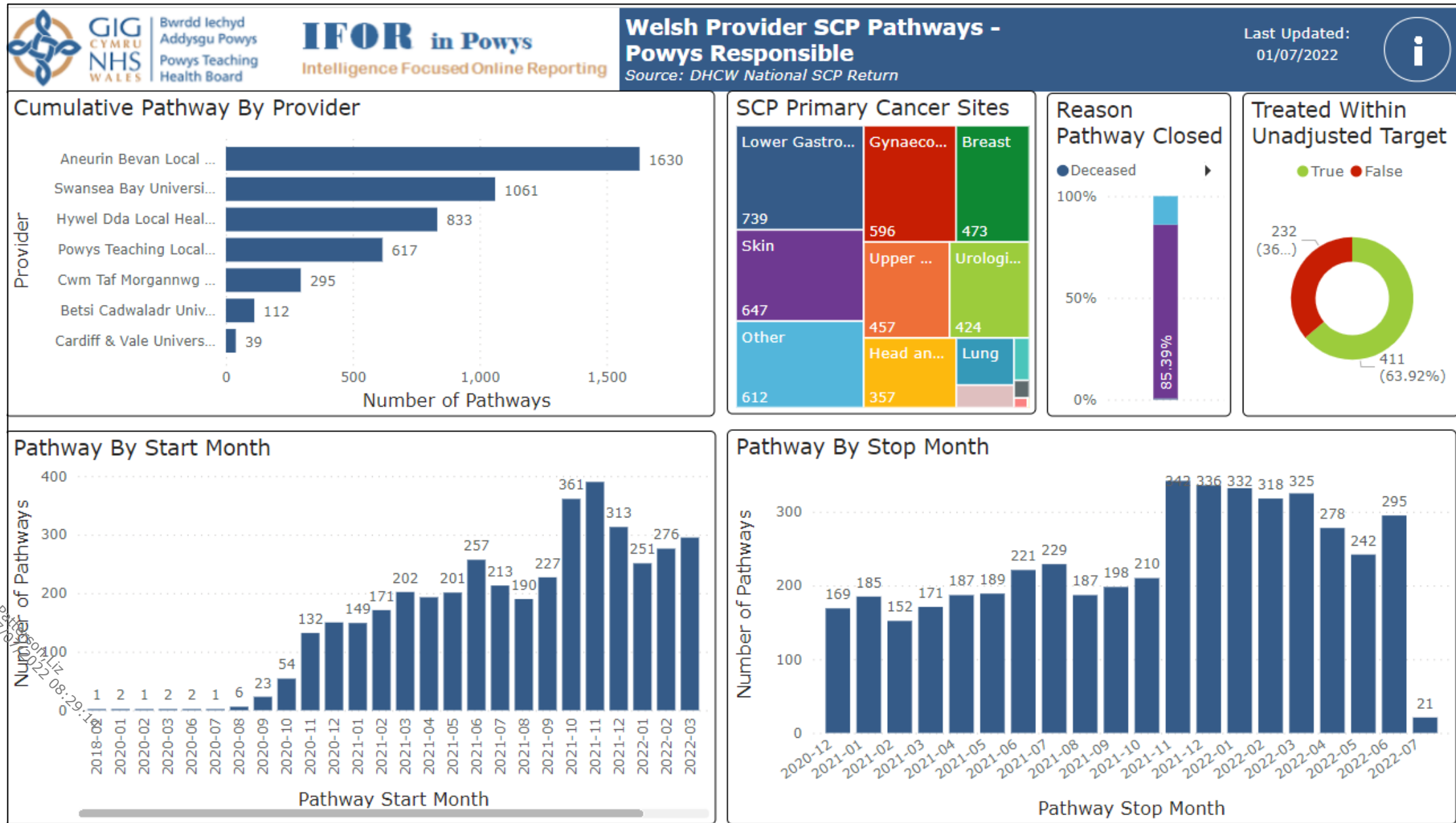
Much of the information is at an all Wales level is incomplete in relation to Powys showing only the flows within Wales. This makes cancer tracking, which means checking that patients are receiving meaningful treatment within government targets and whether they are suffering any harm due to delays very difficult.

The next two slides show the position for Powys patients up to the 1st May (but the all Wales dashboard are only showing at present the flows in Wales).

Slide 9 shows the range of hospitals across England and Wales to which Powys patients are admitted.

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Suspected Cancer Pathway Dashboard (Patient flows within Wales only)



Cancer Renewal Programme and Team

- Programme Board established October 2022
 - Chaired by Medical Director
 - Project Initiation Document and high level transformation priorities identified and approved by Executive Committee
 - Although a number of meetings stood down due to mass vaccination and the Covid response requirements
- PTHB Cancer Improvement Team established
- Programme Team:
 - Clinical Lead started in September 2021
 - Transformation Programme Manager October 2021
 - Optimised Pathways Project manager (employed by Wales Cancer Network) October 2021
 - Cancer Tracker January 2022
 - Project Support Officer May 2022 to enable Transformation Programme Manager to span more than one Programme (Circulatory as well as Cancer).
- Risk Register and Programme Plan produced and regularly reviewed and updated.

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Harm Review Approach

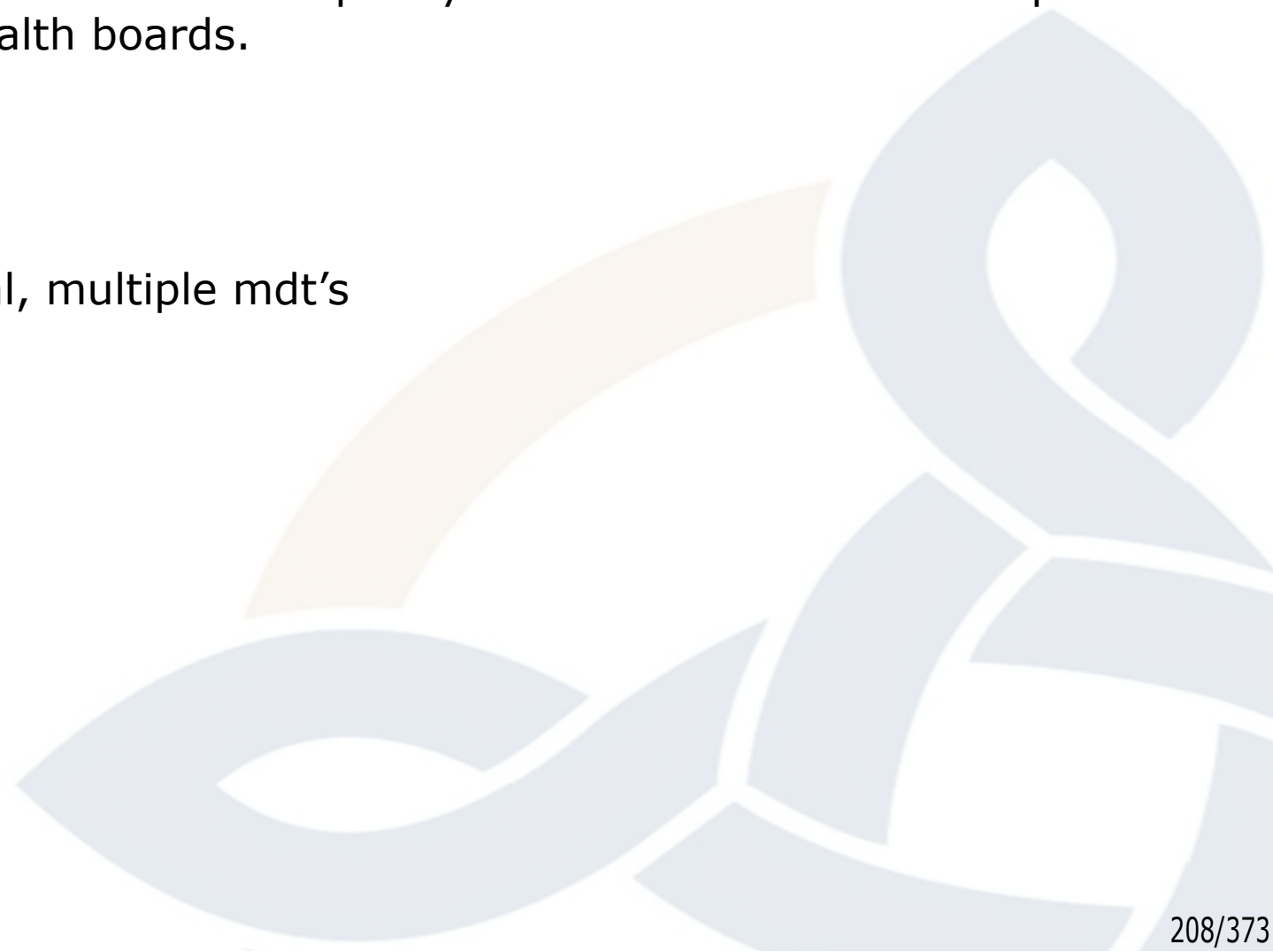
- It is a Welsh Government requirement that harm reviews are in place for patients that have breached the government target times. There has been discussions with Welsh Government as Powys does not have the range of cancer clinicians that can undertake harm reviews. However it has been able to establish a clinically led panel to receive information about Powys patients from other health boards and NHS trusts. Welsh Government guidance will note specifically the different arrangements needed in Powys.
- Harm Review Panel Terms of Reference approved by Cancer Programme Board 21/1/22.
- PTHB approach for identifying and managing harm submitted to WG by 31/1/22.
- Monthly PTHB harm review panels, chaired by Cancer Clinical Lead, have commenced. Panel membership:
 - Cancer Clinical Lead
 - Macmillan Lead Nurse for Cancer and Palliative Care
 - Quality & Safety Commissioning Lead
 - Transformation Programme Manager
 - Cancer Tracker
- Health boards have agreed to provide PTHB with breach reports and pathway reviews for cancer breaches for Powys patients
- Mechanism already in place for harm reviews to be undertaken and reported on for breaches by English providers through commissioning assurance framework.

Harm Review Emerging Findings

- Some health boards providing high quality reporting, for example, reports including measures put in place to address delays, excellent data & weekly spreadsheets.
- However there remains some inconsistencies with the quality and timeliness of some reports which are being raised with relevant health boards.

Emerging Themes:

- Radiology capacity
- Outpatient capacity
- Complex pathways – onward referral, multiple mdt's
- Patient factors – unable to attend



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- Reviewing of pathway tracking mechanisms has been undertaken for both PTHB as a provider and commissioner
- The Suspected Cancer Pathway dashboard is now able to report by the patient residency as well as by provider for closed cases for patients receiving their treatment in Wales.
- SaTH & WVT providing patient treatment lists for open cases.
- Non-recurrent Wales Cancer Network funding being used to develop Power BI Business Intelligence Tool for Cancer Reporting to enable live tracking of patients on suspected cancer pathway.
- Suspected Cancer Pathway e-learning education package for patient services staff to be developed and delivered by Cancer Tracker (all Wales development).
- N.B. there is only one temporary Cancer Tracker in place to support the whole system approach needed for the harm review panel.

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- All Wales priorities agreed:
 - Phase 1 - Gastric, Oesophageal, Colorectal
 - Phase 2 – Lung and Urology
- Mapping for Powys more complex due to patients accessing multiple providers.
- Wales Cancer Network Project Manager (currently a vacancy, PTHB have requested more control of new post holder when in post) and Project Support Officer allocated to Powys have access to PTHB information systems.
- Initial mapping of Lower GI pathways completed and initial findings identified presented to health boards by the Wales Cancer Network in May 2022 which has identified a number of issues and considerations.
- However, the findings are very generic and of very limited value. Discussions and plan to recover situation to take place between Wales Cancer Network and the health board.
- No numerical mapping and flows for Powys has been undertaken. The health board has raised concerns with the Wales Cancer Network regarding the lack of information for Powys including English flows

Some Good Practice

- Accelerated staging for patients referred directly from endoscopy on lower and upper GI pathways in CAV UHB & parts of BCUHB (Wrexham)
- IT system mapping with the help of DHCW
- Horizon scoping for Hospital To Hospital referrals
- Early adoption of FIT in Aneurin Bevan
- Centralised medical records in CTM
- Pilot schemes – C the Signs / Gateway C

Challenges

Referrals - from primary to secondary care, between secondary and tertiary care services

- Variance in referrals from primary to secondary care
- No visible referral / pathway guidance and criteria
- Lack of e-referral system for services within secondary care and between UHB's/trusts
- Inconsistent ability to track referrals between services and hospitals

Booking & Vetting

- Delays due to issues with workforce availability
- Variance in time allocated for vetting in job plans
- No standard vetting timelines across priority sites
- Awareness of GP notification of referral downgrade and ability to challenge downgrade
- Lack of clear guidance on booking

Diagnostics - Issues affecting both endoscopy and radiology departments

- Lack of clear referral guidance, leading to incomplete information and rejection of referrals
- Lack of electronic requesting and scheduling across sites
- Low staffing levels and high demand for services
- Ability to book diagnostic tests directly from outpatient clinic which can lead to delays

Endoscopy

- Variable use of endoscopy pre assessment
- Lack of visible pathway status update post procedure
- Within Pathology, some biopsies might be unnecessarily processed as USC.

Communication

- Low awareness of SCP pathways among staff
- Lack of communication between Primary, Secondary care and tertiary care.
- Holistic needs assessment - undertaken at different time points / no standard approach
- Opportunity to embed PROMs and PREMs across the pathways
- Limited communication with patients and their understanding of information provided
- Under-utilised patient appointment reminder service (e.g. text reminder)

Other Issues

- Limited integration between IT systems
- Emails used for patient care, referrals and account monitoring

2021-22 Non recurrent funding

- £300,000 allocated to Gloucester NHS Acute Trust support the use of 2nd and 3rd line chemotherapy drugs to reduce hospital visits.
- A small amount of non recurrent funding (£4,832) was made available to pilot the Bracken Trust to support patients receiving virtual NHS appointments (using appropriately qualified staff). Whilst robust governance arrangements were put in place and the approach was welcomed there was no referrals in the short time available, it was difficult to secure referrals in the very narrow timeframe available in the exceptional winter situation.
- £11,372 to initiate Business Intelligence Tool developments (see over)

2022-23 Non recurrent funding

- £43,093 for further development of Business Intelligence Tool (see over)

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Power BI Business Intelligence Tool for Cancer Reporting

Requirement:

The development of a Business Intelligence product to enable the health board to track the progress of their open residents receiving treatment across multiple providers throughout Wales and England. This will be over three phases.

Phase 1 March – April 2022 – Completed

Proof of Concept - to produce a Business Intelligence tool using the Power BI platform for all active suspected cancer pathways for Powys residents receiving diagnosis or treatment in other health boards or NHS trusts in Wales.

Phases 2 and 3 – May 2022 – June 2022

Phase 2 - Transfer of the Power BI standalone system onto the Powys server and then linking to the live data. This will enable live tracking of Powys patients on the Suspected Cancer Pathway in Wales. Further development of dashboards.

Phase 3 - To include English flows so that the picture for PTHB spans the population for which it is responsible.

Phase 4 – July – September 2022

Further refinement of the dashboards if required.



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Symptomatic Faecal Immunochemical Testing (FIT)

- All practices can now access symptomatic FIT services:
 - In north Powys and Ystradgynlais FIT testing is currently accessed directly through Public Health Wales Laboratory.
 - Mid Powys accessing via WVT
 - Brecon, Crickhowell & Talgarth accessing via ABUHB.

Number of Symptomatic FIT Tests Undertaken in Primary Care							
	Nov	Dec	Jan	Feb	March	April	TOTAL
Positive	45	26	30	40	31	17	189
Negative	123	123	144	126	181	86	783
TOTAL	168	149	174	166	212	103	972



- Arrangements / pathways into ABUHB and WVT to continue.
- SaTH anticipating in-house FIT service and revised urgent suspected cancer colorectal pathway in place by September 2022.
- Service Level Agreement with Public Health Wales for Symptomatic FIT services in place
- SaTH & SBUHB developments will determine whether further PHW SLA will be required.
- Additional Protected Learning Time sessions delivered including update on FIT developments.

Rapid Diagnostic Centres

- Engagement with the Wales Cancer Network and neighbouring health boards in England and Wales has identified the models and progress of rapid diagnostic centres, services and pathways.
- The Welsh Cancer Network has developed a detailed Rapid Diagnostic Centre implementation specification for health boards across Wales including the Vague Symptom Pathway.
- Pathway agreed and in place with ABUHB for Brecon, Crickhowell and Haygarth patients to access the RDC at Newport.
- Ystradgynlais patients able to access the BCUHB RDC service at Neath Port Talbot from April 2022.
- North Powys patients able to access RDC at Wrexham from April 2022.
- Vague Symptom Services in SaTH (Shrewsbury), which Powys patients could access, to be developed in 2022.
- Further discussions to take place for patients in mid Powys to access RDC in Worcester.
- HDUHB RDC in Ceredigion not yet scoped.
- Additional Protected Learning Time sessions delivered included update on RDC developments.
- Scoping of the options for RDC services in Powys to take place in June – September 2022 with project management support from the Wales Cancer Network.

Protected Learning Time (PLT) sessions for general practices

- Additional PLT Sessions, via Teams, delivered 8/3/22 (mid & south practices) & 16/3/22 (north practices)
- Sessions ran concurrently for clinical and non-clinical staff
- Clinical sessions - New cancer related guidance and pathways:
 - Symptomatic FIT testing
 - Rapid Diagnostic Centres
 - Improving Cancer Journey
 - Cancer related updates on a variety of cancer related topics, including Pancreatic Enzyme Replacement Therapy for patients with pancreatic cancer, and learning resources for cancer related topics
- Clinical Sessions led by PTHB Cancer Clinical Lead and inputs from
 - South – Suspected Cancer Pathway National Clinical Lead (& interim National RDC Clinical Lead), National Endoscopy Programme Clinical Lead for FIT & SBUHB RDC Clinician.
 - North - SaTH Colorectal Surgeon, SaTH Gastroenterologist & BCUHB RDC representative
- Non clinical sessions - Support for patients living with cancer:
 - Cancer Buddy training module 1 and 2
 - Improving Cancer Journey
 - Bracken Trust
 - PAVO
 - Credu
 - Macmillan
- Non clinical Sessions led by PTHB Lead Nurse for Cancer and Palliative Care supported by the Improving Cancer Journey Programme Manager
- All seven north practices and eight of the nine mid/south practices participated. A total of 148 clinical staff and 186 non-clinical staff attended the sessions.

Remaining Action 2022/23

- Progress plan to improve access to FIT testing (Quarter 1 – on track)
- Improve access for Powys residents to rapid diagnostic centres for vague symptoms (Quarter 1 – on track)
- Cytosponge implementation with BCUHB (Quarter 3)
- Transnasal endoscopy Scope community diagnostics, including hospital CT (Quarter 3)
- Scope the potential for a Powys provided Rapid Diagnostic Centre (Quarter 2)
- Work with the Wales Cancer Network on Optimal pathways and quality statement (Quarter 1 – some issues)
- Finalise suspected cancer pathway tracking & harm review approach (Quarter 1 – on track)

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Powys THB Finance Department Financial Performance Report Board

**Period 03 (June 2022)
FY 2022/23**

**Date Meeting: 27 July 2022
Item 3.4**

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Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 03 OF FY 2022/23
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 June 2022 (Month 03) Financial Position including Financial Recovery Plan (FRP) delivery and Covid.	
RECOMMENDATION:	
It is recommended that the Board/Committee: <ul style="list-style-type: none">DISCUSS and NOTE the Month 03 2022/23 financial position.NOTE and APPROVE Covid-19 Report position reported on page 10 and in the attachments detailed in appendix 1.	

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
	✓	

Powys THB 2022/23 – 2024/25 IMTP was approved by the Board prior to being submitted to Welsh Government (WG) on 31st March 2022. The THB continues to work closely with both WG and FDU colleagues. The IMTP has now been approved.

The Core financial plan is shown in Table 1. This excludes the ongoing costs for COVID response and exceptional national pressures that are assumed to be fully funded.

Table 1 – Core Financial Plan Year 1 2022/23 – 2024-25 IMTP

Core Financial Plan	£m
B/Fwd underlying deficit	6.80
Recurrent impact 21/22 pressures	2.32
Delivery unmet savings & assumed recurrent benefits	(3.69)
NHS commissioned services growth	3.09
Locally determined growth & pressures	5.98
Standard national pressures / growth	0.70
WG Allocation:	
Core uplift 2.8%	(7.06)
Planned and unscheduled care sustainability	(7.52)
Value based recovery	(0.62)
Core Financial Plan 22/23	0.00

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

COVID response costs sitting outside of the core plan (Assume Additional WG funding)

- Variable pay, prescribing, Dental income, enhanced cleaning standards

Delivery of a breakeven position in 2022/23 requires delivery of a £4.6m cash releasing / reduction savings target and the management of all operational pressures including CHC and variable pay.

All delegated budgets will need to be recurrently balanced and cash releasing savings will need to recurrent in order to achieve a c/fwd nil underlying deficit into 2023/24.

Revenue			Capital		
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by Welsh Government	Value £'000	Trend	Financial KPIs : To ensure that the costs do not exceed the capital resource limit set by Welsh Government	Value £'000	Trend
Reported in-month financial position – deficit/(surplus) – Red	-366	↓	Capital Resource Limit	9,647	→
Reported Year To Date financial position – deficit/(surplus) – Red	-698	↓	Reported Year to Date expenditure	1,489	→
Year end – deficit/(surplus) – Forecast Green	0	→	Reported year end – deficit/(surplus) – Forecast Green	0	→



Powys THB 2022/23 Plan was approved by the Board and submitted to WG on 31st March 2021, with an update provided on 30th June and balanced plan for 2022/23.

As per 2022/23 spend in relation to Covid is included in the overall position but is offset by an anticipated or received allocation from WG, as per the planning assumptions and so is not directly contributing to the YTD £0.698m over spend at Month 03.

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 significant number of risks and opportunities that the Board need to effectively manage to ensure this can be delivered. There will be a full review of the financial position given the deficit forecast at month 3 and lack of progress on savings identification and delivery.

Overall Summary of Variances £000's

	Budget YTD	Actual YTD	Variance YTD
01 - Revenue Resource Limit	(96,785)	(96,785)	0
02 - Capital Donations	(170)	(170)	0
03 - Other Income	(1,382)	(1,640)	(258)
Total Income	(98,337)	(98,595)	(258)
05 - Primary Care - (excluding Drugs)	10,457	10,364	(93)
06 - Primary care - Drugs & Appliances	7,715	7,731	16
07 - Provided services -Pay	22,629	22,988	358
08 - Provided Services - Non Pay	8,128	6,888	(1,240)
09 - Secondary care - Drugs	246	334	87
10 - Healthcare Services - Other NHS Bodies	36,390	37,575	1,185
12 - Continuing Care and FNC	5,438	6,038	600
13 - Other Private & Voluntary Sector	857	898	41
14 - Joint Financing & Other	4,038	4,037	(1)
15 - DEL Depreciation etc	1,411	1,412	1
16 - AME Depreciation etc	1,028	1,028	0
18 - Profit\Loss Disposal of Assets	0	0	0
Total Costs	98,337	99,262	955
Reported Position			698

Please refer to pages 5-10 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 2022/23	5.1



Original 2022/23 Plan	£ M
Unmet Saving Target b/f in Opening Plan 2022/23	5.1
Target to be Delivered Recurrently as per Financial Plan	1.7
Savings supported in 2022/23 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 2022/23 and as per the approved Annual Plan £1.7m to be achieved, with the remainder supported by WG Covid funding.

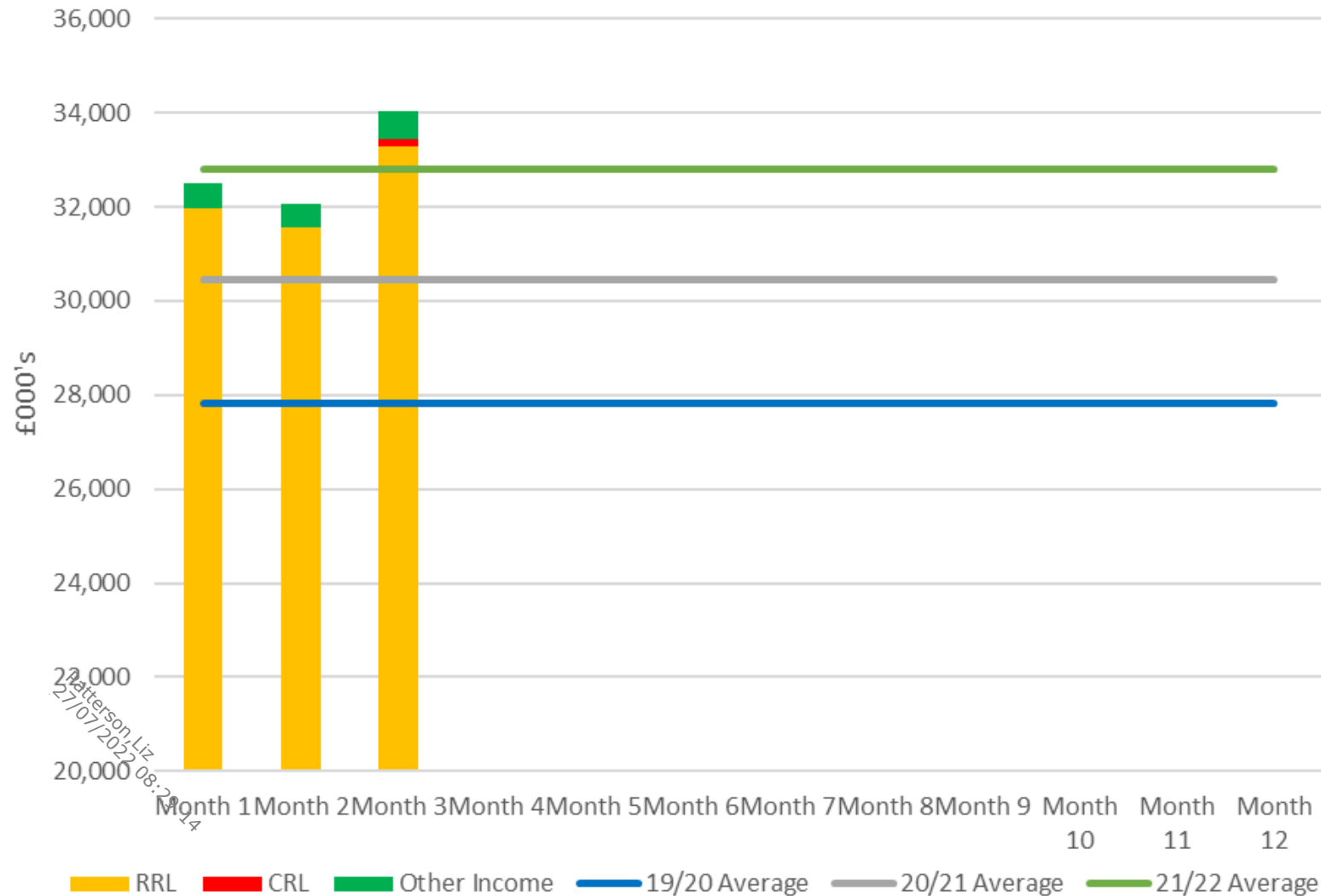
Chart 1 - Forecast Performance Against £4.649m Target

Directorate	Green	Amber	Total of Green & Amber	Pipeline Red	Shortfall on Total Target vs Green & Amber
	£000'	£000'	£000'	£000'	£000'
P&CC MH Directorate		4,205	4,205	500	-
Primary Care		444	444	-	-
Grand Total	-	4,649	4,649	500	-

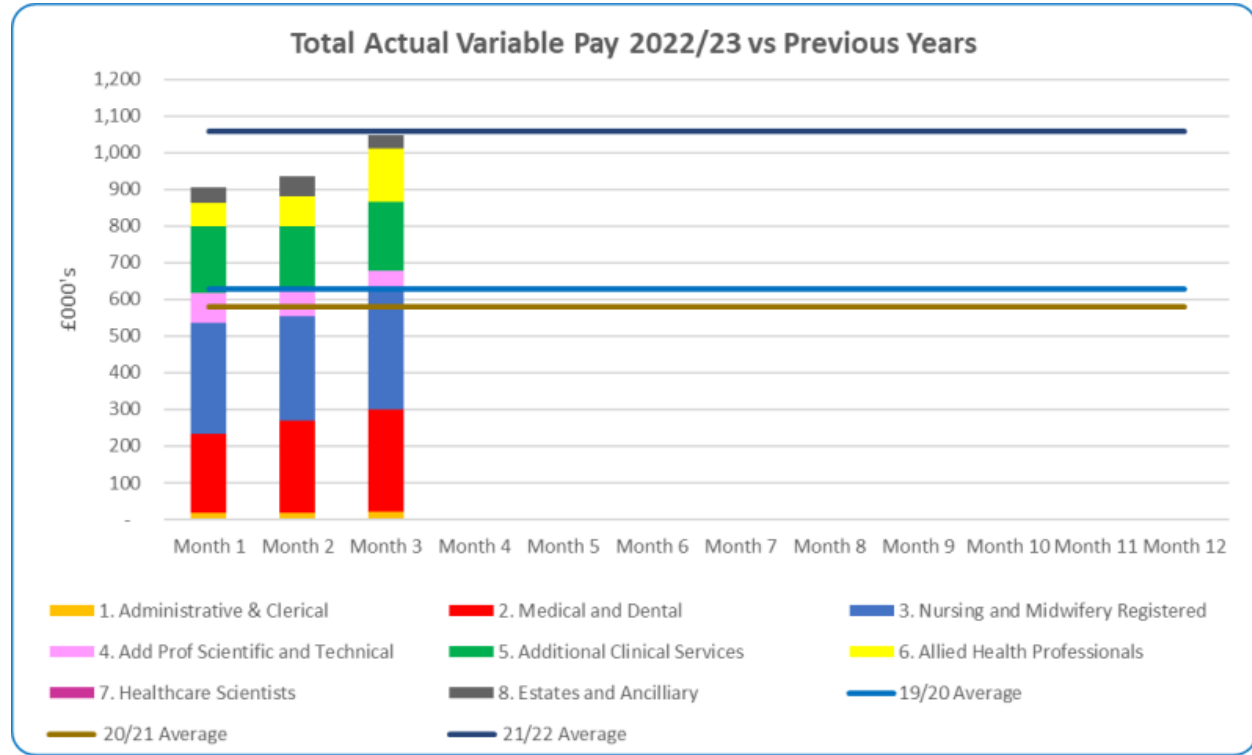
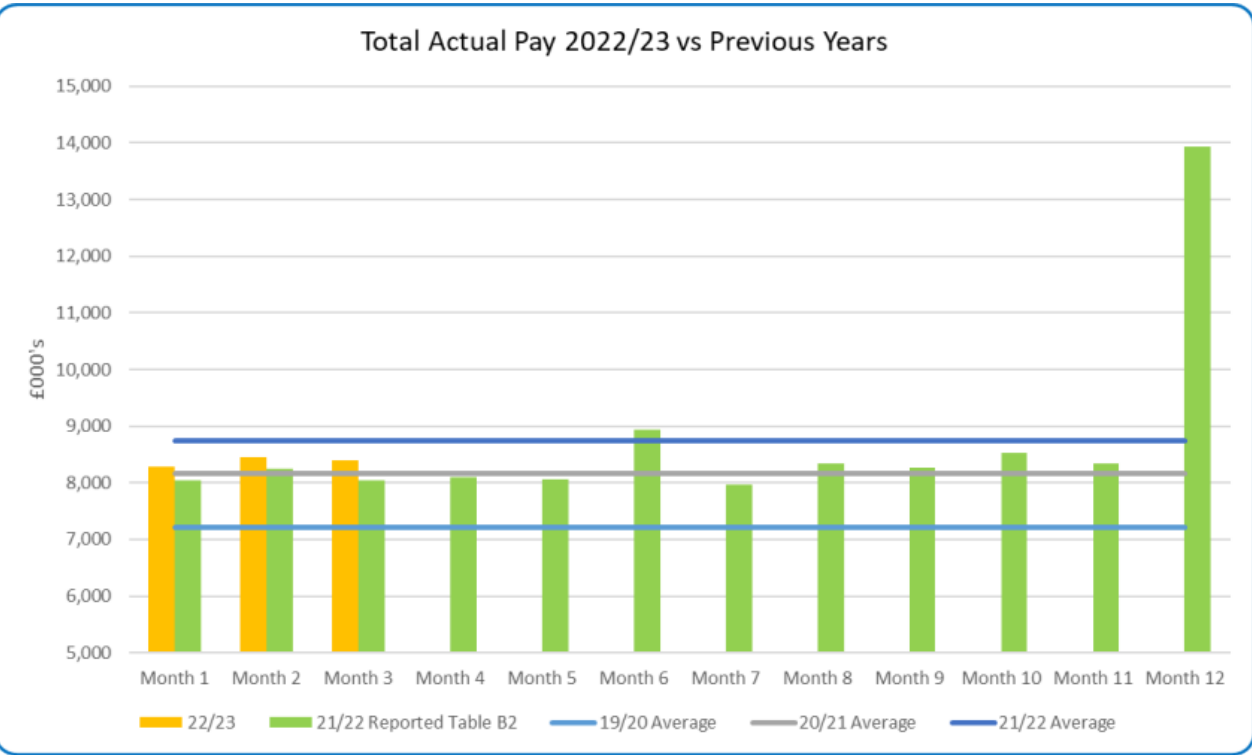
Chart 1 – as part of the Financial Plan submitted to WG the Health Board declared that the original target of £4.649m. If there is a shortfall in delivery to balance the plan would be taken on Non Recurrent basis from underspends and opportunities in other areas of the financial plan. However this position will increase the underlying deficit of the Health Board – see tables on page 10.

Savings identification and delivery profiles are not where they need to be through Q1 and a full review of the position is required prior to reporting month 4.

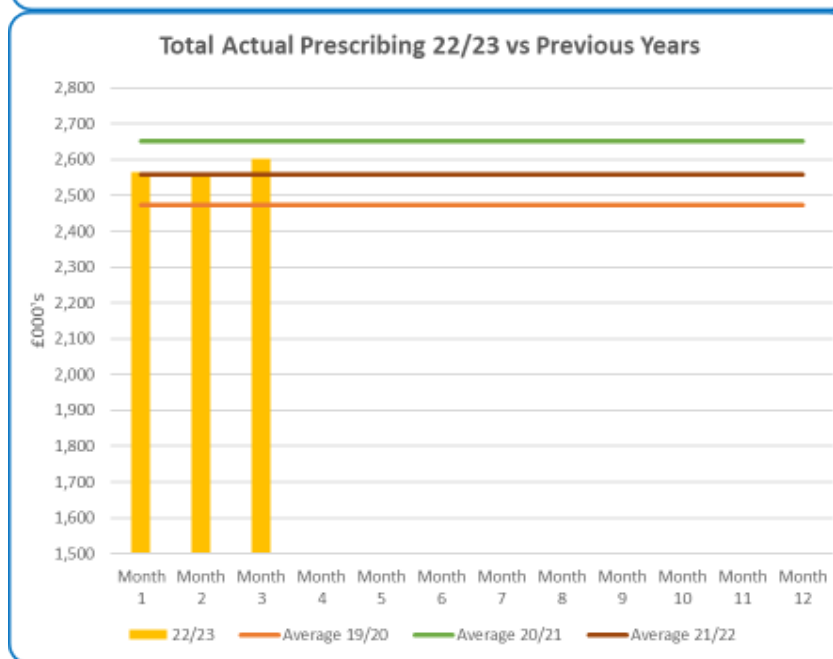
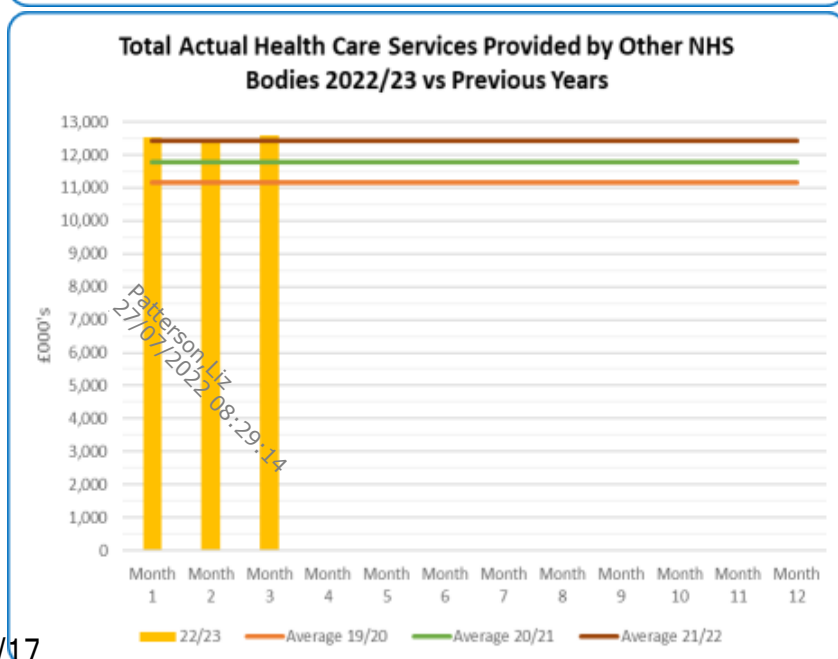
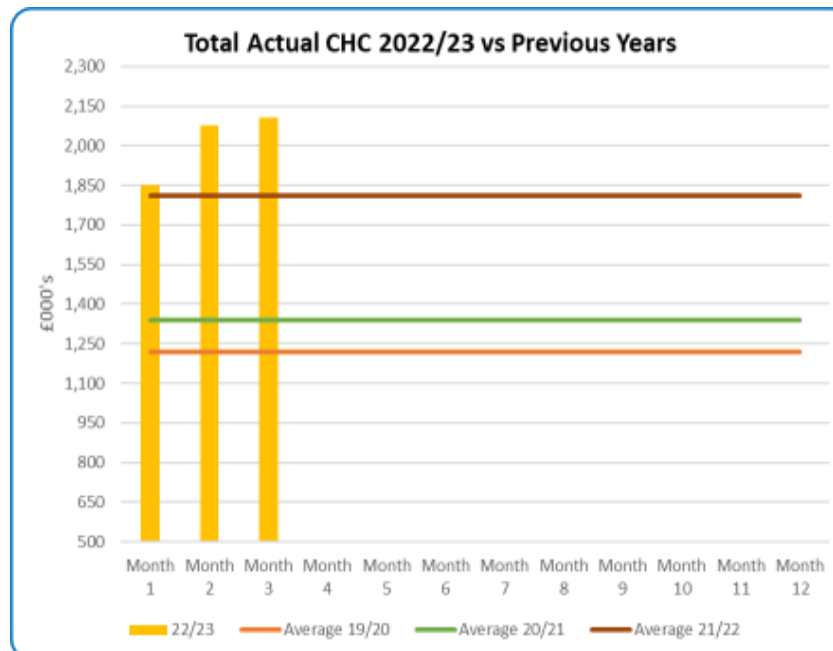
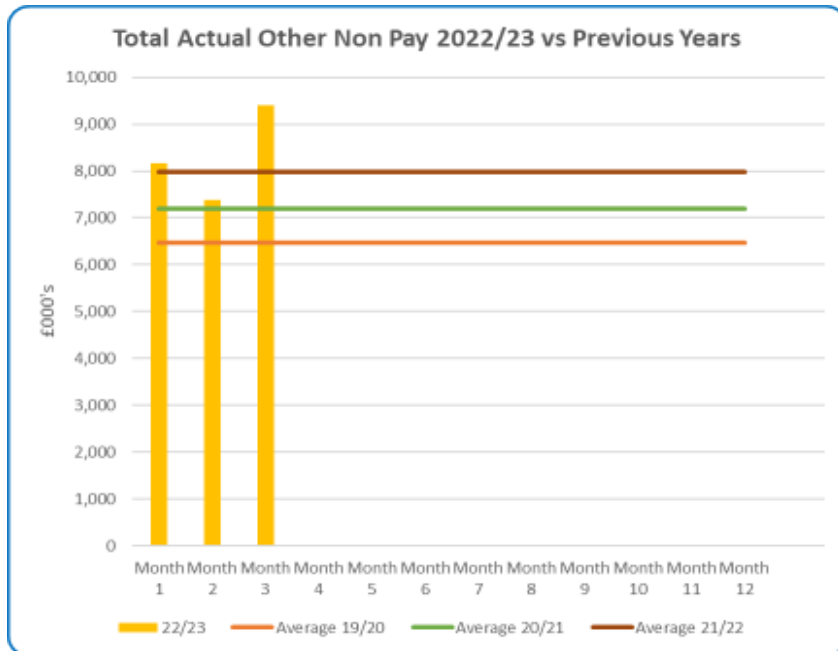
Total Actual Income 2022/23 vs Previous Years



- The total income received in 2020/21 is 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 2022/23 the total anticipated funding for Covid as part of the RRL is £17.862M, and an element of this has been included in each month.
- For 2022/23 the total anticipated funding for Exceptional Pressures is £3.363M, and an element of this has been included in each month.



- The Month 03 YTD pay is showing an overspend of £0.355M against the year-to-date plan.
- Chart 1 is comparing that the total pay position for 2022/23 with data from previous financial years. The green bars represent the total pay as per the MMR report (Table B2) in 2021/22 and the yellow the position for 2022/23, which clearly shows a stepped increase.
- Chart 2 on variable pay demonstrates a comparison of 2022/23 variable pay compared to the average value from the last 3 financial years.



- Actual Other Non Pay spend in 2022/23 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 2020/21 uplifts for some areas.

There are 3 key areas of focus:

- Commissioning – currently the LTAs are moving away from the Block arrangement as per the guidance from the DoH and WG as a consequence of C-19. These figures will also contain the growth in WHSSC and EASC. Please see Page 9 for more details.
- CHC – Appendix 4 provides the actuals to 30th June 2022, which again shows the significant growth between 2020/21 and 2021/22 and this continues into 2022/23.
- Prescribing – the YTD position is based on the latest PAR information (month 1), 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.

LTAs were signed off by 30th June for all Welsh providers. 2022/23 is a move away from the block contract that have been in place for the past 2 years.

The forecast below is volatile based on several assumptions. Providers ability to deliver both core and recovery activity is variable and will be closely monitored.

Table 3 – Commissioning Forecast 2022/23

Commissioning	2021/22 Outturn (£'000)	2022/23 Forecast (£'000)
Welsh Health Boards Total	38,536	38,716
English Providers Total	61,013	62,370
WHSSC + EASC Total	44,608	44,824
Other NHS Providers Total	4,374	3,569
Private Providers Total	701	691
Mental Health Total	1,130	1,373
Total	150,362	151,543
2022/23 Annual Budget		146,501
Forecast deficit		5,043

2022/23 forecast is volatile due to pace of recovery and the ongoing impact of COVID.

- 2021/22 outturn includes estimated English provider H2 costs and partially completed spells
- 2022/23 inflation included in forecast Welsh Health Boards 2.8% / English providers 1.7%
- 2022/23 Welsh Health Boards based on DoFs financial flows agreement (2019/20 activity baseline with tolerance levels)
- 2022/23 English provider forecast will include an element of recovery activity
- 2022/23 English providers based on proposals received to date (yet to receive SATH proposal)

2022/23 forecast does now include South Powys emergency flow changes.

Funding has been assumed for COVID National Programmes, the ongoing cost of COVID response and exceptional national pressures. This will be subject to review by Welsh Government/FDU in line with guidance provided. It is important to note that this funding is not yet confirmed.

Table 4 – COVID and Exceptional Items

	M1 £'000	M2 £'000	M3 £'000	FORECAST £'000
Covid National Programmes:				
Test Trace & Protect	518	369	422	3,009
PPE	3	5	4	83
Mass Vaccination Programme	283	291	348	7,228
	804	665	774	10,320
Covid response:				
Covid Response - Cleaning Standards	47	47	47	564
Covid Response - Prescribing	143	61	102	1,219
Covid Response - Workforce (sickness and IPC measures) - Core	203	278	200	2,056
D2RA	118	76	39	935
Commissioned Services	94	94	94	1,126
Other Capacity & facilities costs - Stores	9	9	9	105
Other covid costs	50	85	81	1,537
	663	650	572	7,542
Exceptional Items:				
National Cost Pressures - Direct Energy and Fuel	127	70	98	2,212
National Cost Pressures - Real Living Wage	49	49	49	591
National Cost Pressures - Employers NI increase	47	47	47	560
	223	166	194	3,363

WG continue to view these costs as a shared risk. There will need to be clear exit strategies in place collapsing COVID response costs in line with guidance as any funding received in 22/23 will be non recurrent.

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Summary

In summary:

- PTHB is reporting an overspend at Month 3 for FY 2022/23 of £0.698M
- Non recurrent opportunities of £1.239m have been brought into the position at Month 3.
- The £4.6m savings target is not profiled into the position at Month 3 and little progress has been made in month.
- Operational pressures needing to be addressed including CHC and nursing variable pay as run rates continue to increase.
- Commissioned activity data at month 3 shows a forecast pressure in excess of £5m.
- Based on the current run rate the organisation would move into a forecast deficit and remedial action will need to be taken.

Key Messages

There are several risks that will need urgent attention in order to maintain an in year balanced position:

Management of all operational Pressures:

- CHC growth and provider inflation
- Variable pay – specifically agency usage based in community wards
- Commissioned activity – core and recovery

Focused working groups have been set up for each of the above areas reporting through to D&P Committee

Immediate action required - Identification and delivery of cash releasing savings schemes totalling £4.6m

Identify exit strategies for current COVID response cost drivers

The above will be supported by a return to monthly performance reviews with a focus on scrutiny and delivery

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 14th July 2022.

MMR Narrative

MMR Tables



<https://s365.sharepoint.co>

Mass Vac Tables

TTP Tables

Recovery Tables



<https://s365.sharepoint.co>



<https://s365.sharepoint.co>



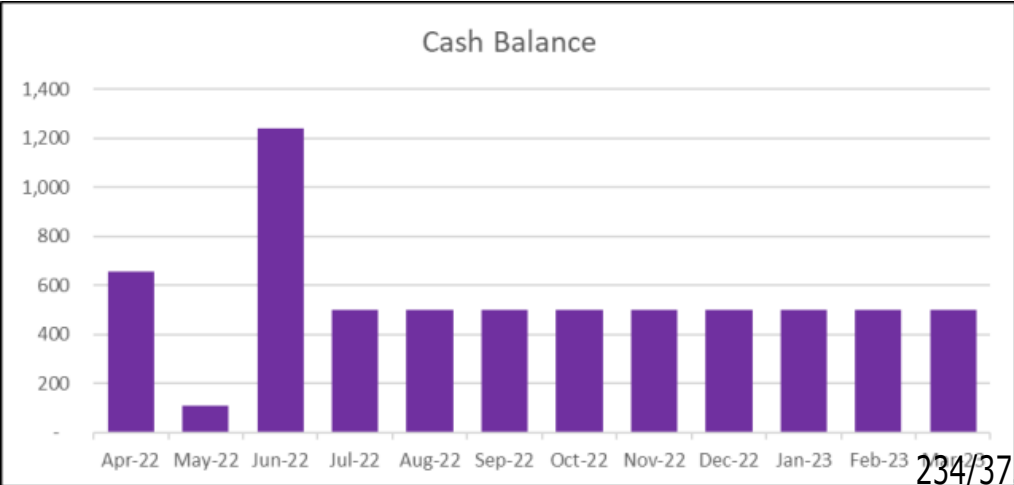
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Schem e	Capital Resource Lim it	Annual Planned Expenditure	Expenditure to 30th June 2022
WG CRL FUNDING	£M	£M	£M
Discretionary Capital	1.089	1.089	0.154
Machynlleth	7.733	7.733	0.922
Breconshire War Memorial Hospital - development of Car Parking Facilities	0.825	0.825	0.413
TOTAL APPROVED FUNDING	9.647	9.647	1.489

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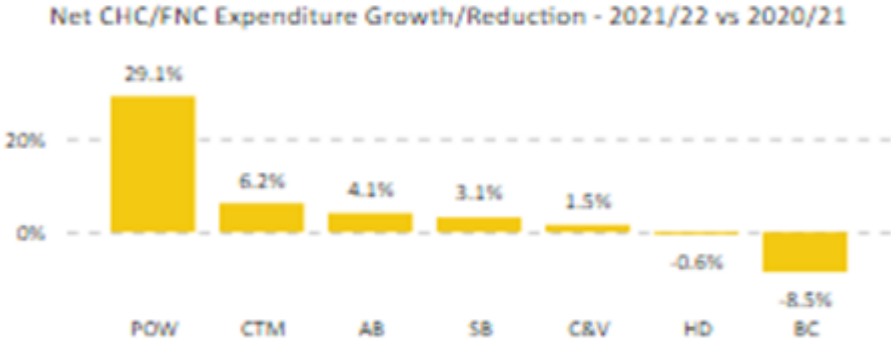
	Mth 1 £'000	Mth 2 £'000	Mth 3 £'000	Mth 4 £'000	Mth 5 £'000	Mth 6 £'000	Mth 7 £'000	Mth 8 £'000	Mth 9 £'000	Mth 10 £'000	Mth 11 £'000	Mth 12 £'000
OPENING CASH BALANCE	2,658	659	111	1,241	500	500	500	500	500	500	500	500
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & S	33,620	29,495	30,495	30,670	33,124	33,161	31,800	32,660	33,010	33,910	33,010	32,031
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA	(120)	(120)	(120)	(120)	(120)	(120)	(120)	(120)	(120)	(120)	(120)	(120)
WG Revenue Funding - Other (e.g. invoices)	3,981	2,893	6	40	40	40	1,000	40	40	40	40	1,000
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	0	2,000	1,897	1,614	1,154	960	674	1,262	60	26
Income from other Welsh NHS Organisations	808	337	585	400	400	400	400	400	400	400	400	400
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	534	520	260	550	550	550	550	550	550	550	550	550
Total Receipts	38,823	33,125	31,226	33,540	35,891	35,645	34,784	34,490	34,554	36,042	33,940	33,887
Payments												
Primary Care Services : General Medical Services	2,584	3,016	2,878	2,850	2,150	2,350	2,450	2,350	2,700	3,100	2,200	2,250
Primary Care Services : Pharmacy Services	288	352	393	400	400	400	400	400	400	400	400	400
Primary Care Services : Prescribed Drugs & Appliances	1,475	1,359	1,276	1,300	1,300	1,300	1,300	1,300	1,300	1,300	1,300	1,300
Primary Care Services : General Dental Services	507	457	461	500	500	500	500	500	500	500	500	500
Non Cash Limited Payments	88	63	71	80	80	80	80	80	80	80	80	80
Salaries and Wages	6,084	7,732	7,734	7,750	7,750	7,750	7,750	7,750	7,750	7,750	7,750	7,750
Non Pay Expenditure	29,796	20,216	16,272	20,241	22,323	21,726	21,142	21,195	21,170	21,658	21,650	21,451
Capital Payment	0	478	1,011	1,160	1,388	1,539	1,162	915	654	1,254	60	156
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	40,822	33,673	30,096	34,281	35,891	35,645	34,784	34,490	34,554	36,042	33,940	33,887
NET CASH FLOW IN MONTH	(1,999)	(548)	1,130	(741)	0	0	0	0	0	0	0	0
Balance c/f	659	111	1,241	500	500	500	500	500	500	500	500	500



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Area	19/20 Year end Position	20/21 Year end Position	21/22 Year end Postion	22/23 Forecast @ Mth 1	22/23 Forecast @ Mth 2	22/23 Forecast @ Mth 3	Growth From 2021/22 YE to 2022/23 Actual @ Mth 03
Children	£267,217	£151,234	£ 156,944	£156,944	£279,402	£279,402	£122,458
Learning Disabilities	£957,455	£1,567,929	£ 1,639,265	£1,770,842	£1,979,473	£2,213,961	£574,696
Mental Health	£7,344,265	£7,800,642	£ 10,510,010	£12,220,944	£12,136,148	£12,447,684	£1,937,674
Mid Locality	£981,064	£925,210	£ 1,634,918	£2,074,027	£2,075,930	£2,154,549	£519,631
North Locality	£1,365,243	£1,537,343	£ 2,199,376	£2,117,345	£2,138,103	£2,238,088	£38,712
South Locality	£1,494,868	£1,958,143	£ 1,853,121	£1,774,747	£1,786,406	£1,862,825	£9,705
Grand Total	£12,410,112	£13,940,501	£17,993,633	£20,114,849	£20,395,461	£21,196,509	£3,202,876
CHC - D2RA				£1,414,476	£1,166,348	£935,410	
CHC - Real Living Wage				-£591,384	-£591,384	-£591,384	

All Wales position data suggested that Powys had the highest growth in CHC/FNC in 2021/22 compared to 2020/21. Summary of position for Wales is provided in the Chart below:



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PTHB BOARD		Date of Meeting: 27 July 2022
Subject:	CORPORATE RISK REGISTER (JULY 2022)	
Approved and Presented by:	Interim Board Secretary	
Prepared by:	Interim Corporate Governance Manager	
Other Committees and meetings considered at:	Executive Committee, 13 July 2022	

PURPOSE:

The purpose of this paper is to provide the Board with the July 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 July 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
- **SUPPORTS** the proposed amendments set out within this paper to those risks already recorded within the Corporate Risk Register.

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	✓

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.).

Meetings of the Executive Committee on 4 May and Board Development of 28 June 2022 focussed on a 'blank page' risk identification exercise. This is informing the ongoing development of the Corporate Risk Register through assessment and scoring, to treatment and recording and monitoring and review with a greater focus on transparency of the effectiveness of controls and mitigating actions.

In addition, the Risk and Assurance Group (RAG) met on 5 July to re-establish the Group which had met infrequently during the pandemic. The Group considered a number of matters including the terms of reference, the draft internal audit report on risk management, plans for risk management training and to discuss any areas of inconsistency which the Group should work on going forward. RAG will meet again in September with a focus on more detailed discussion of Directorate risk registers and to run through proposed training materials.

Neither RAG nor the Executive and Board 'blank page' exercises replace the mechanisms in place to escalate risks to Executive Directors, the Executive Committee and Board which continue to inform the Corporate Risk Register.

The Interim Corporate Governance Manager has liaised with Executive Directors to review and update the current Corporate Risk Register to ensure it reflects the latest position whilst the risk identification exercise is being consolidated to be reflected in a further update to be brought to the September meeting of the Board.

Proposed Changes to the Corporate Risk Register

The Executive Committee is asked to consider the following new risk for inclusion within the Corporate Risk Register: -

The Director of Finance and IT has proposed CRR002 is split into two risks, a) The Health Board does not meet its statutory duty to achieve a breakeven position in future years of the IMTP and a new risk b) the Health Board does not meet its statutory duty to achieve a breakeven position in 2022/23.

Corporate Risk	Change to Rating	Recommended Change
CRR002b There is a risk that: the Health Board does not meet its statutory duty to achieve a breakeven position in 2022/23	New Risk	Additional risk to CRR002a 'The Health Board does not meet its statutory duty to achieve a breakeven position in future years of the IMTP' to reflect current position.

The full details of the proposed risk (CRR002b) are available within Appendix 1.

The Committee is asked to consider the following changes to existing risks for approval: -

Corporate Risk	Change to Rating	Recommended Change
CRR 001	No change proposed to risk description or rating	
CRR 002a	No change proposed to risk description or rating	
CRR 002b	New risk escalated to the Corporate Risk Register	
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	No change proposed to risk description or rating
CRR 015	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 Executive Committee will continue to monitor organisational risks, proposing risks for escalation to the Corporate Risk Register where appropriate, to ensure that the Corporate Risk Register articulates the strategic risks that are deemed to impact delivery of the organisation's strategic objectives.

Corporate Risk Register

July 2022

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CORPORATE RISK HEAT MAP: July 2022

There is a risk that...

Impact	Catastrophic	5					
	Major	4			<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) ▪ The Health Board does not meet its statutory duty to achieve a breakeven position in 2022/23 ▪ The Health Board does not meet its statutory duty to achieve a breakeven position in future years of the IMTP 	<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. ▪ If a cyber-attack is successful then one or more critical systems may be out of use resulting in service downtime, loss of data and/or harm to patients 	<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				

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CORPORATE RISK DASHBOARD – July 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 002a	Finance	The Health Board does not meet its statutory duty to achieve a breakeven position in future years of the IMTP	3 x 4 = 12	➔	Moderate	8	✗	Delivery and Performance	Organisational Priorities underpinning WBO 8.2
DFIIT	CRR 002b NEW RISK	Finance	the Health Board does not meet its statutory duty to achieve a breakeven position in 2022/23	3 x 4 = 12	*	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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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

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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
DPCCM H / 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
DFIT	CRR015	Quality & Safety of Services	If a cyber-attack is successful then one or more critical systems may be out of use resulting in service downtime, loss of data and/or harm to patients.	4 x 4 = 16	➔	Low	8	*	Delivery and Performance	loss of systems and impact to recovery timescales

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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

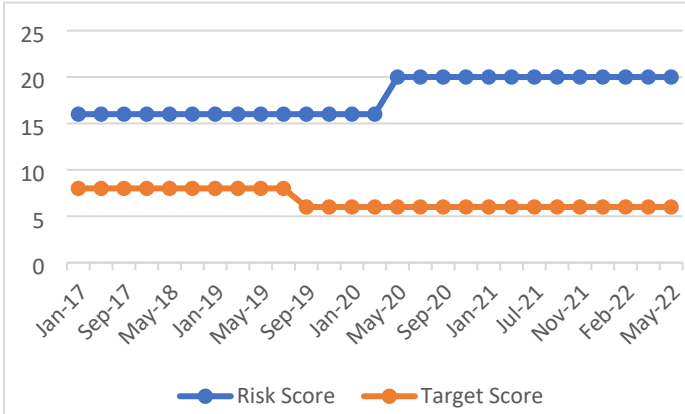
Very Low	1-3	Low	4-8	Moderate	9-12	High	15-25
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Executive Lead:	
CEO	Chief Executive
DPCMH	Director of Primary, Community Mental Health Services
DN	Director of Nursing
DFIIT	Director of Finance, Information and IT
MD	Medical Director
DPH	Director of 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

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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: May 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>Feb-22</td><td>20</td><td>6</td></tr> <tr><td>May-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	Feb-22	20	6	May-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. The scope, pace and assurance available in terms of improvement varies.
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		<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 																		
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?) 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)																		
<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. ▪ 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. 		<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> <tr> <td>Programme of work to strengthen effective processes to develop and manage condition specific and service plans</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	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
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<ul style="list-style-type: none"> ▪ 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. ▪ 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. 	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
	Monitor and review the themes and trends from concerns and complaints to understand what matters to patients, families and communities. This will be key to Patient Safety and Experience reports.	DONM / DOTH /MD	May 2022

<ul style="list-style-type: none"> 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. 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. 	<p>Plans to implement CIVICA to gain continuous feedback from all service users</p> <p>Establish an Incident Review Forum. Sponsored by the three Clinical Directors and led by ADs, this forum will establish in June 2021. It will operate fortnightly and will review and monitor all patient safety incidents, triangulating intelligence with themes from concerns and complaints.</p> <p>Undertake a full review of this risk and consider breaking this risk down into a number of risks. This work will be jointly taken by a number of Executive Leads and the Board Secretary. The aim will be to do this by the next PEQs committee in July 2022.</p>	<p>DONM / DOTH</p> <p>DONM / DOTH / MD</p> <p>Board Secretary</p>	<p>May 2022</p> <p>May 2022</p> <p>May 2022</p>
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Current Risk Rating	Additional Comments
<p data-bbox="566 151 712 180">5 x 4 = 20</p> <div data-bbox="129 1193 315 1390" style="position: absolute; transform: rotate(-45deg); font-size: small;"> Patterson, Liz 27/07/2022 08:29:14 </div>	<p data-bbox="1196 151 2132 244">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 data-bbox="1196 263 2132 323">The risk resulting from COVID-19 is changeable and is constantly reviewed in terms of directly provided services.</p> <p data-bbox="1196 343 2132 563">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 data-bbox="1196 582 2132 675">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 data-bbox="1196 694 2132 1169">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 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.</p> <p data-bbox="1196 1189 2132 1313">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</p>

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.

Patterson, Liz
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CRR 002a		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-future years of the IMTP		Assuring Committee: Delivery and Performance																																																																									
Risk Impacts on: Organisational Priorities underpinning WBO 8.2		Date last reviewed: July 2022																																																																									
<div><div><div>Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 3 x 4 = 12 Target: 2 x 4 = 8</div><div>Date added to the risk register March 2017</div></div><div><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>Dec-17</td><td>16</td><td>4</td></tr><tr><td>May-18</td><td>12</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>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><tr><td>May-22</td><td>8</td><td>8</td></tr><tr><td>Jul-22</td><td>8</td><td>8</td></tr></tbody></table></div></div>		Date	Risk Score	Target Score	Dec-17	16	4	May-18	12	4	Oct-18	16	4	Jan-19	12	4	Mar-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	May-22	8	8	Jul-22	8	8	<div><div>Rationale for current score:</div><div><ul style="list-style-type: none">▪ The IMTP includes a balanced core financial plan based on assumptions included (regarding funding and treatment of Exceptional National Cost Pressures and Ongoing Covid response Costs)▪ Plan requires delivery of £4.6m of efficiencies with action still required to identify full actions to deliver.▪ Uncertainty regarding the impact of current cost pressures in future years and the framework of support (if any).▪ If 22/23 efficiencies are not delivered recurrently this will add to the underlying deficit and will increase the efficiency target in future years.▪ Breakeven forecast includes several risks and opportunities that need to be managed to deliver▪ The impact of Covid-19 and the assumption that WG will fund the ongoing response in full is key. in future years remains uncertain.▪ There are significant pressures in relation to energy and other cost of living increases that are not yet fully known or quantified and this is a risk to the plan going forward.</div></div>	
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<div><div>Controls (What are we currently doing about the risk?)</div><div><ul style="list-style-type: none">▪ Balanced Financial Plan included in IMTP Submission.▪ Monthly Reporting via Governance Structure, includes progress / delivery▪ Financial Control Procedures and Standing Orders and Standing Financial Instructions and Budgetary Control Framework, Budgetary Control Audit rated as substantial assurance.▪ Contracting Framework and impact of Block arrangements in 2022/23 and going forward▪ Savings Plan monitoring and reporting linked to the Efficiency Framework and Investment Benefits Group and supporting the VBHC approach.▪ Risks and Opportunities – focus and action to maximise opportunities and minimise / mitigate risks</div></div>		<div><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 completed</td></tr><tr><td>Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan. New Efficiency</td><td>DFIIT / MD</td><td>Established</td></tr></tbody></table></div>		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 completed	Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan. New Efficiency	DFIIT / MD	Established																																																															
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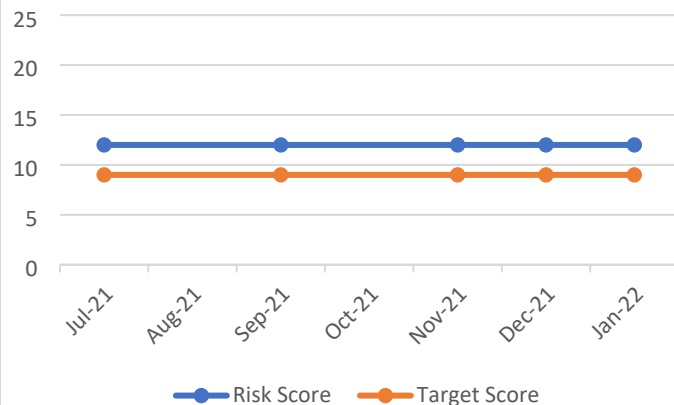
<ul style="list-style-type: none"> ▪ Regular communication and reporting to Welsh Government and Finance Delivery Unit regarding the impact of pressures and ongoing Covid-19 and expectations regarding funding and impact on Financial Plan and underlying position. ▪ VBHC the basis of approach to deliver long term sustainability. ▪ Service Reviews / Performance reviews to strengthen financial monitoring of performance and longer term impact on financial plan (support better decision making). ▪ Task and Finish Groups established for CHC, Variable Pay and Contracting with identified leads and clear expectation re delivery, these groups will have a short- and longer-term focus for delivery. ▪ Service Reviews / Performance reviews to strengthen financial monitoring of performance and longer-term impact on financial plan (support better decision making). ▪ Contracting Framework to monitor and forecast the impact of arrangements in 2022/23 and going forward ▪ Task and Finish Groups established for CHC, Variable Pay and Contracting with identified leads and clear expectation re delivery, these groups will have a short- and longer-term focus for delivery. ▪ Savings Plan monitoring and reporting linked to the Efficiency Framework and Investment Benefits Group and supporting the VBHC approach. ▪ Regular communication and reporting to Welsh Government and Finance Delivery Unit regarding the impact of pressures and ongoing Covid-19 and expectations regarding funding and impact on Financial Plan and underlying position. 	<p>Framework approved and live and Value Based Healthcare Board being established in year. established.</p>		
<p>Current Risk Rating</p>	<p>Additional Comments</p>		
<p>3 x 4 = 12</p>	<p>Risk level increased due to uncertainty re impact of cost pressures as identified. (May 2022) Risk assessed based on the position as stated.</p>		

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CRR 002b *NEW RISK* Risk that: the Health Board does not meet its statutory duty to achieve a breakeven position in 2022/23 Risk Impacts on: Organisational Priorities underpinning WBO 8.2		Executive Lead: Director of Finance, Information, and IT Assuring Committee: Delivery and Performance Date last reviewed: July 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 July 2022	 <table border="1"><caption>Risk Rating Data</caption><thead><tr><th>Category</th><th>Score</th></tr></thead><tbody><tr><td>Initial</td><td>16</td></tr><tr><td>Current</td><td>12</td></tr><tr><td>Target</td><td>8</td></tr></tbody></table>		Category	Score	Initial	16	Current	12	Target	8	Rationale for current score: <ul style="list-style-type: none">▪ The IMTP has not yet been approved but includes a balanced core financial plan based on assumptions included (regarding funding and treatment of Exceptional National Cost Pressures and Ongoing Covid response Costs)▪ Plan requires delivery of £4.6m of efficiencies with action still required to identify full actions to deliver.▪ Breakeven forecast includes several risks and opportunities that need to be managed to deliver▪ The impact of Covid-19 and the assumption that WG will fund the ongoing response in full is key.▪ There are significant pressures in relation to energy and other cost of living increases that are not yet fully known or quantified and this is a risk to the plan.		
Category	Score												
Initial	16												
Current	12												
Target	8												
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">▪ Balanced Financial Plan included in IMTP Submission.▪ Monthly Reporting via the committee Governance Structure, includes progress / delivery and risk and opportunities.▪ Financial Control Procedures and Standing Orders and Standing Financial Instructions and Budgetary Control Framework, Budgetary Control Audit rated as substantial assurance.▪ Contracting Framework to monitor and forecast the impact of arrangements in 2022/23 and going forward▪ Task and Finish Groups established for CHC, Variable Pay and Contracting with identified leads and clear expectation re delivery.▪ Savings Plan monitoring and reporting linked to the Efficiency Framework and Investment Benefits Group and supporting the VBHC approach.▪ Risks and Opportunities – focus and action to maximise opportunities and minimise / mitigate risks.▪ Regular communication and reporting to Welsh Government and Finance Delivery Unit regarding the impact of pressures and ongoing Covid-19 and		Mitigating actions (What more should we do?) <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 completed</td></tr><tr><td>Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan. New Efficiency Framework approved and live and Value Based Healthcare Board established.</td><td>DFIIT / MD</td><td>Established</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 completed	Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan. New Efficiency Framework approved and live and Value Based Healthcare Board established.	DFIIT / MD	Established
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Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan. New Efficiency Framework approved and live and Value Based Healthcare Board established.	DFIIT / MD	Established											


expectations regarding funding and impact on Financial Plan and underlying position.			
Current Risk Rating	Additional Comments		
3 x 4 = 12	Risk level increased due to uncertainty re impact of cost pressures as identified.		

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CRR 003 Risk that: the health board has insufficient capacity to lead and manage change effectively		Executive Lead: Chief Executive																									
Risk Impacts on: Organisational Priorities underpinning Renewal Portfolio specifically and indirectly all annual plan/wellbeing objectives		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><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>Jul-21</td><td>12</td><td>9</td></tr><tr><td>Aug-21</td><td>12</td><td>9</td></tr><tr><td>Sep-21</td><td>12</td><td>9</td></tr><tr><td>Oct-21</td><td>12</td><td>9</td></tr><tr><td>Nov-21</td><td>12</td><td>9</td></tr><tr><td>Dec-21</td><td>12</td><td>9</td></tr><tr><td>Jan-22</td><td>12</td><td>9</td></tr></tbody></table>	Month	Risk Score	Target Score	Jul-21	12	9	Aug-21	12	9	Sep-21	12	9	Oct-21	12	9	Nov-21	12	9	Dec-21	12	9	Jan-22	12	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.	
Month	Risk Score	Target Score																									
Jul-21	12	9																									
Aug-21	12	9																									
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Dec-21	12	9																									
Jan-22	12	9																									
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 4 x 3 = 12	Additional Comments 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.		

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CRR 004		Executive Lead: Director of Planning & Performance																																											
Risk that: there is ineffective partnership working and partnership governance arrangements in place		Assuring Committee: Planning, Partnerships & Population Health																																											
Risk Impacts on: Organisational Priorities underpinning Wellbeing Objective 8: Transforming in Partnership		Date last reviewed: July 2022																																											
<div>Risk Rating (likelihood x impact): Initial: 3 x 4 = 12 Current: 3 x 3 = 9 Target: 2 x 3 = 6</div> <div>Date added to the risk register July 2021</div>	 <table><caption>Risk Score Data</caption><thead><tr><th>Month</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>Aug-21</td><td>9</td><td>6</td></tr><tr><td>Sep-21</td><td>9</td><td>6</td></tr><tr><td>Oct-21</td><td>9</td><td>6</td></tr><tr><td>Nov-21</td><td>9</td><td>6</td></tr><tr><td>Dec-21</td><td>9</td><td>6</td></tr><tr><td>Jan-22</td><td>9</td><td>6</td></tr><tr><td>Feb-22</td><td>9</td><td>6</td></tr><tr><td>Mar-22</td><td>9</td><td>6</td></tr><tr><td>Apr-22</td><td>9</td><td>6</td></tr><tr><td>May-22</td><td>9</td><td>6</td></tr><tr><td>Jun-22</td><td>9</td><td>6</td></tr><tr><td>Jul-22</td><td>9</td><td>6</td></tr></tbody></table>	Month	Risk Score	Target Score	Jul-21	9	6	Aug-21	9	6	Sep-21	9	6	Oct-21	9	6	Nov-21	9	6	Dec-21	9	6	Jan-22	9	6	Feb-22	9	6	Mar-22	9	6	Apr-22	9	6	May-22	9	6	Jun-22	9	6	Jul-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.	
Month	Risk Score	Target Score																																											
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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 31/09/2022</td></tr><tr><td>Development of the Partnership Governance Framework for presentation to Board in September 2022</td><td>BS / DPP</td><td>31/08/2022 31/09/2022</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 31/09/2022	Development of the Partnership Governance Framework for presentation to Board in September 2022	BS / DPP	31/08/2022 31/09/2022																											
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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 31/09/2022																																											
Development of the Partnership Governance Framework for presentation to Board in September 2022	BS / DPP	31/08/2022 31/09/2022																																											
Current Risk Rating:		Additional Comments																																											

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$$3 \times 3 = 9$$

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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: July 2022										
<div>Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 3 x 3 = 9</div> <div>Date added to the risk register January 2017</div>		<div>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.</div>										
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)										
<div>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.</div>		<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 2022-23</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 2022-23</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 2022-23	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 2022-23
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Implement the Capital Programme and develop the long-term capital programme	AD Estates & Property	In line with Annual Plan for 2022-23										
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 2022-23										



<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 2022-23
	Review current structure of capital and estates department – Estates Management and Senior Management Team structure enhancements in place. Second tier of structure review required to address limited establishment staff numbers in Works Team and recruitment challenges.	AD Estates & Property	May 2022
Current Risk Rating		Additional Comments	

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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. Workforce challenges for recruitment and staff resource establishment level being reviewed at Innovative Environments Group

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.

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CRR 006		Executive Lead: Director of Workforce & OD and Support Services																																																																													
Risk that: the Health Board is unable to sustain an adequate workforce		Assuring Committee: Workforce and Culture																																																																													
Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 8		Date last reviewed: July 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>	<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>16</td><td>4</td></tr><tr><td>May-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>16</td><td>4</td></tr><tr><td>Mar-19</td><td>16</td><td>4</td></tr><tr><td>May-19</td><td>16</td><td>4</td></tr><tr><td>Jul-19</td><td>16</td><td>4</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>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>16</td><td>12</td></tr><tr><td>Feb-22</td><td>16</td><td>12</td></tr><tr><td>Mar-22</td><td>16</td><td>12</td></tr><tr><td>May-22</td><td>16</td><td>12</td></tr><tr><td>Jul-22</td><td>16</td><td>12</td></tr></tbody></table></div><div><div>Rationale for current score:</div><div><p>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 staff absence rates of up to 20% during Quarter 4.</p><p>The health board are experiencing a particularly challenging position in respect of registered nurse vacancies (based on current establishment which are under review), with an overall vacancy deficit of 29% which is more of an acute issue in 2 wards in particular, where there is a deficit of 50% or over. This has increased by 3% when compared to pre-pandemic performance (26%) for the same period in 2019. The Temporary Staffing Unit is continuing to provide support to meet this demand and has filled on average 55.3WTE of shifts (inclusive of HCSW & RN's) per month during Quarter 4. However, this has resulted in a significant reliance on agency staffing to meet this demand.</p><p>A review of the nursing establishments is underway led by the Director of Nursing & Midwifery and Director of Primary, Community and Mental Health Services.</p><div>Medical The health board currently has 13.5 WTE medical vacancies, of which 11 WTE are all currently being covered via Locums.</div></div></div></div>	Date	Risk Score	Target Score	Dec-17	16	4	May-18	16	4	Oct-18	16	4	Jan-19	16	4	Mar-19	16	4	May-19	16	4	Jul-19	16	4	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	Jul-21	12	12	Sep-21	12	12	Nov-21	12	12	Jan-22	16	12	Feb-22	16	12	Mar-22	16	12	May-22	16	12	Jul-22	16	12
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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. In line with IMTP delivery plans, work to review the medical model has been identified as a key priority which will include a systematic review of the overall staffing delivery model, given the health board's ongoing recruitment challenges. Project support has been sought to undertake the transformation work, including a Band 8a Transformation Programme Manager and a Band 5 Project Support Officer. Both posts have recently closed and are at the shortlisting stage of the recruitment process, both with several applicants.

Renewal

Despite successful recruitment to 51.5 WTE posts to support Renewal and Transformation activity, the health board continues to experience challenges in the following areas:

- 3.0 WTE Clinical Pharmacists remain vacant across schemes 2, 3 and 6.
- Scheme 5 is currently operating on a 2.00 WTE deficit with no Service Improvement Manager (1.00 WTE) or Harm Lead (1.00 WTE). However, this scheme is currently being supported by the Welsh Cancer Network and the delivery model is being reviewed to reconsider how these posts will be filled.
- Recruitment to the Sleep Physiologist (1.00 WTE) remains vacant, despite 6 recruitment campaigns. A review of the role requirements is underway.
- Scheme 3 continues to face challenges in recruiting to vacant posts, with both the Assistant Practitioner (1.00 WTE) and Business Support Manager (1.00 WTE) remaining vacant, despite numerous recruitment attempts.

There are currently **29.9WTE** vacancies within the Therapies speciality in the Community Services Group. Of the 29.9 WTE, 10 WTE are currently being offered to applicants through the All-Wales Student streamlining process, potentially reducing the vacancy level to **19.9WTE** once the applicants take up post.

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		<p>Mass Vaccination The workforce model is regularly reviewed to address changing planning assumptions for the delivery of future boosters. It is anticipated that further clarity on the longer term workforce model for mass vaccination can be scoped during Quarter 2 2022/23.</p> <p>Occupational Health A review of the Occupational Health Service has been completed and recruitment to additional roles is underway.</p> <p>The Temporary Staffing Unit is continuing to provide support to meet the health board staffing deficits and through May covered a total of 67.73 WTE shifts. However, this has resulted in a significant reliance on agency staffing (65% of shifts) to meet this demand.</p> <p>Inpatient Nursing Wards The health board continue to experience a particularly challenging position in respect of registered nurse vacancies (based on current establishment which are under review), with an overall vacancy deficit of 32%. This is more of an acute issue in 2 wards, where there is a deficit of 50% or over. This has increased by 6% when compared to pre-pandemic performance (26%) for the same period in 2019.</p> <p>A review of the nursing establishments is underway led by the Director of Nursing & Midwifery and Director of Primary, Community and Mental Health Services.</p> <p>Medical The health board currently has 13.5 WTE medical vacancies, of which 11 WTE are all currently being covered via Locums. 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. Two recent</p>
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<p>Patterson, Liz 27/07/2022 08:29:14</p>		<p>specialty doctor NHS locums' appointments have been made to support the community paediatric service.</p> <p>Mental Health have recently been successful in appointing a substantive consultant in old age psychiatry. This is the first appointment within old age in a number of years with the consultant expected to start in September (reducing the vacancy level to 12.5 WTE). In addition, a consultant nurse post is being explored to replace one of the specialty doctor roles in the south of Powys that we have been unable to recruit to.</p> <p>In line with IMTP delivery plans, work to review the medical model has been identified as a key priority which will include a systematic review of the overall staffing delivery model, given the health board's ongoing recruitment challenges. Project support has been sought to undertake the transformation work, including a Band 8a Transformation Programme Manager and a Band 5 Project Support Officer. Both posts have recently closed and are at the shortlisting stage of the recruitment process, both with several applicants. Unfortunately, the service were unable to appoint in this round of recruitment. Options for the work to be picked up within current capacity were explored, however, the JDs have been reviewed and planned to be readvertised.</p> <p>Renewal</p> <p>Despite successful recruitment to 51.5 WTE posts to support Renewal and Transformation activity, the health board continues to experience challenges in the following areas:</p> <ul style="list-style-type: none"> • 3.0 WTE Clinical Pharmacists remain vacant across schemes 2, 3 and 6. This risk has been escalated and is monitored on an All-Wales basis. • Recruitment to the Sleep Physiologist (1.00 WTE) remains vacant, despite 6 recruitment campaigns. A review of the role requirements is underway, and a more senior role is likely to be implemented.
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		<ul style="list-style-type: none"> • Scheme 3 continues to face challenges in recruiting to the vacant Advanced Practitioner (1.00 WTE) post), despite numerous recruitment attempts. <p>Therapies There are currently 12.9 WTE vacancies within the Therapies speciality in the Community Services Group. With posts being offered to through student streamlining and appointing to a number of other vacant posts 17 WTE posts have been filled. There are still difficulties recruiting to some posts, Advanced Audiologist, Band 7 CMATs Physiotherapist and 3 x Band 6 Occupational Therapy posts. Having advertised several times, the service is now reviewing skill mix in the Band 6 OT roles and planning on consideration of training roles through Annexe 21. Funding has been secured through HEIW to pay for 2 staff members to undertake a 4 years part time physiotherapy and occupational therapy course.</p> <p>Mass Vaccination The workforce model is regularly reviewed to address changing planning assumptions for the delivery of future boosters. Contracts have been extended to January 2023 to cover the expected Autumn Booster period.</p> <p>Occupational Health A review of the Occupational Health Service has been completed and recruitment to additional roles is underway. Band 7 Service Improvement Manager now in place, awaiting evaluation of the Consultant Nurse/AHP role prior to advertising. The recent resignation of 0.4 Band 6 Clinical Nurse will have an impact on service pressures from 1st August 2022.</p>		
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)		
Bank and Agency <ul style="list-style-type: none"> ▪ Ongoing recruitment and monitoring of demand to support the identification of supply requirements for the temporary staffing unit. Overall, there has 		Action Develop a strong, distinctive employment offer that captures the uniqueness of Powys Teaching Health Board	Lead DWODSS	Deadline Ongoing

<p>been a 55% increase during Quarter 4 in the level of bank workers employed by the health board when compared to Quarter 4 last year.</p> <ul style="list-style-type: none"> 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 and the request to extend this has been approved. 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 and has been extended to the end of June 2022. <p>Operational Delivery</p> <ul style="list-style-type: none"> 12 Aspiring Nurse roles were advertised externally and all 12 posts were recruited to and have commenced their educational training. 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 with 3 successful appointments made to date. 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. 	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"> ▪ 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. Where possible, participants are offered bank roles within the organisation. ▪ New volunteering approach has been developed for ward based clinical volunteer activity and are recruited through out MOU with PAVO. ▪ Agile ways of working continue to be developed. <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. ▪ A review of the inpatient Nursing Establishments is underway led by the Executive Director of Nursing and Midwifery and Director of Primary, Community and Mental Health Services. This has included agreement to recruit to additional health care support worker roles in order to meet demands whilst this review takes place. 			
Current Risk Rating	Additional Comments		
<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>		

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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: July 2022																																											
<div>Risk Rating (likelihood x impact): Initial: 5 x 4 = 20 Current: 5 x 4 = 20 Target: 3 x 4 = 12</div> <div>Date added to the risk register July 2021</div>	 <table><caption>Chart Data: Risk Score vs Target Score</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>Aug-21</td><td>20</td><td>12</td></tr><tr><td>Sep-21</td><td>20</td><td>12</td></tr><tr><td>Oct-21</td><td>20</td><td>12</td></tr><tr><td>Nov-21</td><td>20</td><td>12</td></tr><tr><td>Dec-21</td><td>20</td><td>12</td></tr><tr><td>Jan-22</td><td>20</td><td>12</td></tr><tr><td>Feb-22</td><td>20</td><td>12</td></tr><tr><td>Mar-22</td><td>20</td><td>12</td></tr><tr><td>Apr-22</td><td>20</td><td>12</td></tr><tr><td>May-22</td><td>20</td><td>12</td></tr><tr><td>Jun-22</td><td>20</td><td>12</td></tr><tr><td>Jul-22</td><td>20</td><td>12</td></tr></tbody></table>	Month	Risk Score	Target Score	Jul-21	20	12	Aug-21	20	12	Sep-21	20	12	Oct-21	20	12	Nov-21	20	12	Dec-21	20	12	Jan-22	20	12	Feb-22	20	12	Mar-22	20	12	Apr-22	20	12	May-22	20	12	Jun-22	20	12	Jul-22	20	12	<div>Rationale for current score: Baseline as at end of February April 2022 indicates current aggregated waiting times as follows (including PTHB provided services): 5,048 patients waiting over 36 weeks, of these 2,632 are waiting over 52 weeks of those 777 wait longer than 104 weeks. 4,980 patients waiting over 36 weeks, of these 2,616 are waiting over 52 weeks of those 798 wait longer than 104 weeks.</div> <div>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.</div>	
Month	Risk Score	Target Score																																											
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Jun-22	20	12																																											
Jul-22	20	12																																											
Controls (What are we currently doing about the risk?) <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.		Mitigating actions (What more should we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Secure performance improvement trajectories from providers. English providers waiting for H2 planning guidance.</td><td>DPP</td><td>June 2022 August 2022</td></tr><tr><td>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</td><td>DPP/DOF</td><td>October 2021 / Complete</td></tr></tbody></table>		Action	Lead	Deadline	Secure performance improvement trajectories from providers. English providers waiting for H2 planning guidance.	DPP	June 2022 August 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	DPP/DOF	October 2021 / Complete																																	
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<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'. 	capacity). All providers now expected to agree improvement trajectories in light of 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			

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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: July 2022			
Risk Rating (likelihood x impact): Initial: 3 x 3 = 9 Current: 4 x 4 = 16 Target: 3 x 4 = 12		Rationale for current score: 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. 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.	
Date added to the risk register January 2017			
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)	
<ul style="list-style-type: none">- 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		Action	Lead
		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
		Continuous monitoring of impact as Hywel Dda UHB’s strategic plans are refreshed and reframed – the programme formerly called Transforming Clinical Services is now	DPP
			Deadline
			In line with Annual Plan for 2022-23
			In line with Annual Plan for 2022-23

<ul style="list-style-type: none"> - 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. - 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. - 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 	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 2022-23
	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 2022-23
	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 2022-23
	As a member of the MWJC for Health and Care, support delivery of the agreed Action Plan	DPP	In line with Annual Plan for 2022-23
	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). • 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 	DPP	In line with Annual Plan for 2022 / IMTP 5 Year Plan

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<p>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 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 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. - Powys Consultation Plans and situation reports developed for each live consultation to ensure PTHB responses consider the impact on Powys residents. 	<ul style="list-style-type: none"> • Secure funding via Regional Integration Fund Proposal and Approve AFC Business Cases <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>	<p>CEO and lead Directors</p>	<p>To be reviewed again during Qtr 1 of 22/23 to reassess risk and revised delivery timescales</p>
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<ul style="list-style-type: none"> - Strategic Change Stocktake process superseded by the processes developed during 2020 as part of the Covid-19 response;-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			

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CRR 010		Executive Lead: Chief Executive																																																	
Risk that: the need to improve health equity is not adequately reflected in the priorities and resource allocation of the Health Board		Assuring Committee: Planning, Partnerships & Population Health																																																	
Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 8		Date last reviewed: January 2022																																																	
<div>Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 3 x 4 = 12 Target: 2 x 4 = 8</div> <div>Date added to the risk register May 2018</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>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>4</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	4	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	Rationale for current score: The Annual Plan sets out the key priorities of the Health Board. The Renewal priorities in particular are based on evidence of impact of the pandemic on the population including as a key strand health inequity. Whilst the priorities achieve this focus, there is further, longer term work needed to redesign provision that fully takes account in practice of the health equity issues including the allocation of resources to specific service priorities, geographies, programmes based on greatest need / equity considerations.	
Date	Risk Score	Target Score																																																	
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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																																																	

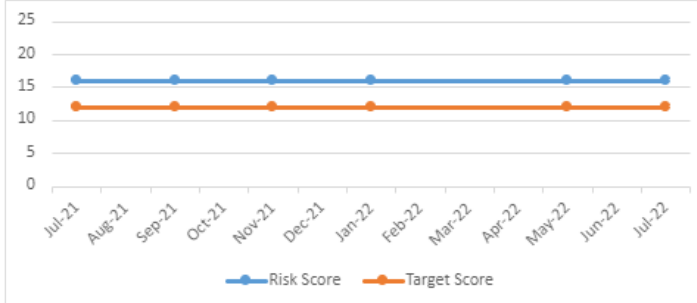
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CRR 012		Executive Lead: Director of Therapies & Health Sciences											
Risk that: the Health Board does not comply to the Welsh Language standards, as outlined in the compliance notice		Assuring Committee: Workforce and Culture											
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 8		Date last reviewed: July 2022											
<div><div><div>Risk Rating – (likelihood x impact): Initial: 4 x 3 = 12 Current: 4 x 3 = 12 Target: 2 x 3 = 6</div><div>Date added to the risk register March 2019</div></div><div></div></div>		<div>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 5 complaints in 2021/22.Direct communication from the Commissioner indicating non-compliance in certain website areas.Reviews suggesting that despite previous efforts the proportion of staff with Welsh language skills is not increasing, harming ability to deliver services in accordance with the standards. Welsh speaking staff are in high demand.Internal review has identified significant over-budget expenditure on translation. If budget is not ensured there is a risk of non-compliance.</div>											
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.Departmental Action Plans updated – compliance self-assessment completed and returned to WL Commissioner. Compliance levels have increased again during 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.		Mitigating actions (What more should we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Internal Audit of signage standards compliance</td><td>Internal Audit</td><td>During 2022</td></tr><tr><td>Ongoing review of recruitment practices with recommendations to increase the bilingual skills of the workforce.</td><td>DOTHS</td><td>During 2022-23</td></tr></tbody></table>			Action	Lead	Deadline	Internal Audit of signage standards compliance	Internal Audit	During 2022	Ongoing review of recruitment practices with recommendations to increase the bilingual skills of the workforce.	DOTHS	During 2022-23
Action	Lead	Deadline											
Internal Audit of signage standards compliance	Internal Audit	During 2022											
Ongoing review of recruitment practices with recommendations to increase the bilingual skills of the workforce.	DOTHS	During 2022-23											

<ul style="list-style-type: none"> ▪ New internal translation service has delivered considerable increase in translation volumes and has been well received by staff. ▪ Continue to monitor compliance levels within each service area and work with Service Leads to address any gaps in compliance. ▪ Welsh language team is working with NWSSP internal audit to identify compliance levels across the organisation. 	Develop Implement proposals to address risk of over-expenditure on translation and to establish a budget.	DOTHS	End of May Summer 2022
	Consider options for aligning responsibility for standards compliance across PTHB Executive.	DOTHS/ Corporate	During 2022-23
	Additional Comments		
Current Risk Rating			
4 x 3 = 12			

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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 Primary Community Care and Mental Health / Director of Planning and Performance Assuring Committee: Delivery and Performance
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4	Date last reviewed: July 2022
<div data-bbox="123 603 414 762"> Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 3 x 4 = 12 </div> <div data-bbox="123 769 414 865"> Date added to the risk register July 2021 </div> <div data-bbox="123 1189 324 1396" style="transform: rotate(-45deg); transform-origin: bottom left;"> Patterson.Liz 27/07/2022 08:29:14 </div>	<div data-bbox="1456 603 1870 635"> Rationale for current score: </div> <div data-bbox="1198 667 2105 762"> <p>Baseline as at end of March 2022 indicates current waiting times including diagnostics and therapies as follows: - Provider Position – 41 people waiting over 36 weeks and 9 waiting over 52 weeks.</p> </div> <div data-bbox="1198 798 2105 893"> <p>Prior to the pandemic Powys provided services did not exceed waiting times albeit there was fragility in certain in-reach services which continues to be the case.</p> </div> <div data-bbox="1198 928 2105 960"> <p>Substantial progress has been made to reduce current waiting times.</p> </div> <div data-bbox="1198 995 2105 1059"> <p>A key constraint currently is available workforce to operate activity with a specific risk relating to theatres and endoscopy staff.</p> </div> <div data-bbox="1198 1094 2105 1158"> <p>Pre procedure testing arrangements will be reviewed in light of recent changes in guidance.</p> </div> <div data-bbox="1198 1193 2105 1321"> <p>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.</p> </div>



		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.		
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)		
<ul style="list-style-type: none"> Insourcing capacity secured to support reduction in waiting times. 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. 		Action	Lead	Deadline
		Establish Advice, Support and Prehabilitation Service	DPP	Complete
		Insourcing capacity secured and full delivery plan in place for completion by end of May 2022	DPCMH	May 2022 August 2022
		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.	DPCMH	July 2022 September 2022

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 • 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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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: July 2022																																																
Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 3 x 4 = 12 Target: 3 x 4 = 12	<table border="1"><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Mar-20</td><td>16</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>May-21</td><td>12</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>15</td><td>12</td></tr><tr><td>Mar-22</td><td>12</td><td>12</td></tr><tr><td>May-22</td><td>12</td><td>12</td></tr><tr><td>Jul-22</td><td>12</td><td>12</td></tr></tbody></table>	Date	Risk Score	Target Score	Mar-20	16	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	May-21	12	12	Jul-21	12	12	Sep-21	12	12	Nov-21	12	12	Jan-22	15	12	Mar-22	12	12	May-22	12	12	Jul-22	12	12	Rationale for current score: Likelihood: 'Possible'. Vaccination appears to be weakening the link between cases and admissions to hospital and Wales is now coming out of the recent Omicron wave. 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 reduced, the likelihood has been adjusted from 'likely' to 'possible' as at 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. Recent increases in COVID-19 infections (June 2022) illustrate the importance of continuing to implement controls for this risk. 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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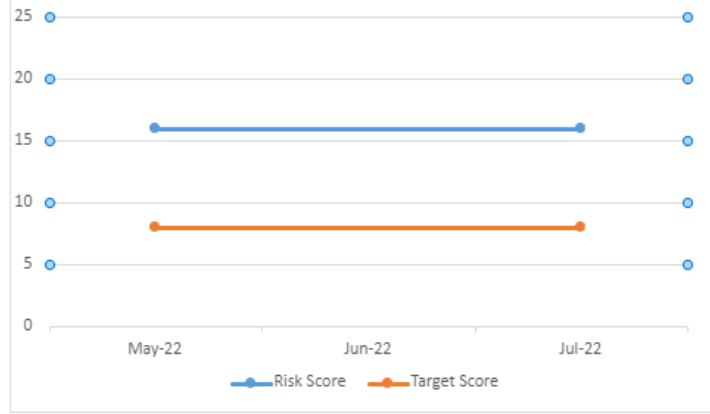
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Controls (What are we currently doing about the risk?)	Mitigating actions (What more should we do?)		
	Action	Lead	Deadline
<p>1. Test Trace Protect programme currently in transition in line with "Together for a Safer Wales":</p> <ul style="list-style-type: none"> LFT testing available for the Powys population with symptoms via the UK online portal; PCR testing remains in place for target population via Powys CTUs; Contact tracing service operating; Regional response cell meeting monthly or as required. <p>2. Joint management and oversight arrangements remain in place with Powys County Council, including a joint Prevention and Response Strategic Oversight 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. Delivery of "Together for a Safer Future" transition under way.</p> <p>5. COVID-19 Spring booster programme on track</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. All Wales position on HBs invoking the Local Options Framework being considered.</p> <p>10. Staff testing guidance updated and re-issued in May 2022</p> <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> <p>5. COVID-19 Spring booster programme successfully completed with estimated uptake of 85% of eligible population, planning under way for autumn booster programme, and modelling in place for surge scenarios.</p> <p>6. Staff testing guidance updated and re-issued in May 2022.</p> <p>7. FFP3 mask usage – decision on 29th December 2021 to continue to follow UK IP&C guidance supporting risk assessed use.</p> <p>8. Commencement of new DPH in post on 27 June 2022.</p>	<ul style="list-style-type: none"> Draft Interim COVID-19 vaccination plan in place and with quarterly review Draft TTP Plan in place and with quarterly review Surge testing plan and surge vaccination plan under development Staff testing guidance and IPC policies kept under review Mass Vaccination Plan to be reviewed based on COVID-19 learning 	<p>HTMB/AO</p> <p>MB/AO</p> <p>MB/AO</p> <p>CR/AO</p> <p>MB/AO</p>	<p>31/08/22</p> <p>31/08/22</p> <p>31/08/22</p> <p>31/07/22</p> <p>30/09/22</p>

Current Risk Rating	Additional Comments		
3 x 4 = 12			

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CRR015 Risk that: If a cyber-attack is successful then one or more critical systems may be out of use resulting in service downtime, loss of data and/or harm to patients.		Executive Lead: Director of Finance, Information, and IT Assuring Committee: Delivery and Performance													
Risk Impacts on loss of systems and impact to recovery timescales		Date last reviewed: July 2022													
Risk Rating (Likelihood x impact): Initial: 3 x 5 = 15 Current 4 x 4 = 16 Target: 2 x 4 = 8 Date added to the risk register May 2022	 <table><caption>Risk Score Data</caption><thead><tr><th>Month</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>May-22</td><td>15</td><td>8</td></tr><tr><td>Jun-22</td><td>16</td><td>8</td></tr><tr><td>Jul-22</td><td>16</td><td>8</td></tr></tbody></table>	Month	Risk Score	Target Score	May-22	15	8	Jun-22	16	8	Jul-22	16	8	Rationale for current score: <ul style="list-style-type: none">Increased risk of potential Cyber-attack due to current climate and world events.Several reports have highlighted potential areas for improvement.	
Month	Risk Score	Target Score													
May-22	15	8													
Jun-22	16	8													
Jul-22	16	8													
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Recruited a Cyber Security and Compliance Manager lead for the HB.In the process of recruiting a Senior Cyber Security Officer who will be responsible for IT operational controls and monitoring of the HB systems and Infrastructure.Cyber Improvement Plan in place linked to National Digital Health Care Wales (DHCW) and Local Actions.Controls and action in place to strengthen the monitoring of the network, improve anti-virus and Windows defender protection, enhanced end user license to increase protection to mitigate the risk and impact of any attack.Further action to be taken to test Business Continuity and recovery plans across service areas.		Mitigating actions (What more should we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Increase awareness through the ESR Cyber Security training and make mandatory for all staff to complete.</td><td>DFIIT</td><td>Paper to Exec Committee to recommend by end of May - aim to complete all training in 4-6 months</td></tr><tr><td>Arrange Board Development Session re Cyber to increase awareness.</td><td></td><td>Board Session to be arranged by July.</td></tr></tbody></table>		Action	Lead	Deadline	Increase awareness through the ESR Cyber Security training and make mandatory for all staff to complete.	DFIIT	Paper to Exec Committee to recommend by end of May - aim to complete all training in 4-6 months	Arrange Board Development Session re Cyber to increase awareness.		Board Session to be arranged by July.			
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<ul style="list-style-type: none"> ▪ Monthly Reporting via Governance Structure includes progress / delivery against Cyber Assurance Framework (CAF), this monitors performance and alignment to Security of Network and Information System regulations (NIS) Framework. ▪ Procurement and implementation of Solar Winds network monitoring. ▪ Windows Defender deployed and Phishing Campaign in place to increase awareness. ▪ Annual penetration testing programme in place. ▪ Upgraded O365 license to include enhanced E5 Security. ▪ Internal Audit report on NIS rated as Reasonable Assurance. 	<p>Develop a Cyber Recovery Response plan in conjunction with Assistant Directors and Heads of Service.</p> <p>Equipment replacement plan and migration from on premise to Cloud.</p>	DFIIT	<p>In Progress</p> <p>Case and timelines being finalised</p>
<p>Current Risk Rating = 16</p>	<p>Additional Comments</p>		
<p>4 x 4 = 16</p>	<p>New risk added to CRR due to current climate (May 2022)</p>		

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Report:	Chief Officer's Report (to be presented by Andrea Blayney – Deputy Chief Officer, Powys CHC)
Author:	Katie Blackburn
Status:	For Information
Date:	27th July 2022 (report to 18th July 2022)

1. Gathering Public and Patient Feedback

As Wales moves beyond the emergency response to the pandemic and many restrictions around social contact have been lifted, we are starting to make plans to go out in the community for some face-to-face engagement. There will be further information on our plans later in this report.

Our main way of engaging with the public at the present time is through digital methods, via our website, social media and email channels. All CHC meetings are held online and CHC members and staff continue to join virtual meetings with other organisations.

A representative from Powys CHC has taken part in the following virtual meetings during the last two months:

11 May	PAVO Builth/Llanwrtyd and Llandrindod/Rhayader Community Workers Network Meeting
12 May	Shropshire Telford & Wrekin Integrated Care System (ICS) Engagement Network

12 May	Powys Teaching Health Board (PTHB) Patient Experience, Quality & Safety Committee
12 May	Mid Powys Primary Care Cluster Meeting
12 May	National Planned Care Programme Board
24 May	Shrewsbury and Telford Hospital NHS Trust (SATH) Digital Advisory Group
24 May	Hereford & Wrekin Integrated Care System Stroke Programme Board
24 May	Shropshire, Telford & Wrekin Hospital Transformation Programme Implementation & Oversight Group Meeting
25 May	PTHB Board Meeting
25 May	PAVO Machynlleth & Dyfi Valley Community Workers Network Meeting
30 May	Online launch of Samaritans 'Finding Your Way' Guide for anyone who is struggling to cope
31 May	PTHB Workforce & Culture Committee Meeting
8 June	PTHB Mental Health Engage to Change Meeting
9 June	Mid Powys Primary Care Cluster Meeting
9 June	Shropshire, Telford & Wrekin Involvement & Insight Network
13 June	PTHB Audit, Risk & Assurance Committee
14 June	PAVO Welshpool/Montgomery & Llanfair Caereinion Community Workers Network Meeting
16 June	Joint meeting between Shrewsbury & Telford Hospital NHS Trust (SATH), Powys CHC, Shropshire Healthwatch and Telford & Wrekin Healthwatch

20 June	Online launch of Refreshed National Principles for Public Engagement
23 June	North Powys Wellbeing Programme Engagement Planning Workshop
27 June	Mid Wales Joint Committee for Health and Care
28 June	SATH Engagement Catch-up
28 June	Hywel Dda University Health Board A Healthier Mid and West Wales Technical Appraisal Workshop for choosing the best site for the new Urgent and Planned Care Hospital (observing process)
28 June	Hereford & Wrekin Integrated Care System Stroke Programme Board
30 June	PTHB General Medical Services Access Forum

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.

We are continuing our fortnightly online briefing sessions for CHC members.

These sessions 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 with the Health Board through the Chief Officer or through the CHC's Complaints Advocacy Service.

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Face-to-Face Engagement

We are developing a plan to recommence face-to-face engagement. We have the following events in the diary and are planning more for the summer months:

16 May	Joint stand with Dementia Friendly Newtown outside Morrisons, Newtown
21 & 22 May	Smallholding and Countryside Festival at Royal Welsh Showground, Builth Wells
25 May	PAVO Information & Help Day at Y Plas, Machynlleth
23 June	Powys Improving the Cancer Journey Information Event in Theatre Brycheiniog, Brecon
27 June	Powys Improving the Cancer Journey Information Event in the Flash Leisure Centre, Welshpool

We are planning to attend the following events (subject to COVID-19 prevalence and staff and member availability):

18-21 July	Royal Welsh Show
8 September	Presentation to Brecon Probus (rearranged from 9 June)

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 are increasing our own original content to share on our social media pages.

- 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 currently monitoring and recording GP social media and GP/Dentist web-sites.
- We are undertaking a specific piece of work reviewing GP web-sites, the content and ease of access.

Surveys

On 20 June 2022, we picked up on social media a number of issues/concerns relating to dental services in Powys.

We decided to set up a quick survey to gather Powys residents' experience of obtaining an appointment or getting treatment they needed with an NHS dentist.

The survey went live on 24 June and ran until 3 July 2022 [7 days]. It was available online and was shared to the public via Facebook.

We received 199 responses.

The raw data has been shared with the Director of Primary Care, Community & Mental Health Services, AD Primary Care and the Associate Dental Director. Initial discussions have been held about the issues raised; Powys CHC will produce a report, and will then seek a response from PtHB (in line with agreed protocols); the report will then be published.

- In March, we launched a survey to find out people's experience of using local pharmacies (chemists). As at 18th July, we have received 591 online responses. The survey has closed and the report is being produced. Following a response from PtHB it will be published.

The All Wales CHC survey about 'NHS Care Living with COVID' is available online at the following link ow.ly/KzSG50DZWHS and is available in paper format. This survey is regularly shared on our

Facebook and Twitter pages and paper copies are also available.
This was promoted at the RWAS 18-21 July 2022.

- 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 are monitoring and evaluating the public reaction to information which is posted. We have sent supplies of the paper survey to our CHC members for them to circulate in their own localities. The link to the survey online 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/>

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- **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/>

The Chief Officer has met with Russell George AM to discuss the contribution by Powys CHC. This has been shared with PtHB, and is attached as an Annex to this report.

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.

Our Executive Committee meetings will now be held face-to-face [as this meeting focuses on Governance and we do not have external speakers].

Powys CHC is considering hybrid meetings, whilst recognising that "virtual" meetings have enabled more members of the public to join, and a wider pool of speakers/ presenters who can attend at a specific time for a specific agenda item.

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At the moment, service changes have predominantly been “urgent” service changes which are considered at the Services Planning Committee which is attended by Stephen Powell.

There were no service changes discussed at the Executive Committee on 12th July 2022.

Since the Executive Committee, we have received notification about a proposed service change relating to Haygarth practice and the withdrawal of two NHS dental services in Newtown. The CHC is working closely with senior executives to discuss communication/engagement, EIA and Mitigation plans.

4. Advocacy

Open Cases as of 1st May 2022: 41

Pre Local Resolution	Local Resolution	Further Local Resolution	Ombudsman	Continuing Health Care Funding	Redress	Serious Incident Review	Total
4	19	4	9	1	2	2	41

Open Cases as of 1st July 2022: 37

Pre Local Resolution	Local Resolution	Further Local Resolution	Ombudsman	Continuing Health Care Funding	Redress	Serious Incident Review	Total
3	15	3	9	1	4	2	37

Number of Complaints	Number of Incidents
37	42

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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 during these very challenging times.

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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Annex 1

Request for written evidence: Welsh Government's plan for transforming and modernising planned care and reducing waiting lists.

Context:

- This strategy was discussed at Powys CHC Services Planning Committee on 17th May 2022. The Director of Planning and Performance (PtHB) was in attendance.
- The strategy has been shared with all members of Powys CHC.
- This response includes comments and observations provided by both members and staff of Powys CHC.
- An EIA and Mitigation Plan should be produced for each proposed service change.

Overall Views

Whether the plan will be sufficient to address the backlogs in routine care that have built up during the pandemic, and reduce long waits.

Whether the plan strikes the right balance between tackling the current backlog, and building a more resilient and sustainable health and social care system for the long term?

The Strategy's focus is predominantly on secondary/ tertiary services. Powys CHC remains concerned about the fragility and pressures on Primary Care and Social care who will play critical roles in the success of this Strategy. Both are also experiencing considerable capacity challenges and yet, whilst there is an acknowledgement of their respective roles, there is very little detail about how this ambitious strategy will impact on these services, and thus the impact on patients.

The statement on diagnostics is welcomed, but consideration must be given to accessibility and capacity in rural areas.

Will POCT be provided by GPs?

Disappointingly, there is no reference to Powys community focused services in the Strategy. The word "rural" appears once on p.15.

Powys CHC welcomes the statement about joint working with NHS England (p.20) given the significant provision of commissioned services for Powys patients.

Although it is implicit in the strategy, there is very little explicit focus on equality of access particularly in relation to rural Powys/ Wales and the inequalities faced by patients who live in North/ East Powys and South/ West Powys.

p.27 refers to “regional approaches” – which, by definition, indicate that this will result in changes to services and thus Powys CHC would expect to be involved in the development of these approaches and the impact on the communities of Powys. Powys CHC hopes that any “regional approach” will not solely focus on the A55/ M4 corridors.

Meeting people's needs

Whether the plan includes sufficient focus on:

- a. Ensuring that people who have health needs come forward;
- b. Supporting people who are waiting a long time for treatment, managing their expectations, and preparing them for receiving the care for which they are waiting, including supported self-management;
- c. Meeting the needs of those with the greatest clinical needs, and those who have been waiting a long time;
- d. Improving patient outcomes and their experience of NHS services?

Equity is already an issue in Powys [see table below].

Assurance will be needed priority setting - on individual need and not geographic prioritisation eg HB X prioritises their priority patients and then Powys' - ie. commissioned services for patients will be prioritised in the same way as services provided by a HB.

There is no mention of support for patients if they have to travel – timings of appointments/ overnight/ travel/ car parking. There will need to be an EIA and mitigation plan for proposed changes which would need to incorporate these factors.

The strategy does not mention co-production or using more patient feedback - it is the view of Powys CHC that this could really strengthen the strategy.

Assurance would need to be given that if a patient chose not to travel (couldn't physically get there, overnight accommodation, caring responsibilities, need for family support, too far to travel) then this decision would not jeopardise their need for prioritisation and other options would be considered.

	Mar-22	Patients Waiting						
Welsh Providers	% 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	Total Waiting
Aneurin Bevan Local Health Board	64.9%	1473	222	237	133	60	145	2270
Betsi Cadwaladr University Local Health Board	44.0%	237	58	74	74	24	72	539
Cardiff & Vale University Local Health Board	54.8%	236	36	51	41	26	41	431
Cwm Taf Morgannwg University Local Health Board	46.9%	246	45	61	47	39	87	525
Hywel Dda Local Health Board	53.4%	748	130	163	150	95	114	1400
Swansea Bay University Local Health Board	48.4%	941	189	211	201	93	310	1945
Total	54.6%	3881	680	797	646	337	769	7110

	Feb-22	Patients Waiting						
English Providers	% 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	Total Waiting
English Other	70.6%	233	46	38	8	2	3	330
Robert Jones & Agnes Hunt Orthopaedic & District Trust	42.8%	1616	306	380	266	50	30	2648
Shrewsbury & Telford Hospital NHS Trust	68.1%	2565	470	499	197	36	0	3767
Wye Valley Trust	64.2%	2128	461	540	127	38	21	3315
Total		6542	1283	1457	598	126	54	10060

Leadership and national direction

Whether the plan provides sufficient leadership and national direction to drive collective effort, collaboration and innovation-sharing at local, regional and national levels across the entire health and social care system (including mental health, primary care and community care)?

Whether the plan provides sufficient clarity about who is responsible for driving transformation, especially in the development of new and/or regional treatment and diagnostic services and modernising planned care services?

There is no mention of rural services (the word “rural” is mentioned once in the document).

Further clarity is needed on the concept of “hubs” – Powys CHC agrees with this approach in principle, but there is a risk that these will be on the A55/ M4 corridor thus creating further barriers in relation to access and equity of services for Powys residents.

How many virtual centres will there be? for example, distances in Powys mean that a virtual centre in North Powys might still be 3 hours away for a patient from South Powys.

The strategy needs to be “rural proofed” to ensure there are no negative impacts on rural services, workforce and rural populations.

HBs do not always have a record of taking the needs of communities for whom services are commissioned into consideration. This would be essential if this strategy is to be implemented fairly.

Targets and timescales

Are the targets and timescales in the plan sufficiently detailed, measurable, realistic and achievable?

Is it sufficiently clear which specialties will be prioritised/included in the targets?

Do you anticipate any variation across health boards in the achievement of the targets by specialty?

PtHB commissions the majority of its Secondary and Tertiary services, and from a patient perspective equity is key – there should be no variation between HBs.

How will commissioners be involved in the prioritisation of services and how these decisions will impact on Powys patients?

This is a very ambitious strategy, and from the day-to-day feedback that Powys CHC receives, members are extremely concerned about the capacity of key stakeholders to deliver [particularly, primary care, social care, third sector and secondary/ tertiary providers].

Financial resources

Is there sufficient revenue and capital funding in place to deliver the plan, including investing in and expanding infrastructure and estates where needed to ensure that service capacity meets demand?

Is the plan sufficiently clear on how additional funding for the transformation of planned care should be used to greatest effect, and how its use and impact will be tracked and reported on?

Value based health care - further clarity is needed – if this strategy is funded on a capitation basis rural areas/ patients/ services loose out.
Moving the same pieces around the chess board (so to speak) will result in the need to stop some services to re-direct resources to deliver the strategy – how will these decisions be made?

Workforce

Does the plan adequately address health and social care workforce pressures, including retention, recruitment, and supporting staff to work flexibly, develop their skills and recover from the trauma of the pandemic?

The workforce section needs to consider that in rural areas clinicians (GPs) need a wider range of skills. There is a need to provide teaching locally to attract youngsters into rural settings when they qualify (PtHB Health and Care Academy is an excellent, innovative example [Progress update: Health & Care Academy - Health Care Support Worker Apprenticeships - Powys Teaching Health Board \(nhs.wales\)](#)). There is also a need to research networks to develop an evidence base. A generic modular curriculum was considered years ago so that people develop a portfolio career to meet local needs and can develop themselves to become a carer, social worker/ healthcare assistant nurse etc. but with added expertise so that there is greater flexibility in the workforce.

Digital tools and data

Is there sufficient clarity about how digital tools and data will be developed and used to drive service delivery and more efficient management of waiting times?

As well as virtual centres there is the issue of quality of broad band and mobile infrastructure if rural people are to have the same access as more urban patients (eg section on cardiac rehabilitation providing digital services p29). People may have the skills to access digital services but not necessarily quality of service.

The strategy relies heavily on a digital focus to communicate/ assess/ deliver. Consideration must be given to a number of factors including demographics and connectivity. Patients must not be excluded from being able to access services on the basis of a lack of technology (equipment/ skills/ connectivity).

AGENDA ITEM: 3.6a

BOARD MEETING		DATE OF MEETING: 27 July 2022
Subject:	BOARD COMMITTEES: CHAIRS ASSURANCE REPORTS	
Approved and presented by:	Board Secretary Committee Chairs	
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 March and April 2022 is attached at **Appendix A.**

Audit, Risk and Assurance Committee:

The Committee Chair's Report of the meetings held on 26 April, 17 May and 13 June 2022 are attached at **Appendix B.**

Delivery and Performance Committee:

- The Committee Chair's report of the meeting held on 23 June 2022 is attached at **Appendix C.**

Patient Experience, Quality and Safety Committee

- The Committee Chair's report of the meetings held on 12 May 2022 and 7 July 2022 is attached at **Appendix D.**
- The Board should note the escalated item at **Appendix D Annex 1.**

Workforce and Culture Committee:

- The Committee Chair's report of the meeting held on 31 May 2022 is attached at **Appendix E.**

Charitable Funds Committee:

- The Committee Chair's report of the meeting held on 14 June 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 28 September 2022.

Reporting Committee:	Executive Committee
Committee Chair	Carol Shillabeer
Date of last meeting:	29 th June 2022
Paper prepared on:	14 th July 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 18th May, 25th May, 1st June, 15th June and 29th June 2022.

18th May 2022

1. Prevention and Response Strategic Oversight Group Update Report and Mass Vaccination Strategic Oversight Group Update Report

The Committee RECEIVED the items which provided an overview of work undertaken by the Prevention and Response Strategic Oversight Group and Mass Vaccination Strategic Oversight Group in the previous two weeks.

2. Renewal Priority Breathe Well

The Committee RECEIVED the item which provided an overview of the progress since the last report to Board in November 2020. It was noted that in that time there had been some disruption to the programme as a result of the Omicron wave (Dec 21-Jan 22). However, despite this, the programme has moved forward at considerable pace and a multi-disciplinary team had been established.

The Committee RECEIVED and NOTED the Report, and it was requested that the report be further developed to provide a focus on patient perspectives.

3. Powys Teaching Health Board Macmillan GPs

The Committee received the item in relation to Macmillan GPs and the Macmillan Lead Nurse. The posts had been funded through the Macmillan Trust however this funding had ceased in May 2021, after which the health board had funded the posts. The Committee recognised the beneficial impact of the roles in relation to patient outcomes; patient experience; service development; support for those providing cancer and end of life care; and for the strategic direction of cancer and end of life care within Powys. The Committee considered a number of options in relation to the posts, including the recommended option: continue with the current roles on a permanent basis and accept future risks with regards to employment rights and financial impact.

The Committee APPROVED the recommended option IN PRINCIPLE subject to confirmation that the necessary funding was available within the service's baseline budget.

4. Delivery and Coordination Strategic Oversight Group Update Report: Learning Insights Report

The Committee RECEIVED the item which provided an overview of work undertaken by the Delivery and Coordination Strategic Oversight Group in relation to a Learning Insights exercise.

In November 2021 the Powys Delivery Co-ordination Group (DCG) was re-established (having previously been in place as part of the pandemic structures) comprising operational and strategic representatives of PTHB, PCC and PAVO. The purpose of the DCG was to coordinate tactical actions taken to limit the impact on any business continuity disruption and oversee delivery of the System Resilience Plan.

The paper provided the results of a survey to understand how our staff from across PTHB, PCC and Powys Association of Voluntary Organisations (PAVO) experienced the changes, and how patients and service users responded. It was agreed that much learning had come out of this Winters experience and the importance of the organisation continuously learning from its practice.

The Committee DISCUSSED and NOTED the Report.

5. Workforce Performance Report

The Committee RECEIVED the item which provided an overview in relation to key workforce performance indicators across the organisation. The report also highlighted areas of high performance, areas where improvement is required and current trends in workforce data.

The Committee DISCUSSED and NOTED the Report.

6. Workforce Futures Strategic Update (Carers and Volunteers)

The Committee RECEIVED a presentation in relation to the Powys Health and Care Academy School of Volunteers and Carers which provided an overview of the achievements to date, including the successful deployment of over 500 volunteers into the Mass Vaccination programme during COVID-19. Over 95% of volunteers and teams were satisfied with the model of working, and recognised the enhancement to services. An update was also provided in relation to the future ambitions of the school, such as:

- the Skills Matrix development, designed to scope the needs of carers and volunteers;
- the Time for Us Project, developed to improve social contact and cohesion, and help mobilise families, neighbourhoods, communities, and their assets in beneficial ways for health;
- the Powys Balance Programme which enables volunteers and carers to balance the needs of others, without losing the essence of themselves; and;
- Reaching wider which will seek to provide pathways for carers, care leavers and those who support those in care to access level 4 learning via Bangor University.

The Committee DISCUSSED and NOTED the update and welcomed the work undertaken by both the Health and Care Academy as well as the contribution made by Volunteers and Carers.

7. ISO14001 – Environmental Management

The Committee RECEIVED a presentation in relation to the ISO14001 accreditation, which is an Environment Management System mandated by Welsh Government. The presentation sought to raise awareness of the scheme within the highest level of the organisation, and it was noted that health board had previously completed one cycle (three years) of the system and this year represented the commencement of a new cycle.

The Committee DISCUSSED and NOTED the presentation and commended the work undertaken to date.

8. COVID-19 Finance Report, Month 12

The Committee RECEIVED and DISCUSSED the COVID-19 Finance Report, and the Committee noted that the COVID-19 financial agreement was due to close imminently after which COVID-19 funding would return to business-as-usual arrangements.

9. Corporate Risk Register

The Committee RECEIVED and DISCUSSED the proposed updates to the Corporate Risk Register.

The Committee ENDORSED the increase in risk score for CRR002 which reflected the increase financial pressure on the health board and ENDORSED the inclusion of a new risk (CRR 015) in relation to Cyber Security.

10. Welsh Language Standards Annual Monitoring Report 2020-21

The Committee RECEIVED the Welsh Language Annual Report for 2021-22 which provided an overview of the actions implemented by the health board to comply with the Welsh Language Standards. Areas highlighted within the Report included:

- continued promotion of Welsh language impact assessment procedures for strategic decisions such as policy, service development and/or redesign as part of the broader Equality Impact Assessment process, including training on assessing policies for the impact on Welsh;
- the establishment of new staff networks for Welsh speakers and learners, and the resumption of the Welsh Language Standards Service Leads group (following Covid-19 related disruption) to share good practice; and;
- continued promotion of communication around national events such as Diwrnod Mae Gen i Hawl (Welsh Language Rights Day) and staff events such as a St. David's Day Bilingual Quiz and the Aneurn Bevan University Health Board-hosted Welsh and Equality Week talks.

The Committee drew out areas that needed strengthening and on that basis would SUPPORT the Welsh Language Annual Report 2021-22 for presentation to the Board on 27th July 2022.

11. Equalities, Diversity, and Inclusion Annual Monitoring Report 2020-21

The Committee RECEIVED the Equality, Diversity and Inclusion Annual Report for 2021-22 which provided an overview of the actions implemented by the health board to comply with Public Sector Equality Duty. Areas highlighted within the Report included:

- the provision and rollout of in-house training in such as Equality-relevant areas such Equality Impact Assessment and Equality for Managers;

- training for staff across the organisation to produce documents in EasyRead format, improving accessibility for a wide range of potentially vulnerable groups;
- commencement of an exciting new Patient Stories project; collecting the experiences of a deliberately diverse range of patients in order to inform service and project delivery across the health board;
- promotion of a regular series of virtual talks and events for staff via our internal communications channels, including opportunities for staff to respond to consultations and collaborate on internal projects; and;
- a new Staff Wellbeing hub on the Intranet.

The Committee drew out areas for further refinement and on that basis would SUPPORT the Equality, Diversity and Inclusion Annual Report 2021-22 for presentation to the Board on 27th July 2022.

25th May 2022

1. LTA/SLA agreement templates 2022/23 (Wales & England) - Suggested Amendments

An extraordinary meeting of the Committee was convened on 25th May 2022 to consider the Long-Term Agreement (LTA) and Service Level Agreements (SLA) Templates for 2022/23 (Wales and England) and discuss and consider suggested amendments were appropriate.

The Committee DISCUSSED and APPROVED the proposed changes to the PTHB Long Term Agreement (LTA)/Service Level Agreement (SLA) documentation templates for 2022/23 (Wales & England) and two key amendments relating to SLA documentation templates (Wales and England) proposed for 2022/23, (i) the inclusion of revised GDPR agreement conditions which take account of the UK exiting the European Union (amendments drafted by Legal & Risk - Shared Services) and (ii), the inclusion of revised notice periods for amending/terminating services covered by SLA agreements which is proposed by PTHB Finance department, to facilitate PTHB Transformation programme.

The Committee DISCUSSED Financial Penalties for English Providers and given the exceptional circumstances of 2022/23 the Committee APPROVED the suspension of financial penalties for 2022/23 with a further review to be undertaken prior to 2023/24.

The Committee DISCUSSED contractual issues with commissioning partners, and it was AGREED that further discussion would be held

outside of the meeting and that this aspect of the paper would return to the Committee on 1 June 2022 for further consideration.

The Committee NOTED the indicative nature of the current contract values discussed and NOTED that a final position would be represented once all contracts had been signed.

1st June 2022

1. COVID-19 Oversight Arrangements

The Committee NOTED that discussions had been held with those involved with the Strategic Oversight Groups (Silver) which had been maintained despite Gold arrangements being stood down. It was NOTED that Silver arrangements would be moved into business as usual by the end of June 2022. The Groups would continue to report into the Executive Committee as part of the Integrated Medium Term Plan (IMTP) Delivery Plan however would no longer be retained as standing Committee agenda items from July 2022.

2. Prevention and Response Strategic Oversight Group Update Report

The Committee RECEIVED the item which provided an overview of work undertaken by the Prevention and Response Strategic Oversight Group in the previous two weeks.

The Committee DISCUSSED and NOTED the Report.

3. Mass Vaccination Strategic Oversight Group Update Report

The Committee RECEIVED the item which provided an overview of work undertaken by the Mass Vaccination Strategic Oversight Group in the previous two weeks.

The Committee DISCUSSED and NOTED the Report.

4. Everyday Integrated Medium Term Plan (IMTP) 2022-25

The Committee RECEIVED the 16 page summary version of the IMTP intended to provide a more accessible overview of the plan for both staff, stakeholders and the public. Some typographical errors would be corrected.

The Committee WELCOMED and NOTED the Everyday IMTP.

5. Delivery and Coordination Strategic Oversight Group Update Report

The Committee RECEIVED the item which provided an overview of work undertaken by the Delivery and Coordination Strategic Oversight Group in the previous two weeks.

The Committee DISCUSSED and NOTED the Report.

6. LTA/SLA agreement templates 2022/23 (Wales & England) - Suggested Amendments

The Committee RECEIVED the item and noted that the matter had been discussed previously at the extraordinary meeting held on 25th May 2022, in which a number of aspects had already been approved. The item had returned to the Committee as it had been agreed that further discussion was required in relation to the contractual issues raised by Aneurin Bevan University Health Board (ABUHB) each financial year regarding the Health Board's Commissioning Assurance Framework policy (CAF) and the ongoing issue with Shropshire Community Health NHS Trust (SCHNT) (2017 to date).

The Committee AGREED that arbitration should be avoided if at all possible, however, the Committee also recognised the health board's duty to ensure the quality and safety of service commissioned for Powys residents and therefore AGREED that formal resolution would be sought should an informal resolution fail to be reached.

7. Extension of Medinet Contract

The Committee RECEIVED the item which sought a proposed extension of the Medinet Insourcing contract for 6 months, which would provide a new expiry date of 30 November 2022. The contract would be extended through the use of a contract variation that NHS Wales Shared Services prepare and issue to both contract parties (Powys Teaching Health Board and Medinet) to sign.

It was noted that no other terms and conditions of the contract were to be amended. Given the overall waiting list position for patients across Wales and England, Welsh Government officials, as part of improvements to Planned Care, are seeking to expedite care for long waiting patients. The proposal to extend the Medinet contract would secure vital additional capacity to reduce waiting times for both Powys patients and patients across Wales. Discussions were ongoing with officials to explore the expanded use of theatre and endoscopy capacity within Powys along with the associated funding once agreed.

The Committee DISCUSSED and APPROVED extension of the Medinet contract with a revised termination date of 30th November 2022.

8. Civica Patient Experience System

The Committee RECEIVED the item which noted that the health board does not have an IT system in place to capture the experiences of our service users and citizens. The aim is to introduce a service user feedback system that captures 'real time' feedback from Powys residents on the healthcare services they have accessed and used, within the provider and commissioned services. Funding had been secured for one year from the North Powys Wellbeing Programme with a planned implementation date of 1 August 2022.

The Committee raised a concern that there was not a clear financial position for years two and beyond, therefore it was AGREED that rapid deployment and work-up of funding would be required.

9. Funded Nursing Care Uplift 2022-23

The Committee RECEIVED the item which suggested that in advance of the 2022/23 pay award, an interim 3% uplift for Funded Nursing Care is applied from 1st April 2022. A 2% inflationary uplift had already been included in the financial plan. It was recognised this would involve an assessment of uplift that may not be entirely accurate and may also involve a further correction later in the year subject to the finding of the NHS Pay Review Body.

The Executive Committee SUPPORTED the interim 3% uplift for presentation to the Board for endorsement.

15th June 2022

1. Prevention and Response Strategic Oversight Group Update Report

The Committee RECEIVED the item which provided an overview of work undertaken by the Prevention and Response Strategic Oversight Group in the previous two weeks.

The Committee DISCUSSED and NOTED the Report.

2. Mass Vaccination Strategic Oversight Group Update Report

The Committee RECEIVED the item which provided an overview of work undertaken by the Mass Vaccination Strategic Oversight Group in the previous two weeks.

The Committee DISCUSSED and NOTED the Report.

3. Secondary Care Smoking Cessation Model and Funding Source for Powys

The Committee RECEIVED the item and noted that there was an expectation from Welsh Government that each health board would have an in-patient smoking cessation provision and Powys did not currently have a provision in place. The suggested model would provide this service and would be funded via redistributed funds from the previous Early Years programme which had reached a natural conclusion. The Committee welcomed the development of the service and suggested that it should be closely linked with the work underway in relation to advice, support and pre-hab.

The Committee APPROVED the model subject to confirmation of financial support and recognised smoking cessation as an important factor for health improvement within the Integrated Medium Term Plan.

4. Delivery and Coordination Strategic Oversight Group Update Report

The Committee RECEIVED the item which provided an overview of work undertaken by the Delivery and Coordination Strategic Oversight Group in the previous two weeks.

The Committee DISCUSSED and NOTED the Report.

5. Out of Hours Performance 2021/2022

The Committee RECEIVED the item and noted that the health board continued to contract with three providers to deliver its OOH services, namely 111, Shropdoc Co-operative Ltd and Swansea Bay University Health Board (SBUHB). The item provided a summary of the performance of the service provided in 2021/22, noting issues in the provision for follow-up with Swansea Bay in particular.

The Committee NOTED the report and requested that future reporting featured the core domains of the Commissioning Assurance Framework (CAF), thus including quality and patient experience.

6. Hereford and Worcester Stroke Services Update

The Committee RECEIVED the item and noted that there had been long standing issues with Stroke Services sustainability in Hereford and Worcester. A number of models had been discussed and a preferred model had been identified and suggested for deployment in 2024/25. However, this had yet to be agreed.

The Committee DISCUSSED the potential implication for Powys and NOTED the Report.

7. Digital First Update (including Digital Care System Implementation and Infrastructure and Intelligence Assurance)

The Committee RECEIVED the following update:

- The Digital Strategic Framework had been paused during the pandemic however this was now being reintroduced and progressed. Engagement had commenced and it was anticipated that the Framework would be presented to the Board in September 2022;
- Cyber Security had been given increased focus due to recent world events, this was an area for development and some progress had already been made; and
- The Section 33 for ICT Service was under review.

The Committee DISCUSSED and NOTED the update and suggested it would be important to have clear priorities for the future of digital within Powys.

8. Internal Audit Report: Occupational Health Services (Limited Assurance)

The Committee RECEIVED the Internal Audit Report on Occupational Health Services and discussed the key areas requiring development and the management actions in place to address these.

The Committee NOTED the Report.

9. Integrated Quality Report

The Committee RECEIVED the item which provided an overview of:

- Implementation of the All Wales Patient Safety Framework;
- Once for Wales Content Management System (RLDatix);
- Supporting learning and improvement;
- Implementation of the National Nosocomial Framework;
- Putting Things Right, Concerns and Public Service Ombudsman for Wales;
- Incident Management and Early Warning Notifications;
- Patient Experience;
- Claims and Redress;
- Health and Social Care Inspections Regulatory Recommendations; and
- Key Risks and Matters for Escalation.

The Committee DISCUSSED and NOTED the Report.

10. Finance Performance Report, Month 2

The Committee RECEIVED the item and noted that as of Month 2 the health board was £0.332M overspent. Variable Pay, Continuing Health

Care and Care provided by other organisations remained the key areas of financial pressure. The Director of Finance outlined the escalation process in place with Directorates. It was noted that at month 3 commissioned services information would be more readily available and that this would be a key point of reflection.

The Committee DISCUSSED and NOTED the Report.

11.Value Based Healthcare Progress Report

The Committee RECEIVED an update in relation to the implementation of the value-based healthcare approach within the health board.

The Committee welcomed the positive progress made and NOTED the Report.

12.Clinical Audit: Draft Clinical Audit Plan 2022-23 and Clinical Audit Report 2021-22

The Committee RECEIVED the item which provided the following overview of the Clinical Audit Report 2021-22 and Draft Clinical Audit Plan 2022-23:

- Audit had been included in part of the quality improvement process and had been discussed at the Learning Group, this needed further integration.
- A total of 92 audits were within the original plan - 55 were completed, 5 remained ongoing, 21 were postponed into 2022/23 and 11 did not proceed.
- Only 1 audit was undertaken in Mental Health.
- Discussion was underway in relation to future placements of fundamentals.

The Committee ENDORSED the plan for 2022-23 which was due to be presented to the Patient Experience, Quality and Safety Committee on 7 July 2022.

13.Medicines Management Assurance Report 2021/22

The Committee RECEIVED the item which provided an account of medicines management and pharmacy activities undertaken during 2021/22, the health board's Pharmacy/Medicines Management arrangements and outlined the progress made in year, as well as the key areas of concern and plans going forward for the next financial year.

The Committee NOTED the Report and recognised the amount of work undertaken by the service despite the challenges presented by the pandemic.

14. Records Management Improvement Plan Progress Update

The Committee RECEIVED the item which provided an overview of the progress made in relation to the Records Management Improvement Plan.

The Committee DISCUSSED and NOTED the report and recognised that the work due to be undertaken was substantial.

29th June 2022

1. Healthy Weight:

a. Pathway Forward Plan 2022-23

The Committee RECEIVED the item and noted that a draft iteration had been considered by the Committee in April 2022. Amendments had been made to the plan following feedback from Welsh Government, the Executive Committee and Public Health Wales to include definitions of the pathway levels and provide clarity in relation to the balance of activity. The next steps provided an overview of the plans in place subject to the business case. This is due to be reviewed by the Investments Benefits Group prior to consideration by the Executive Committee. It was anticipated that this would be brought forward in July 2022.

The Committee APPROVED the Healthy Weights Pathway Forward Plan 2022-23.

b. Whole Systems Approach to Obesity

The Committee RECEIVED the item which provided an overview of another core aspect of work underway in relation to Healthy Weights in Powys. In brief, the Whole Systems Approach work in 2022/23 included:

- mapping the local system to understand the local influences, strategic stakeholders, drivers and levers as they relate to healthy weight, overweight and obesity;
- identifying at least one sub-system within the local system for focussed work; and
- developing an action plan to leverage change within this sub-system.

The Committee SUPPORTED the recommended approach subject to further development of service engagement and methodology. The Chief Executive confirmed that discussion in relation to visibility at the Public Services Board would be recommended following the meeting and it was AGREED that an item would return in relation to the governance for the programme of work pending further development.

2. COVID-19 Vaccination Plan 2022-23

The Committee RECEIVED the item which provided an overview of progress in Q1 and provided a forward look to Q2 and beyond. The Committee noted the following updates:

- The Integrated Vaccination Strategy would be integrated with the National Immunisation Framework however this was yet to be published by Welsh Government, therefore the strategy remained in draft.
- The plan would be reported to the forthcoming meeting of the Planning, Partnerships and Population Health Committee to allow for Independent Member scrutiny and provide a baseline for detailed planning.

The Committee DISCUSSED and NOTED the Report.

3. Delivery of Multi-Agency Plan for Additional Learning Needs and Education Tribunal (Wales) Act (2018) Assurance Report

The Committee RECEIVED the item which provided an overview of the following matters:

- transformative intentions and potential of the ALN Act and the statutory requirements that this new legislative framework places on health boards;
- Key activity that Powys Teaching Health Board has progressed to date to support the effective implementation of the Act;
- Key priorities for multi-agency activity to support the next phases of implementation and;
- The Act will place significant demand/capacity challenges on NHS operational services, and these challenges, and work to assess and address these, was presented.

The Committee agreed that the focus should be based upon providing the best experience and outcomes for children. The Committee RECEIVED and NOTED the Report.

4. Accelerated Cluster Development (ACD) Programme for Powys

The Committee RECEIVED the item proposing the approach to support Accelerated Cluster Development, the principles of the Pan Cluster Planning Group and the reporting and governance route within the Health Board and Local Authority. It was noted that the requirements in Wales were prescriptive however it was anticipated that arrangements would be in place by September 2022.

The Committee APPROVED the approach IN PRINCIPLE and agreed that work would be undertaken by the Directorate of Workforce and OD to support the cultural development required to enable to programme.

5. CHC Complex Care (Escalated Issue)

The Committee RECEIVED the item which provided an overview of the current continuing healthcare (CHC) financial position and the actions required to reduce the existing run rate that is currently exceeding planned levels. The Committee held an in-depth discussion in relation to the matter and discussed several areas of concern.

The Committee DISCUSSED and NOTED the Report and requested that an update return to the Committee in four weeks as an escalated issue.

6. Annual Governance Programme Reporting

The Committee RECEIVED and NOTED the Annual Governance Programme.

7. Audit Recommendation Tracking and Welsh Health Circular Tracking

The Committee RECEIVED the item and NOTED the progress made since the last reporting period.

8. Register of Interests

The Committee RECEIVED the item which provided an update in relation to Declarations of Interest. It was noted that work was underway to expand the recording of declarations beyond the Board and that work was underway with Local Counter Fraud to support this work.

The Committee DISCUSSED and NOTED the Report.

9. Maternity Assurance Paper - Update on Maternity and Neonatal Assessment, Assurance and Exception review

The Committee RECEIVED the item which provided an overview of:

- the requirement to complete a Maternity and Neonatal Assessment, Assurance and Exception review as requested by Welsh Government and the subsequent return;
- recent Nationally Reportable Incidents submitted to the Delivery Unit and the current governance arrangements implemented as a consequence; and
- outcomes of a governance review in Maternity Services in Powys and the actions taken for improvement.

The Committee DISCUSSED and NOTED the Report and requested that an update return to the Committee in four weeks as an escalated issue.

10. Regional Partnership Board (RPB) Market Stability Report

The Committee RECEIVED the item and noted that Regional Partnership Boards (RPBs) had been required to develop and submit a market stability report to Welsh Government by 1st August 2022. The document would inform the RPB area plan therefore it was requested that Committee review the content of the report and provide any comments to the Executive Lead.

The Committee DISCUSSED and NOTED the Report at this stage of its development.

11.South Powys Programme: Consultant-led Maternity & Neonatal Care Update

The Committee RECEIVED the item and noted that the health board had been due to confirm the final pathway changes as a result of the South Powys Pathways Programme at the meeting of the Board in July 2022. However, due to the timing of the recently published Independent Maternity Services Oversight Panel (IMSOP) Report it had not been possible to analyse the findings to enable recommendation to be made to the July Board.

The Committee AGREED that a decision would be DEFERRED until Autumn 2022 to enable implementation by the end of 2022-23.

ITEMS TO BE ESCALATED TO THE BOARD

There are two items for escalation to the Board:

1. The Board is asked to **endorse** the decision to uplift as an interim measure the Funded Nursing Care to 3% to account for pay award decision making. The final uplift would be considered once pay award outcomes are known.
2. The Board is asked to **endorse** the decision to defer decision-making regarding the change in pathways for consultant-led maternity and neonatal care in South Powys until the autumn. This delay is as a result of the timing of the IMSOP Report and the need for careful assessment/review of progress for the Powys population.

NEXT MEETING

The next meeting of the Executive Committee is scheduled for 13th July 2022 (to be included in reporting to the next Board).

Reporting Committee:	Audit, Risk and Assurance Committee
Committee Chair	Tony Thomas
Date of last meeting:	13 June 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 on 17 May and 13 June 2022.

The Board is asked to note that the following matters were considered at Audit, Risk and Assurance Committee on 17 May:

- Draft Accountability Report 2021-22
- Draft Financial Statements 2021-22
- Draft Head of Internal Audit Opinion 2021-22
- Enquiries of Management and those charged with Governance

and 13 June 2022:

- Annual Report and Accounts 2021-22, including Letter of Representation
- Application for Single Tender Waivers
- Head of Internal Audit Opinion 2021-22
- Internal Audit Reports:
 - a) Concerns Tracking and Monitoring
 - b) Recommendation Tracking and Follow-Up
 - c) Occupational Health Services
- External Audit Reports:
 - a) External Audit of Financial Statements 2021-22
- Committee Work Programme 2022-23

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17 MAY 2022

DRAFT ACCOUNTABILITY REPORT

The Committee received the Draft Accountability Report which constituted one component of the larger document that makes up the statutory Annual Report, comprising the Performance Report, Accountability Report and Financial Statements. It was noted that the purpose of this element of the Annual Report and Accounts is to meet key accountability requirements set by Parliament. The Draft iteration was submitted to Welsh Government and Audit Wales on Friday 6 May 2022, alongside the Draft Performance Report.

The Committee CONSIDERED the Report and Members were asked to provide any feedback to inform the development of the final draft prior to its presentation to the meeting of the Committee on Monday 13th June 2022.

DRAFT FINANCIAL STATEMENTS

The Committee received the Draft Accounts for 2021-22 to the Committee and noted that the Draft Accounts had been submitted to Welsh Government and Audit Wales and would be subject to a full audit by Audit Wales. The following matters were highlighted for the Committees attention:

- The draft position in relation to Revenue, Capital, and Public Sector Payment Policy (PSPP) was presented;
- The health board has a statutory duty to ensure that its expenditure does not exceed the aggregate funding (Revenue Resource Limit – RRL) allotted to it over the 3 year period. Subject to Audit, the health board has achieved this requirement in 2021/22, and for the proceeding 2 years;
- Welsh Government requires that Health Boards pay their trade creditors in accordance with the CBI Prompt Payment Code (PSPP) and Government Accounting Rules. The financial Target is to pay 95% of these non NHS invoices (number not financial value) within 30 days of delivery. The health board performance at 87.5% did not meet the target of 95% for the number of non NHS creditors paid within 30 days. This will be a key area of focus in 2022-23;
- There were two property purchases (Llanwrtyd Health Centre and Land Adjoining Machynlleth Hospital) and no property disposals during 2021/22. The Capital Programme added £15.926m to the asset base during 2021/22;
- As of 31st March 2022, the Pensions Provision relating to previous organisations staff had been fully discharged with the support of Welsh Government; and

- A new provision in year was created for 2019-20 Scheme pays. At the date of draft submission of the accounts, there was evidence of take-up of the scheme by two health board clinical staff with an estimated financial impact of £0.047M. The communicated view of the Auditor General for Wales is that any provision included within NHS Wales bodies accounts for the cost of Scheme Pays will constitute irregular expenditure and lead to a qualification of the health board's accounts, with the qualification being in respect of the regularity opinion. This is a national issue that will affect all NHS Wales Organisations and Welsh Government Accounts for any provisions held in this regard. It was noted that the Health Board had followed National Policy in its actions and that NHS England had a different External Audit view. Discussions remained underway at national level in this regard.

The Committee CONSIDERED the Draft Accounts and Members were asked to provide any further feedback prior to presentation of the Final Accounts to the meeting of the Committee due to be held Monday 13th June 2022.

DRAFT HEAD OF INTERNAL AUDIT OPINION 2021-22

The Committee received the item and noted that in accordance with the Public Sector Internal Audit Standards (PSIAS), the Head of Internal Audit (HIA) is required to provide an annual opinion, based upon, and limited to the work performed on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. This was achieved through delivery of an audit plan that has been focused on key strategic and operational risk areas and known improvement opportunities. The 2021-22 plan was formally approved by the Audit, Risk and Assurance Committee at its March 21 meeting.

The draft Annual Report set out the draft HIA Opinion together with the summarised results of the internal audit work performed during the year. The report also included a summary of audit performance and an assessment of conformance with the Public Sector Internal Audit Standards. It was noted that the final HIA Opinion would be presented to the Committee in June 2022, this was due to a number of reports which remained in draft at the time of reporting.

The Committee DISCUSSED and NOTED the Draft Head of Internal Audit Opinion and Annual Report 2021/22.

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ENQUIRIES OF MANAGEMENT AND THOSE CHARGED WITH GOVERNANCE

The Committee received the proposed response to the Audit Enquiries Letter 2021-22 for scrutiny and comments.

The Committee NOTED the proposed the response.

13 JUNE 2022

COMMITTEE ACTION LOG

The Committee RECEIVED and NOTED the Committee Action Log.

ANNUAL REPORT AND ACCOUNTS 2021-22, INCLUDING LETTER OF REPRESENTATION

The Committee RECEIVED the Annual Report and Accounts 2021-22. It was noted that the draft sections had been reviewed by the Executive Committee, Delivery and Performance Committee and Audit, Risk and Assurance Committee and that the Annual Accounts had been audited by Audit Wales. The Committee was requested to consider the Annual Report and Accounts for recommendation for submission to the Board for formal approval on 14th June 2022 and submitted to Welsh Government on 15th June 2022, in-line with HM Treasury Requirements.

The Committee confirmed that a RECOMMENDATION would be made for formal approval of the Annual Report and Accounts 2021-22, including the letter of representation at the PTHB Board on 14th June 2022. Committee Members and those in attendance wished to express their thanks to the External Audit team for the ongoing support with the financial audit work undertaken on the accounts.

APPLICATION FOR SINGLE TENDER WAIVERS (STWs)

The Committee considered the previously circulated report which sought the Committee's ratification of the five applications for single tender waiver received during the period of 1 April 2022 and 31 May 2022:

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
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POW2122028	Quote	Network of Staff Supporters	Counselling Services for Staff	Extension of previously tendered contract as interim measure while formal procurement is undertaken	13/04/2022	£14,027	2 Months	Prospective	A1
POW2122027	Tender	Kaleidoscope	Substance Misuse Prescribing Services	Extension of existing contract whilst procurement process undertaken	13/04/2022	£133,595	5 months	Prospective	A2
POW2122025	Quote	My Dentist	Continuation of Emergency Out of Hours Dental Service for Newtown and Llandrindod areas	Extension of existing contract whilst procurement process undertaken	06/04/2022	£19,153	3 months	Prospective	A3
POW2122022	Tender	Brecon Mind	9 month Continuation out of hours service for Mental Health for South Powys	Sole Supplier continuation of previous pilot funded by PTHB	06/04/2022	£47,570	9 Months	Prospective	A4
POW2122021	Tender	Ponthafren Association	9 month Continuation out of hours service for Mental Health for North Powys	Sole Supplier continuation of previous pilot not funded by PTHB	06/04/2022	£18,319	9 Months	Prospective	A5

The Committee RATIFIED the approval of the STW.

HEAD OF INTERNAL AUDIT OPINION 2021-22

The Committee received the item noted that the Draft HIA Opinion had been presented to the Committee in May 2022 and drew attention to a number of

reports which remained in draft at the time of reporting, it was confirmed that the majority of these reports were not complete.

The Committee NOTED the 'Reasonable Assurance' rating provided for 2021-22 and the Chief Executive and Committee Chair expressed their thanks to the Head of Internal Audit and internal audit colleagues for their ongoing work and support. The Committee CONSIDERED and NOTED the Head of Internal Audit Opinion and Annual Report 2021-22.

INTERNAL AUDIT REPORTS:

- a) **Concerns Tracking and Monitoring (Substantial Assurance)**
- b) **Recommendation Tracking and Follow Up (Substantial Assurance)**
- a) **Occupational Health Services (Limited Assurance)**

The Committee RECEIVED and NOTED the Internal Audit Reports

EXTERNAL AUDIT REPORTS:

- a) **External Audit of the Financial Statements 2021-22**

The Committee received the report and it was noted that Audit Wales had provided an audit opinion on the accounts in relation to two separate matters: the truth and fairness of income and expenditure, which had been found to be satisfactory and the regularity of expenditure, for which a 'qualified' opinion has been provided with regard to the regularity of 'Scheme Pays' expenditure for clinicians.

The Audit Manager assured the Committee that the qualification was in respect of a Ministerial Direction issued in December 2019, therefore any NHS organisation in Wales with the expenditure within their accounts will receive a qualified opinion. It was also reported that there had been an uncorrected misstatement in relation to indexation of land and building assets (£999,000), this was due to an updated All Wales indexation from the District Valuer in late March 2022 for which the accounts had not been updated. It was again noted that this was an issue across Wales.

The Committee welcomed the report and expressed their thanks the Audit Wales colleagues for their support and contribution.

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COMMITTEE WORK PROGRAMME 2022-23

The Committee RECEIVED and NOTED the Committee Work Programme 2022/23.

ITEMS FOR ESCALATION TO THE BOARD

There were no matters for escalation to the Board.

NEXT MEETING

The next meeting of Audit, Risk and Assurance Committee will be held on 27 September 2022.

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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board



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NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Reporting Committee:	Delivery & Performance Committee
Committee Chair	Mark Taylor
Date of last meeting:	23 June 2022
Paper prepared by:	Interim Corporate Governance Business Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The last meeting of the Delivery and Performance Committee took place on 23 June 2022.

The Board is asked to note that the following matters were discussed at Delivery & Performance Committee on 23 June 2022:

- Performance Overview: a) Performance Dashboard and b) Commissioning Assurance
- Financial Performance: Month 2 Financial Position.
- Digital First Update
- Capital Pipeline Overview 2021-2022: a) Machynlleth Project b) Brecon Carpark Update c) Llandrindod Project
- Update on the Implementation of Value-based healthcare approach
- Out of Hours Update
- Committee based Risk Register
- Committee Work Programme

The Information governance Improvement Plan was Noted for information at Delivery & Performance Committee on 23 June 2022.

A summary of the key issues discussed at the meeting is provided below.

Thursday 23 June 2022

COMMITTEE ACTION LOG

The Committee received and noted the Committee Action log.



PERFORMANCE OVERVIEW.

The Committee received the report and provided an overview of the validated performance update, which contained a high-level summary of COVID infection rates, vaccination progress, and an update set against the revised 2021/2022 National Outcomes and Delivery Frameworks four aims. This is inclusive of their measures, including a subsection of Ministerial Measures showing performance, and including set trajectories for 2022/23. Over the next 12 months it was reported that over 100 combined indicators are expected. The data will be collated, analysed and presented to the Delivery and Performance Committee for oversight.

PERFORMANCE DASHBOARD

It was reported that the data provided within the dashboards is of month 2, however it was noted that some measures have significant delays in reporting due to national collection processes. Nationally validated Referral Treatment Time (RTT) performance data will be available ahead of the Board meeting in July 2022.

The Committee were advised that the health board remains focused on reviewing and improving performance reporting both to service leads and formal report forums. As part of the review this main performance report continues to evolve with the aim of producing and supplying more insightful information.

COMMISSIONING ASSURANCE

The Commissioning Assurance report provided focus to the Framework which is under review to ensure its purpose, function and content is providing a more meaningful overall assessment. It was advised that this is particularly important as the NHS recovers from the Covid 19 pandemic and many more performance indicators have been introduced as part of the new Welsh Health Minister's oversight measures. Committee members were advised that more focus will be given on a data driven assessment supplemented by a wider range of qualitative and patient experience measures.

The Committee DISCUSSED and NOTED the Performance Overview to include; Performance Dashboard and Commissioning Assurance Framework.

FINANCIAL PERFORMANCE OVERVIEW:



MONTH 2 FINANCIAL POSITION

The Committee received the Month 2 Financial position which is part of the Integrated Medium-Term Plan (IMTP). It was highlighted that a balance plan has been implemented amongst various challenges such as the delivery of £4.6m cash releasing/reduction savings target and the management of mitigating actions in order to control all operational pressures including CHC and variable pay.

Committee members were made aware that focused working groups have been implemented for each of the above areas reporting through to Delivery and Performance Committee.

Immediate action is required regarding identification and delivery of cash releasing savings schemes totalling £4.6m and to identify exit strategies for the current COVID response cost drivers. Both of which will be supported by a return to monthly performance reviews with a focus on scrutiny and delivery.

The committee DISCUSSED and NOTED the Month 02 2022/2023 financial position.

- NOTED and APPROVED the Covid-19 Report position.
- NOTED the underlying financial position and draft financial plan for 2022/23.

DIGITAL FIRST UPDATE

The Committee received a detailed overview of the progress and performance across the Digital Transformation team in addition to the delivery against the Digital First plan for 2022-2023.

It was highlighted that a draft Digital Framework has been developed for consultation to align the aims to continue to improve patient care experience and outcomes. It was noted that with a mobile workforce increasing confidence with operating remotely there is the potential for longer term developments in digital delivery.

The consultation will start in June with the aim of presenting the final strategy to Board in September 2022.

It was reported that several cyber security functions have been provided across Powys increasing a level of maturity to align to the NIS Regulations. The WCCIS was reviewed, and a decision was made to go to soft market testing for Powys County Council, although this would not impact Powys as all NHS Wales WCCIS users are on a sperate instance called the NHS Wales Tenant.



The ICT Digital team conducted a Service Desk Survey during April 2022 in order to improve services. Following analysis, common themes were identified, and the team are currently reviewing this to improve this approach.

It was discussed and agreed by Committee members that in order to provide direct assurance in terms of Cyber Security, a specific update around Digital systems would be welcomed at a future committee.

The Committee DISCUSSED the Digital First Update and NOTED the Digital First Plan.

CAPITAL PIPELINE OVERVIEW 2021-2022 MACHYNLLETH, BRECON CAR PARK AND LLANDRINDOD PROJECT UPDATE

The Committee received an overview for 2021/20211 drawing significant focus to the expenditure over the previous financial year in the course of the internal and external pressures during delivery.

Plans are to be developed to support prioritised investment in the current estate reducing backlog maintenance to ensure compliance with core Health and Safety standards for the patient environment.

There are a number of distribution schemes across Powys and positive feedback has been received from Welsh Government and Shared Services in terms of reporting how the discretionary money is being utilised. The Powys model reporting mechanism is now being utilised by Shared services through the Estates Advisory Board across Wales.

The Capital Pipeline Overview for 2021-2022 was DISCUSSED AND NOTED.

UPDATE ON IMPLEMENTATION OF VALUE-BASED HEALTHCARE APPROACH

The Committee were provided with an overview of the implementation of value-based healthcare report which forms a key part of the health board's Integrated Medium-Term Plan. Governance arrangements have been established to embed a value-based healthcare approach in the organisation's operating model and analysis of low value interventions as well as opportunities to improve value through clinical pathways is underway.

It was highlighted that a consistent approach to patient outcomes and patient experience measures is being developed, and with liaison underway to incorporate data for Powys patients treated in England. Committee members were made aware that engagement activities to embed value-based healthcare have commenced and proposals aligned to the health board's priorities have been submitted for additional funding, targeted to support high-value interventions.

The update on Implementation of Value-Based Healthcare Approach was DISCUSSED and NOTED.

RECORDS MANAGEMENT IMPROVEMENT PLAN UPDATE

The Committee received the Records Management Improvement Plan update on the current delivery following the 2019 Internal Audit and outcome of 'No assurance given'. The health board have since developed an action plan to improve this service and additional resources have been agreed to support this going forwards.

Given the pandemic response, the key priority is to develop the business case by August 2022. This requires significant investment which is yet to be made available and therefore may impact the deliverability timeframe, however it was noted that the 6 audit recommendations position deadlines are due in December 2022.

It was reported that significant progress is to be made to meet the overall 100% compliance against the improvement plan. Consideration may need to be given to reinstate records onto the corporate risk register whilst work is underway to progress these areas, this is under constant review and assessment.

The committee NOTED the Records Management Improvement Plan Update.

OUT OF HOURS UPDATE

The Committee were provided with a summary of the performance of Out of Hours service provided in 2021-2022. It was noted that the health board Out of Hours (OOH) Performance Management Group monitors the performance of OOH services for all three providers supporting the Powys service.



The 111 OOH offer to the health board includes call handling and first line triage only. Nationally, 111 continue to have challenges to meet the calls abandoned and answered within 60 seconds. This is due to multiple factors and is being reviewed by the OOH service to implement improvements.

Committee members were made aware that the current Shropdoc contract terminates in June 2022 and following recent Executive approval the Board will be considering the approval to a Direct Award with use of a VEAT notice to extend the Shropdoc contract for a period of 24 Months from 01/07/22 to 30/06/24.

Committee members were advised of the elongated delays for Powys patients access to treatment with Swansea Bay due to cover arrangements and medical cover across community hospitals. It was reported that a national reporting system is currently being developed to improve this and timescales of implementation will be provided outside of the meeting. It was highlighted that a more comprehensive report would be available at a future committee to include the gap data, Quality and safety in line with the Commissioning Assurance Framework. The Out of Hours Update was DISCUSSED and NOTED.

INFORMATION GOVERNANCE TOOLKIT: IMPROVEMENT PLAN

The Information Governance Improvement Plan was NOTED for information.

COMMITTEE BASED RISK REGISTER

The Committee were advised that the report provides a summary of the significant risks to the delivery of the health board's strategic objectives.

It was highlighted that a development session is scheduled for Independent Members to review Risk identification to provide any emissions or development required from the Board's perspective. It was noted that a peer review of the Directorate Risk Registers would be reinstating over the coming weeks to further develop the wider reporting aspect of the Risk Identification.

The Committee Risk Register was DISCUSSED and NOTED.



COMMITTEE WORK PROGRAMME

The Committee were advised that the principles of the Committee Work Programme aim to align to the objectives set against the balance of quality reporting. The programme provides flexibility to respond to risks, issues and escalations as required.

The Committee NOTED the Committee Work Programme.

ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES

The Committee wished to highlight to the Board, the Workforce model issues with Swansea Bay University Health Board regarding the Out of Hours service under item D&P/22/27 to ensure the Board are aware and have oversight of the ongoing issues.

Committee members raised awareness of the need for Committee Chair Collaboration to ensure valuable oversight of performance matters considered at Committee meetings. The uniformity was welcomed to highlight what appropriate mechanism cross over in support of the oversight process. An increased focus action is important due to the membership where Executive Committee leads are present.

Committee members agreed that a Committee Chair's panel would be explored to enable oversight of the performance matters identified.

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 12 September 2022.

Patterson, Liz
27/07/2022 08:29:14



Reporting Committee:	Patient Experience, Quality and Safety Committee
Committee Chair	Kirsty Williams
Date of last meetings:	12 May 2022 and 7 July 2022
Paper prepared by:	Interim Corporate Governance Manager
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	
<p>The last meetings of the new Patient Experience, Quality and Safety Committee took place on 12 May 2022 and 7 July 2022.</p> <p>The Board is asked to note that the following matters were discussed at Patient Experience, Quality and Safety Committee on 12 May 2022:</p> <ul style="list-style-type: none">• CHC Virtual Visit• Quality Performance• Womens and Children's Quality Report• Mental Health Act Compliance and Powers of Discharge Assurance Report• Strategic Objective Report: Quality and Engagement (Wales) Act: Implementation Update• Committee based Risk Register <p>And at the meeting held on 7 July 2022:</p> <ul style="list-style-type: none">• Quality Overview Reporting• Maternity Services• Annual Clinical Audit Programme 2022-23• Clinical Audit Assurance Report• Medicines Management Assurance Paper• Mental Health Act Hospital Managers Power of Discharge Group Terms of Reference and Operating Arrangements• Refreshed Patient Experience Framework• Committee based Risk Register	

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A summary of the key issues discussed at the meetings is provided below.

12 May 2022

COMMITTEE ACTION LOG

The Committee received and discussed the Committee Action Log.

CHC VIRTUAL VISIT

The Committee received the report produced by the CHC regarding Virtual Visits that had taken place supported by colleagues from the health board. A number of positive outcomes were reported along with a number of areas where recommendations for improvement were made. Committee requested sight of the formal response to the CHC.

QUALITY PERFORMANCE

COMMISSIONING ASSURANCE REPORT

The Committee received the report on Commissioning Assurance which included the publication of the Final Ockenden Report on 30 March 2022 following the Independent Review of Maternity Services at Shrewsbury and Telford Hospitals NHS Trust (SaTH). The Cwm Taf Morgannwg University Health Board (CTMUHB) Maternity and Neonates Improvement Programme remains in place. An unannounced inspection of Ty Llidiard (CTMUHB) by Health Inspectorate Wales took place on 4 March 2022.

NATIONALLY REPORTABLE INCIDENTS AND CONCERNS REPORT

The Once for Wales Content Management System had been implemented and work was being undertaken to use the full functionality of the system. Compliance with the 30 day target for Putting Things Right remained below the 75% target. Areas for improvement had been identified. There was a backlog in investigating pressure ulcer incidents, the reason for the backlog would be investigated.



INSPECTIONS AND EXTERNAL BODIES REPORT AND ACTION TRACKING

There were some long standing recommendations which Members queried and requested that timescales be included within the report.

MATERNITY SERVICES ASSURANCE

Maternity services had been under pressure over the winter period and both SaTH and CWMUHB continued to have their own pressures as outlined above. Health Inspectorate Wales recommendations regarding birth environments remained outstanding for Knighton and Machynlleth with the recommendations regarding Llanidloes due to be addressed next. The service was planning a round table event for 31 May 2022 to consider the recommendations from the Ockenden Report. The Maternity Operational Framework had been revised which would aim to synchronise leave and improve the escalation position.

WOMENS AND CHILDREN'S QUALITY REPORT

The Committee received the report which provided a summary of patient experiences and concerns during quarter 3 and 4 2021/22.

MENTAL HEALTH ACT COMPLIANCE AND POWERS OF DISCHARGE ASSURANCE REPORT

The Committee received assurance that the health board were compliant with legal duties under the Mental Health Act 1983.

STRATEGIC OBJECTIVE REPORT: QUALITY AND ENGAGEMENT (WALES) ACT: IMPLEMENTATION UPDATE

The Director of Nursing outlined the progress made ahead of implementation of the Act. A Board Development session would be arranged to brief all Board Members on this item.

COMMITTEE RISK REGISTER

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The Committee received the Committee Risk Register and noted that a Board Development session would be arranged on item.

7 July 2022

COMMITTEE ACTION LOG

The Committee received and discussed the Committee Action Log. There were a number of items outstanding, and Directors undertook to review and clear as many items as possible ahead of the next meeting

QUALITY OVERVIEW REPORT

A Learning from an Incident event had been held which was a new way of learning in the health board. Colleagues were apprehensive to take part in this but found it a positive experience and were preparing a short staff video describing the learning event and its impact which would be shared at the next Committee.

Updates were received on the implementation of the national nosocomial framework; a review of the Putting Things Right Framework; Concerns; Public Service Ombudsman for Wales Complaints; Incident Management; Early Warning Notifications and Patient Experience.

In relation to Pressure Ulcers (see Chair's report from previous meeting) the reason for the backlog had been identified as including a number of incomplete investigation and changes to the recording system which required manual processing.

The position in respect of Health and Social Care Inspections Regulatory Recommendations was reported.

The following key risks were identified:

timely investigation of incidents



- implementation of a quality dashboard to ensure robust reporting and assurance to Board and Committee
- a continued trajectory of improvement is required for management of the 30 working day response to Putting Things Right matters

MATERNITY SERVICES

The Director of Nursing and Midwifery presented the report outlining three areas of work that had been undertaken since the last report to Committee.

There had been a requirement to complete a Maternity and Neonatal Assessment, Assurance and Exception Review and return to Welsh Government. This had taken place at a multi-disciplinary session on 31 May 2022. The findings which were outlined within the report would be used to inform national priorities but were also of use to the health board.

That there had been three Nationally Reportable Incidents submitted to the Delivery Unit between February and May 2022. For each incident an Investigative Officer has been appointed. One incident will be subject to an external review and the other two investigations may also be subject to an external review. As Lead Officer the Director of Nursing and Midwifery has instigated fortnightly meetings to monitor the three incidents and as findings become apparent measures are immediately put in place. Issues of concern include an increase in women making choices outside criteria and interim arrangements are in place to strengthen links with relevant support. A further issue relates to the recording of data in relation detecting small for gestational age babies some of which was historically recorded by DGH obstetric services. Arrangements have been put in place to ensure the input of all data for Powys births to enable a Powys specific assurance report.

The Maternity Governance Review was put in place as a result of a cluster of formal concerns regarding care in labour or subsequent transfer from Maternity Services and examined the incident management across the service and process for dealing with open concerns and management. As a result of the review the Director of Nursing and Midwifery has placed the service in escalation and receives a weekly report including feedback on incidents and identification of any women close to their due date who are opting to act outside guidelines.



ANNUAL CLINICAL AUDIT PROGRAMME 2022-23

The Clinical Audit Programme was presented by the Medical Director who outlined that the links between clinical audit and other quality improvement activities had been strengthened. Members expressed concern there was capacity to undertake all the work identified and that there were items included which could reasonably be expected to be business as usual. It was acknowledged that there were a large number of audits identified and that focus would be given to those identified as most important.

CLINICAL AUDIT ASSURANCE REPORT

The Clinical Audit Assurance Report was presented noting that of the 92 audits planned for 2021-22 55 had been completed. The remaining planned audits had been risk assessed to ensure that any important areas were not missed.

MEDICINES MANAGEMENT ASSURANCE PAPER

The Committee received an update from the Chief Pharmacist on activity relating to the medicines management and pharmacy agenda. The key achievements of 2021/22 were outlined, and the following challenges identified: covid-19; recruitment and workforce; policies; safe and secure storage of medicines; implementation of self-administration on hospital wards; antimicrobial stewardship; medicines management support to mental health services; electronic prescribing and medicines administration; training and care homes.



MENTAL HEALTH ACT HOSPITAL MANAGERS POWER OF DISCHARGE GROUP TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

The Mental Health Act Hospital Managers Power of Discharge Group (PODG) last met in December 2021. The PODG is Chaired by the Chair of the Patient Experience, Quality and Safety Committee and will next meeting on 26 July 2022. Between meetings of the PODG activity has continued including training, a Hospital Managers Conference which took place in May 2022 and a Clinicians meeting on the Power of Discharge in July 2022. The PODG will report regularly to the Committee.

REFRESHED PATIENT EXPERIENCE FRAMEWORK

This paper was not available and would be brought to the next meeting of the Committee.

COMMITTEE RISK REGISTER

Work had commenced on further developing the Risk Register and an opportunity would be made available for the Committee to discuss this in detail at a future meeting

WORK PROGRAMME

The Committee Work Programme was presented which outlined the activity the Committee would focus on for the remainder of the 2022-23 year. A degree of flexibility regarding agenda items to respond to events was to be expected.

ITEMS TO BE ESCALATED TO THE BOARD



Maternity Services – for detail of this item see page 5 of this report. The report of the Director of Nursing and Midwifery which was presented at the Patient Experience, Quality and Safety Committee 7 July 2022 is attached at **ANNEX 1.**

NEXT MEETING

The next meeting of the Patient Experience, Quality and Safety Committee will be held on 13 September 2022.

Patterson, Liz
27/07/2022 08:29:14



Agenda Item: 2.1a

Patient Experience and Quality Committee		Date of Meeting: 7 July 2022
Subject:	Maternity Assurance Paper	
Approved by:	Claire Roche, Executive Director of Nursing and Midwifery Louise Turner, Assistant Director for Women and Children's services	
Prepared and presented by:	Julie Richards, Head of Midwifery and Sexual Health Claire Roche, Director of Nursing and Midwifery	
Other Committees and meetings considered at:	Women and Children's Senior Leadership meeting 14 th July 2022 Midwifery Management and Leadership 7 th June 2022	

PURPOSE:

The purpose of this paper is to provide the Patient Experience, Quality and Safety Committee with an update on quality assurance matters in Maternity Services in Powys. The focus of this paper will be to inform the Committee of:

- 1.The requirement to complete a Maternity and Neonatal Assessment, Assurance and Exception review as requested by Welsh Government and our subsequent return.
- 2.Recent Nationally Reportable Incidents submitted to the Delivery Unit and the current governance arrangements implemented as a consequence.
- 3.Outcomes of a governance review in Maternity Services in PTHB and the actions taken for improvement

RECOMMENDATION:

The Patient Experience, Quality and Safety Committee is asked to DISCUSS the report.

Approval/Ratification/Decision

Discussion

Information

ANNEX 1

	✓	✓
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THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVES AND HEALTH AND CARE STANDARDS:

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	✓

EXECUTIVE SUMMARY:

This paper provides the Executive Committee with a position in terms of the maternity and neonatal assessment, assurance and exception tool (see appendix 1) which has been developed to support health boards in Wales to assess their current position against the recommendations made within recently published reviews, reports and audit documents. The tool has been used to assess compliance with the recommendations and exception report to enable the identification of action plans for those recommendations which are **AMBER** and **RED** (appendix 2).

A letter from Chief Nursing Officer on 13th May 2022 introduced the assessment, assurance and exception tool along with the outline for the planned oversight arrangements and performance monitoring for Maternity and Neonatal services in Wales. The update for Maternity and Neonatal performance will be aligning with the current architecture for assurance and performance related to Maternity. This oversight and monitoring to be included into the IQPD meetings, JET meetings and Quality Delivery Board.

The paper also provides an overview for Recent Nationally Reportable Incidents submitted to the Delivery Unit, the current governance arrangements implemented as a consequence and outcomes of a governance review in Maternity Services in PTHB and the actions taken for improvement.

DETAILED BACKGROUND AND ASSESSMENT:

1. Maternity and Neonatal Assessment, Assurance and Exception review

PTHB have undertaken a roundtable internal review of the Maternity and Neonatal Assessment, Assurance and Exception tool. A multi-disciplinary roundtable meeting was held on the 30th May 2022 which enabled a robust self-assessment within the Health Board. The population of the tool enabled the Health Board to identify areas deemed as amber or red following our assessment. Appendix 1 summarises PTHB current position for **AMBER** and **RED**, future actions and mitigation.

A Maternity and Neonatal Network national assurance workshop will be held on the 7 July which will enable all Health Boards to share their self-assessments and related learning to inform national priorities and future direction. The PTHB midwifery team will be attending along with workforce and public health colleagues. PTHB is then planning attendance for the 6 September National Safety Summit to participate in the national conversation embracing feedback from the IMSOP intervention programme and the important learning and improvements delivered subsequently. To summarise the recommendations for **AMBER** and **RED** mitigation and consideration;

1.1 Governance – 28 recommendations

Green – 20	Amber – 2	Red - 2	Not applicable - 4
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Whilst there are processes in place for data collection and accuracy checking, clinical validation and monitoring of clinical practice and outcomes for Maternity Data captured through multiple sources WPAS and IFOR, CHKS and all Wales Child Health. Public Health Indicators reported through Office for National Statistics which poses challenges to obtain accurate data for the Powys population caseload. Data reported and reviewed through annual Welsh Government Maternity and Neonatal Performance Board but needs to review / validate from a numerous numbers of data sources. The implementation of Digital Maternity Cymru (DMC) will improve the assurance around data collection, accuracy. The DMC project is awaiting Welsh Government funding / approval by which is expected September 2022 and will include a Digital Midwife to support implementation.

Powys does not have a lead midwife for fetal surveillance. The clinical supervisor for midwives and consultant midwife are linked in with the All Wales fetal monitoring group. The consultant midwife is part of a working group looking at All Wales intrapartum fetal surveillance standards and to ensure there is adequate clarification around the standardisation and requirement for training in IA. All midwives complete the Oxford IIA e-learning package currently. The 2022-2023 cycle of midwifery updates includes a 1-hour session on fetal surveillance with a section on fetal physiology. Powys has an action plan for fetal surveillance actions

ANNEX 1

as a result of the Welsh Risk Pool audit on fetal surveillance. Potential HEIW funding will assist in the appointment of Practice Educator Facilitator which will ensure a dedicated fetal surveillance lead

Local investigations are completed for all NRI's in line with Welsh Government framework. Key learning informs annual Midwifery Updates. It is planned to highlight that the all Wales Maternity and Neonatal Safety workshop in regards to the benefits for significant learning across Wales which the assessment tool has highlighted the need to strengthen. Process are being considered through all Wales Maternity and Neonatal network task and finish group for all Wales approach for Maternity and Neonatal Serious Incidents

Regional integration of maternal mental health services should be considered as part of NHS Collaborative for all Wales Perinatal Health standards / provision. Powys Perinatal Mental Steering workplan working towards integrated Maternal Mental Health services. Locally Powys is building Perinatal Mental Health service which is linked to Tertiary Mental Health services.

1. 2. Family Centred Care – 10 Recommendations

Green – 7	Amber – 3	Red - 0	Not applicable - 0
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Service users raising concerns are promptly contacted for engagement from the outset of a complaints process. Links with Quality and Safety team to ensure responses are caring and transparent. The W&C Governance lead is linking Quality and Safety team to review service user involvement in complaints process and build on existing Powys MPVP frameworks. The Start Well Children and Young People's partnership pathfinder project is ideally placed for a framework for Family Integrated Care which is in it's infancy through the early years agenda. The peer support networks for families when using and after discharge from the neonatal services are informal and varied dependant of the Health Board / Cross Border neonatal services. There would be opportunity to develop / strengthen as part of all Wales MatNeo Safety Support Programme.

3. Skilled Multi Professional Teams – 16 Recommendations

Green – 10	Amber – 2	Red - 0	Not applicable - 4
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All specialist roles current access peer support via relevant all Wales and local forums appropriate to their specialist roles. Each postholder will also access Clinical Supervision and line management support for objective setting for their roles. WoD will support the development of the principles a peer review / clinical supervision for those working in specialist services. This development will be line with PTHB process for peer review and clinical supervision those working in specialist services.

ANNEX 1

Band 7 competency tool in development to include mentorship in their Band 7 role and Band 7 to be supported with protected time. WoD colleagues have been working with Assistant Head of Midwifery to development Band 7 clinical development programme (June 2022). The programme will include a lens of quality and safety processes and operational team leader skills for out of hours Bronze level acuity and escalation management. The programme will be undertaken by all Band 7 roles and offer development with a mentor for those recently new to their Band 7 role.

4.Continuity of Care– 1 Recommendation

Green – 1	Amber – 0	Red - 0	Not applicable - 0
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Powys model for Continuity of Care was implemented in June 2021 to improve Named Midwife continuity. There has been positive DGH engagement in progress with two Health Boards to increase and improve Continuity from a Named Obstetrician perspective which will be piloted as a quality improvement project alongside the virtual consultations. Some DGH Obstetricians also provide continuity pathways for Women with Medical conditions

5.Sustainable services and workforce planning– 16 Recommendations

Green – 5	Amber – 7	Red - 0	Not applicable – 4
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Strategy needs to be developed around the RCM Midwifery leadership manifesto for succession planning and rotational roles for wider Wales exposure. Offer for staff to have exposure to other specialist roles outside of Powys. Succession Planning consideration for key Senior Midwifery roles with consideration for Director for Midwifery and Women's Health services, Deputy Head of Midwifery and Consultant Midwife development post

The Specialist service recommendations were scored Amber based on their fragility of service with the need to be consider what is needed as an integrated public health perspective and the short term funding of some of the project work such as Healthier Lifestyles roles and Research midwife 0.2 wte in place with short term funding until July 2023. It would be expected to build service capacity for further innovation and research for Maternity and Neonatal services through the awaited Welsh Government funding for implementation of MatNeo SSP champions to support improvement Cymru innovations.

2. Maternity National Reportable Incidents (NRI's)

There have recent been 3 NRI's reported in relation to Maternity services. These incidents occurred between February to May 2022. A fortnightly Maternity NRI monitoring meeting has been established to ensure these NRI's are being progressed in regards to quality, timely and effective investigation process. The

NRI meeting is chaired by Executive Director of Nursing and Midwifery to maintain an overview which includes a focus on ensuring staff support, engagement with families and responding to any emerging make safe actions.

The initial review work has highlighted an increase in women making choices outside criteria which are drawn up into Clinical Information Sharing (CIS) plans. Interim operating principles are currently being developed to strengthen the links into relevant support such as Obstetric or Neonatal review and escalation to Quality and Safety or Executive level where appropriate. The current complexity of CIS plans are regularly being reviewed by Consultant Midwife and Assistant Head of Midwifery to consider any additional out of hours support and be clear on a point of contact for escalated clinical advice. A make safe message has been shared with the clinical services in regard to robust recordkeeping.

The incidents have highlighted specific actions for GaP and Grow compliance for the detection of Small for Gestational Age (SGA) babies. A recent review of Powys data document demonstrates that for 2021/22, of the expected 1250 births (actual charts produced 1267), only 428 birth data was entered into the system. As this is only a third of the births, we are unable to draw any conclusion as to our detection rates of SGA babies. The trend of only submitting a third of births appears to be continuing into 2022/23. Historically the other two thirds of the data have been captured via DGH obstetric services. Corrective actions have been identified to ensure data entry for all Powys births and the entry of SGA data via the Maternity Day Assessment Unit will enable a Powys specific assurance report. An interim Clinical Lead has been identified to progress immediate actions for the outstanding data to be inputted into the Perinatal Institute system and clear Powys flowchart of managing GAP and GROW.

3. Maternity Governance Review

A governance overview for Women and Children's services was requested by the Director of Nursing and Midwifery. The trigger for the review was a cluster of formal concerns regarding care in labour or subsequent transfer from Maternity services. The scope of the review was to assess the governance processes for the:

- Incident management across the service
- Process for dealing with open concerns and management

The recommendations from the review include:

- 1) *ensuring that there is a clear pathways are in place for weekly review and investigations of all transfers of care, including outcomes.*

The existing Women and Children's Incident review list is being updated to ensure clear categories for reporting to support thematic trends and learning. The incident list is also defining appropriate level of review in regard to the use of Root Cause Analysis, timelines and SBAR as well as consideration to MDT approaches for incident review. Agreed templates from the Quality and Safety

ANNEX 1

team have been approved at W&C Quality Assurance and Learning forum for immediate implementation. Training and development of staff is being considered with staff members planning to attend Psychological Safety and Human Factors training to widen their knowledge and learning culture.

2) *recommended the review of the learning framework to provide assurance and ongoing improvement.*

A Maternity Quality and Safety Improvement programme of work has been established with specific workstreams to quality and safety processes, training, knowledge and skills for the Quality and Safety agenda and ensure actions against emerging themes and make safe actions.

Summary

In response to the identification of Nationally reportable incidents and the improvements required following the governance review, an extraordinary assurance meeting has been established.

The Extraordinary Maternity Assurance Forum will meet weekly and will be chaired by the Deputy Director of Nursing. The programme of work reports to Executive Director of Nursing and Midwifery and focuses on outcomes of mothers and babies in the previous week, identification of any incident that requires review and reporting, in addition to assessing potential risks and high risk care plans for women choosing to birth outside of criteria.

Next Steps

- Maintain oversight of Maternity NRIs and targeted work through Maternity Quality and Safety programme of work
- Review Powys Maternity Improvement Plan following national events in July and September for actions for AMBER and RED recommendations
- Fully engage with the Welsh Government's Maternity and Neonatal Safety Support Improvement Programme
- Continued development of the Powys Maternity and Neonatal Improvement Plan during 2022
- Maintain oversight and escalation of commissioned services through the Commissioning Assurance Framework (CAF), to include increased scrutiny of neonatal services
- Continue to develop and embed governance and maintain reporting arrangements

Patterson, Liz
27/07/2022 08:29:14



Reporting Committee:	Workforce and Culture Committee
Committee Chair	Ian Phillips
Date of last meeting:	31 May 2022
Paper prepared by:	Interim Head of Corporate Governance
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	
<p>The Board is asked to note that the following matters were discussed at Workforce and Culture Committee which took place on 31 May 2022:</p> <ul style="list-style-type: none">• Welsh Language Standards Monitoring Report• Equalities, Diversity and Inclusion Monitoring Report• Workforce Performance Report• Workforce Futures Strategic Update (Carers and Volunteers)• Implementation of Agile Working and New Ways of Working• Staff Wellbeing Overview (Occupational Health and Update on Staff Survey)• Committee based risks on the Corporate Risk Register <p>A summary of the key issues discussed at the meeting is provided below.</p> <p style="text-align: center;">----- 31 May 2022 -----</p> <p>WELSH LANGUAGE STANDARDS MONITORING REPORT</p> <p>EQUALITIES, DIVERSITY, AND INCLUSION MONITORING REPORT</p> <p>The committee received both reports which had previously been considered at Executive Committee. The encouragement of the Service Manager – Welsh Language to support the advertisement of posts as Welsh Essential where appropriate was welcomed, including where gaps had been identified, for example posts in administration or on the switch board.</p>	

The Committee NOTED both reports and recommended both reports to Board for approval subject to amendments identified at Executive Committee.

WORKFORCE PERFORMANCE REPORT

The Committee received an update on key performance indicators across the organisation. Attention was drawn to the increase in use of fixed term contracts, particularly in relation to mass vaccination, test trace and protect and renewal activity. Staff retention was a particular issue at present with a need to be flexible in the contracts available. Two overseas nurses recruited as part of a national campaign were due to start in Powys imminently.

The Committee DISCUSSED and NOTED the Workforce Performance Report.

WORKFORCE FUTURES STRATEGIC FRAMEWORK UPDATE, (CARERS AND VOLUNTEERS)

The Committee received a presentation outlining the joint work that was being undertaken with the Powys Association of Voluntary Organisations (PAVO) on the School of Volunteers and carers in the Health and Care Academy. Volunteers are being reintroduced to clinical and care settings since the pandemic, the time bank project 'Time for Us' was outlined along with the learning offer to carers and care leavers. The Powys Balance Programme had commenced with an April Retreat at the Bronllys campus.

The Committee DISCUSSED and NOTED the Workforce Futures Strategic Framework Update.

IMPLEMENTATION OF AGILE WORKING AND NEW WAYS OF WORKING

The Committee received a presentation on Agile Working outlining that Agile Working could be mobile, flexible or fixed and did not just mean working from home. National discussions were ongoing on agile working which health board colleagues are represented at. A staff survey had been undertaken to ascertain the extent that staff were working in an agile way which included confirmation that a workstation assessment had been undertaken, the workstation was secure, and that home

broadband was reliable. The ability of the organisation to provide agile workspace is limited by its estate but is intended to provide hot desks and breakout space to support agile working.

STAFF WELLBEING OVERVIEW (OCCUPATIONAL HEALTH AND UPDATE ON STAFF SURVEY)

A report was presented which outlined high levels of staff engagement in the 2020 national survey (the highest in Wales) and improving wellbeing in the 2021 internal survey.

The Staff Wellbeing Overview Report was NOTED.

COMMITTEE BASED RISKS ON THE CORPORATE RISK REGISTER

Committee heard the Risk Register was currently under review and may look different on completion of the review.

The Committee CONSIDERED the Corporate Risk Register.

ANY OTHER URGENT BUSINESS

There was no urgent business.

NEXT MEETING

The next meeting of the Workforce and Culture Committee will be held on 20 September 2022.

Patterson, Liz
27/07/2022 08:29:14

Reporting Committee:	Charitable Funds Committee
Committee Chair	Vivienne Harpwood
Date of meeting:	14 June 2022
Paper prepared by:	Charity Manager

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The confirmed minutes of the previous meetings of the Charitable Funds Committee held on 01 December 2021 and 26 April 2022 can be found on the PTHB website via the following link: [Charitable Funds Committee - Powys Teaching Health Board \(nhs.wales\)](https://www.nhs.uk/charitable-funds-committee-powys-teaching-health-board).

The Charitable Funds Committee met on 14 June 2022 and was chaired by Vivienne Harpwood.

At the meeting on 14 June, the matters discussed were:

- Applications to Powys General Purposes Funds (for approval)
- Grant application from the Charity to NHS Charities Together
- Expenditure profile under delegated authority (for ratification)
- Schedule of additional Charitable Funds Committee decision making meetings
- Charity activity report
- Charitable Funds financial summary report
- Investment Manager's report and presentation
- Project evaluation reports
- Follow document: Governance/Funding decision making

Applications to Powys General Purposes Funds (for approval)

The Committee APPROVED the following bids which had been approved by the Charitable Funds Committee:

- Easy read copy training - £630

This project will provide funding for five staff places on a training course to produce EasyRead materials. These materials are produced to support individuals with learning disabilities, as well as those who are deaf or where English/Welsh is not their first language.

- Tree Nursery and Wildflower Programme - £1,800

This programme will be implemented across all PTHB hospital sites and create pollinator friendly and biodiversity rich areas of wildflowers. It will also support the ongoing tree nursery programme. The project has been designed as part of the PTHB biodiversity plan and ongoing seed harvesting plan is planned as part of the PTHB Green Bees group activities. The funding will provide an automated watering system, seeds and signage.

Grant Application from the Charity to NHS Charities Together

The Committee DISCUSSED and RATIFIED the grant application from the Charity to NHS Charities Together.

NHS Charities Together had ringfenced £55,000 of funding for the Charity to utilise in Powys for organisational recovery and resilience related to COVID, which required an application to access. The proposal for the funding is to provide a two-year Band 7 post to project manager the delivery of a project across PTHB services. The proposed project will be the delivery of team-based working training to all services across PTHB managed by the OD team in collaboration with the Charity.

Expenditure Profile Under Delegated Authority since the last meeting (for Ratification)

The Committee RECEIVED the expenditure approved under the £10k delegated authority limit between September 2021 and March 2022, which amounted to £6,000.

The Committee RATIFIED the expenditure.

Scheduling of additional charitable funds committee decision making meetings

The Committee RECEIVED a proposal for additional meetings of the Charitable Funds Committee to take place in-between the scheduled quarterly meetings. These meetings would be brief (30-minute) meetings reserved for approving any time-sensitive or critical proposals.

The proposal for additional Charitable Funds meetings was APPROVED subject to:

- A trial period being put in place with the intention to review the process at a later date.
- And a clear definition of 'time critical' proposals for the Committee.

The following Items were presented for Discussion:

- **Charity Activity & Income Report**

The Charity Manager presented the report to the Committee and highlighted the key activities for the Charity. These activities included fundraising and key donations, ongoing projects and partnerships, communications and campaigns and a social media report.

The Committee RECEIVED the report.

- **Charitable Funds Financial Summary**

The Committee RECEIVED the Financial Summary Report for the period 1st April 2021 to 31st March 2022. It was noted that Charity income is higher than expenditure, which is a result of the Charity receiving a legacy donation of just under £360,000 for Welshpool Hospital general purposes in 2021.

The following Items were presented for Information:

- **Investment Manager's Update Report and Presentation**

The Committee RECEIVED the investment report and presentation from Brewin Dolphin which covers the period of 1st April 2021 – 31st March 2022. The portfolio has achieved an income target of £110k for the financial year (21/22) vs a £99k target and Brewin Dolphin is forecasting income of £109k for the present financial year (22/23) against a target of £105k.

- **Project Evaluation Updates**

The Committee RECEIVED the new project evaluations for the period and NOTED the improved formatting and presentation.

- **Follow document: Governance/Funding decision making**

The Committee RECEIVED a paper which outlined the funding approval process and delegated authority levels for approval of Charitable Funds proposals.

ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD

- **NHS Big Tea 2022**

The Big Tea is an annual celebration to coincide with the NHS Birthday in July each year. The campaign is led by NHS Charities Together with a view to utilising it as a platform to raise awareness and funds for NHS charities. Planning for this year's Big Tea events in Powys began in April with promotion between May-July to find hosts and attendees across the Health Board's hospital sites. While the Big Tea events will officially launch on the 5th July this year, they will continue throughout the month to provide more flexibility and opportunities for people to take part, hence an extended campaign from the Charity to promote it.

- **NHS Charities Together application for £55k**

NHS Charities Together had ringfenced £55,000 of funding for the Charity to utilise in Powys for organisational recovery and resilience related to COVID, which required an application to access.

The proposal for the funding is to provide a two-year Band 7 post to project manager the delivery of a project across PTHB services. The proposed project will be the delivery of team-based working training. This training was developed as an open resource by University College Dublin. It is a team-based working toolkit which will help to embed the work and develop excellence in leadership and across all PTHB service areas to support teams to become more resilient to the impacts of the pandemic.

This application was supported by the Executive Committee on the 4th May and came to the Charitable Funds Committee for ratification. The outcome of the bid is anticipated between July – September.

- **Additional Charitable Funds Committee decision making meetings**

This proposal for scheduling additional meetings of the Charitable Funds Committee will see additional decision-making meetings take place in-between the currently scheduled quarterly meetings.

These meetings will be brief (30-minute) meetings reserved for approving any time-sensitive or critical proposals and will only proceed if necessary. The meetings will help to avoid potentially lengthy delays for time sensitive projects and will allow the Charity team to avoid standing up additional meetings at short notice. The meetings will be trialled during the current financial year and it is hoped that they will help the Committee to support more projects and proposals throughout the year.

- **Corporate Partners**

In December, The Original Factory Shop in Machynlleth made the decision to nominate PTHB Charity as their official charity partner. This makes them the first corporate partner and donations made in store and via purchases will help to support their local hospital. Since then, the Charity has also received donations from The Prints of Wales local business.

NEXT MEETING

15th September 2022, 10:00AM

AGENDA ITEM: 3.6b

BOARD MEETING		DATE OF MEETING: 27 JULY 2022	
Subject :	SUMMARY OF JOINT COMMITTEE ACTIVITY		
Approved and Presented by:	Carol Shillabeer, Chief Executive		
Prepared by:	Interim Corporate Governance Business Officer		
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	

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 12 July 2022. The papers for the meeting are available at:

[2021/2022 Meeting Papers - Welsh Health Specialised Services Committee \(nhs.wales\)](https://www.nhs.uk/wha/2021-2022-meeting-papers-welsh-health-specialised-services-committee).

Emergency Ambulance Services Joint Committee (EASC)

A meeting of the EASC took place on the 12 July 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 took place on 27 June 2022. The papers for the meeting are available at: **[Mid Wales Joint Committee 27th June 2022 - Mid Wales Joint Committee \(nhs.wales\)](#)**

NEXT STEPS:

Updates will continue to be brought to each scheduled meeting the Board.

Patterson, Liz
27/07/2022 08:30

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	19 May 2022
Summary of key matters including achievements and progress considered by the Committee and any related decisions made.	
<u>Matters Arising – Recruitment Update</u>	
<p>Gareth Hardacre, Director of People & OD gave an update on the progress being made on the Recruitment Modernisation Action Plan following the deep dive on this topic in the March Committee.</p> <p>All organisations are now live on the latest version (3) of NHS Jobs. Progress has been made in letting the IT contract for the Pre-Employment Checks, but this has been slightly delayed as clarification is needed by the Home Office surrounding the cyber security requirements in the product specification. However, the deadline of September 2022, where either face-to-face checks are re-introduced or the IT solution is in place, should still be met.</p> <p>The Action Plan for revising specific recruitment processes is due to go to Workforce Directors on May 20th and includes the proposal to establish a senior Programme Board to oversee delivery of the Plan. Performance against Recruitment Key Performance Indicators is improving, despite there being no drop in the level of activity across NHS Wales.</p> <p>It has been agreed that a deep dive on Recruitment will be undertaken with the BCUHB Executive Board and the offer was made to do something similar with other NHS Wales organisations.</p> <p>The Committee NOTED the update.</p>	
<u>Medical Examiner Service</u>	
<p>Andrew Evans, Director of Primary Care Services and Ruth Alcolado, Medical Director jointly presented to the Committee on progress with the development of the Medical Examiner Service. The service is currently examining around 1000 deaths a month, with a target of 2500 by the time the service is launched on a statutory footing, which is now likely to be April 2023 at the earliest. To date, the</p>	

service has been able to identify potential learning for Health Boards and Trusts in approximately 25% of cases reviewed, and it is considered that 10% of cases would benefit from a Stage 2 Mortality Review – these figures are consistent with what is being reported in England. There are however differences in the way that the service is operated in the two countries, and the nature of the set-up in Wales allows greater identification of local, regional, and national issues.

One of the key benefits of the service thus far is to give each family the opportunity to speak with a Medical Examiner Officer. This has been very well received and in many cases the families have expressed their gratitude for the care received by their family member from Health Boards and Trusts at the end of their life.

To further successfully develop the service Health Boards and Trusts need to ensure timely notification of death, availability of clinical notes, and access to the relevant doctor to discuss the cause of death. The commitment from the service to Health Boards includes that all deaths will be scrutinised by the autumn of this year; that there is effective communication on themes and trends; and that there should be effective monitoring of performance.

In summary it was noted that the service is already making a positive contribution to patient safety, and that consultation is underway and/or planned with clinical colleagues to address any issues and to maximise the benefits.

The Committee **NOTED** the presentation.

Chair's Report

The Chair updated the Committee on the activities that she had been involved with since the March meeting. These have included:

- Meeting with the Minister as part of the all-Wales Chairs' Group. It was helpful that the Minister had recently visited IP5 and consequently gained a good understanding of what NWSSP does and had been left with a positive impression of the organisation;
- Attending her first NWSSP Audit Committee which again had been very positive;
- Continuing to meet with senior NWSSP management, and in particular recently from Specialist Estates and the Temporary Medicines Unit, to gain a better understanding of what they do;
- Attending the DHCW Board Development session in April where NWSSP received positive feedback;
- Chairing the Welsh Risk Pool Committee; and
- Arranging to attend the Velindre Trust Board at the end of June as part of their Board Development session.

Looking further forward the Chair is keen to hold a development session with the Committee, ideally in person for a half-day in the autumn and including other members of the NWSSP Senior Leadership Group. This could include a stock-take

session on what works well and what doesn't work so well for the Committee; allow the Committee to better understand what NWSSP does, ensuring that it is aligned to NHS Wales's organisation priorities and also those of the Welsh Government; looking to the future in terms of which services it should provide; and assessing the current structure of the Committee and whether it needs wider (e.g. clinical) representation. A plan for how the session might work will be brought back to the July Committee.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- Senior NWSSP management participated in the meeting with Welsh Government in early May to review the IMTP. The meeting was very positive, and the IMTP has been well-received with the Outcome Letter expected in June;
- Work has been undertaken with colleagues from Welsh Government and Public Health Wales regarding the future plans for the recently vacated Lighthouse Laboratory at the IP5 facility. Within IP5, the Surgical Materials Testing Laboratory have had a new laboratory completed which will enable them to perform additional tests and to develop new testing regimes for medical devices, which they were unable to do at the existing Bridgend site;
- Progress continues to be made in terms of the overarching Transforming Access to Medicine Outline Business Case, with a number of workshops held to consider site selection. There is on-going discussion with workforce colleagues and Chief Pharmacists regarding the Organisational Change Programme; and
- The recent cyber security assessment, conducted as part of the NHS Wales Cyber Resilience Unit's work to implement the Network Information Security (NIS) Regulation in all health organisations in Wales, demonstrated that generally NWSSP is well protected from cyber-attacks. A formal project has been launched to address the key areas for improvement identified in the report's recommendations. One of the key tasks in the initial phase, a desktop exercise based around a cyber incident, was carried out at the May Informal Senior Leadership Group.

Items Requiring SSPC Approval/Endorsement

Decarbonisation Action Plan

Chris Lewis, Environmental Management Advisor presented the Plan which had been formally submitted to Welsh Government on 31st March. The Committee had previously had the opportunity to review the plan in detail at its November 2021 meeting. Clarity was provided in terms of explaining that this was the inward-facing NWSSP plan and that NWSSP were substantially involved in the production of the national plan which embraces the role that NWSSP plays in supporting NHS Wales organisations to achieve their own decarbonisation targets. Key actions in the internal facing plan include reducing the impact of our buildings, fleet, and

new laundry service, as well as working with staff to help raise the profile of decarbonisation across the organisation.

The Committee **ENDORSED** the Action Plan.

Laundry Detergent Contract

Anthony Hayward, Assistant Director of Laundry Services, attended the Committee to present a paper for endorsement and approval by the Committee. Following the transfer of laundry services to NWSSP from April 2021, there is now the opportunity to tender for laundry detergent on an all-Wales basis. This should provide opportunities for economies of scale compared to the current fragmented arrangements. However, the Laundry Service are also keen to include the provision of dosing pumps and a management information system into the contract which is anticipated to total £2m over a five-year period.

The Committee **ENDORSED** the paper.

Draft Annual Governance Statement 2021/22

The Committee reviewed the draft Annual Governance Statement which will be taken to the NWSSP Audit Committee in July for formal approval. The statement is substantially complete, but the formal Head of Internal Audit Opinion is still to be received and the final energy consumption figures for the year are still being calculated. The Statement is a positive reflection on the past year and there are no significant matters of control weaknesses that need to be included. The final version of the Statement will be brought back to the July Partnership Committee for information.

The Committee **ENDORSED** the Statement **IN PRINCIPLE** recognising that it was still draft, and that formal approval would be sought at the Audit Committee.

Service Level Agreements 2022/23

The Committee received the Service Level Agreements for the core service provided by NWSSP to NHS Wales for formal annual approval. The papers included the overarching Service Level Agreement and a cover paper detailing any amendments to the supporting schedules, none of which were significant. (The schedules were provided separately to Committee members for information). It was however noted that the Procurement SLA element would need to be brought back to the July Committee as it is to be further amended to reflect changes resulting from the implementation of the new Operating Model.

The Committee **APPROVED** the SLAs for 2022/23 noting that the Procurement SLA is due to be further amended and resubmitted for approval.

Salary Sacrifice – Staff Benefits

The Committee was presented with a paper setting out the arrangements for the Home Electronics and Cycle to Work Staff Benefit Schemes. There are currently different arrangements in place across NHS Wales, with some schemes being operated by NWSSP on behalf of NHS Wales organisations and other schemes

being operated and managed within health organisations. As well as potentially not providing optimal value-for-money, there is a risk that staff could fall below minimum wage rates due to being members of schemes administered by different organisations. The paper asked the Committee to approve a tender for a scheme to be administered by NWSSP that would cover home electronics and cycle to work schemes.

The Committee **ENDORSED** the approach being taken by NWSSP in awarding a contract(s) for Home Electronics and Cycle to Work with an aim of having an All-Wales arrangement in place, centrally administered by NWSSP, which will be made available to all Health Board, Trusts and Special Health Authorities.

Finance, Performance, People, Programme and Governance Updates

Finance – The Director of Finance & Corporate Services reported the outturn position, which is currently subject to external audit, and highlighted that a small surplus of £11k had been generated against total income of £870m. The DEL expenditure for the Welsh Risk Pool was £129.615m and the risk share agreement was invoked at the IMTP value of £16.495m. Additional Welsh Government risk pool funding of £4.861m was agreed above the core allocation and risk share funding to account for the additional cases settled in 2021/22. £17.018m capital funding was received in 2021/22 and fully utilised. £12.348m was spent in March 2022, including the purchase of Matrix House which completed on 30th March. The Committee were complimentary of the new style finance report.

Performance – Most KPIs are on track except for those relating to Recruitment Services, where the situation is improving due to the implementation of the Modernisation Plan, which was covered earlier on the agenda, but where there is still further progress to be made.

Project Management Office Update – Of the 24 schemes being managed by the PMO, there is only one that is currently rated as red. This is the project for the replacement of the Student Awards System which is approaching end-of-life and with no option to extend the support contract arrangements beyond March 2023. The deadline to issue a tender for the procurement of a replacement system is 31st May, but currently there is no guarantee of funding for this from Welsh Government.

People & OD Update – Sickness absence rates remain at very low levels with an absence rate of 2.61% for March. Performance and Development Reviews and Statutory and Mandatory training results continue to improve although there is still room for further improvement. Part of the issue is in areas such as the Medical Examiner Service where staff may be on multiple contracts, but a solution is being sought for this. Headcount is increasing due mainly to the additional staff recruited as part of the Single Lead Employer Scheme.

Corporate Risk Register – there remain two red risks relating to the pressures currently being noted within the Employment Services Directorate, and particularly in Recruitment and Payroll Services, and the energy price increase. A new risk has been added relating to the Student Awards system, which was

highlighted earlier in the Project Management Office Progress Report.	
Papers for Information	
<p>The following items were provided for information only:</p> <ul style="list-style-type: none"> • Transforming Access to Medicine Progress Report • Information Governance Annual Report 2021/22 • Audit Committee Highlight Report • Quality and Safety Assurance Report • Complaints Annual Report 2021/22 • Finance Monitoring Returns (Months 12 and 1) 	
AOB	
N/a	
Matters requiring Board/Committee level consideration and/or approval	
<ul style="list-style-type: none"> • The Board is asked to NOTE the work of the Shared Services Partnership Committee. 	
Matters referred to other Committees	
N/A	
Date of next meeting	21 July 2022

Patterson, Liz
27/07/2022 08:29:14

AGENDA ITEM: 3.7

BOARD MEETING		DATE OF MEETING: 27 JULY 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
✗	✓	✗

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 19 May 2022. The papers for this meeting can be found at: [Committee Schedule and Papers - NHS Wales Shared Services Partnership](#) 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 23 June 2022. The papers for this meeting can be found at: [Agenda for Public Service Board on Thursday, 23rd June 2022](#)

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 19 May 2022. This meeting received key updates, examined Winter Reflections/Learning and System Pressures and Market Stability and Capital Funding. The next Regional Partnership Board is scheduled on 28 July 2022.

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.

- The next Joint Partnership Board is due to take place on 24 October 2022. An update will be provided at the next Board meeting.

NEXT STEPS:

Updates will continue to be brought to the Board and where necessary, specific decision-making matters will be scheduled.

Patterson, Liz
27/07/2022 08:29:11

Reporting Committee:	Local Partnership Forum
Committee Chair	Cathie Poynton & Hayley Thomas on behalf of Carol Shillabeer (Joint Chairs)
Date of last meeting:	5 July 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 5 July 2022 the following matters were discussed:

- Update on agile working
- Organisational Development Framework
- LPF Terms of Reference
- Staff Facilities discussion

A summary of key issues discussed on 5 July 2022 is provided below.

UPDATE ON AGILE WORKING

The Director of Environment gave a presentation outlining the work that has taken place to date on agile working. Staff had completed a survey which outlined the extent to which agile working was taking place. The survey included assurance that a workstation assessment had taken place, that documents were secure, and that broadband was reliable. The next steps were to ascertain what opportunities there were to introduce hot desking and breakout rooms across the estate.

ORGANISATIONAL DEVELOPMENT FRAMEWORK

The Organisational Development Framework which had been developed in 2018/19 and refreshed in 2021 was brought to the Forum as part of an annual review. Forum Members had few questions regarding the Framework and the Deputy CEO suggested that the item be brought back to a future meeting.

LPF TERMS OF REFERENCE

The status of the LPF Terms of Reference had been investigated and it was ascertained that they had been reviewed and approved at Board in July 2019 but that the changes had not been included in Standing Orders. There was some discussion around the quorum but no firm decision that it should be changed. The Interim Board Secretary agreed to investigate the quorum in other Partnership Forums and engage with colleagues to agree a way forward. This was undertaken and colleagues were content to work to the Terms of Reference agreed in July 2019 to be reviewed again in July 2023. Standing Orders will therefore be updated to include the Board approved July 2019 version.

STAFF FACILITIES DISCUSSION

The Staff Side Chair drew to attention concerns regarding staff facilities including showers, canteens, and wellbeing hubs. The Director of Environment advised that these issues were being addressed on a site by site basis. In some cases they were part of existing improvement works or will be part of a new project. The matter of responsibility for facilities in sites not owned by the health board was raised. The Director of Environment advised this would be investigated.

Information Items

LPF received updates for information on:

1. Director of Workforce and OD Summary Report
2. Chief Executives Report from Board – May 2022
3. Financial Performance, Month 02 2022/23
4. IMTP Everyday version
5. Environment and Sustainability
6. LPF Work Programme
- 7.

NEXT MEETING

The next meeting of LPF will be held on 6 October 2022

AGENDA ITEM: 3.8

BOARD MEETING		DATE OF MEETING: 27 JULY 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
27/07/2022 08:29:14

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 5 July 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 28 September 2022.

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