

# PTHB Board

Wed 28 September 2022, 10:00 - 13:00

## Agenda

---

10:00 - 10:00  
0 min

### 1. PRELIMINARY MATTERS

 Board\_Agenda\_28Sept22 FINAL.pdf (2 pages)

#### 1.1. Welcome and apologies for absence

#### 1.2. Declarations of interest

#### 1.3. Minutes of previous meeting 27 July 2022 for approval

 Board\_Item\_1.3\_PTHB Board Minutes Unconfirmed 27-07-2022.pdf (14 pages)

#### 1.4. Matters arising from the minutes of previous meeting

#### 1.5. Patient Experience Story


 Board\_Item\_1.5\_Patient Story June 2022.pdf (2 pages)

#### 1.6. Board Action Log


 Board\_Item\_1.6\_PTHB\_Action\_Log\_Sept22.pdf (1 pages)

#### 1.7. Update Reports of the

##### 1.7.1. Chair

 Board\_Item\_1.7a\_Chair's report Board September 2022.pdf (4 pages)

##### 1.7.2. Vice-Chair

 Board\_Item\_1.7b\_Vice Chair's report Sept 2022.pdf (2 pages)

##### 1.7.3. Chief Executive


*To Follow*

---

10:00 - 10:00  
0 min

### 2. ITEMS FOR APPROVAL/RATIFICATION/DECISION


#### 2.1. Annual Report on Civil Contingencies 2021/22

 Board\_Item\_2.1\_Cover report for Civil Contingencies Annual Report 2021-22.pdf (4 pages)

 Board\_Item\_2.1a\_App 1\_Civil Contingencies Annual Report for 2021-22.pdf (12 pages)

#### 2.2. Integrated Performance Framework

 Board\_Item\_2.2\_Sept22 Board Cover Paper PTHB Revised Integrated Performance Framework.pdf (4 pages)

 Board\_Item\_2.2a\_Sept 22 Board Revised PTHB Integrated Performance Framework.pdf (26 pages)

Patterson, Liz  
26/09/2022 16:23:39

10:00 - 10:00  
0 min

### 3. ITEMS FOR DISCUSSION

#### 3.1. Integrated Performance Report Month 4

- Board\_Item\_3.1\_IPR\_cover paper.pdf (3 pages)
- Board\_Item\_3.1a\_Integrated Performance Report Month 4\_230922.pdf (95 pages)

#### 3.2. Financial Performance Report Month 5

- Board\_Item\_3.2\_Financial Performance Report Mth 05.pdf (19 pages)

#### 3.3. Winter Planning

- Board\_Item\_3.3\_Winter Plan Cover paper Sept 22.pdf (6 pages)
- Board\_Item\_3.3a\_Draft\_Powys Winter Plan\_230922.pdf (31 pages)

#### 3.4. Risk and Assurance

##### 3.4.1. Corporate Risk Register September 2022

- Board\_Item\_3.4a\_Corporate Risk Report\_September22.pdf (3 pages)
- Board\_Item\_3.4ai\_Appendix 1 - Corporate Risk Register September 2022.pdf (26 pages)

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

- Board\_Item\_3.5\_CHC Report.pdf (8 pages)

#### 3.6. Assurance Reports of the Board's Committees

##### 3.6.1. PTHB Committees

- Board\_Item\_3.6a\_Committee Chair Reports\_Sept\_2022.pdf (3 pages)
- Board\_Item\_3.6ai\_AppA\_Executive Committee Chair's Assurance Report\_Sep22.pdf (17 pages)
- Board\_Item\_3.6aii\_Appendix\_B\_ARA\_Committee Chair's Assurance Report\_Jul22.pdf (5 pages)
- Board\_Item\_3.6aiii\_Appendix\_C\_Delivery & Performance Chairs Assurance Report September2022.pdf (5 pages)
- Board\_Item\_3.6aiv\_Appendix\_D\_PEQS Chairs Assurance Report 13 Sept 2022.pdf (3 pages)
- Board\_Item\_3.6av\_Appendix E\_PPPH\_Committee\_Committee Chairs Assurance Report 14July2022.pdf (6 pages)

##### 3.6.2. Joint Committees

- Board\_Item\_3.6b\_Joint Committee Reports\_Sept\_2022.pdf (3 pages)
- Board\_Item\_3.6bi\_Appendix\_A\_WHSSC JC Briefing July 2022.pdf (6 pages)
- Board\_Item\_3.6bii\_Appendix\_Ai\_WHSCC Joint Committee Briefing (Public) 6 Sept 2022.pdf (5 pages)
- Board\_Item\_3.6biii\_Appendix\_B\_EASC Joint Committee Briefing 12 July 2022.pdf (8 pages)
- Board\_Item\_3.6biv\_Appendix B\_Chair's EASC Summary from 6 September 2022 Final.pdf (10 pages)
- Board\_Item\_3.6bv\_Appendix C\_MWJC Update report July 2022.pdf (6 pages)

#### 3.7. Assurance Reports of the Board's Partnership Arrangements

- Board\_Item\_3.7\_Summary of Partnership Board Activity.pdf (4 pages)
- Board\_Item\_3.7a\_Appendix 1\_SSPC Assurance Report 21 July 2022.pdf (6 pages)

10:00 - 10:00  
0 min

### 4. ITEMS FOR INFORMATION

Patterson, Liz  
26/09/2022 16:23:59

10:00 - 10:00  
0 min

## 5. OTHER MATTERS

5.1. Any other urgent business

5.2. Close

5.3. Date of next meeting:

*30 November 2022*

Patterson Liz  
26/09/2022 16:23:59

**POWYS TEACHING HEALTH BOARD  
BOARD MEETING  
WEDNESDAY 28 SEPTEMBER 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
<b>1: PRELIMINARY MATTERS</b>				
10.00	<b>1.1</b>	Welcome and Apologies for Absence	Oral	Chair
	<b>1.2</b>	Declarations of Interest	Oral	All
	<b>1.3</b>	Minutes of Previous Meeting: 27 July 2022 (for approval)	Attached	Chair
	<b>1.4</b>	Matters Arising from the Minutes of the Previous Meeting	Oral	Chair
	<b>1.5</b>	Patient Experience Story	Attached	Director of Therapies and Health Sciences
	<b>1.6</b>	Board Action Log	Attached	Chair
	<b>1.7</b>	Update from the: a) Chair b) Vice Chair c) Chief Executive	Attached Attached To Follow	Chair Vice Chair Chief Executive
<b>2: ITEMS FOR APPROVAL/RATIFICATION/DECISION</b>				
10.30	<b>2.1</b>	Annual Report on Civil Contingencies 2021/22	Attached	Director of Public Health
10:40	<b>2.2</b>	Integrated Performance Framework	Attached	Chief Executive Interim Director of Planning and Performance
<b>3: ITEMS FOR DISCUSSION</b>				
11:05	<b>3.1</b>	Integrated Performance Report Month 4	Attached	Interim Director of Planning and Performance
11.30	<b>COMFORT BREAK</b>			
11:45	<b>3.2</b>	Financial Performance Report Month 5	Attached	Director of Finance and IT
12.05	<b>3.3</b>	Winter Planning	Attached	Interim Director of Planning and Performance
12.30	<b>3.4</b>	Risk and Assurance ▪ Corporate Risk Register, September 2022	Attached	Interim Board Secretary



12.35	3.5	Report of the Chief Officer of the Community Health Council	Attached	Chief Officer of CHC
12.40	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
4: ITEMS FOR INFORMATION				
		There are no items for information		
5: OTHER MATTERS				
	5.1	Any Other Urgent Business	Oral	Chair
13.00	5.2	Close		
	5.3	Date of the Next Meeting: ▪ 30 November 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.**

Patterson, Liz  
26/09/2022 16:23:59

## **POWYS TEACHING HEALTH BOARD**

**UNCONFIRMED**

### **MINUTES OF THE MEETING OF THE BOARD**

**HELD ON WEDNESDAY 27 JULY 2022**

#### **VIA TEAMS**

#### **Present**

Vivienne Harpwood  
Kirsty Williams  
Carol Shillabeer  
Ian Phillips  
Mark Taylor  
Tony Thomas  
Rhobert Lewis  
Ronnie Alexander

Independent Member (Chair)  
Independent Member (Vice Chair)  
Chief Executive  
Independent Member (ICT)  
Independent Member (Capital & Estates)  
Independent Member (Finance)  
Independent Member (General)  
Independent Member (General)  
Director of Nursing and Midwifery  
Director of Finance and IT  
Director of Therapies and Health Sciences  
Interim Director of Planning and Performance

Claire Roche  
Pete Hopgood  
Claire Madsen  
Stephen Powell

#### **In Attendance**

James Quance  
Mark McIntyre  
Andrew Blayney  
Clare Lines  
Dr Ruth Corbally  
Liz Patterson  
Stella Parry

Interim Board Secretary  
Deputy Director of Workforce and OD  
Community Health Council  
Assistant Director of Transformation and Value  
GP Cancer Lead  
Interim Head of Corporate Governance  
Interim Corporate Governance Manager

#### **Apologies for absence**

Cathie Ponton  
Hayley Thomas

Jamie Marchant  
Julie Rowles  
Kate Wright  
Katie Blackburn

Independent Member (Trade Union)  
Deputy Chief Executive and Director of  
Primary, Community Care and Mental Health  
Director of Environment  
Director of Workforce and OD  
Medical Director  
Community Health Council

<b>PRELIMINARY MATTERS</b>	
<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/22/32	<p><b>WELCOME AND APOLOGIES FOR ABSENCE</b></p> <p>The Chair welcomed all participants to the meeting. Apologies for absence were noted as recorded above.</p>
PTHB/22/33	<p><b>DECLARATIONS OF INTEREST</b></p> <p>There were no declarations of interest.</p>
PTHB/22/34	<p><b>MINUTES OF MEETINGS HELD ON:</b></p> <p><b>a) Board meeting, 25 May 2022</b></p> <p>The minutes of the meeting held on 25 May 2022 were received and AGREED as being a true and accurate record subject to the rectification of typographical errors.</p> <p><b>b) Extraordinary Board, 14 June 2022</b></p> <p>The minutes of the meeting held on 14 June 2022 were received and AGREED as being a true and accurate record.</p>
PTHB/22/35	<p><b>MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING</b></p> <p>There were no matters arising.</p>
PTHB/22/36	<p><b>BOARD ACTION LOG</b></p> <p>The Board RECEIVED and NOTED the Board Action Log.</p>
PTHB/22/37	<p><b>PATIENT EXPERIENCE STORY</b></p> <p>The Director of Therapies and Health Sciences introduced a short video which provided an overview of the work undertaken by the health board to support Jamie, a pupil at Summerhill House with autism. As a result of technical issues,</p>

	<p>the video was presented at the end of the meeting. The video provided an overview of the impact that the COVID-19 pandemic had on young people with complex needs and the steps undertaken by Summerhill House and the health board to ensure that COVID-19 vaccination was undertaken in a way that support Jamie's needs. It was noted that the video had been made with the support of Jamie's family and carers and highlighted the integral role that vaccination against COVID-19 had in enabling Jamie to return to activities within his community, following difficult changes to his routine as a result of the pandemic.</p> <p>The Board DISCUSSED and welcomed the presentation.</p>
PTHB/22/38	<p><b>UPDATE FROM THE CHAIR</b></p> <p>The Chair presented the report and provided an overview of the following matters:</p> <ul style="list-style-type: none"> <li>• The Chair welcomed Mererid (Mezz) Bowley, Interim Director of Public Health to her first meeting of the Board since joining the health board on 27 June 2022.</li> <li>• It was noted that the recruitment process to seek the Chairs successor was underway. Further updates would be provided to the Board Members as developments were made. Progress was also underway in relation to the appointment of Independent Members for Third Sector and University.</li> <li>• On Tuesday 19 July 2022, the Chief Executive and Chair attended a COVID-19 parade in the main arena of the Royal Welsh Agricultural Show featuring staff and volunteers who had worked on the COVID-19 response. The Royal Welsh Show invited the RAF Band (who were part of the Military Aid to Civil Authorities (MACA) deployment to the health board to support the county during the pandemic) to play at the Show. The Chair 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.</li> <li>• The Chair also highlighted the Chair's Action undertaken on 28 June 2022, which was presented to</li> </ul>

	<p>the Board for ratification. It was noted that the Chair's Action had supported the procedure of the health board to tribunal. The Chief Executive reported that the tribunal had concluded, and that the health board had been cleared of all allegations.</p> <p>The Board RATIFIED the Chair's Action undertaken on 28 June 2022.</p> <p><b>UPDATE FROM THE VICE CHAIR</b></p> <p>The Vice Chair presented the report and highlighted the following matters for the Board's attention:</p> <ul style="list-style-type: none"> <li>• launch of the Powys Forum for Suicide and Self Harm Prevention; and;</li> <li>• Special Together for Children and Young People Event</li> </ul> <p><b>UPDATE FROM THE CHIEF EXECUTIVE OFFICER</b></p> <p>The Chief Executive presented the report and highlighted the following matters for the Board's attention:</p> <ul style="list-style-type: none"> <li>• Integrated Medium-Term Plan and Joint Executive Team meeting with Welsh Government officials;</li> <li>• staff engagement and events;</li> <li>• system pressures;</li> <li>• autumn vaccination; and;</li> <li>• senior staff changes</li> </ul> <p>The Board RECEIVED and NOTED the Reports of the Chair, Vice Chair and Chief Executive.</p>
<b>ITEMS FOR APPROVAL/RATIFICATION/DECISION</b>	
PTHB/22/39	<p><b>WELSH LANGUAGE STANDARDS ANNUAL MONITORING REPORT 2021-22</b></p> <p>The Director of Therapies and Health Sciences presented the report which provided a descriptive overview of the steps undertaken taken to comply with the Welsh Language Standards by the health board in 2021-22. The report also highlighted the health board's intentions for the future to build upon the work already undertaken.</p> <p>Independent Members sought assurance by asking the following questions:</p>

	<p><i>Would the outcomes of the work undertaken to identify the obstacles to staff in engaging with Welsh Language be shared with the Board?</i></p> <p>It was agreed that an update in relation to this work would be included within the next report.</p> <p>The Board APPROVED the Welsh Language Annual Report for 2021-22.</p>
PTHB/22/40	<p><b>EQUALITIES, DIVERSITY AND INCLUSION ANNUAL REPORT 2021-22</b></p> <p>The Director of Therapies and Health Sciences presented the report which provided a descriptive overview of the steps undertaken taken to comply with the Public Sector Equality Duty by the health board in 2021-22. The report also highlighted the health board's intentions for the future to build upon the work already undertaken to continue to improve the health and wellbeing for individuals and reduce inequalities.</p> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>It had been estimated that approximately 17-30% of GP appointments were in relation to musculoskeletal concerns. Were the potential impacts and benefits of the diagnostics work underway being monitored?</i></p> <p>The Director of Therapies and Health Sciences recognised the large piece of work in relation to diagnostics currently underway within the Renewal Portfolio. As well as supporting work to ensure the right treatment is received at the right time, including within Primary Care. It was confirmed that the impacts and benefits of these programmes will be closely monitored.</p> <p><i>It was highlighted that inequality can exist beyond the protected characteristics within the legislation, such as different access times based on geography. Had consideration been given as to how best to ensure data in relation to these equalities is included in reporting?</i></p> <p>The Chief Executive recognised the broad scope of inequalities, including health and social inequalities. The intention of the health board was to recognise and identify actions to address all of the inequalities effecting Powys residents however it was also recognised that this would require a far broader input than the health board alone, and would require action from across the system.</p>

	The Board APPROVED the Equality, Diversity and Inclusion Annual Report for 2021-22.
<b>ITEMS FOR DISCUSSION</b>	
PTHB/22/41	<p><b>HEALTHY WALES WHOLE SYSTEM APPROACH TO OBESITY PREVENTION</b></p> <p>The Director of Public Health presented the item which provided an overview of the Whole Systems Approach in 2022/23, including:</p> <ul style="list-style-type: none"> <li>• mapping the local system to understand the local influences, strategic stakeholders, drivers and levers as they relate to healthy weight, overweight and obesity;</li> <li>• identifying at least one sub-system within the local system for focused work; and;</li> <li>• developing an action plan to leverage change within this sub-system.</li> </ul> <p>It was highlighted that a Whole System Approach was an important component of the national approach to tackling obesity. Executive-level support across the relevant local partnerships and organisations would also be critical to its successful implementation.</p> <p>The Director of Nursing echoed the need for partnership working and highlighted that the approach had been discussed at the Start Well Board on 26 July 2022, which had committed its support to obesity prevention.</p> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>The complexity of the issue of obesity was recognised and it was queried how the health board planned to make an impact, due to the broad scope of influences affecting weight?</i></p> <p>The Director of Public Health highlighted that prominence within the local partnership arrangements would be the starting point, to enable the system in Powys to provide early help and support to prevent obesity as well as to provide a pathway of support for those living with obesity. The importance of consistent, early age support was recognised and the Board highlighted the requirements for equitable provision.</p>

Patterson, Liz  
26/09/2022 16:23:59

	<p>The Board DISCUSSED and NOTED the Whole System Approach to Obesity Prevention programme and welcomed the progress made in its delivery to date.</p>
PTHB/22/42	<p><b>INTEGRATED PERFORMANCE:</b></p> <ul style="list-style-type: none"> <li>• <b>INTEGRATED PERFORMANCE REPORT</b></li> </ul> <p>The Director of Planning and Performance presented the item which provided an overview of performance in relation to:</p> <ul style="list-style-type: none"> <li>• COVID-19 Infections Reporting;</li> <li>• COVID-19 Vaccination;</li> <li>• Ministerial Measures;</li> <li>• NHS Delivery Framework Performance;</li> <li>• Quadruple Aims; and;</li> <li>• next steps</li> </ul> <p>It was highlighted that For Q2 2022/23 the health board would update reporting in line with the redeveloped NHS Performance Framework. This framework would amalgamate the Ministerial Measures and NHS Delivery Framework. The initial release version would contain 84 measures including Ministerial Priority measures. Changes would include:</p> <ul style="list-style-type: none"> <li>• 25 new measures included in 2022-23 to assess emerging priority areas;</li> <li>• 20 measures retired compared to the 2021-22 NHS delivery framework; and;</li> <li>• 9 self-assessment qualitative returns</li> </ul> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>Had there been any indication in relation to the availability of Flu Vaccinations in readiness for Autumn/Winter?</i></p> <p>The Director of Public Health reported that the Southern Hemisphere had reported an increase in flu activity for the 2022-23 flu season, therefore the procurement of flu vaccinations in early autumn would be a key area of focus for Welsh Government and NHS Wales. No concerns in relation to logistics had been reported at the time of the meeting. Learning from COVID-19 was also being reviewed and co-delivery of vaccines was due to be trialled in 2022-23 as a transitional year.</p>

Patterson, Liz  
26/09/2022 16:23:59



	<p><i>Had there been any progress in relation to increased Minor Injury Unit Provision in Powys? It was suggested that this may support a reduction in demand on nearby Emergency Departments</i></p> <p>The Chief Executive noted that a programme of work was being led by the Medical Director. It was reported that progress had been made and included work in relation to the role of MIU in virtual wards, Same Day Emergency Care (SDEC) and potential proposals in relation to ambulatory care. This work was also closely aligned to the programme of work in relation to diagnostics. It was noted that a further update would return to Board in respect of this item.</p> <p>The Board DISCUSSED and NOTED the Report.</p> <ul style="list-style-type: none"> <li>• <b>INTEGRATED MEDIUM TERM PLAN DELIVERY</b></li> </ul> <p>The Director of Planning and Performance presented the report which provided an update of the progress made against the Integrated Medium-Term Plan (IMTP) for the quarter 1 period (April 2022 to June 2022). The report 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 was off track and required additional action.</p> <p>The reporting of progress was in line with requirements set by Welsh Government, following the approval of the IMTP. However, it was noted that, at the time of writing the report, the Accountability and Conditions letter had not yet been received and therefore there was no specific commentary in the report that covers those aspects.</p> <p>It was noted that the new reporting style remained under development and Independent Members were re-assured that more detailed reporting would be provided to the appropriate committees and the Board to allow for more in-depth challenge and discussion.</p> <p>The Board DISCUSSED and NOTED the Report.</p>
<p>PTHB/22/43</p>	<p><b>RENEWAL PRIORITY – CANCER PROGRAMME</b></p> <p>The Chief Executive introduced the item, and welcomed Clare Lines, Assistant Director of Transformation and Value and Dr Ruth Corbally, GP Cancer Lead to the meeting in support of the item.</p>

	<p>The Assistant Director of Transformation and Value presented the report which provided an overview of the Cancer Renewal Programme, one of the programmes in the Renewal Strategic Portfolio, including:</p> <ul style="list-style-type: none"> <li>• the Cancer Programme definition and scope;</li> <li>• progress to date against the key priorities and objectives;</li> <li>• an overview of the Welsh Government Quality Statement for Cancer; and;</li> <li>• remaining actions and priorities for 2022-23 in the Cancer Renewal Programme.</li> </ul> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>Difficulties in relation to Palliative Care capacity had been experienced by Powys in the past, was work in relation to this connected to the Cancer Programme?</i></p> <p>The Chief Executive clarified that programmes were connected, however not fully integrated. It was reported that progress had been made in relation to palliative care in Powys, including the Cariad Programme which had been recognised by the Chief Nursing Officer for Wales. Additional development was underway by the health board to further improve capacity.</p> <p><i>To what extent was the programme linked to the North Powys Wellbeing Programme?</i></p> <p>The Assistant Director of Transformation and Value confirmed that colleagues from the North Powys Well-being Programme were involved in all Renewal Programmes and that all major programmes were managed in partnership.</p> <p><i>What was the additional support due to be offered to Powys GP's referenced within the presentation?</i></p> <p>Dr Corbally confirmed that the support was in relation to fecal immunochemical testing (FIT). Where low uptake was identified in a specific locality, additional education and support would be provided to GPs to support implementation and uptake.</p> <p>The Chief Executive welcomed the discussion and development of the programme through the Renewal Strategic</p>
--	---

Patterson, Liz  
26/09/2022 16:23:59

	<p>Portfolio Board and highlighted the importance of the programme for the population of Powys.</p> <p>The Committee DISCUSSED and NOTED the Report.</p>
PTHB/22/44	<p><b>FINANCIAL PERFORMANCE</b></p> <p>The Director of Finance and IT presented the item which provided an overview of the health board's financial position as of Month 3, the following matters were highlighted for the Board's attention:</p> <ul style="list-style-type: none"> <li>• as of Month 3 the health board was £0.698M overspent;</li> <li>• areas of pressure continued to be Continuing and Complex Health Care, Variable Pay, Commissioned Services and non-delivery of savings targets; and</li> <li>• the position had been escalated within the financial plan and a task and finish group had been established to reduce spending and pressure. All budget holders had identified actions to reduced expenditure and provide a pipeline of opportunities whilst maintaining quality.</li> </ul> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>What progress had been made in relation to reduction of agency and locum usage?</i></p> <p>The Director of Finance and IT stated that agency usage was a key component of the variable pay cost pressure. As part of the escalation and task and finish group, consideration would be given to how reductions could be made at pace.</p> <p><i>It was suggested that the savings target of £4.6M was ambitious, was it felt that it was achievable?</i></p> <p>The Director of Finance and IT reported that the target was informed by the IMTP 2022-25, and reported to the including assumptions regarding a number of opportunities and plans that could provide the necessary savings. However, as all health board schemes were not currently reporting as green, assurance could not currently be provided that these would be achieved.</p> <p>The Chief Executive highlighted that the meeting of the Board due to be held on 28 September 2022 would be at a crucial stage of the financial year. The Board recognised the scale of the challenges post pandemic across the NHS in Wales and UK and it was confirmed that mechanisms would need to be</p>

	<p>developed to ensure the best use and deployment of resources available.</p> <p>The Board DISCUSSED and NOTED the position and the required actions and focus to improve the position.</p>
PTHB/22/45	<p><b>CORPORATE RISK REGISTER, JULY 2022</b></p> <p>The Board Secretary presented the item and noted that activity was ongoing in relation to the development of an updated register for 2022-23. The Board was requested to consider the following new risk for inclusion within the Corporate Risk Register: -</p> <p>The Director of Finance and IT had proposed CRR002 was 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.</p> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>Had consideration been given to the inclusion of risk in relation to Records Management and Patient Information?</i></p> <p>The Board Secretary confirmed that a risk in relation to records was under consideration as part of the Corporate Risk Register refresh for 2022-23.</p> <p>The Board DISCUSSED the Corporate Risk register and SUPPORTED the proposed amendment.</p>
PTHB/22/46	<p><b>REPORT OF THE CHIEF OFFICER OF THE COMMUNITY HEALTH COUNCIL</b></p> <p>The Community Health Council presented the report which provided an overview of engagement, surveys and reports. It was noted that some face-to-face engagement had been reintroduced, including at the Smallholders and Royal Welsh Agricultural Shows in Builth Wells.</p> <p>The Board RECEIVED and NOTED the Chief Officer's Report.</p>
PTHB/22/47	<p><b>ASSURANCE REPORTS OF THE BOARD'S COMMITTEES</b></p> <p><b>A) PTHB COMMITTEES</b></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</p>

	<p>on 18th May, 25th May, 1st June, 15th June and 29th June 2022.</p> <p>The Committee Chair wished to escalate the following matters to the Board:</p> <ul style="list-style-type: none"> <li>• It was requested that the Board 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 were known.</li> <li>• It was requested that the Board 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 was as a result of the timing of the Independent Maternity Services Oversight Panel (IMSOP) Report and the need for careful assessment/review of progress for the Powys population</li> </ul> <p>The Board ENDORSED the escalated matters and 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 17 May and 13 June 2022.</p> <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 23 June 2022. The Committee Chair highlighted to the Board the work underway in relation to the use of information to improve performance and the importance of supporting out of hours care.</p> <p>The Board NOTED the report</p>
--	---

Patterson, Liz  
26/09/2022 16:23:59

### Patient Experience, Quality and Safety Committee

The Committee Chair presented the item which provided an overview of matters considered by the Patient Experience, Quality and Safety Committee on 7 July 2022.

The Committee Vice-Chair wished to escalate to the Board the recent Nationally Reportable Incidents submitted to the Delivery Unit in relation to Maternity Services and the current governance arrangements implemented as a consequence. Further detail in relation to this escalation was available within Appendix 1 of the Chair's Assurance Report.

The Board NOTED the Report and the ongoing oversight to be applied by the Patient Experience, Quality and Safety Committee.

### Workforce and Culture Committee

The Committee Chair presented the item which provided an overview of matters considered by the Workforce and Culture Committee on 31 May 2022.

The Board NOTED the report

### Charitable Funds Committee

The Committee Chair presented the item which provided an overview of matters considered by the Charitable Funds Committee on 14 June 2022.

The Board NOTED the Report.

## **B) JOINT COMMITTEES**

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

- 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).

	The Board NOTED the updates contained within the report in respect of the matters discussed and agreed at recent Joint Committee meetings.
PTHB/22/48	<p><b>ASSURANCE REPORT OF THE BOARD'S PARTNERSHIP ARRANGEMENTS</b></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"> <li>• NHS Wales Shared Services Partnership Committee (NWSSPC);</li> <li>• Powys Public Services Board (PSB);</li> <li>• Regional Partnership Board (RPB); and</li> <li>• Joint Partnership Board (JPB).</li> </ul> <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/22/49	<p><b>REPORT OF THE BOARD'S LOCAL PARTNERSHIP FORUM</b></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>
<b>OTHER MATTERS</b>	
PTHB/22/50	<p><b>ANY OTHER URGENT BUSINESS</b></p> <p>No other urgent business was declared.</p>
PTHB/22/51	<p><b>DATE OF THE NEXT MEETING:</b></p> <p>28<sup>th</sup> September 2022, 9.30am, via Microsoft Teams</p>

Patterson, Liz  
26/09/2022 16:23:59

## Sheila Demery Patient Story (June 24th, 2022)

I've been going to the Audiology Department in Brecon for about 5 or 6 years now and they've always been very helpful, and during Covid particularly they were absolutely stunning. They were always extremely helpful, extremely professional, and any time I phoned and asked for advice or asked for tubes or batteries or whatever I needed, if they didn't answer the phone, somebody would phone me back.

I don't know how they manage it but they always employ really nice people. They just have a way of knowing how to be helpful but not condescending. I've worked in the health service a lot myself, and working with the great British public is not easy but neither is it easy being on the other end of the health service so I think whenever you find somebody who has some respect for you as a patient, you deserve to respect them as a health worker.

I also continued to see the Rheumatology people, which I thought was pretty marvellous. I don't often now see the consultant but I see the Specialist Rheumatology Nurses. I've seen 3 different ones during the last 3 or 4 years and they are excellent, they are wonderful. It's nice to see the consultant Mr Shibs Al - Mudhaffer because he's a very kind and understanding man but obviously the nurses have a little more time. They've just got so many good ideas and they're always happy to listen to all the little trivial things that I've been asking that you wouldn't maybe say to Mr Shibs Al - Mudhaffer because he's got a lot of people to see.

The latest lady I've seen, Ms Jo Kanda, suggested I might find some help from the occupational therapy department at Bronllys so we decided to give that a whirl and that's how I came to meet Alison Brown. We decided, given the nature of the help that I needed, that we would see each other face to face during Covid and I've seen her again since. Every six months, she either phones me or I send her an email and I tell her how I'm doing and what I might be finding difficultly with particularly because some days my hands are better than others. The great thing about her is when we try something and it doesn't work, she doesn't give up, she says 'Well, we'll try something else' or even if it doesn't work, we learn from why it doesn't work and so sometimes that's helpful in itself.

It's nice to know she's there because since I've known her I've discovered frozen chopped onions, frozen chopped garlic and ginger and celeriac – all of which I use quite a lot and if we hadn't discussed it between us, I would have never thought to use them. It's made such a difference and it's really small things like that that have helped. Chopping vegetables was painful and my hands would go into spasm. I don't like to ask my

Patternfly  
26/09/2024 16:23:59



husband as he does other things. So it is the little things and talking to someone like Alison because you might not want to tell your friends.

During Covid it was very difficult to see anybody and get any help from our GP, which was sad, so that brought into even starker contrast the good services that I did have from the teams across the health board. Thank you all very much.



Patterson, Liz  
26/09/2022 16:23:59

**Key:**

Action Complete
Not yet due
Due
Overdue
Transferred

**BOARD ACTION LOG (Updated September 2022)**

Board Minute	Board Date	Action	Responsible	Progress at 23/09/2022	Status
PTHB/21/93	24 November 2021	An in-depth review of committee based risks to be undertaken in quarter 4	Board Secretary	Revised Corporate Risk Register reported to Board in September 2022 – Committee risk registers to be developed further following September Board meeting.	

Patterson, Liz  
26/09/2022 16:23:59



**AGENDA ITEM: 1.7a**

BOARD MEETING		Date of Meeting: 28 <sup>th</sup> September 2022
<b>Subject:</b>	<b>CHAIR'S REPORT</b>	
<b>Approved and Presented by:</b>	Vivienne Harpwood, PTHB Chair	
<b>Prepared by:</b>	Vivienne Harpwood, PTHB Chair	
<b>Other Committees and meetings considered at:</b>	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 July 2022.

**RECOMMENDATION(S):**

It is recommended that the Board NOTES this report.

Approval/Ratification/Decision	Discussion	Information
x	✓	x

Patterson, Liz  
26/09/2022 16:23:59

**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 Simon Wright, the newly appointed Independent Member for Universities, to his first formal meeting of the Board. Simon has been Cardiff University's Academic Registrar since 2015. Simon worked previously at the University of Exeter and Swansea University. He holds a Law & Sociology degree from Cardiff University.
- I am also delighted to welcome Jennifer Owen Adams to the Health Board, the newly appointed Independent Member for Third Sector. Jennifer is Chair of Cricket Wales and Chair of the Impelo dance organisation based in Llandrindod Wells. Both Simon and Jennifer will serve on the Board until August 2026.
- Interviews for the vacancy of Independent Member for the Local Authority were held on 20<sup>th</sup> September replacing Independent Member Matthew Dorrance, who resigned with effect from 30<sup>th</sup> June 2022. The interview panel have submitted their report to the Minister for the next stage of this appointment.

Nurse of the Year Award

I was very pleased to be part of the judging panel for the Adult Nurse of the Year Award, the category sponsored by Powys Teaching Health Board. This is such an important event and one I thoroughly enjoy being a part of.



### Joint meeting with Powys County Council

On Wednesday 7<sup>th</sup> September 2022 the Board hosted a meeting with Powys County Council Cabinet members and Directors to discuss potential opportunities for further joint working. This was a very positive meeting and some interesting discussions took place. Following the meeting, there was an opportunity to have a tour of the Health & Care Academy bungalow, Magpies, and the training facilities available to our Nursing students.

### Charitable Funds

The Charity team has used the past few months to plan ahead and engage with their stakeholders to develop a new PTHB Charity strategy. A draft of the revised strategy has been circulated and Board members will recall that a workshop was held in May 2022 to discuss where we would like to see alignment to our strategic priorities.

### Attendance at a Service of Prayer and Reflection for the life of Her Majesty Queen Elizabeth II

It was a great privilege for me to represent Powys Teaching Health Board, along with our Chief Executive and other public service leaders in Wales, at a very moving service of music and readings in Llandaff Cathedral in the presence of His Majesty King Charles III and the Queen Consort.

### Farewell to the Board

As you know, this is my final Board meeting as I step down after eight years in my role as Chair of Powys Teaching Health Board, although I have accepted a request from the Minister to remain in post for another two weeks to facilitate the transfer to my successor, which had to be delayed because of the death of Her Majesty the Queen.

I have enjoyed working with some amazing people, not only within the Health Board itself but also from partner organisations in Powys and across the wider Health and Care community in Wales. I would like to thank all colleagues and partners for their friendship and support over the years, particularly the Independent Members and Executive Team members, past and present.

I owe particular gratitude to our outstanding Chief Executive, Carol Shillabeer whom I had the privilege of appointing within a few months of taking up my own post. She has always been very receptive to any advice and constructive scrutiny from me, and that has made my own role very much easier and has enhanced the progress we have made as a Health Board in so many ways over the past eight years.

Together we have all tackled an unprecedented pandemic and everything that entails, in addition to the usual day to day difficulties encountered in the NHS, but I am sure we have not wavered in our determination to do our utmost to meet the needs of the population of Powys and those of our excellent staff.

I wish you all the very best for the future in meeting the challenges which lie ahead, daunting as they will inevitably be.

Patterson Liz  
26/09/2022 16:23:59

Chair's Report

Page 4 of 4

Board Meeting  
28 September 2022  
Agenda Item: 1.7a

**Agenda item: 1.7b**

<b>Board</b>		<b>Date of Meeting: 28 September 2022</b>
<b>Subject:</b>	Vice Chair's update	
<b>Approved and Presented by:</b>	Kirsty Williams, Vice Chair	
<b>Prepared by:</b>	Kirsty Williams, Vice Chair	
<b>Other Committees and meetings considered at:</b>		

**PURPOSE:**

The purpose of this paper is 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 July 2022.

**RECOMMENDATION(S):**

It is recommended that the Board NOTES this report.

<b>Approval/Ratification/Decision<sup>1</sup></b>	<b>Discussion</b>	<b>Information</b>
<b>x</b>	<b>x</b>	<b>✓</b>

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

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

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

**VICE CHAIR'S REPORT**

**Royal Welsh Show 2022**

I was delighted to be back at Llanelwedd for the Royal Welsh Show and attend a number of events at the Powys County Council Pavilion on behalf of the Health Board.

**Corporate Induction**

It was wonderful to recently participate in our latest corporate induction session, to welcome new staff to our organisation. It was really positive to meet with a large number of new members of staff from different departments, disciplines and geographical areas covered by the Board.

**Power of Discharge Committee**

I am pleased to report that after the disruption caused by the pandemic, the Power of Discharge Committee has been re-established and met recently. I am looking forward to working closely with our dedicated team of Hospital Managers as we go forward.

**Therapies Service**

With the improving picture around COVID-19 I am grateful to Claire Madsen, Director of Therapies & Health Science for arranging and accompanying me on a visit to therapy staff in Ystradgynlais and Brecon Hospitals. It was such a privilege to meet and spend time with a range of staff, all so obviously committed to providing excellent service for Powys residents.

Patricia Smith  
26/09/2021 16:39





**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

## AGENDA ITEM: 2.1

BOARD		Date of Meeting: 28 <sup>TH</sup> September 2022
<b>Subject:</b>	PTHB Civil Contingencies Annual Report - 1 <sup>st</sup> April 2021 – 31 <sup>st</sup> March 2022	
<b>Approved and Presented by:</b>	Director of Public Health	
<b>Prepared by:</b>	Civil Contingencies Manager	
<b>Other Committees and meetings considered at:</b>	This paper has been presented to the Executive Committee held on the 14 <sup>th</sup> September 2022.	

### PURPOSE:

The purpose of this Annual Report is to provide the Board with an account of the key resilience activities undertaken between 1<sup>st</sup> April 2021 to the 31<sup>st</sup> March 2022, and to set out the Health Board's civil contingencies planning priorities for 2022/2023.

### RECOMMENDATION(S):

The Board is asked to APPROVE the attached Civil Contingencies 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. Provide Early Help and Support	x
	2. Tackle the Big Four	x
	3. Enable Joined up Care	x
	4. Develop Workforce Futures	✓
	5. Promote Innovative Environments	x
	6. Put Digital First	x

Patterson, Liz  
26/09/2022 16:23:59

	7. Transforming in Partnership	x
Health and Care Standards:	1. Staying Healthy	x
	2. Safe Care	x
	3. Effective Care	x
	4. Dignified Care	x
	5. Timely Care	x
	6. Individual Care	x
	7. Staff and Resources	x
	8. Governance, Leadership & Accountability	✓

## EXECUTIVE SUMMARY:

Powys Teaching Health Board (PTHB) is described as a Category 1 responder under the Civil Contingencies Act (2004) ('the Act') and is therefore required to comply with all the legislative duties set out within the Act. There are 5 statutory duties upon Category 1 responders, these being to:

- Assess the risks of emergencies;
- Have in place emergency plans;
- Establish business continuity management arrangements;
- Have in place arrangements to warn, inform and advise members of the public;
- Share information, co-operate and liaise with other local responders.

This Annual Report provides an account of the range of preparedness activities that the Health Board has undertaken to meet the requirements of the Act, during the financial year commencing the 1<sup>st</sup> April 2021 – 31<sup>st</sup> March 2022.

In addition, the Annual Report provides an overview of the key priorities that have been identified to be taken forward in 2022/23.

## DETAILED BACKGROUND AND ASSESSMENT:

The Annual Report attached at **Appendix 1** outlines activity during the past financial year and identifies the key priority areas for 2022/23.

The Annual Report demonstrates that the Health Board has continued to engage in internal and multi-agency civil contingencies related activities, to ensure compliance with its duties, as set out within the Act.

The Health Board's ongoing response and recovery actions to the Covid-19 pandemic have continued to remain the focus of the Health Board's resilience activities during this reporting period.

The Health Board's internal response structures have been stood-up in response to the pandemic, when required. In addition, the Health Board has

also continued to participate in the Dyfed Powys Local Resilience Forum strategic level coordination and recovery groups that have been stood-up to consider the multi-agency response to Covid-19 pandemic.

In the past twelve-month period, the report demonstrates that civil contingencies planning and delivery has progressed, including the annual review of the Health Board's response plans. However, it is acknowledged that some programmes of work have been impacted because of the Health Board's ongoing response and recovery to Covid-19 pandemic during this period.

Limited national, regional, or local training and exercises were planned or held during 2021/22 due to responding to the Covid-19 pandemic. As the pandemic response moves from the initial emergency phase training will be strengthened during 2022/23.

A full overview of resilience activities that have been undertaken in 2021/22 is detailed within the Annual Report, with a brief overview of key activity summarised below:

- Annual review of the PTHB Major Incident and Emergency Response Plan, PTHB Corporate Business Continuity Plan and PTHB Severe Weather Plan;
- Representation at multi-agency teleconferences and strategic coordination and recovery groups that have been stood-up in response to Covid-19 pandemic, severe weather events, and to ensure appropriate coordination is in place for Ukrainians seeking sanctuary in Wales;
- Internal response structures stood-up as part of the on-going response to the Covid-19 pandemic, and the Health Board's business continuity response to an international supply chain disruption in blood tube products;
- Participation in a range of multi-agency communication cascade tests, training, and exercises to ensure that the Health Board continues to strengthen its ability to respond to a wide range of emergencies;
- Internal training sessions maintained for priority staff groups.

#### **NEXT STEPS:**

Subject to Board approval:

- To publish the Annual Report on the PTHB Intranet;
- To deliver the 2022/23 key priorities as detailed within the Annual Report.

Patterson, Liz  
26/09/2022 16:23:59

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

Patterson, Liz  
26/09/2022 16:23:59



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**POWYS TEACHING HEALTH BOARD  
CIVIL CONTINGENCIES  
ANNUAL REPORT  
1<sup>st</sup> April 2021/31<sup>st</sup> March 2022**



Patterson Liz  
26/09/2022 16:23:59

## CONTENTS

<b>Background .....</b>	<b>3</b>
<b>Introduction .....</b>	<b>3</b>
<b>Governance Arrangements .....</b>	<b>4</b>
<b>Risk Assessment and Management .....</b>	<b>4</b>
<b>Planning and Preparedness Activities</b>	
Incident Response Plans.....	6
Information Communication and Technology (ICT) Disaster Recovery/Cyber Planning .....	7
National, Regional and Local Exercises/Training .....	8
<b>Response – Incidents PTHB Responded to During 2021/22.....</b>	<b>10</b>
<b>Lessons Learnt.....</b>	<b>10</b>
<b>Partnership Working .....</b>	<b>10</b>
<b>Quality Assurance .....</b>	<b>11</b>
<b>Civil Contingencies Priorities 2022/23 .....</b>	<b>11</b>
<b>Appendix 1: Dyfed Powys LRF Structure Diagram</b>	<b>12</b>

Patterson Liz  
26/09/2022 16:23:59

## BACKGROUND

The Civil Contingencies Act (2004) ('the Act') outlines a single framework for civil protection in the United Kingdom. Part 1 of the Act establishes a clear set of roles and responsibilities for those involved in emergency preparedness and response at the local level. Powys Teaching Health Board (PTHB) is described as a Category 1 responder under the Act and is subject to the following civil protection duties:

- Assess the risks of emergencies occurring and use this to inform contingency planning;
- Put in place emergency plans;
- Put in place business continuity management arrangements;
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency;
- Share information with other local responders to enhance co-ordination;
- Co-operate with other local responders to enhance co-ordination and efficiency.

The UK Government transferred the executive functions under Part 1 of the Act to Welsh Ministers on 24<sup>th</sup> May 2018.

Part 2 of the Act refers to Emergency Powers.

## INTRODUCTION

This Annual Report describes the Health Board's emergency preparedness activities undertaken to meet the requirements under the Civil Contingencies Act (2004), for the financial year commencing the 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022.

The Health Board has a suite of plans to deal with major incidents, emergencies and disruption to business continuity. These plans take into account the requirements of the Civil Contingencies Act (2004) and relevant Welsh Government guidance. All plans have been developed in consultation with key stakeholders to ensure cohesion with their plans.

The report covers the following activities that PTHB has undertaken during the period between 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022, to ensure the Health Board's resilience in the event of a major incident or severe disruption:

- Governance Arrangements;
- Risk Assessment and Management;
- Incident Response Plans;
- ICT Disaster Recovery and Cyber Planning;
- Training and Exercising;
- Response – incidents PTHB has responded to during April 2021 to March

2022:

- Lessons Learnt;
- Partnership Working;
- Quality Assurance;
- Key civil contingency's priorities for April 2022 to March 2023.

## **GOVERNANCE ARRANGEMENTS**

The overall responsibility for Civil Contingencies Planning rests with the Chief Executive.

The Chief Executive has delegated the responsibility and leadership for Civil Contingencies Planning to the Director of Public Health. This role is supported by a part-time Civil Contingencies Manager.

The Civil Contingencies Manager takes responsibility for ensuring that PTHB is compliant with the Act and all current Welsh Government led emergency planning guidance.

The Civil Contingencies Manager works in collaboration with internal service leads and external multi-agency partners, to help facilitate inclusive emergency preparedness, resilience and response arrangements across the organisation.

## **RISK ASSESSMENT AND MANAGEMENT**

The 2020 National Risk Register sets out the UK government's assessment of the likelihood and potential impact of a range of different malicious and non-malicious national security risks (including natural hazards, industrial accidents, malicious attacks, and others) that may directly affect the UK and its interests over the next two years. In addition to providing information on how the UK Government and local responders manage these emergencies, the National Risk Register also signposts advice and guidance on what members of the public can do to prepare for these events.

The Civil Contingencies Act (2004) places a legal duty on responders to undertake risk assessments and publish risks in a Local Resilience Forum Community Risk Register. The risks placed on the National Risk Register are subsequently considered at a local level by members of the Dyfed Powys Local Resilience Forum (LRF). Each identified risk is viewed in terms of the likelihood of occurrence versus the potential impact within the community. Each identified risk is then assigned to a relevant Dyfed Powys LRF sub-group, who will undertake further work, as required, towards ensuring processes are in place to address or mitigate the risk.

The programme of work required to improve preparedness against all identified risks as identified by Dyfed Powys LRF sub-groups, forms the basis of the LRF's Three-Year Business Plan. This ensures that the LRF concentrates efforts on the identified risks that have been assigned the highest risk impact score.



To provide assurance on the delivery of the LRF business planning process, the LRF has developed and maintains a performance management spreadsheet. The spreadsheet is used to track and report on the following areas:

- The progress and status of all Business Plan actions;
- The status of all recommendations identified following incidents and exercises;
- A record of all participants who have attended LRF events (i.e., training, conferences, exercises);
- The review dates for all LRF response plans;
- Any gaps in preparedness.

The LRF has published a list of risks that may cause an emergency in the Dyfed Powys region within the Dyfed Powys LRF Community Risk Register.

The purpose of the Community Risk Register is to help inform people about the risks that could occur where they live so that they are better prepared in their homes, communities and businesses. Inclusion of a risk in this Community Risk Register does not mean it will happen. It means it is recognised as a possibility and organisations have arrangements to reduce its impact.

The risks currently identified on the Dyfed Powys LRF Community Risk Register include:

- Pandemic Flu;
- Flooding;
- Severe Weather;
- Loss of Infrastructure;
- Pollution;
- Animal Disease;
- Industrial Incidents;
- Transport Incidents.

The risks referenced in the list above does not include deliberate acts of third parties or terrorism; these are covered separately by the emergency services and government.

The National Risk Register and Dyfed Powys Community Risk Register can be viewed at:

<https://www.gov.uk/government/publications/national-risk-register-2020>

<http://www.dyfed-powys.police.uk/en/what-we-do/civil-contingencies>

Internally, PTHB's corporate and directorate level risk registers detail the internal issues and threats that have been assessed by the organisation and provide an outline of the measures that are being put into place to address or mitigate the risk. In line with current policy, the Dyfed Powys LRF risk assessment processes and PTHB's internal risk registers are used to inform and develop emergency plans and continuity planning arrangements within PTHB.

## PLANNING AND PREPAREDNESS ACTIVITIES

The following section provides a brief overview of the resilience activities that PTHB has undertaken during 2021/22.

### Incident Response Plans

#### a) Major Incident and Emergency Response Plans

PTHB has a hierarchy of Major Incident and Emergency Response Plans in place:

- the **PTHB Major Incident and Emergency Response Plan** details the arrangements for the strategic and tactical level of response in the event of an emergency.
- the **Supporting Hospitals Major Incident Plan** provides an operational response plan for the designated supporting of hospital sites. The role of the supporting hospital is primarily to treat the walking wounded and assist the acute hospitals to perform secondary decantation. Each of the three supporting hospital sites have developed individual site action cards for use in the event of a major incident.

Both plans have previously been consulted on, both internally and with key partners including, Powys County Council, Public Health Wales, Welsh Ambulance Service Trust and Welsh Government.

The annual review of the PTHB Major Incident and Emergency Response Plan, previously referred to as the *Civil Contingencies Plan* took place in December 2021. The Plan was subsequently presented to Board in January 2022 for approval.

The PTHB Supporting Hospital Major Incident Plan was updated during 2020/21 and a review of this operational plan will commence during 2022 incorporating learning from the emergency response phase of the covid-19 pandemic.

#### b) Business Continuity Plan

Business continuity management is a management process that helps to manage the risk to the smooth running of the organisation or delivery of a service, ensuring that the business can continue in the event of disruption, as far as is reasonably practical.

A full revision of the **Health Board's Business Continuity Policy** was completed in 2018. The review of the policy due in October 2021 has been delayed due to the Health Board's ongoing response and recovery to covid-19. A review of this policy is scheduled to take place during 2022.

The **PTHB Corporate Business Continuity Plan** was reviewed in December 2021 as part of the annual review process. The Plan was subsequently presented to the Board in January 2022 for approval. The next review of the Corporate Business Continuity Plan will take place in December 2022.

The Corporate Business Continuity Plan has been developed to ensure that the Health Board is ready and able to anticipate, prepare for, prevent, respond to, and recover from disruptions, whatever their source and whatever part of the business they affect, so that priority patient services can be maintained. The plan sets out the procedures and strategies to be taken to ensure that PTHB maintains its critical functions in the event of an incident that causes serious or widespread interruptions to business operations. Individual service Business Continuity Plans are also in place locally to manage disruption at individual service level.

### **c) Severe Weather Plan**

The **PTHB Severe Weather Plan** was reviewed as part of the annual review process and subsequently approved by the Executive Committee in October 2021. This plan forms part of the Health Board's business continuity response arrangements and integrated winter planning arrangements. The Plan covers a range of severe weather events i.e. heavy snowfall, gales, heatwave etc.

### **d) Pandemic**

A pandemic remains the highest health risk identified on the UK Risk Register of Civil Emergencies and the Dyfed Powys LRF Community Risk Register.

The **Health Board's Pandemic Framework** and underpinning plans and procedures were adapted for use throughout the Health Board's response to the Covid-19. The Framework and other underpinning plans and procedures are scheduled to be updated in 2022 to reflect the learning from the Health Board's response to Covid-19 pandemic.

## **Information Communication and Technology (ICT) Disaster Recovery/Cyber Resilience Planning**

The remit for ICT disaster recovery (DR) planning sits within the portfolio of the Director of Finance.

Activities undertaken throughout 2021/22 in relation to disaster recovery and cyber include:

- Introduction of new Assistant Director of Digital Transformation post, which has led to a newly formed function. This includes a specific management role for Cyber Security & Compliance for PTHB to strengthen cyber resilience within the Health Board as an operator of essential services;
- Continued engagement with national DR planning and cyber incident response arrangements. A large number of systems in use in PTHB are All Wales systems, centrally hosted via Digital Health and Care Wales (DHCW), so a joint approach with DHCW has been adopted across Wales;

Patterson, J.  
26/09/2022 16:23:59

- Local policies and procedures for DR testing and recovery planning in progress, and constantly reviewed as new systems are onboarded;
- PTHB has completed a Cyber Assurance Framework, aligned to the National Information Systems Regulations and a plan developed to improve the maturity and posture for PTHB, supported by additional bids for Digital Priorities Investment funding;
- PTHB is working towards the adoption of cloud services in line with the Welsh Government Cloud first strategy, which will provide resources and capacity for ICT DR services;
- Cyber awareness and Phishing email simulation has been completed with major improvements seen in PTHB users around cyber awareness.

## Training and Exercising

The Health Board has a Civil Contingencies Training Plan in place which will be reviewed in 2022.

As a Category One Responder under the Act, the Health Board is required to hold the following:

- Communications exercise – every six months;
- Table-top exercise – every 12 months;
- Live exercise – every three years.

Any activation of plans supersedes the need for exercise. Therefore, the Health Board's response to the covid-19 pandemic demonstrates that the Health Board is compliant with exercising requirements set out in the Act.

Whenever possible, the Health Board aims to ensure that our exercises are held in a multi-agency context. This is to provide familiarisation with other organisations. Exercises provide invaluable insight into the delivery of our plans and important learning regarding the areas of the plans that require further development.

Limited national, regional, or local training and exercises were planned or held during 2021/22 due to responding to the Covid-19 pandemic. As the pandemic response moves from the initial emergency phase training will be strengthened during 2022/23.

## Training

PTHB participated in the following civil contingencies related training events during 2021/22, as detailed in the table below:

Type of Training	Training overview	Date
<b>Internal Training</b>		
PTHB Gold On-Call Major Incident Training	Session held to provide overview of PTHB major incident response to new members on the Executive	Various individual and undertaken during 2021

	on Call rota.	
PTHB Silver On-Call Managers Major Incident Training	Session held to provide overview of PTHB major incident response to new members on the Operational Managers on Call.	22/04/21
<b>External Training</b>		
Exercise Wales Gold <i>Lite</i>	Three Strategic representatives attended the multi-agency emergency response training for strategic level commanders who may be required to attend a Strategic Co-ordination Group.	29/04/21
Dyfed Powys Local Resilience Forum Tactical Coordination Group Training	Multi-agency emergency response training for tactical level representatives at a Tactical Coordination Group.	30/06/21 24/11/21
All Wales Strategic Leads Cyber Resilience Seminar	Multi-agency strategic level session	18/05/21

## Exercises

PTHB participated in the following civil contingencies related training events during 2021/22, as detailed in the table below:

Exercise/Test	Description/Outcome	Date
<b>External Exercises</b>		
WAST Communications Test	Communications cascade test between Ambulance Control and NHS organisations in Wales. (Additional tests undertaken in 2021 to test new electronic alerting system).	06/04/21 25/05/21 21/06/21 08/07/21 29/07/21 22/09/21 02/03/22
DP LRF Exercise Wales Connect	Exercise WALES CONNECT is a pan Wales activation exercise that tests the activation of four Strategic Co-ordinating Groups (SCG's) in all Welsh Local Resilience Forums (LRF's), as outlined in the Pan Wales Response Plan.	05/08/21 25/08/21 27/10/21 27/03/22
All Wales Paediatric RSV Tabletop Exercise	Preparations for potential surge in paediatric RSV cases	27/08/21
WG Cyber Security Exercise	Focus on mass vaccination programme	15/08/21
All Wales Exercise Celtic	Counter Terrorism Tabletop exercise	24/11/21

Consolidation		
---------------	--	--

## RESPONSE – INCIDENTS PTHB RESPONDED TO DURING 2021/2022

Resilience activities during the financial year 2021/22 has again been largely dominated by the Health Board's ongoing response and recovery actions to the Covid-19 pandemic, which is becoming part of our day-to-day business. The Health Board has stood up internal response structures where required during this period. In addition, PTHB has also continued to be appropriately represented at Dyfed Powys LRF's strategic level coordination and recovery groups which have been stood-up during this period to consider the multi-agency response and recovery to Covid-19.

In August 2021, there was an international supply chain disruption to Becton Dickinson blood tubes. This required the Health Board to implement its business continuity plans and work with all services and partners to reduce blood tube usage until the supply chain stabilised.

In February 2022, the Health Board participated in Dyfed Powys multi-agency LRF severe weather tactical level coordination and recovery groups, in response to the impact of Storm Dudley and Storm Eunice.

From March 2022, the Health Board has continued to work with partner agencies to ensure that the health needs of the Ukrainians seeking sanctuary in Wales are met. The Health Board has established an internal planning group to take this work forward and will make necessary adjustments to plans as new information emerges.

## LESSONS LEARNT

Following live events and exercises, debriefs are undertaken to capture learning points. All the Health Board's incident response plans that have been updated as part of the review process during 2021 consider current learning from the Health Board's response to the Covid-19 pandemic and recommendations within the NHS Wales Lessons Learnt Register, as appropriate. The register provides a single resource in which all health-related lessons that have been identified following regional and national debriefs are captured.

## PARTNERSHIP WORKING

To ensure that PTHB can demonstrate a proactive and co-ordinated approach to warning and informing, sharing best practice, and encouraging a joint approach to emergency preparedness, the Health Board works in collaboration with a range of partner agencies through formal standing meetings and ad hoc arrangements, including:

- Dyfed Powys Local Resilience Forum and relevant subgroups;
- All Wales Emergency Planning Advisory Group;
- All Wales NHS Mass Casualty Planning Group;
- Royal Welsh Show Emergency Planning Committee;

- Powys Safety Advisory Group;
- Builth Wells Safety Event Group;
- Local and Regional CONTEST Board.

An LRF structure diagram is shown in **Appendix 1** of this report for information.

### **Joint Emergency Services Interoperability (JESIP)**

The Health Board incorporates the JESIP principles into the Health Board's internal response plans, on-call training and exercises.

## **QUALITY ASSURANCE**

The Health Board participates in several quality assurance processes:

**Annual Welsh Government Emergency Planning Report** – this annual reporting tool seeks to identify Health Boards current levels of preparedness. The 2021 Annual Report for Welsh Government was signed off by the Chief Executive, PTHB and submitted to Welsh Government in February 2022.

**Welsh Government Emergency Planning Health Board Visits** – undertaken by the Health Emergency Planning Adviser, Welsh Government.

**Internal Audit** – An internal audit of the Health Board's Business Continuity Management Arrangements was completed in February 2019.

## **CIVIL CONTINGENCIES PRIORITIES 2022/2023**

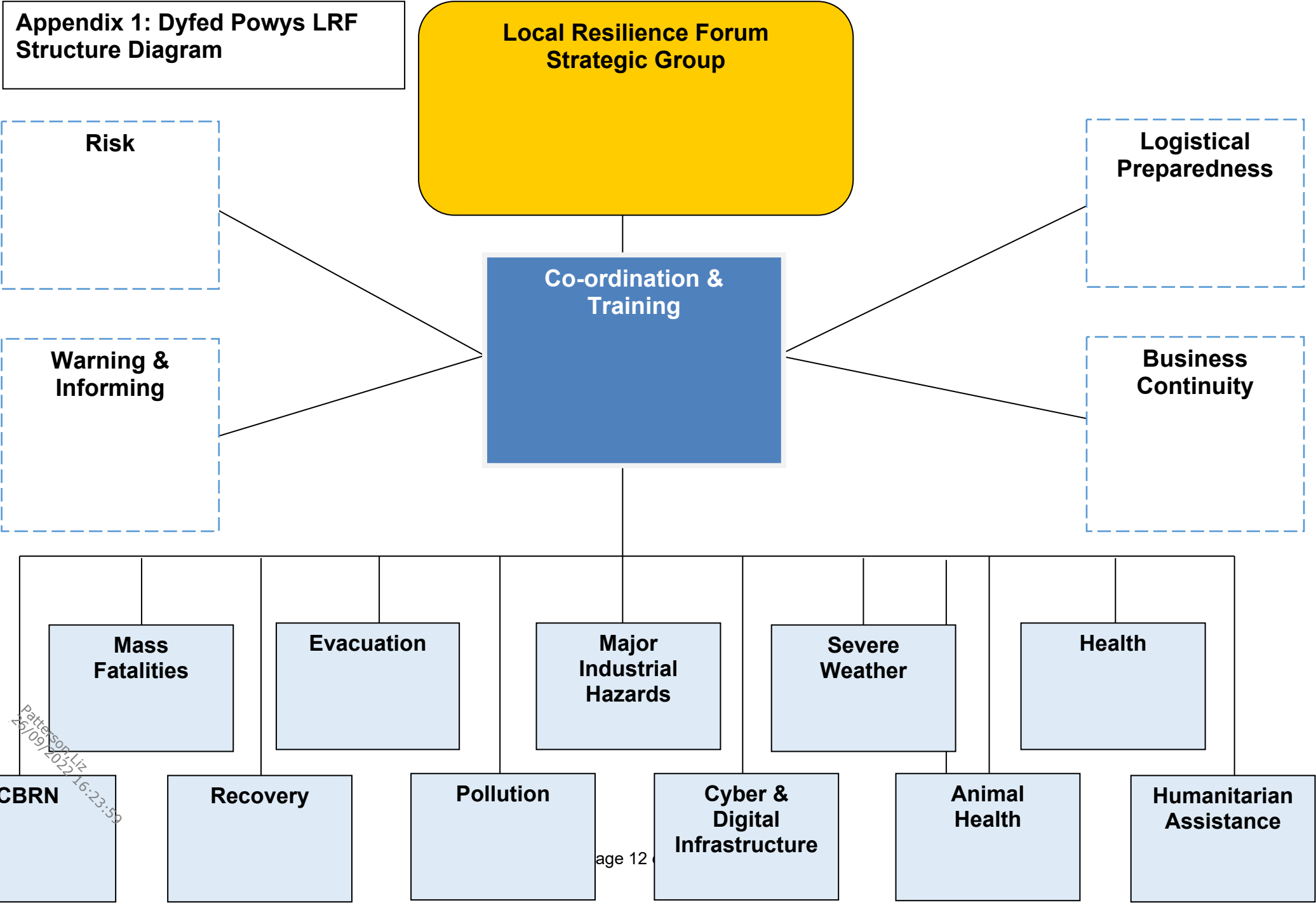
It is recognised that whilst progress to civil contingencies planning and delivery continued during the 2021/22 reporting period, there are some programmes of work that have been put on hold due to the Health Board's ongoing response and recovery actions to the Covid-19 pandemic.

The focus of work for the next year (April 2022 to March 2023) will be to:

- Ensure that key plans and procedures are reviewed as required, to strengthening organisational resilience in all identified areas of risk;
- Develop a new organisational policy for Emergency Preparedness, Resilience and Response, setting out clear roles and responsibilities across the organisation;
- Review and delivery of the Health Board wide training programme;
- Continue to engage in local, regional and national planning, training and response activities as considered appropriate.

Patterson, Liz  
26/09/2022 16:23:59

**Appendix 1: Dyfed Powys LRF  
Structure Diagram**







**AGENDA ITEM: 2.2**

<b>BOARD MEETING</b>		<b>Date of Meeting:</b> <b>22nd September 2022</b>
<b>Subject:</b>	Integrated Performance Framework – 2022 Revision	
<b>Approved and Presented by:</b>	Director of Planning & Performance	
<b>Prepared by:</b>	Director of Planning & Performance	
<b>Other Committees and meetings considered at:</b>	This paper was presented at Executive Committee on the 22 <sup>nd</sup> September 2022.	

**PURPOSE:**

The current Improving Performance Framework and Commissioning Assurance Framework documents were reviewed at a Board development session on the 28<sup>th</sup> June 2022. Building on the feedback from the Board development session, a subsequent Informal Executive Committee meeting was held on the 17<sup>th</sup> August 2022 where further discussion took place on potential revisions to the frameworks.

Incorporating the feedback and suggestions from both meetings and feedback from providers on the Commissioning Assurance Framework, the purpose of this paper is for Board Members to review, discuss and approve the suggested revisions as follows:-

1. That the current Improving Performance Framework is renamed to that of an Integrated Performance Framework.
2. To note the inclusion of the previous separate Commissioning Assurance Framework into the overall Integrated Performance Framework. A greater focus will be placed upon data insight across core areas of the Integrated Performance Framework for each commissioned provider.

3. To note that **all** services both commissioned, provided and those in support of patient services will be assessed against the Core Standards within the revised framework to ensure consistency of reporting and oversight. Corporate services will also be included.
4. To note that implementation of the revised framework will be managed via the Delivery and Performance Committee. Any adjustments to current reporting mechanisms as a result of the implementation of the revised framework are also recommended to be managed via the Delivery and Performance Committee.

### RECOMMENDATION(S):

The Board is asked to:-

1. DISCUSS the suggested revisions to the frameworks and incorporation into a single Integrated Performance Framework.
2. To APPROVE the suggested revisions.
3. To recommend adoption and implementation within the Health Board.

Approval	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. Provide Early Help and Support	x
	2. Tackle the Big Four	x
	3. Enable Joined up Care	x
	4. Develop Workforce Futures	✓
	5. Promote Innovative Environments	x
	6. Put Digital First	x
	7. Transforming in Partnership	x
Health and Care Standards:	1. Staying Healthy	x
	2. Safe Care	x
	3. Effective Care	x
	4. Dignified Care	x

	5. Timely Care	x
	6. Individual Care	x
	7. Staff and Resources	x
	8. Governance, Leadership & Accountability	✓

## EXECUTIVE SUMMARY:

As per purpose of the report.

## DETAILED BACKGROUND AND ASSESSMENT:

The supporting papers are included as follows:-

### **Existing Improving Performance Framework & Commissioning Assurance Framework**



Board\_Item\_2.5\_Fram Revised%20PTHB%2  
ework%20for%20Imp0Commissioning%20/

## NEXT STEPS:

Subject to Board approval:

- **As per recommendations**

**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	Statement
Age	X				<b>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</b>
Disability	X				
Gender reassignment	X				
Pregnancy and maternity	X				

<b>Race</b>	X				
<b>Religion/ Belief</b>	X				
<b>Sex</b>	X				
<b>Sexual Orientation</b>	X				
<b>Marriage and civil partnership</b>	X				
<b>Welsh Language</b>	X				
<b>Risk Assessment:</b>					
	<b>Level of risk identified</b>				<b>Statement</b>  <i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i>
	<b>None</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	
<b>Clinical</b>	X				
<b>Financial</b>	X				
<b>Corporate</b>	X				
<b>Operational</b>	X				
<b>Reputational</b>	X				

# **Powys THB**

# **Integrated Performance Framework**

## **2022/23 to 2025/26**

**(A three year framework allowing for annual review)**

Patterson, Liz  
26/09/2022 16:23:59

## Version Control

Version	Author	Date	Summary
Draft v1	Ffion Ansari	19/04/17	First draft
Draft v2	Ffion Ansari	19/05/17	Revision following discussion with DP&P, CEO, Asst. Dir. Commissioning
Draft v3	Ffion Ansari	01/06/2017	Minor amendments following discussion with Dir. Governance & Corporate Affairs
Draft v4	Ffion Ansari	02/06/2017	Comments of DP&P 17/06/2017 included
Draft v5	Ffion Ansari	16/06/2017	Feedback of D&P Group included in for revised draft
Draft v6	Ffion Ansari	20/07/2017	Revised structure to reflect comments of CEO, Medical Director and further comments from Planning & Performance Team
Final Draft v7	Ffion Ansari	01/09/2017	Updated following final review by Delivery and Performance Group on 09/08/17
Final Version v8	Ffion Ansari	14/09/17	Additional content on Benchmarking included following Finance Planning & Performance Committee 12/19/17
2022 New Integrated Performance Framework Draft version 1	Stephen Powell	15/09/2022	First Draft – updating the previous Improving Performance Framework and incorporating the previous Commissioning Assurance Framework
<b>2022 New Integrated Performance Framework Draft version 2</b>	<b>Stephen Powell</b>	<b>23/09/2022</b>	<b>Updated to reflect comments received at Executive Director session held 22/9/22</b>

Patterson, Liz  
26/09/2022 16:23:59

# Powys THB Integrated Performance Framework

2022/23 -

## 1. PURPOSE

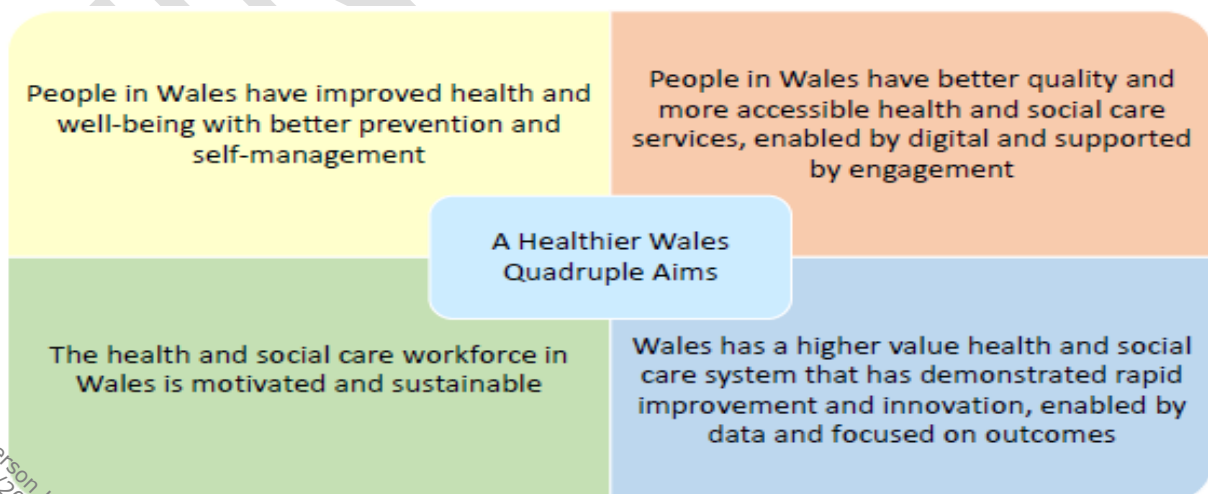
Powys THB is responsible for planning, providing and commissioning healthcare services to improve the health and wellbeing of the people of Powys. In order to ensure that the best possible health and wellbeing outcomes are achieved for Powys residents and that services are provided to the necessary standards, the THB sets out in its framework for improving performance processes to provide assurance on the comprehensive implementation of its Integrated Medium Term Plan (IMTP). The objective of this framework is to ensure that information is available which enables the Board and other key personnel to understand, monitor and assess the organisation's performance, enabling appropriate action to be taken when performance against set targets deteriorates, and support and promote continuous improvement in service delivery.

The Integrated Performance Framework is a contributor to the Board Assurance Framework which ensures that there is sufficient, continuous and reliable assurance on the management of the major risks to the delivery of strategic objectives and most importantly to the delivery of quality, patient centred services.

The purpose of this framework is to primarily integrate key performance measurables from:-

1. The Welsh NHS Performance Framework.
2. Finance and Delivery unit minimum data set (MDS) Annual plan objectives and any associated accountability conditions upon the plan.

The key drivers for healthcare in Wales as required by Welsh Governments "A Healthier Wales" are captured in the diagram. Health Board's management function including the Board need to be able to monitor progress upon these key deliverables.



Measurement of actual performance versus target requirement on a frequent basis will enable proactive and appropriate interventional actions when required in

challenging or deteriorating situations, and drive continuous improvement in service delivery for the benefit of our responsible population's health and wellbeing. To do this effectively, information must be timely, accurate and maintain the health boards confidentiality, and quality policies whilst evidencing performance management.

Improving and managing performance is everyone's business and positive performance management and improvement should enable service improvement, strengthened planning and risk management and facilitate effective problem solving in order to support delivery without stifling innovation and change. The improving performance and planning arrangements in place have developed a solid foundation for effectively managing performance. This revision of the framework seeks to facilitate a step change in performance improvement and management, building on the foundations in place to create a culture of positive performance improvement which supports the delivery of the IMTP, manages risks effectively and provides assurance to the Board on delivery.

***Ultimately the Integrated Performance Framework aims to report holistically at service, directorate or organisation level the performance of the resources deployed, and the outcomes being delivered. Overall performance assessed via intelligence gathered across key domains including activity, finance, workforce, quality, safety, outcomes and performance indicators.***

## 2. SCOPE

The Integrated Performance Framework applies to all activities in all parts of the health board. The scope therefore includes all services the Health Board provides and those the commissioned in County and out of County. The previous separate Commissioning Assurance Framework has been incorporated into this framework.

The key purpose of the framework is to:

- Define roles and responsibilities for managing and improving performance;
- Describe the structures required to deliver robust performance management and improvement;
- Set out the processes of performance management which will support the improvement of performance through proactive planning, problem solving and risk management.
- The format and delivery of services may change over time. The areas where the Integrated Performance Framework apply are shown below. This is not an exhaustive list.

Patterson, Liz  
26/09/2022 16:23:59



Areas of application	
Commissioned Services	Community, Mental Health & Secondary care providers – England and Wales
	WHSSC
	EASC
	Voluntary sector
	Residential & Nursing Home Packages of Care
PTHB Provided Services	Primary Care including GMS, GDS, GOS, GPS
	Maternity Services
	Community Service Group
	Womens and Childrens Service Group
	Mental Health and Learning Disabilities
	Corporate Departments <u>inc</u> Support Services

The Integrated Performance Framework is not intended to:

- Exhaustively measure all aspects of organisational and commissioning performance.
- Replace or duplicate the role of Health Inspectorate Wales, Care Inspectorate Wales and for services based in England the Care Quality Commission.

### 3. COMPONENTS OF THE FRAMEWORK

#### 3.1 Guiding Principles

The following principles underpin the framework:

- **Culture of Innovation and Improvement:** These arrangements are intended to support the development of a culture of continuous performance improvement and innovation embedded in all aspects of organisational activity and delivered for the benefit of patients. This will be supported by clear objectives at all levels which drive a culture of high performance and accountability, supported by the Personal Appraisal and Development Review (PADR) process. Good performance will be recognised, and staff supported and engaged with an understanding of expectations. At directorate level, the Framework for Improving Performance should also be used as a driver for cultural change and engagement.

Patterson, L.  
26/09/2022 16:23:59

- **Transparency:** Agreed performance objectives will be clear and performance measures transparent. Expectations and accountabilities will be clearly set out for individuals, directorates and teams through agreed plans and performance targets and measures with clear escalation arrangements in place to manage non delivery.
- **Integrated:** The performance management approach will be integrated, action orientated and focussed on delivering improved performance. Performance will be considered from multiple perspectives taking into consideration, national targets and measures, local targets and measures, financial and workforce performance, benchmarking and delivery of actions against planned milestones.
- **Proportionality and Balance:** Performance management arrangements will seek to ensure that performance management interventions and actions are proportionate to the scale of the performance risk and that a balance between challenge and support is maintained. The framework will also endeavour to balance the burden of reporting with the assurance requirements necessary for the Board.
- **Accountability:** Performance management arrangements will ensure that all parties are clear where lines of accountability lie with processes in place to manage escalation of poor performance or non delivery against plan. This will be supported by the Delivery and Performance Group and directorate review meetings to review and challenge delivery and performance.
- **Empowerment and Delegation:** Higher performance will earn greater levels delegated authority. Conversely, there will be greater levels of performance management intervention in underperforming areas. The health board's longer term direction for performance management is to develop an approach which will allow consistently high performing Directorates to be assessed against a clear set of governance criteria, with success resulting in reward such as reduced reporting frequency and flexibilities around decision making and innovative ways of working.
- **Promoting excellence and quality:** ensuring service provision meets the "Fundamentals of Care" and NHS Wales's Health and Social Care Quality and Engagement Act.
- **Focussed on outcomes:** PTHB can influence outcomes for services directly provided and will work in partnership with other service providers where required
- **Evolve over time:** The Integrated Performance Framework will be based on what can be measured now but will updated as time progresses to reflect either new data becoming available or a change to regulatory or national oversight measures.

Patterson, Liz  
26/09/2022 16:23:59

## 4. ROLES & RESPONSIBILITIES

A key element of performance improvement and assurance arrangements is the need to ensure that individuals and teams are aware of their personal accountability for the delivery of improvements in service and performance across both directly provided and commissioned services. The Board's Strategic Objectives will be cascaded through the IMTP, Annual Plan and Directorate Plans to inform objectives for all teams and individuals throughout the organisation, and measurable targets will be set and agreed. This links directly to the continuous development and improvement of Individual Performance Review and Personal Development Planning.

Whilst it is everyone's role to manage performance, the Board must drive a culture of performance by providing a clear vision together with health board aims, objectives and priorities by holding the Executive Team to account for the delivery of the IMTP.

Effective performance improvement requires defined roles and responsibilities and clear ownership of measures. A summary of these roles and responsibilities is as follows:

### 4.1 Board

The Board has overall responsibility for the implementation of the Framework for Improving Performance. The Board provides leadership and direction to the organisation and will agree the health board's vision, aims, strategic objectives and annual priorities through approval of the Integrated Medium Term Plan and the Annual Plan and will undertake an annual assessment of its performance. The Framework for Improving Performance provides evidence to support the Board in receiving assurances on performance, safety and delivery against these aims, objectives and priorities.

### 4.2 Chief Executive Officer

The Chief Executive Officer is responsible for the management of the organisation including ensuring that financial and quality of service responsibilities are achieved within available resources and identifying opportunities for improvement and ensuring those opportunities are taken.

The Chief Executive has delegated responsibility for the detailed operation of the Framework for Improving Performance to the Executive Director of Planning and Performance. To discharge this responsibility, s/he will work with the Executive Directors to ensure effective performance management and improvement arrangements are in place across the health board.

### 4.3 Executive Team

The Executive Team, through the Delivery and Performance Group, provides a forum for Executive Directors to discuss matters of strategic or operational significance prior to onward transmission or cascade, where appropriate, to the Board or other appropriate committees. The Executive Team also decides, given evidence from directorate or corporate teams, whether any deviation from required performance is material in relation to the health board's escalation process.

#### **4.4 Executive Directors**

Each Executive Director is responsible for supporting the development of strategic and organisational plans including the IMTP and Annual Plan and in the development and implementation of their own Directorate Plan ensuring all plans are informed by evidence, are achievable and challenging with particular reference to their areas of responsibility and/or expertise. Each Director also has responsibility for supporting the analysis and reporting of performance for their areas of responsibility though the structures set out in the Framework for Improving Performance, including participating in Directorate Performance Reviews for all Directorates and leading the performance review of their own directorate.

Each Director holds accountability for the performance of the area for which they have delegated authority within their Job description and in the Scheme of Delegation.

#### **4.5 Director of Planning & Performance**

In addition to the responsibilities described above, the Director of Planning and Performance also has the delegated responsibility for the development and implementation of performance management and improvement arrangements and has delegated responsibility for preparing, implementing, and updating the Framework for Improving Performance:

- Ensuring that robust systems are in place for the performance management of national, local and internal targets;
- Preparing the quarterly Integrated Performance Report giving assurance to the Board on performance;
- Facilitating performance reporting to the Finance, Planning and Performance Committee, including exception reporting for poor performance;
- Ensuring that plans to address poor performance are developed and implemented;
- Ensuring that governance arrangements to support performance management are in place, robust and effective; and
- Ensuring that all aspects of the health board's responsibilities are reflected within the framework.

They are also responsible for the strategic planning process within the health board and facilitating the development of the health board's IMTP and annual plan.

#### **4.6 Senior Management**

Senior Management across the organisation has responsibility for developing and managing the implementation of their Team Plans aligned to and in support of their Directorate Plans and the regular undertaking of Personal Appraisal and Development Reviews. They are also responsible for promoting a culture of performance management and improvement, participating in the development of strategic plans, and supporting the reporting of performance and delivery.

#### **4.7 All Staff**

Every employee contributes towards performance improvement and management by being encouraged and supported to identify improvement opportunities and to take the required action. It is important that staff own the data and information on their activity, and understand how that translates to the corporate performance

of the organisation, taking positive personal action and responsibility to improve their own practice and performance. Data input and data quality is a vital part of performance management in providing the right information for analysis enabling the detection of poor and best practice or patient care and enabling changes and improvements to patient care to be undertaken effectively. All staff have a responsibility to contribute to planning and performance improvement through their Personal Appraisal and Development Review process.

#### 4.8 Performance Management – A Patient Perspective

A patient centred approach to care involves engaging patients and their families in decision making, giving them greater responsibility for their own health. Patients must be given adequate information on timescales, anticipated process, and their own responsibilities to assist the health board to provide efficient and effective treatment. Patients will be empowered through this information to question and monitor their own progress against targets.

### 5. Coverage and Attributes

In order that the health board can robustly assess performance across all aspects of service and delivery it is vital that the Framework for Improving Performance supports an integrated approach. To enable an integrated approach to performance improvement, the framework sets out the necessary attributes and coverage requirements of performance management and reporting processes.

The coverage requirements below set out the areas which inform assurance processes, and which must be considered and evaluated within the framework of organisational performance.

#### Coverage of the Integrated Performance Framework

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

**\* Alignment to Clinical Quality Framework Approach (Darzi approach) and the 6 Domains of Care Quality**

Supporting Areas	Patient Activity & Outcomes	Identifying and understanding patient activity and outcome information as well as trends in data.
	Programme & Project Delivery	Reporting and monitoring progress in delivery against programmes and projects.
	Process Measures	Using process measures to assess delivery against plan.
	Provider Performance	Reporting and monitoring performance information across directly provided services including outpatients, community and inpatient services, mental health, women and children's services.
	External Provider Performance	Reporting and monitoring performance information across commissioned services including Primary Care, outpatients, community and inpatient services, mental health, women and children's services and WHSCC, EASC and Shared Services.
	Workforce Performance	Reporting on staff engagement, absence data, turnover and vacancies.
	Data Quality Measures	Confirming data quality to ensure effective and full understanding and analysis of performance.

The attributes identified describe the necessary elements or reporting required to enable the effective implementation of the Framework for Improving Performance.

### Attributes of the Framework for Improving Performance

Attribute	Description
Link to Aims & Strategic Objectives	Clear links to strategic aims, objectives, and annual priorities to ensure delivery of plans and support prioritisation processes.
Exception Reporting	Reporting of poor or challenging performance through effective and comprehensive exception reporting.
Scorecard Reporting	Supporting enhanced understanding of organisational performance through a high-level overview.
Qualitative & Quantitative	A mix of quantitative indicators and data supported by concise qualitative contextual information providing insight into influences on performance.
Timely Information	Consistently updating information and managing the timeliness of information to ensure up to date analysis of performance and resolution of issues.
Managing Risk	Using risk registers and assurance frameworks (corporate and local) to inform performance improvement decisions.



Analytics	Looking beyond results to interpret and communicate meaningful patterns in data.
Forecasting	Predicting future positions and anticipating risks through forecasting.
Benchmarking	Contextualising performance through comparison to best practice and peers and identifying areas for improvement.
Targets / Measures	Setting challenging, achievable, and meaningful targets to monitor performance, celebrate improvement and reinforce purpose linked to strategic direction.
Performance Trajectories	Indicating expected timescales of delivery and to enable regular monitoring of performance.
Performance Against Targets	Using status scales to effectively communicate performance against plan/target/trajectory.
Targeted Performance Improvement Planning	Clear action plans in place to ensure mitigating actions and performance recovery is delivered.
Responsibility & Accountability	Accountable leads identified for actions to ensure delivery.
Escalation & De-escalation	Review escalations in particular pulling out 'performance hotspots'. Focus upon Accountability through management intervention - actions, consequences, tolerances, incentives

## 6. Business and Operational Use of the Integrated Performance Framework

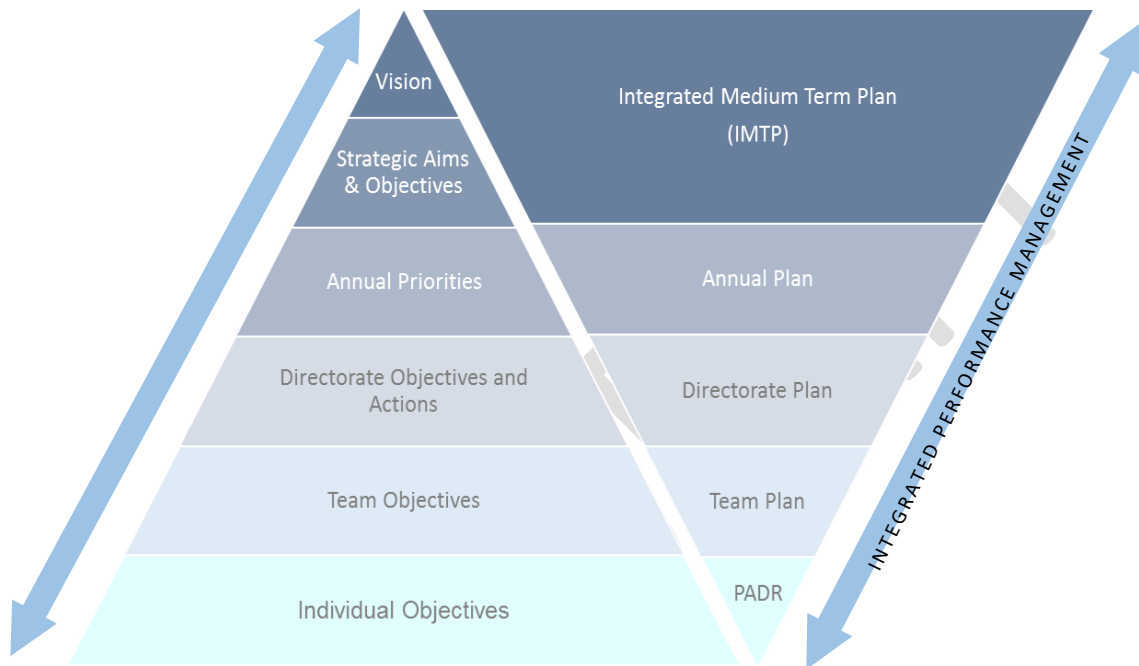
### 6.1 Planning for Performance Delivery

Fundamental to robust performance management and improvement is alignment with the strategic planning cycle and processes. Developing robust plans will ensure a clear focus on delivery and a framework for prioritising resources. Coherent plans with clear alignment between the IMTP, Annual Plan, Directorate Plans, Team Plans and Personal Appraisal and Development Reviews help to ensure that individuals and teams are aware of their personal accountability for the delivery of improvements in service and performance.

At every level of the organisation stemming from the Chairperson and Chief Executive, staff will need to be involved in the process of agreeing plans, objectives, performance measures and targets to ensure ownership of the process and as a core component of the pay progression process. This means that performance improvements and objectives must be assessed to be stretching but achievable. These will reflect the Board's strategic objectives, translated into operational and individual objectives. Recognising that the workforce is key to delivery the health board will reflect and incorporate learning on the deployment

of planning and performance management across the organisation to ensure continued improvement.

This alignment of plans to personal objectives and the relation to the Performance Management Framework is described in the following illustration.



## 6.2 Performance Reporting and Assurance

### 6.2.1 Measuring Performance

The use of targets, measures, indicators and trajectories and their deployment across the organisation is a key part of implementing the Framework for Improving Performance. All means of measuring performance should facilitate organisational understanding of performance and delivery and therefore should have the following characteristics:

- Relevant
- Able to avoid perverse incentives
- Clear accountability
- Well defined
- Timely
- Reliable
- Comparable
- Verifiable

Performance measures will be agreed at various levels in the organisation. These include specifically Board, Board Committees, Directorate, Team, and an individual level. Performance measures will include the following:





Performance Measure	Description
NHS Wales Performance Framework	Through the specific measures of the NHS Wales Performance Framework the health board is measured on the delivery of services and processes that contribute towards the goals of the Public Health Outcomes Framework for Wales, and ultimately the national indicators of the Wellbeing of Future Generations Act as well as its contribution to meeting the Social Services and Wellbeing Act requirements.
Minimum Data Set (Finance & Delivery Unit)	This data set introduced to measure against key areas of primary care, mental health, cancer care, unscheduled care, planned care and includes forecasts and actual in revenue and workforce planning.
Powys Outcome Measures	Additional measures will be agreed locally through Board approval of the IMTP and Annual Plan to monitor performance against priorities identified in the IMTP and Annual Plan.
Local Measures	Further local measures may be agreed at a Directorate/Team level to support the delivery of Directorate and Team Plans.
Primary Care Performance	Primary care is at the heart of the vision for health services in PTHB. It is necessary that primary care performance systems and measures within the NOF, the Quality & Outcomes Framework and locally agreed key performance indicators are aligned to the overarching health board Framework for Improving Performance.
Performance Trajectories	Performance trajectories are set where possible against targets and measures to demonstrate schedule for delivery and to enable the monitoring of improvement throughout the year. Trajectories against national measures, MDS measures and key priority areas are agreed through Board approval of the IMTP and Annual Plan and are to be monitored at committee level with additional trajectories set, agreed and monitored by Directorates/Teams as appropriate.
Social Services National Outcomes Framework	The Social Services Outcomes Framework applies to outcomes for people in need of care and support and carers in need of support. While this outcomes framework is directly linked to performance within social services it should be considered as part of the broader framework for delivery, and it therefore forms a key part of the whole system outcomes framework the health board aims to develop.
Whole System Health and Care Outcomes Framework	In 2017/18, the health board is committed to developing an outcomes framework which brings together the three national outcomes measures (Public Health, NHS and Social Services) and sets out measures for integration of health and social care.

### **6.2.2 Business Intelligence**

Business intelligence will play a central role in providing both assurance to the Board, and critical intelligence to leaders and managers, teams and individuals throughout the organisation to focus improvement efforts. The development of this core organisational functionality will continue to receive focus as information capabilities across the range of areas of the health board continue to mature. The provision of effective business intelligence will be key to ensuring that the organisation has a clear and consistent picture of performance and further work will take place in assuring the organisation of the integrity of the intelligence it places reliance upon. The Board's Information Management Technology and Governance Committee has delegated responsibility to ensure that the integrity of data and information is protected ensuring valid, accurate, complete, and timely data and information is available for use within the organisation.

### **6.2.3 Benchmarking**

Benchmarking performance will be a key component of improving service delivery. Using robust benchmarking will enable the contextualisation of performance through comparison to best practice and peers and will aid in the identification of areas for improvement. Benchmarking will be appropriately applied using comparisons internally, across Wales, across the U.K. or internationally as possible and applicable and strengthening the health board's ability to establish benchmarking across performance areas will be a key action. Benchmarking will utilise systems and national group examples such as CHKS, NHS benchmarking project Wales, NHS benchmarking club, Model system (English providers only, Get it right first time (GIRFT)).

## **6.3 System of Reporting, Review, Escalation and Assurance**

Performance reporting and review will take place at every level throughout the organisation, from the fundamentally important individual performance appraisals through to the Directorate Performance Review meetings. The reporting arrangements at all levels should be proportionate and regular ensuring an effective approach to monitoring performance, achievements and non-delivery and agreeing actions and follow-up to ensure corrective action when appropriate.

The health board's principles predicate that issues of performance should be managed and resolved at the appropriate level of accountability and authority. Identifying areas of poor performance which require escalation should be based on informed analysis of performance taking into consideration local context, national and local targets, trajectories, benchmarking and risk management.

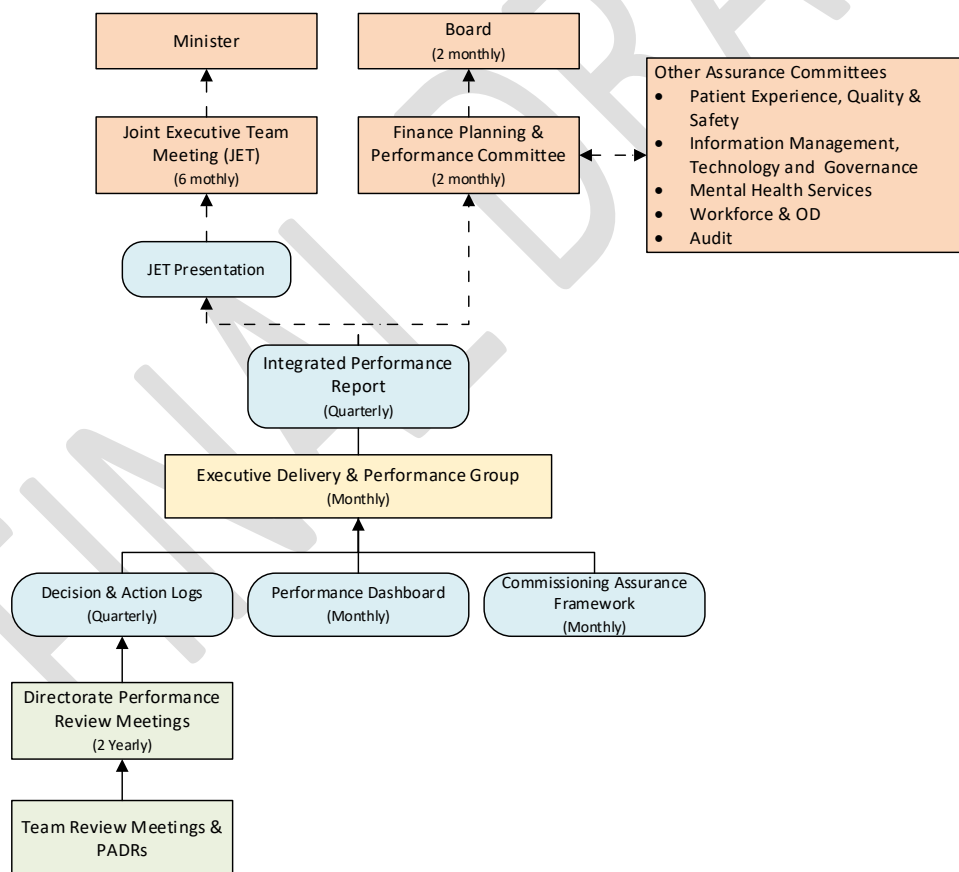
The purpose of escalation is twofold. It is to ensure oversight at the appropriate levels of authority in order to provide assurance to the board that performance and delivery is being robustly managed and poor performance addressed. Secondly, escalation serves to highlight issues where solutions require intervention and or support from higher levels of authority within the organisation. Individual thresholds for escalation should be determined on a case

by case basis for services or measures based on an assessment of risk including confidence in associated controls and assurance.

***Escalation & De-escalation - Identification of performance issues to be escalated will be based upon the nature and seriousness of the performance concern. De-escalation will occur through the delivery of management intervention, through the delivery of actions, consequences, tolerances, incentives.***

This system of reporting and review is designed to provide assurance through to Committees of the Board and the Board on the quality and safety of services, access to care, improvement, and delivery against the IMTP. Details on the reporting mechanisms can be found in Appendix B and the schedule for reporting and review in Appendix C.

The structure of reporting, escalation and assurance is described in the following chart: *(please note the following chart requires updating to reflect the latest iteration)*



Each element within the performance management and improvement system serves a particular purpose in reviewing and monitoring performance, recognising good performance and celebrating achievements, identifying areas for improvement and managing the delivery of related actions contributing to providing assurance to board on performance and delivery. The scope, function

and output of the mechanisms of performance management and improvement are described in more detail in Appendix A.

## **7. FEEDBACK**

Key to continuous improvement, learning and development is effective feedback. The reporting and escalation process set out in the framework should be accompanied by feedback on actions taken, outcomes and learning.

## **8. REVIEW OF THE FRAMEWORK FOR IMPROVING PERFORMANCE**

This Integrated Performance Framework will be approved by the Board. It will be reviewed annually by the Delivery and Performance Committee who will make recommendations for refresh when deemed necessary or in three years whichever comes first.

## **9. IMPLEMENTATION**

A phased approach to implementation will be taken particularly in relation to Appendix A Performance Review Mechanisms and Appendix B Performance Reporting during 2022/23. The framework will be fully operational from 1<sup>st</sup> April 2023. The implementation plan will be managed via the Delivery and Performance Committee as will any infrastructure reporting changes required as a result of the implementation of this revised framework.

Patterson, Liz  
26/09/2022 16:23:59

## **10.0 SUPPORTING INFORMATION - ASSOCIATED FRAMEWORKS, STRATEGIES, PLANS AND POLICIES TO SUPPORT THE CONSTRUCTION OF THE INTEGRATED PERFORMANCE FRAMEWORK**

### **10.1 NHS Wales Escalation and Intervention Arrangements (2014)**

The Powys THB Framework for Integrated Performance sits within the broader performance management arrangements of NHS Wales. The Framework for Integrated Performance assists the health board in fulfilling its duties to maintain appropriate governance arrangements to ensure it is operating effectively and delivering quality and safe care to patients. The framework also supports the health board to provide accurate and timely responses to requests for information from Welsh Government and enables cooperation with action taken under the collective arrangements of the NHS Wales Escalation and Intervention Arrangements (2014) where necessary.

### **10.2 Board Assurance Framework**

Performance management is a major part of PTHB's assurance arrangements and an important component of its overall system of internal control. Performance reports and review meetings generate valuable information for an assurance framework and so performance reporting and the Board Assurance Framework are strongly aligned. Performance reports will detail known performance issues and the planned corrective action. These, in turn, will be reflected in the assurance framework within the descriptions of gaps in control. Similarly, the results of performance reporting will be used to regularly review the effectiveness of internal controls and inform integrated planning processes.

### **10.3 Strategic Planning Cycle**

The effective alignment of the Framework for Improving Performance with the Strategic Planning Cycle is vital for the success of planning in the organisation. The implementation of the Framework for Improving Performance will facilitate a more robust understanding of achievements, risks and issues to delivery, highlighting issues of capacity, resource and prioritisation. This will enable the Integrated Medium Term Plan, Annual Plan, Directorate Plans and Team Plans to be evidence based, challenging and achievable.

The Framework for Improving Performance supports the health board's strategic planning cycle at each stage of the cycle as follows:

Stage	Performance Management Contribution
Plan	<ul style="list-style-type: none"> <li>Informing the development of organisational strategic aims and objectives based on robust evidence of delivery and risks.</li> <li>Informing the development of future plans through identifying risks and issues in delivery and performance.</li> </ul>
Execute	<ul style="list-style-type: none"> <li>Driving the quarterly review of delivery against plan and ensuring action plans to enable corrective action where performance deteriorates.</li> </ul>
Manage	

## 10.4 Strategic Commissioning Framework

The Framework for Improving Performance is a key part of the implementation of the health board's Strategic Commissioning Framework. It supports the stages of the commissioning cycle as follows:

Stage	Performance Management Contribution
Analyse	<ul style="list-style-type: none"> <li>Demonstrating performance against targets, outcome measures and benchmarking.</li> <li>Identifying current performance trends and risks to delivery.</li> </ul>
Plan	<ul style="list-style-type: none"> <li>Providing robust evidence to support prioritisation and development of aims, objectives and plans.</li> </ul>
Do	<ul style="list-style-type: none"> <li>Monitoring delivery against plan and targets and ensuring action plans to enable corrective action where performance deteriorates.</li> </ul>
Review	<ul style="list-style-type: none"> <li>Supporting assessment of performance and improvement in delivery.</li> </ul>

## 10.5 Integrated Performance Framework – Gaining oversight on commissioned and provided services and ensuring consistency of performance oversight.

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

For services PTHB commissions, the Clinical Quality Performance and Review Meetings (CQPRMs) are a vital mechanism to the way in which the health board seeks assurance on the performance of its commissioned services. This revised framework, now incorporating the previous Commissioning Assurance Framework (CAF), will monitor performance on a monthly basis against the core areas of this framework:

#### Coverage of the Integrated Performance Framework

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



**\* Alignment to Clinical Quality Framework Approach (Darzi approach)**

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

### **10.5.2 Powys Provider Services**

To ensure consistency of reporting and parity of insight, services provided within Powys will also be measured against Core Areas of the Integrated Performance Framework as per 10.5.1 above.

### **10.6 Performance and Outcomes Frameworks**

There are three key National Outcome Frameworks which need to be considered within the Framework for Integrated Performance; The NHS Wales Outcomes Framework, the Public Health Outcomes Framework and the Social Services Outcomes Framework. These frameworks set out the population and process outcomes to be delivered through both health and social care. The health board and Powys County Council will work from 2022/23 to develop a coherent whole system performance outcomes framework; aligning these three frameworks and other performance frameworks to enable more efficient and effective performance management and improvement across health and care. Further detail of the three frameworks is provided below.

### **10.7 Wellbeing of Future Generations Act (2015)**

The Wellbeing of Future Generations Act sets a legal requirement on Welsh Ministers to set national indicators for the purpose of measuring progress towards the achievement of the national wellbeing goals. Other performance management and indicator frameworks should be viewed in the context of the Wellbeing of Future Generations Act.

### **10.7 NHS Wales Performance Framework which includes Ministerial priorities**

Organisational delivery measured against the NHS Wales Performance Framework 2022/23 evidences the delivery of services and processes which contribute to the goals of the Public Health Outcomes Framework for Wales and ultimately the national indicators of the Wellbeing of Future Generations Act. The Powys THB **Integrated Performance Framework** seeks to support the health board in providing assurance to the Welsh Government that it is delivering against priorities and driving up standards through reporting against the delivery framework measures.

Performance reporting within the health board will be aligned to its IMTP and therefore to the agreed aims and strategic objectives. However, the alignment to

Framework for Improving Performance

2022/23 Update

Draft Version 1

the seven NHS delivery domains will be maintained through the comprehensive reporting against the measures within the national delivery framework.

### **10.8 Public Health Outcomes Framework**

While not a performance management framework in itself, the Public Health Outcomes Framework enables a greater understanding of the impact of individual behaviours, public services, programmes and policies on health and wellbeing in Wales. The framework was developed within the context of the other national outcomes framework and more particularly underpins the national indicator for the wellbeing of Future Generations Act, providing a detailed range of measures that reflect the wider determinants that influence health and wellbeing. Accordingly, the Public Health Outcomes Framework will likely be integral to the development and monitoring of the Powys Public Service Board's Wellbeing Plan and the Health and Care Strategy for Powys.

### **10.9 Social Services Outcomes Framework**

The Social Services Outcomes Framework was developed to fulfil the requirements of the Social Services and Wellbeing Act (2014). The outcomes framework sets the national direction to promote the wellbeing of people who need care and support and carers who need support in Wales, it describes the important national wellbeing outcomes that people who need care and support and carers who need support should expect in order to lead fulfilled lives and it also provides greater transparency on whether services are improving wellbeing outcomes for those people who need care and support and carers who need support.

### **11.0 Health and Social Care (Quality and Engagement) (Wales) Bill / Act**

To include associated performance measures as they become operable within the Welsh NHS including Duty of Quality and Duty of Candour.

Patterson, Liz  
26/09/2022 16:23:59



## **Appendix A: Performance Review Mechanisms**

### **A.1 Personal Appraisal and Development Review meetings**

Personal Appraisal and Development Reviews (PADR) are protected quality time for staff and their manager to have a meaningful conversation so that staff know what is expected of them and they understand how their contribution helps the organisation achieve its vision, aims and objectives and helps to deliver the best possible care and services for the Powys population. They are therefore the principle process of the deployment of planning and performance management and improvement across the workforce.

Regular and meaningful conversations and meetings should be used to set individual objectives and review progress, rewarding and recognising good performance. Performance and attainment of satisfactory appraisal ratings at year end appraisal are linked to pay progression, therefore it is important that individual objectives are agreed, are reasonable in number, clear, challenging and measurable. It is both the employee and manager's responsibility to ensure they have an appraisal meeting scheduled for six weeks before an increment date with regular 90 day reviews in place. It is also the responsibility of all staff and managers to plan and prepare for their appraisals.

### **A.2 Team Performance Reviews**

Teams should regularly review their performance against their team plan using this to inform personal objective setting and the directorate reviews.

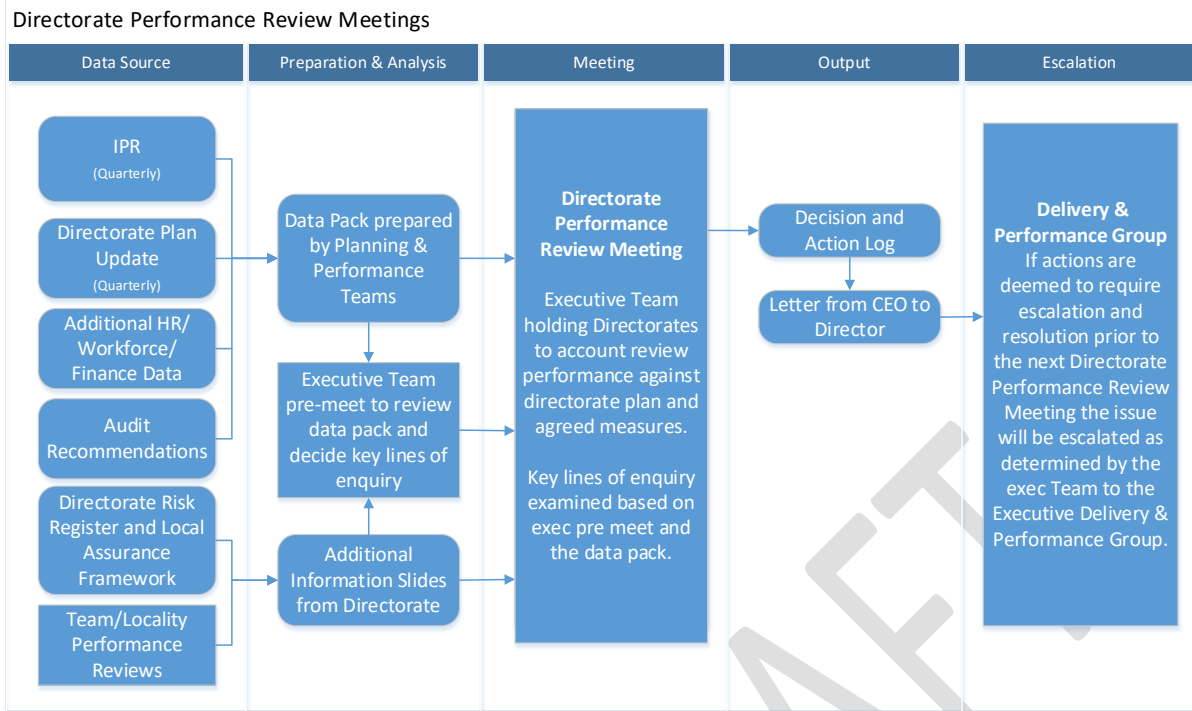
### **A.3 Directorate Performance Review Meetings**

Directorate Performance Reviews will be held twice a year and will enable the Executive Team to hold Directorates to account for delivery against plan and agreed performance management and improvement measures and support the development of integrated future plans, by:

- Reviewing directorate performance against directorate plan and agreed performance measures and trajectories.
- Ensuring directorate performance management and review is considered from all perspectives i.e. Quality & Safety; Patient Experience; Access; Finance; and Governance.
- Investigating and challenging areas of nondelivery and ensuring improvement plans are in place,
- Exploring learning opportunities and areas of best practice
- Identifying requirements for additional support and guidance in managing delivery and developing future plans.
- Ensuring a culture of high performance and continuous improvement.

The scope, function and output of these meetings is described in the diagram below and further details are included in the Terms of Reference.

Patterson, Liz  
26/09/2022 16:23:59



#### A.4 Finance and Performance Group

The Executive Delivery and Performance Group has delegated powers from the Board to oversee the day to day management of an effective system of integrated governance, risk management and internal control across the whole organisation's activities, both clinical and non clinical and for both directly provided and commissioned services.

The Group sets out the appropriate frameworks and procedures to support delivery of the organisational objectives including the development of the Annual Plan and will continually monitor and review operational performance, putting in place corrective measures where necessary.

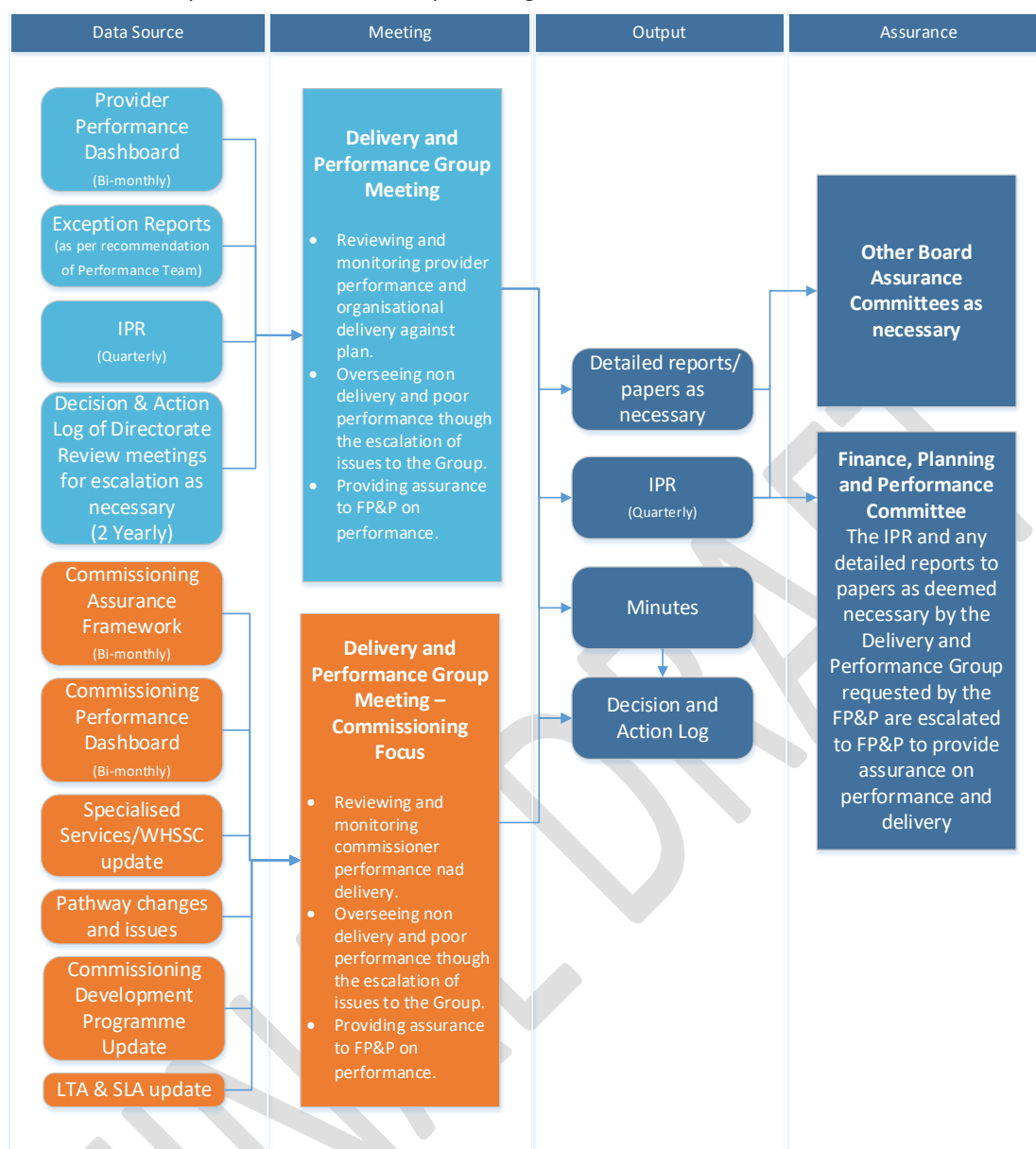
The meetings of the Group will take alternate meetings to specifically focus on performance across commissioned services in order to allow the appropriate scrutiny and review to a level of depth and detail necessary in respect of health board performance.

The scope, function and output of these meetings is described in the diagram below and further details can be found in the Terms of Reference.

**Please note that the following chart is a draft flowchart therefore subject to final confirmation. A revised version of the framework document will be issued once confirmed.**

Patterson, Liz  
26/09/2022 16:23:59

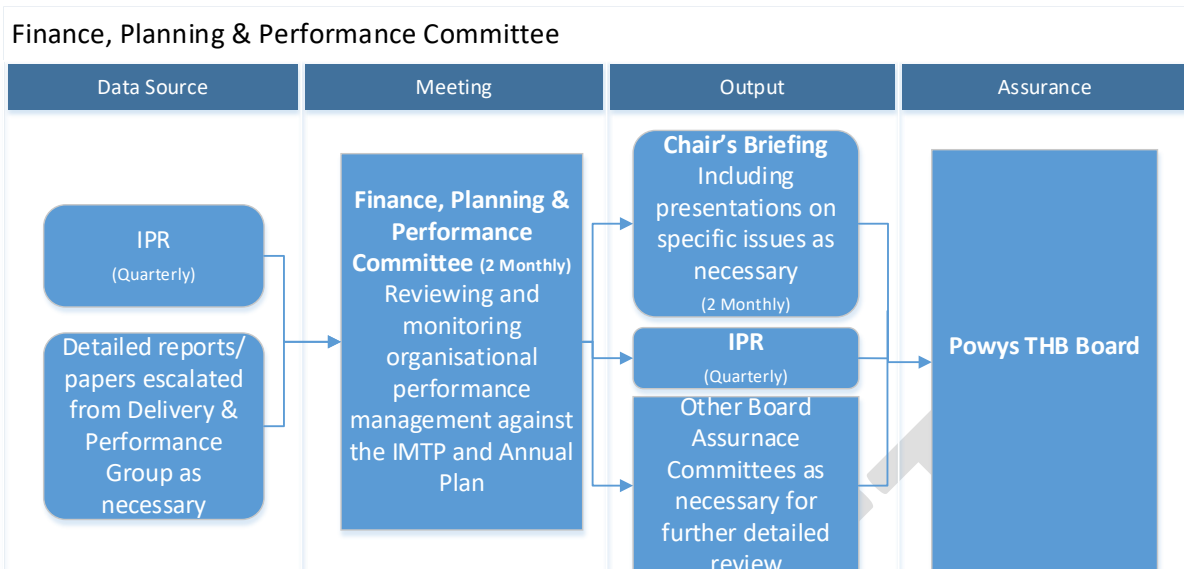
## Executive Delivery and Performance Group Meetings



### A.5 Delivery & Performance Committee

The Delivery and Performance Committee of the Board enables the scrutiny and review of matters of financial management and monitoring, planning arrangements, commissioning arrangements and performance against the delivery of national outcome measures and targets as well as capital and estate issues. The Committee's purpose is to provide assurance to the Board on the arrangements in place and to provide evidence based and timely advice to assist the Board to discharge its responsibilities in these areas as well as in relation to performance management and improvement within the organisation and the delivery of aims and objectives.

The scope, function and output of this meeting is described in the diagram below and further details can be found in the Terms of Reference.



## A.6 Other Committees of the Board

In addition to the Finance, Planning and performance Committee, other committees of the Board work together to ensure the Board has assurance on the breadth of the health board's work to meet its objectives and responsibilities.

Patterson, Liz  
26/09/2022 16:23:59

## Appendix B: Performance Reporting

### B.1 Key Reports

Performance improvement and the process of reporting should be rigorous without being overly burdensome. The following table describes the key reports and documents necessary to facilitate effective performance management.

Report	Description	Reporting to
Monthly Dashboard Report (monthly)	<ul style="list-style-type: none"> <li>A detailed report of performance against National Outcome Measures (NOF) and agreed trajectories</li> <li>Includes requirement for exception reports to Delivery &amp; Performance Group for agreed areas</li> <li>Measures are aligned to Health and Care Standard themes</li> <li>Produced Monthly</li> </ul>	Executive Finance & Performance Group (monthly)
Commissioning & Provider Assurance Framework (monthly)	<ul style="list-style-type: none"> <li>Providers rated against the categories of Access (Scheduled and Unscheduled care), quality and safety, patient experience and finance (activity and cost)</li> <li>Update on LTA and SLAs and contract review meetings</li> <li>Updates on escalation processes in place</li> <li>Additional commissioning information as necessary</li> </ul>	Executive Finance & Performance Group (monthly)
Exception Reports (as necessary)	<ul style="list-style-type: none"> <li>Detailing reasons for variation, risk and impact, actions to be taken to address variation forecast, date to return to plan and any recommendations</li> <li>Exception reports can be requested on recommendation of performance team based on monthly performance dashboard</li> <li>Exception reports can be requested by the Executive Delivery and Performance Group as deemed necessary</li> <li>Exception reports can be generated from the output of the Directorate Performance Review meetings as determined by the Chief Executive</li> </ul>	Executive Finance & Performance Group (monthly)
Integrated Performance Report (Bi-monthly)	<ul style="list-style-type: none"> <li>Quarterly report themed in alignment with the Annual Plan (aims, strategic objectives and priorities), as well as the Monthly Performance Dashboard</li> <li>Detail of performance against measures (NOF and Powys measures)</li> <li>Reporting delivery against plan of annual plan priorities</li> <li>Overarching narrative analysis on performance.</li> </ul>	Delivery & Performance Committee and Board (Bi-monthly)

## B.2 Assessing Performance and Delivery

To facilitate the organisation in monitoring, anticipating and responding to performance, a system of reporting and assessing and rating performance and delivery will be used. The following system should be implemented across all levels of performance management across the organisation.

Performance against measurable targets e.g., NHS Wales Performance measures	Delivery of plan milestones and objectives		
Performance meeting set target	Objective/Annual priority fully achieved		
	On track to deliver objective/annual priority		
Performance within tolerance (if appropriate for measure)	At risk/issues present		
Performance does not meet target	Not delivered/behind schedule		
Measure not applicable or missing appropriate data	Plan for delivery on hold or amended		
Trends in Performance		Data Quality	
↑	Performance improvement from previous period	High	Data confidence is high
→	No change in performance from previous period	Medium	Data confidence is limited
↓	Performance decline from previous period	Low	Data confidence is poor or currently under investigation
	Data for trend unavailable		Data unavailable

Patterson Liz  
26/09/2022 16:23:59

## Agenda item: 3.1

Board		Date of Meeting: 28 September 2022
<b>Subject:</b>	<b>Powys Teaching Health Board Integrated Performance Report. Position as at Month 4 2022/23</b>	
<b>Approved and Presented by:</b>	Director of Planning and Performance	
<b>Prepared by:</b>	Performance Manager	
<b>Other Committees and meetings considered at:</b>	Executive Committee Delivery & Performance Committee	

### PURPOSE:

This report provides an update on the latest available performance position for Powys Teaching Health Board against new NHS Wales Performance Framework up until the end of July 2022 (month 4).

### RECOMMENDATION(S):

The Board are asked to DISCUSS and NOTE the content of this report.

Approval/Ratification/Decision	Discussion	Information
x	✓	✓

Patterson, Liz  
26/09/2022 16:23:59

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

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

**EXECUTIVE SUMMARY:**

This report provides the Board with the latest available performance update against the 2022/23 NHS Wales Performance Framework released in July 2022. This release includes data up until the end of month 4 (July 22), please note that various metrics will remain un-completed/delayed where they are new or without data, or where the metrics data is significantly delayed due to national validation process/update schedule.

Please note ministerial measures are now amalgamated into the new framework and will not be displayed separately.

Data provided within the dashboards is of month 4 where possible, but it should be noted that some measures have significant delays in reporting because of national collection processes.

Using this data, we highlight performance achievements, and challenges at a high level, as well as brief comparison to the All-Wales performance benchmark where available.

Patterson/Liz  
26/09/2022 16:23:59



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.

Patterson Liz  
26/09/2022 16:23:59

# Powys Teaching Health Board

## Integrated Performance Report

Month 4 – Updated 16/09/2022

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

[Executive Summary](#)

[NHS Wales Performance Framework](#)

[National Wales Performance Framework: Performance Scorecard](#)

[Quadruple Aim 1](#)

[Quadruple Aim 2](#)

[Quadruple Aim 3](#)

[Quadruple Aim 4](#)

[Next Steps](#)

[Appendices](#)

Patterson, Liz  
26/09/2022 16:23:59



# Executive Summary

This report provides the Board with the latest available performance update against the 2022/23 NHS Wales Performance Framework released in July 2022. This release includes data up until the end of month 4 (July 22), please note that various metrics will remain un-completed/delayed where they are new or without data, or where the metrics data is significantly delayed due to national validation process/update schedule.

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 new integrated NHS Wales Performance Framework where the revised metrics are used to assess improvement towards the "A Healthier Wales" ambitions and priority areas.

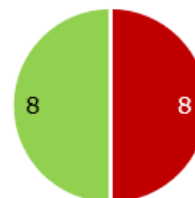
This snapshot continues to show a diverse picture with ongoing positive progress as a provider of planned care including diagnostic and therapy pathways, mental health and day case procedures.

However significant challenges remain for the care of patients and these include, but are not limited to the ongoing fragility of services as a result of staffing pressures, primarily linked to sickness, and vacancies of provider and in-reach consultant led services and staff. Another critical challenge for the system is emergency flow & access in acute care settings 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, and the planned surgical capacity within these sites as a result of bed pressures. For the Powys residents significant activity is carried out in Welsh and English commissioned services, this has unfortunately resulted in a challenge to equity of access depending on a patients requirements of care, geographical location and pathway flow route.

In response to these challenges the health board is supporting and maximising repatriation of patients to improve acute flows, and has placed further focus on increased management input into the Powys bed flow in a bid to maximise provider beds supporting demand and reducing repatriation delays to the absolute minimum. Other work includes insource contracts for surgical and diagnostic capacity in south and mid Powys, and ongoing national workstreams to provide regional solutions of care and modernising patient pathways, information and self support.

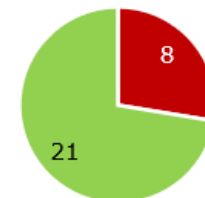
## Compliance against NHS Delivery framework measures at month 4 by quadruple aim area.

Compliance against targets quadruple aim 1



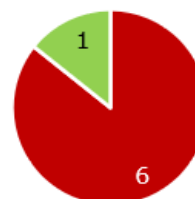
■ Not-compliant ■ Compliant

Compliance against quadruple aim 2



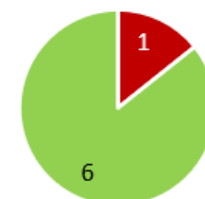
■ Not-compliant ■ Compliant

Compliance against quadruple aim 3



■ Not-compliant ■ Compliant

Compliance against quadruple aim 4



■ Not-compliant ■ Compliant



# NHS Wales Performance Framework

## NHS Wales Performance Framework

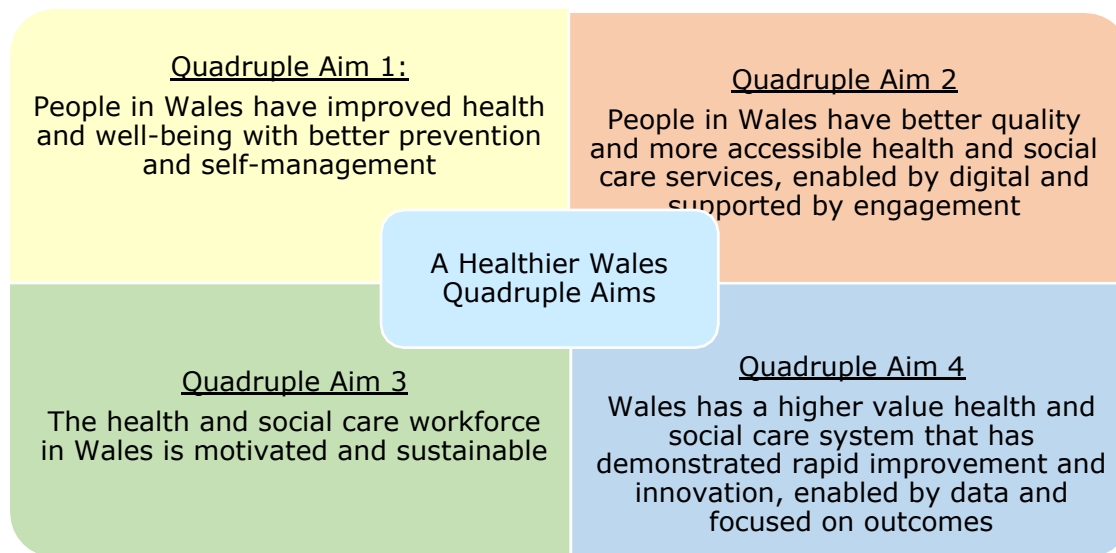
The NHS Wales Performance Framework has been significantly revised for 2022/23 with currently 84 measures. Of the 84 measures, 54 have been identified as ministerial priorities. A further 8 measures are classed as operational and not routinely reported to Welsh Government, but are included within the IPR.

Not all of the measures are applicable to a non acute care provider, and are not currently included within the IPR.

The revised framework has brought a new challenge to NHS organisations in Wales which relate to the data sources, reporting schedules, and methodologies including future planned additional outcome measures.

All of the measures in the NHS Performance Framework for 2022-2023 have been mapped to 'A Healthier Wales' quadruple aim and reflect the Ministerial priority areas of focus (Ministers focus measures are noted in scorecard).

This is an interim framework whilst further work is undertaken to identify outcome focused measures that deliver the priorities outlined in the NHS Planning Framework and the Health and Social Care Outcomes Framework (in development).



Patterson, Liz  
26/09/2022 16:23:59

The following pages will detail the 2022/23 changes by Quadruple Aim, and address target revisions.  
Greyed out measures are not included within this release (brief explanation provided) but will be available with correct data flow/methodology



# NHS Wales Performance Framework

Quadruple Aim 1 New Measures	Target
Percentage of adults losing clinically significant weight loss (5% or 10% of their body weight) through the All Wales Weight Management Pathway * <i>No data is currently available to report against for this measure, it will not be included in this document</i>	Annual Improvement
Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally	Annual reduction towards 5% prevalence by 2030
Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	A quarterly improvement of 2.5% against 2020/21 baseline
Percentage of patients (aged 12 years and over) with diabetes achieving all three treatment targets in the preceding 15 months: <ul style="list-style-type: none"><li>• Blood pressure reading is 140/80 mmHg or less</li><li>• Cholesterol values is less than 5 mmol/l (&lt;5)</li><li>• HbA1c equal or less than 58 mmol/mol or less</li></ul>	1% annual increase from 2020-21 baseline
Percentage uptake of autumn 2022 booster dose of the COVID-19 vaccinations in all eligible Wales residents by health board * <i>Autumn booster campaign has not yet started, this measure will not be included in this document</i>	75%
Percentage uptake of 2022-23 influenza vaccination in all eligible Wales residents * <i>Previously reported by eligibility group (please note that the Flu data/performance is for 2021/22 and will be measured against the prior targets)</i>	75%

Patterson, Liz  
26/09/2022 16:23:59



# NHS Wales Performance Framework

## Quadruple Aim 2 New Measures

## Target

Number of new patients (children aged under 18 years) accessing NHS dental services *\*awaiting data flow*

4 quarter improvement trend

Number of new patients (adults aged 18 years and over) accessing NHS dental services *\*awaiting data flow*

4 quarter improvement trend

Number of existing patients accessing NHS dental services *\*awaiting data flow*

4 quarter improvement trend

Percentage of total conveyances taken to a service other than a Type One Emergency Department

4 quarter improvement trend

Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission *\*Methodology/source is not currently confirmed, the measure isn't nationally reported yet.*

12 month reduction trend

Percentage of total emergency bed days accrued by people with a length of stay over 21 days  
*\*Methodology/source is not currently confirmed, the measure isn't nationally reported yet.*

12 month reduction trend

Percentage of people assigned a D2RA pathway within 48 hours of admission  
*\*Methodology/source is not currently confirmed, the measure isn't nationally reported yet.*

4 quarter improvement trend  
(towards 100%)

Percentage of people leaving hospital on a D2RA pathway  
*\*Methodology/source is not currently confirmed, the measure isn't nationally reported yet.*

4 quarter improvement trend

Number of pathways waiting over 8 weeks for a diagnostic endoscopy

Improvement trajectory towards 0  
by Spring 2024

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

Improvement trajectory towards 0  
by 31/12/22

Number of patients waiting more than 104 weeks for referral to treatment

Improvement trajectory towards 0  
by 2024

Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital between 09:00 and 21:00 hours that have received a gate keeping assessment by the CRHT service prior to admission

95%

Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital who have not received a gate keeping assessment by the CRHTS that have received a follow up assessment by the CRHTS within 24 hours of admission

100%

Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset of COVID-19  
*\*not currently applicable, Powys provider is not nationally reported although aligns to national submission*

Reduction against the same month  
2021-22

Percentage of confirmed COVID-19 cases within hospital which had a probable hospital onset of COVID-19  
*\*not currently applicable, Powys provider is not nationally reported although aligns to national submission*

Reduction against the same month  
2021-22



# NHS Wales Performance Framework

Quadruple Aim 3 New Measure	Target
Percentage of staff who have recorded their Welsh language skills on ESR who have Welsh language listening/speaking skills level 2 (foundational level) and above	Bi annual Improvement
Quadruple Aim 4 New Measures	Target
Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach	16% Reduction by 2025 Against 21018/19 NHS Wales Baseline
Number of risk assessments completed on the Welsh Nursing Clinical Record by Health Board/Trust	4 quarter improvement trend
Number of wards using the Welsh Nursing Clinical Record by Health Board/Trust	4 quarter improvement trend

Patterson, Liz  
26/09/2022 16:23:59



# NHS Wales Performance Framework

## Measures with target revisions

Measure	2021/22 Framework	2022/23 Framework
Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)* *Not applicable to Powys Provision	75%	Improvement trajectory towards a national target of 80% by 2026
Number of patients waiting over 8 weeks for a specified diagnostic	0	12 month reduction trend towards zero by spring 2024
Number of patients waiting more than 14 weeks for a specified therapy	0	12 month reduction trend towards zero by spring 2024
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Health Board specific target: a reduction of 55% against a baseline of March 2019	Improvement trajectory towards a reduction of 30% by March 2023 against a baseline of March 2021
Number of patients waiting more than 36 weeks for referral to treatment	0	Improvement trajectory towards a national target of zero by 2026
Percentage of patients waiting less than 26 weeks for treatment	95%	Improvement trajectory towards a national target of 95% by 2026
Percentage of episodes clinically coded within one reporting month post episode discharge end date	12 month improvement trend towards achieving the 95% target	Maintain the 95% target or demonstrate an improvement trend over 12 months

Pattern 1  
26/09/2022 16:23:59





# NHS Wales Performance Framework

## Measures that are not appropriate for Powys as a provider to report (ongoing review)

Measure	Target
Number of Urgent Primary Care Centres (UPCC) established * <i>Acute provider measure only (TBC)</i>	Outlined in Health Board 6-goals Plan
Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time * <i>Acute provider measure only</i>	The most recent SSNAP UK national quarterly average
Median time from arrival at an emergency department to triage by a clinician * <i>Methodology not currently applicable to community care provider</i>	12 month reduction trend
Median time from arrival at an emergency department to assessment by a senior clinical decision maker * <i>Methodology not currently applicable to community care provider</i>	12 month reduction trend
Percentage of patients (aged 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours * <i>Acute provider measure only</i>	12 month improvement trend
Percentage of stroke patients who receive mechanical thrombectomy * <i>Acute provider measure only</i>	10%
Number of ambulance patient handovers over 1 hour * <i>Acute provider measure only</i>	0
Percentage of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days * <i>Methodology and appropriateness TBC</i>	50%
Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route) * <i>Acute provider measure only</i>	Improvement trajectory towards a national target of 80% by 2026
Percentage of survival within 30 days of emergency admission for a hip fracture* * <i>Operational Measure not applicable as provider</i>	12 month improvement trend
Percentage of critical care bed days lost to delayed transfer of care (ICNARC) definition* * <i>Operational Measure</i>	Quarter on quarter reduction towards a target of 5%
Percentage of Health and Care Research Wales non-commercial portfolio studies recruiting to time and target* * <i>Operational Measure not currently applicable</i>	80%
Percentage of Health and Care Research Wales portfolio commercially sponsored studies recruiting to time and target* * <i>Operational Measure not currently applicable</i>	80%



# NHS Wales Performance Framework

## 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.

## Key for performance & data quality RAG ratings

Performance against measurable targets.
Performance meeting set target
Performance does not meet target
Measure not applicable or missing appropriate data

Data Quality	
	Data confidence is high
	Data confidence is limited
	Data confidence is poor or currently under investigation
	Data unavailable



# National Outcomes Framework: Performance Scorecard

Quadruple Aim 1: People in Wales have improved health and wellbeing with better prevention and self management

2022/23 Performance Framework Measures										Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Weight Management	Director of Public Health	3	% Babies breastfed 10 days old	✓	Annual Improvement	2021/22	52.0%		56.5%	1st	36.7%
Smoking	Director of Public Health	4	% of adults that smoke daily or occasionally	✓	Annual reduction towards 5% prevalence 2030	2021/22	13.0%		10.7%	1st	13.0%
		5	% Attempted to quit smoking	✓	5% annual target	Q4 21/22	2.79%	2.43%	3.34%	6th	4.07%
Diabetes	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	7	% diabetics who receive 8 NICE care processes	✓	>=27%	Q4 21/22	24.5%	35.0%	40.1%	1st	28.4%
		8	% Diabetics achieving 3 treatment targets	✓	1% annual increase from 2020-21 baseline	2020/21	30.4%		26.2%	4th	27.6%
Substance Misuse		9	Standardised rate of alcohol attributed hospital admissions	✓	4 quarter reduction trend	Q4 21/22	380.9	437.2	394.2	6th	373.9
		10	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	✓	4 quarter improvement trend	Q1 22/23	65.0%	50.0%	70.7%	3rd	67.2%
Vaccinations	Director of Public Health	11	'6 in 1' vaccine by age 1		95%	Q4 21/22	95.8%	96.1%	93.8%	6th	93.8%
		12	2 doses of the MMR vaccine by age 5		95%	Q4 21/22	90.3%	91.0%	94.4%	1st	90.8%
		14a	Flu Vaccines - 65+		75%	2021/22	73.5%		75.3%	7th	78.0%
		14b	Flu Vaccines - under 65 in risk groups		55%	2021/22	52.2%		50.9%	3rd	48.2%
		14c	Flu Vaccines - Pregnant Women		75%	2021/22	92.3%		66.7%	6th	78.5%
		14d	Flu Vaccines - Health Care Workers		60%	2021/22	56.5%		52.1%	6th	55.6%
Screening	Director of Public Health	15a	Coverage of cancer screening for: cervical		80%	2021/22	76.1%		72.7%	1st	69.5%
		15b	Coverage of cancer screening for: bowel		60%	2021/22	56.4%		68.3%	1st	67.1%
		15c	Coverage of cancer screening for: breast		70%	2019/20	69.1%		74.6%	1st	71.7%

Patterson-Li  
26/09/2024 16:23:59



# 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

2022/23 Performance Framework Measures										Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Primary & Community Care	Deputy Chief Executive & Director of Primary Care,	16	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS		100%	2021/22	93.8%		100.0%	1st	88.6%
Urgent & Emergency Care	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	21	% 111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed		90%	Jun-22	96.3%	87.0%	83.0%	3rd *	83.6%
		22	Percentage of total conveyances taken to a service other than a Type One Emergency Department	✓	4 quarter improvement trend	Q1 22/23	7.9%	8.8%	8.1%	5th	11.8%
		25	MIU % patients who waited <4hr		95%	Jul-22	99.9%	99.9%	100.0%	1st	65.7%
		26	MIU patients who waited +12hrs		0	Jul-22	0	0	0	1st	10,696
		31	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes		65%	Jul-22	52.6%	45.0%	39.9%	7th	52.0%
Elective Planned Care	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	39	Number of diagnostic endoscopy breaches 8+ weeks	✓	Improvement trajectory towards 0 by Spring 2024	Jul-22	169	18	8	1st *	16,961
		40	Number of diagnostic breaches 8+ weeks		12 month reduction trend towards 0 by Spring 2024	Jul-22	353	38	23	1st *	43,564
		41	Number of therapy breaches 14+ weeks		12 month reduction trend towards 0 by Spring 2024	Jul-22	19	171	180	1st *	12,811
		42	Number of patients waiting >52 weeks for a new outpatient appointment	✓	Improvement trajectory towards 0 by 31/12/22	Jul-22	91	0	0	1st *	97,882
		43	Number of patient follow-up outpatient appointment delayed by over 100%	✓	Improvement trajectory towards a reduction of 30% by March 2023 against a baseline of March 2021	FUP data is currently being validated for both reportable/non reportable specialties following reporting change to use WPAS national team stored procedure.					
		44	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)		95%	Jul-22	61.3%	61.8%	68.1%	2nd	63.3%
		LM1	Percentage of patient pathways without a HRF factor		<= 2.0%	Jul-22	0.5%	0.5%	0.5%		
		45	RTT patients waiting more than 104 weeks	✓	Improvement trajectory towards 0 by 2024	Jul-22	0	0	0	1st *	62,136
Elective Planned Care		46	RTT patients waiting more than 36 weeks	✓	Improvement trajectory towards 0 by 2026	Jul-22	463	71	92	1st *	263,781
		47	RTT patients waiting less than 26 weeks	✓	Improvement trajectory towards 95% by 2026	Jul-22	89.1%	95.3%	95.0%	1st *	54.8%



# 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

2022/23 Performance Framework Measures						Performance				Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Elective Planned Care	Director of Planning and Performance	LM2	Commissioned RTT patients waiting more than 104 weeks (English & Welsh Providers)		Individual Targets	Jun-22	156	754	721		
		LM3	Commissioned RTT patients waiting more than 52 weeks (English & Welsh Providers)		Individual Targets	Jun-22	2663	2743	2778		
		LM4	Commissioned RTT patients waiting more than 36 weeks (English & Welsh Providers)		Individual Targets	Jun-22	4,448	4,980	5,109		
		LM5	Commissioned RTT patients waiting less than 26 weeks (English & Welsh Providers)		Individual Targets	Jun-22	61.1%	59.1%	60.1%		
Mental Health	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	48	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
		49	CAMHS % waiting <28 days for first appointment	✓	80%	Jul-22	69.5%	91.3%	93.9%	3rd	42.9%
		50	Assessments <28 days <18	✓	80%	Jul-22	61.3%	97.4%	96.8%	1st*	50.2%
		51	Interventions <28 days <18	✓	80%	Jul-22	52.6%	70.6%	71.0%	1st*	40.8%
		52	% residents with CTP <18	✓	90%	Jul-22	85.7%	97.1%	100.0%	3rd*	73.5%
		53	Children/Young People neurodevelopmental waits	✓	80%	Jul-22	49.5%	90.2%	80.8%	1st*	37.4%
		55	% adults admitted to a psychiatric hospital 9am-9pm that have a CRHT gate keeping assessment prior to admission	✓	95%	Jun-22	100%	100%	100%	1st	90.9%
		56	% adults admitted without a CRHTS gate keeping assessment that receive a FU assessment within 24hrs of admission	✓	100%	Jun-22	100%	100%	100%	1st	100.0%
		57	Assessments <28 days 18+	✓	80%	Jul-22	91.4%	72.5%	74.2%	6th*	79.1%
		58	Interventions <28 days 18+	✓	80%	Jul-22	70.1%	37.4%	47.4%	6th*	68.5%
		59	Adult psychological therapy waiting < 26 weeks	✓	80%	Jul-22	95.2%	93.3%	94.3%	2nd*	73.7%
Hospital Infection Control	Director of Nursing	63	HCAI - Klebsiella sp and Aeruginosa cumulative number	✓	Local	Jul-22			2.25	PTHB is not nationally benchmarked for infection rates	
		64	HCAI - E.coli, S.aureus bacteraemia's (MRSA and MSSA) and C.difficile	✓		Jul-22			6.75		

Patterson, Liz  
26/09/2022 16:23:50



# National Outcomes Framework: Performance Scorecard

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

2022/23 Performance Framework Measures										Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Staff Resources	Deputy Chief Executive & Director of Primary	67	Agency spend as a percentage of the total pay bill	✓	12m↓	Jul-22	9.8%	10.8%	11.2%	10th (Mar-22)	8.5% (Mar-22)
	Director of Workforce and OD	68	(R12) Sickness Absence	✓	12m↓	Jul-22	5.1%	5.8%	5.9%	3rd (Mar-22)	6.89% (Mar-22)
		69	% staff Welsh language listening/speaking skills level 2 (foundational level) and above	✓	Bi-annual improvement	Q4 2021/22	16.0%	17.0%	17.0%	Not currently available	
Training & Development	Director of Workforce and OD	70	Core Skills Mandatory Training	✓	85%	Jul-22	80.0%	84.2%	81.0%	2nd (Mar-22)	79.0% (Mar-22)
		71	Performance Appraisals (PADR)	✓	85%	Jul-22	69.0%	72.0%	73.0%	1st (Mar-22)	57.2% (Mar-22)
Staff Engagement	Director of Workforce and OD	72	Staff Engagement Score	✓	Annual Improvement	2020	79% (2018)		78.0%	1st	75%
		73	% staff reporting their line manager takes a positive interest in their health & wellbeing	✓	Annual Improvement	2020	77% (2018)		75.5%	2nd	65.9%

Patterson, Liz  
26/09/2022 16:23:59



# 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

2022/23 Performance Framework Measures										Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Decarbonisation	Director of Environment	74	Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach	✓	16% Reduction by 2025 Against 21018/19 NHS Wales Baseline	2020/21	20,028		17,021	2nd*	1,001,378
New Ways of Working	Director of Finance and ICT	78	Number of risk assessments completed on the Welsh Nursing Clinical Record	✓	4 quarter improvement trend	Q1 22/23	235	22,473	28,438	5th	456,210
		79	Number of wards using the Welsh Nursing Clinical Record	✓	4 quarter improvement trend	Q1 22/23	2	7	8	5th	128
		80	Percentage of episodes clinically coded within one month post discharge end date		Maintain 95% target or demonstrate an improvement trend over 12 months	Jun-22	99.4%	82.8%	100%	1st	81.0%
Clinically Effective Prescribing	Medical Director	81	Total antibacterial items per 1,000 STAR-PUs	✓	A quarterly reduction of 5% against a baseline of 2019-20	Q4 21/22	195.6	260.0	230.3	1st	259.4
		93	Number of patients 65+ years prescribed an antipsychotic		Quarter on quarter reduction	Q1 22/23	485	489	486	1st*	10,262
		84	Opioid average daily quantities per 1,000 patients	✓	4 quarter reduction trend	Q4 21/22	4068.0	4222.0	4040.1	2nd	4,329.4

Patterson, Liz  
26/09/2022 16:23:59



# Operational Measures: Performance Scorecard

Operational Measures are not routinely reported nationally. Instead, they will be tracked by Welsh Government policy leads and will be escalated to the Quality Delivery Board and Integrated Quality, Planning and Delivery meetings as required.

	Operational Measure	Target	Month	12 months Previous	Previous Period	Current Period
A.	Crude hospital mortality rate (74 years of age or less)	12 month reduction trend	Jul-22	2.80%	2.14%	1.98%
C.	Number of women of childbearing age prescribed valproate as a percentage of all women of child bearing age	Quarter on quarter reduction	Q1 2022/23	0.10%	0.10%	0.10%
G.	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	75%	Q1 2022/23		59%	53%

Patterson, Liz  
26/09/2022 16:23:59





# Quadruple Aim 1

No.

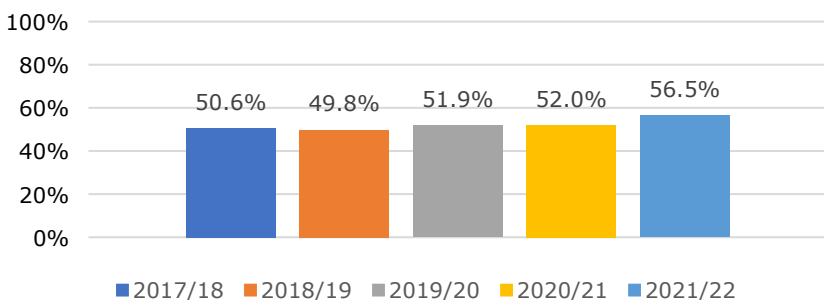
3

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

### Breastfeeding

Percentage of babies who are exclusively breastfed at 10 days old

Percentage of babies who are exclusively breastfed at 10 days old



#### Performance 2021/22

Local Performance	All Wales Benchmark
56.5%	1 <sup>st</sup> (36.7%)

#### Variance Type

N/A

#### Target

Annual Improvement

#### Data Quality & Source

Welsh Government Performance Team

Executive Lead Director of Nursing

Officer Lead Head of Midwifery and Sexual Health

Strategic Priority 2

*"Evidence shows that breastfed babies will have better physical and mental health ... Breastfeeding can also make a difference to a mother's health, as it can reduce the risk of breast cancer, ovarian cancer and osteoporosis."*

#### What the data tells us

2021/22 performance is the highest reported in the 6 available years. Powys consistently ranks 1<sup>st</sup> and benchmarks positively against the All Wales figure of 36.7% for 2021/22.

Patterson, Liz  
26/09/2022 16:23:59

#### Issues

Powys no longer has Baby Friendly Initiative (BFI) accreditation.

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.

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.

#### Actions

The Powys Infant Feeding Steering Group will be restarting in October 2022 with revision of the infant feeding action plan.

BFI training is currently underway for maternity and health visiting staff.

There is an infant feeding coordinator in post who will be reviewing the data requirements and including within the training the importance of accurate data collection by staff.

#### Mitigations

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 commenced recruitment in January 2022 and has recruited 33 women up to August 2022.

Powys volunteer breastfeeding groups have recommenced some face to face groups across Powys, increasing the support available to families.



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

## Smoking

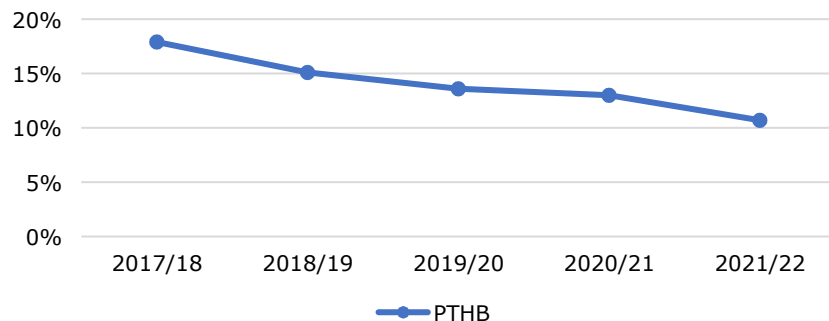
Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally

Executive Lead Director of Public Health

Officer Lead Consultant in Public Health

Strategic Priority 2

Percentage of adult reporting they currently smoke daily or occasionally



## Performance 2021/22

Local Performance	All Wales Benchmark
10.7%	1 <sup>st</sup> (13.0%)

## Variance Type

N/A

## Target

Annual Improvement

## Data Quality &amp; Source

Welsh Government  
Performance Team

*"There is a need for a whole system approach if Wales is to achieve its vision of being smoke-free by 2030.*

*NHS Wales (along with other service providers) is a key partner in delivering this ambition by optimising smoking cessation services and prevention of uptake provision."*

## What the data tells us

The Health Board's reported adults smoking rate continues to decline year-on-year, with a further step change in the last 12 months from a rate of 13% to its current lowest reported rate of 10.7% for 2021/22. This is the lowest adult smoking prevalence rate for HBs across Wales, and well below the all Wales average of 13.0%

## Issues

As the percentage of adults reporting they smoke daily or occasionally in Powys continues to decrease it leaves remaining the group of smokers who find it most difficult to quit. This group of smokers are likely to have more complex needs and require more in depth support to quit smoking and it is likely that the quit rate will slow down in Powys as we work towards a target of <5% by 2030.

## Actions

The Health Board is looking to enhance the support offered to remaining smokers who find it hardest to quit. Extra training in health coaching for Smoking Cessation Advisors is being explored to enable the Advisors to increase their skills and enable them to offer more in depth support to this group of smokers.

The Health Board plans to return to face to face offer of support commencing in areas of deprivation. Face to face smoking cessation support is known to be the most effective provision of support.

## Mitigations

The Health Board is exploring how to increase the capacity of community advisors to allow them sufficient time to support the remaining smokers in Powys with more complex needs.



# Quadruple Aim 1

No.

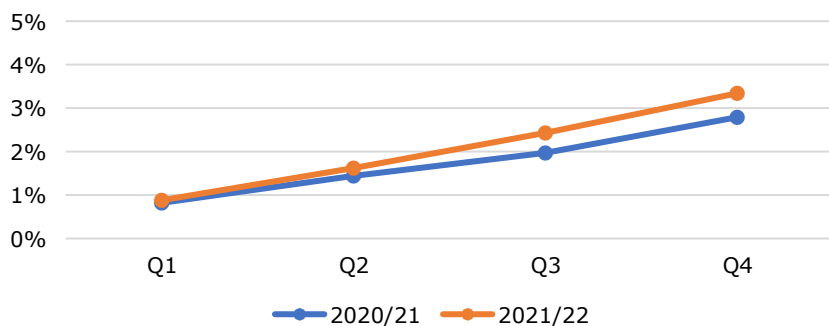
5

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

## Smoking

Percentage of adult smokers who make a quit attempt via smoking cessation services

Percentage of adult smokers who make a quit attempt



### Performance Q4 2021/22

Local Performance	All Wales Benchmark
3.34%	6th (4.07%)

### Variance Type

N/A

### Target

5% Annual Target

### Data Quality & Source

Welsh Government Performance Team

Executive Lead Director of Public Health

Officer Lead Consultant in Public Health

Strategic Priority 2

*"To improve people's health and life expectancy and to reduce the pressures on the NHS, health boards are required to encourage their local smoking population to attend an NHS funded service to stop smoking."*

### What the data tells us

Note: In 2020-21, the National Survey was adapted due to COVID resulting in lower smoking estimates than previously reported. The lower estimates will result in an apparent higher proportion of smokers making a quit attempt during 2021/22 which may not reflect a real improvement in performance.

The cumulative quit attempts for 2022/23 show a slight uptake in quit attempts on 2020/21 but are below target and the national benchmark.

### Issues

One potential issue in the reduction in smoking quit attempts is the reduced access to support through level 3 pharmacy provision. Following the pandemic only 8 out of the 21 pharmacies in Powys are actively providing the Level 3 service.

There have been staffing vacancies in the maternity provision and extra work has been required to improve referral process for smoking cessation support in pregnancy and the offer of continued support to quit throughout pregnancy.

As the percentage of adults smokers in Powys falls it leaves remaining the group of smokers who find it most difficult to quit.

### Actions

Work is being undertaken with Pharmacy Department to increase the number of pharmacies across Powys offering Level 3 support with a particular focus on areas of deprivation.

Powys Public Health Team have worked to increase the level of monitoring of maternity smoking cessation provision to support the evaluation of this service with the aim of increasing numbers of pregnant women making quit attempts.

Extra training in Health Coaching is being explored for Smoking Cessation Advisors to offer further support to smokers in Powys who make a quit attempt.

### Mitigations

Mitigation is limited at the current time although the community service has increased slots for smokers wishing to be supported through quit attempts.

The Health Board plans to commence face-to-face offer of support in areas of deprivation. Face-to-face stop smoking support is known to be the most effective provision of support to make a quit attempt.

Work has been undertaken to identify the pharmacies which require support to re-establish Level 3 service.

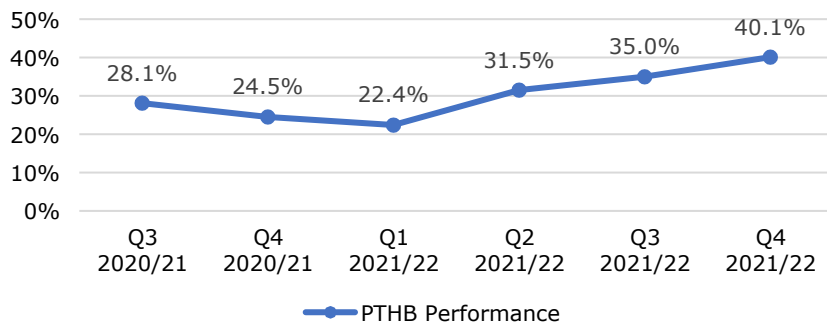


## People in Wales have improved health and well-being and better prevention and self-management

## Diabetes

Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes

Percentage of Patients (12 years+) who receive all 8 NICE care processes



## Performance Q4 2021/22

Local Performance	All Wales Benchmark
40.1%	1 <sup>st</sup> (28.4%)

## Variance Type

N/A

## Target

Equal or greater than 27%

## Data Quality &amp; Source

Welsh Government Performance Team

## Executive Lead

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

## Officer Lead

TBC

## Strategic Priority

2

*"To ensure good diabetes control and to avoid the risk of developing serious complications, clinical teams should monitor people with diabetes against the eight NICE key care processes."*

## What the data tells us

Performance improved throughout 2021/22 to reach 40.1% in Q4. This benchmarks favourably against the All Wales average of 28.4% for the same period.

Patterson, Liz  
26/09/2022 16:23:59

## Issues

As a new measure for the framework with both primary and secondary care responsibility further information on actions & challenge will be provided in the next IPR.

## Actions

## Mitigations

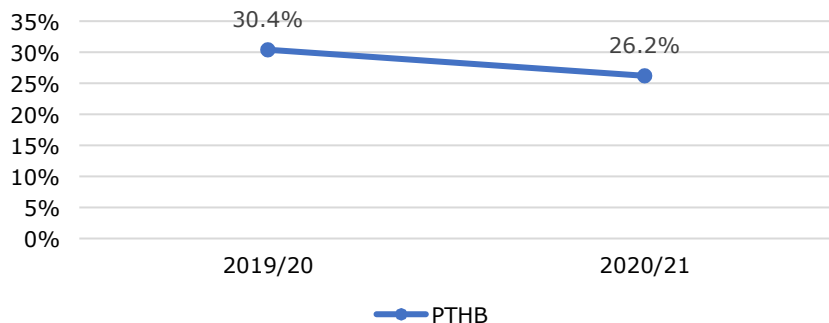


## People in Wales have improved health and well-being and better prevention and self-management

**Diabetes**

Percentage of patients (aged 12 years and over) with diabetes achieving all three treatment targets in the preceding 15 months

Percentage of Patients (12 years+) achieving all 3 treatment targets

**Performance 2020/21**

Local Performance	All Wales Benchmark
26.2%	4 <sup>th</sup> (27.6%)

**Variance Type**

N/A

**Target**

1% annual increase from baseline data 2020-21

**Data Quality & Source**

Welsh Government Performance Team

**Executive Lead**

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

**Officer Lead**

TBC

**Strategic Priority**

2

*"Treatment targets focus on the patient population obtaining good HbA1c, blood pressure and cholesterol control to minimise the risk of complications such as heart attacks, strokes and kidney disease."*

**What the data tells us**

Performance in 2020/21 deteriorated to 26.2%. This is not target compliant and falls slightly below the all Wales average of 27.6%.

As a new measure for the framework with both primary and secondary care responsibility further information will be provided in the next IPR.

**Issues**

As a new measure for the framework with both primary and secondary care responsibility further information on actions & challenge will be provided in the next IPR.

**Actions****Mitigations**



# Quadruple Aim 1

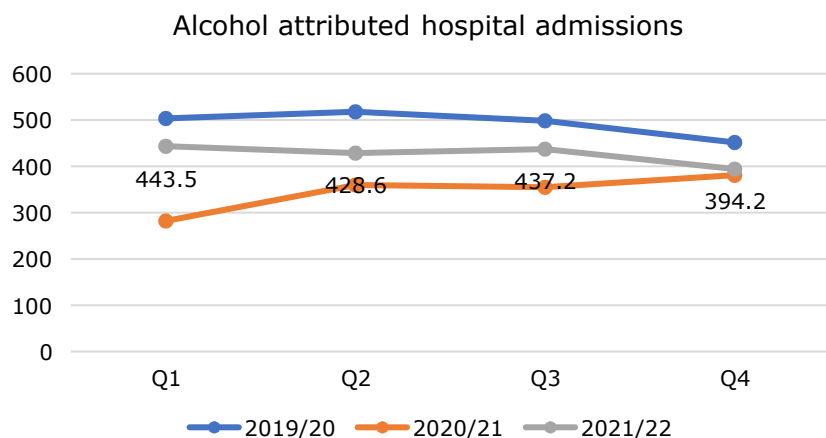
No.

9

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

### Alcohol Misuse

European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)



#### Performance Q4 2021/22

Local Performance	All Wales Benchmark
394.2	6th (373.9)

#### Variance Type

N/A

#### Target

4 quarter reduction trend

#### Data Quality & Source

Welsh Government  
Performance Team

#### Executive Lead

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

#### Officer Lead

Assistant Director of Mental Health

#### Strategic Priority

2

*"To reduce alcohol consumption, actions are taking place across Wales to raise awareness of the harms of alcohol, to support those with alcohol dependency ... and to reduce the availability and affordability of alcohol. In relation to the latter, the Public Health (Minimum Price for Alcohol) (Wales) Act 2018 came into force on 2 March 2020.*

*An indication of whether these areas of work are having a positive impact is to monitor the standardised rate of hospital admissions that are attributed to alcohol."*

#### What the data tells us

Alcohol attributed hospital admissions have displayed a reduction trend across the 2021/22 financial year and fall below the pre-pandemic levels reported in 2019/20. However, reported rates in 2021/22 are higher than 2020/21 and local rates are above the national average, PTHB ranks 6th.

#### Issues

A 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 4. Review public health information provision in terms of messaging to general public. Identify any repetitive patients accessing services and consider alternative support as appropriate.

#### Mitigations

To be confirmed once further action has been taken.



# Quadruple Aim 1

No.

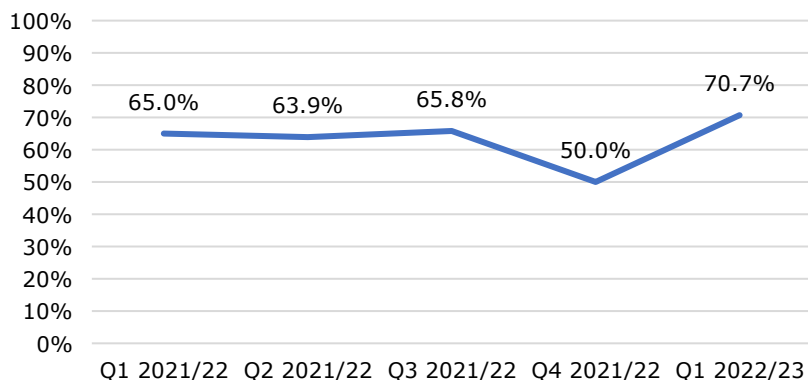
10

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

## Alcohol Misuse

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

Completed Treatment for alcohol Misuse



### Performance Q1 2022/23

Local Performance	All Wales Benchmark
70.7%	3 <sup>rd</sup> (67.2%)

### Variance Type

N/A

### Target

4 Quarter Improvement Trend

### Data Quality & Source

Welsh Government Performance Team

### Executive Lead

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

### Officer Lead

Assistant Director of Mental Health

### Strategic Priority

2

"Alcohol misuse in Wales is a major public health issue, impacting upon individual lives, communities, workplaces and public sector services"

### What the data tells us

Performance has much improved in the first quarter of 2022/23, allowing PTHB to meet the national target of 4 quarter improvement. The health board is ranked 3<sup>rd</sup> in Wales against the All Wales figure of 67.2%.

### 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

No.

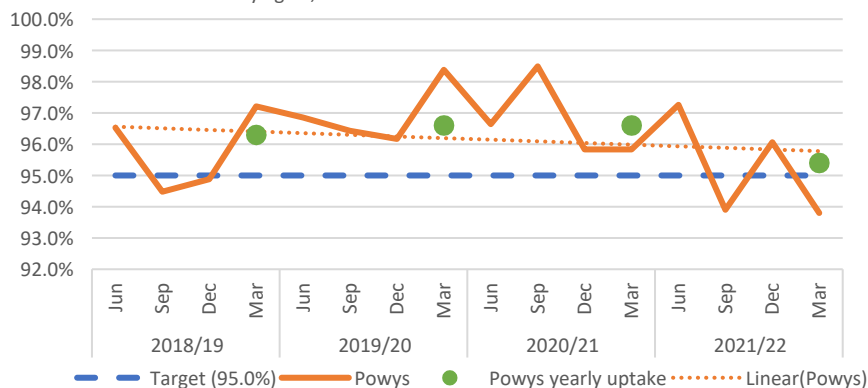
11

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

## Childhood Vaccinations

Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1

Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1, Jan 2018 - Mar 2022 – Source PTHB PH



### Performance Q4 2021/22

Local Performance	All Wales Benchmark
93.8%	6 <sup>th</sup> (94.9%)

### Variance Type

Common Cause

### Target

95%

### Data Quality & Source

PTHB Public Health

Executive Lead	Director of Public Health
Officer Lead	Consultant in Public Health
Strategic Priority	2

"Diphtheria, Hepatitis B, Haemophilus Influenza Type B Tetanus, Polio and Whooping Cough can all be prevented by a highly safe and effective vaccine. A complete course of 3 doses will protect children from these diseases and prevent them from circulating in the community."

### What the data tells us

PTHB normally performs consistently above the 95% target for coverage of the 6 in 1 vaccinations. The latest Q1 2022 ending March 2022 has shown a decrease in uptake, taking the health board below the uptake target of 95%.

This trend has been seen across Wales with the national average dropping from 95.9% in December 2021 to 94.9% in March 2022. However, when looking at the overall year April 2021-March 2022 our uptake 95.4%, remains above the target.

### Issues

### Actions

This decrease in uptake for this quarter will be monitored to ensure that children due during this period are vaccinated, as the data may show individuals delaying vaccination during the quarter. If required, individual practices will be approached to help understand any barriers. Work is underway to develop an enhanced primary care dashboard to identify any variation.

### Mitigations

None required





# Quadruple Aim 1

No.

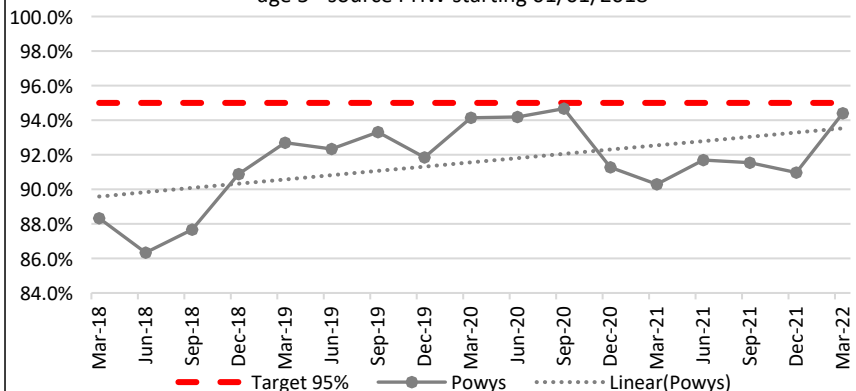
12

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

## Childhood Vaccinations

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

Percentage of children who received 2 doses of the MMR vaccine by age 5 - source PHW starting 01/01/2018



### Performance Q4 2021/22

Local Performance	All Wales Benchmark
94.4%	1 <sup>st</sup> (90.8%)

### Variance Type

Common Cause

### Target

95%

### Data Quality & Source

PTHB Public Health

Executive Lead	Director of Public Health
Officer Lead	Consultant in Public Health
Strategic Priority	2

*"Measles, Mumps and Rubella can be prevented by a highly safe and effective vaccine. A complete course of 2 doses will protect children from these diseases and prevent them from circulating in the community."*

### What the data tells us

The uptake of 2 doses of MMR by age 5 for Powys THB is the highest in Wales at 94.4%, and only slightly below the 95% target. Performance has improved steadily and is well above the all Wales average of 90.8% for Q4 2022 (Jan-March 2022).

### Issues

The previous decrease in MMR uptake at age 5 years during 2021 may reflect the impact of the pandemic, individual willingness to take children to be vaccinated during the pandemic, along with primary care workforce capacity, patient flow and social distancing.

### Actions

The current up turn in rates will be monitored for further learning and improvement, with discussions with individual GP Practices as required.

### Mitigations

None required



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

## Influenza Vaccination

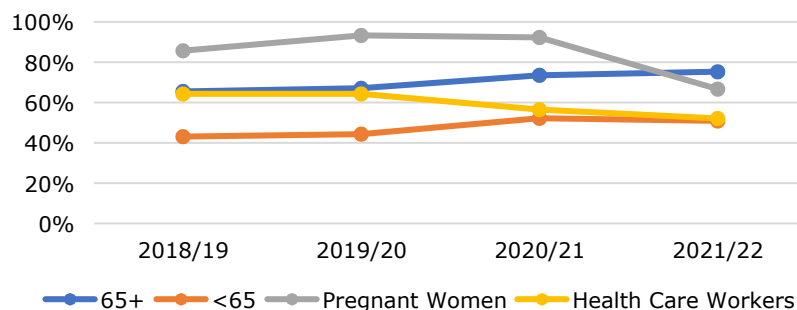
Uptake of the influenza vaccination among: 65 year olds and over, under 65s in risk groups, pregnant women, and health care workers.

Executive Lead Director of Public Health

Officer Lead Consultant in Public Health

Strategic Priority 2

Influenza vaccination uptake by group – source PHW



## Performance 2021/22

Measure	Local	21/22 Target	All Wales
65+	75.3%	75%	7 <sup>th</sup> (78.0%)
<65 at risk	50.9%	55%	3 <sup>rd</sup> (48.2%)
Pregnant Women	66.7%	75%	6 <sup>th</sup> (78.5%)
Health Care Workers	52.1%	60%	6 <sup>th</sup> (55.6%)
Data Quality & Source			
PTHB Public Health			

*"The best way to protect against catching and spreading influenza is to increase the uptake of immunisation amongst the vulnerable groups and health care workers."*

## 2022/23 Framework

The 2022/23 National Performance Framework combines all influenza vaccine eligibility groups into one population with an uptake target of 75%. Combined data is not currently available locally due to the absence of denominator values for pregnant women. Excluding pregnant women, 2021/22 PTHB performance totalled 67.1%, below the 75% target but benchmarking favourably against the All Wales uptake of 65.4%.

## What the data tells us

- 65+yrs: Performance this year 2021/22 just past the 75% target and shows a year on year improvement.
- <65ys at risk: Performance was above the Wales average but remains below target and has dropped 1.3% since 2020/21, although this may reflect the impact of COVID-19
- Pregnant women uptake appears to have decreased compared to the previous year.
- Health care workers uptake has declined for a second year partly due to COVID-19, with remote working, and shielding staff members.
- Please note the new measure cannot be used for 2021/22 data e.g., cannot be compared against new set target.

## Issues

The variable uptake across the groups may reflect a number of issues including, call-recall vaccination process, perceived risk of flu, primary care workforce capacity, clinic/patient flow within clinics, availability of appointments and social distancing arrangements.

## Actions

- Although the pregnant women uptake appears to have dropped significantly this percentage is based on very small sample. 100% of pregnant women were offered the flu vaccine.
- We are actively engaging primary care regarding delivery of the flu and COVID-19 vaccines for 2022/23.
- A separate staff vaccination steering group has been put in place and this year a co-delivery method with COVID-19 is going to be trialled with the aim of improving uptake; with the support and back up of peer vaccinators.

## Performance 2021/22

Group	Area	Immunised	Eligible	Uptake
Total *Excludes Pregnant Women	PTHB	40,315	57103	67.1%
	Wales	804,368	1,229,692	65.4%
65+	PTHB	28,949	38,440	75.3%
	Wales	535,876	687,339	48.2%
<65 at risk	PTHB	8,889	17,467	50.9%
	Wales	215,332	446,772	78.0%
Pregnant Women	Not Available			66.7%
				78.5%
Health Care	PTHB	1,196	2,297	52.1%
	Wales	53,160	95,581	55.6%



# Quadruple Aim 1

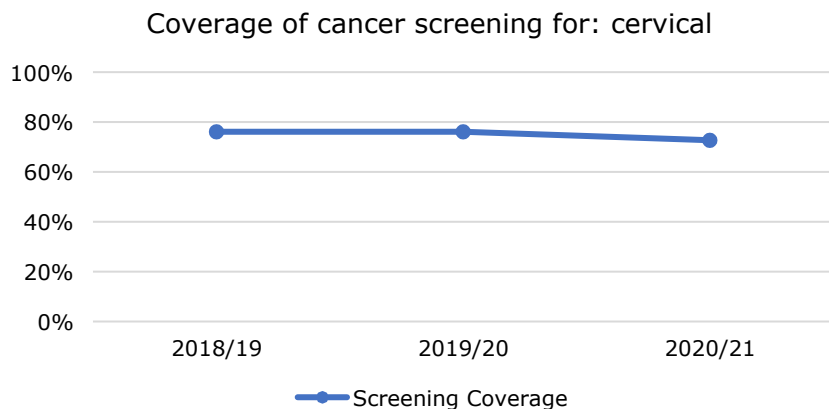
No.

15a

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

### Cancer Screening

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



Performance 2020/21	
Local Performance	All Wales Benchmark
72.7%	1 <sup>st</sup> (69.5%)
Variance Type	
N/A	
Target	
80%	
Data Quality & Source	
PTHB Public Health	

Executive Lead	Director of Public Health
Officer Lead	Consultant in Public Health
Strategic Priority	2

*"Diagnosing cancer early allows for less aggressive treatments to be used, resulting in a better experience for the patient, an improved quality of life and, crucially, better survival."*

*For screening programmes to reach their full potential, coverage...needs to improve. A combination of awareness raising, and more acceptable testing will help to achieve this."*

What the data tells us	Issues	Actions	Mitigations
<p>Data prior to 2018/19 for cervical screening is not comparable due to a change in the age coverage. Since 2018/19 Powys has ranked as the highest achieving Health Board and remains ranked 1<sup>st</sup> with an uptake of 72.2% in 2020/21, which is above the Wales average of 69.5%.</p> <p>However, this is below the 80% target. There has been a slight decrease in uptake across the whole of Wales due to the suspension of the service between March 2020 and June 2020, and recommencement of services at reduced capacity. Further screening information available in <a href="#">appendix 2</a></p>	<p>The suspension of the service between March 2020 and June 2020, and recommencement of services at reduced capacity resulted in delay and backlog of individuals due to be invited for screening.</p> <p>There is a lower uptake in North Powys GP cluster (71.7%) compared to Mid and South GP clusters (73.8% and 73.3% respectively).</p>	<p>Although PTHB has the highest uptake of cervical screening in Wales it should be noted that it is below the 80% target.</p> <p>Screening services have implemented an action plan to catchup on delayed screening offers of appointment and has fully recovered from impact of pandemic during 2021/22.</p> <p>With the slight difference in uptake between the north and south GP Clusters there is opportunity to identify any barriers and sharing of good practice.</p>	<p>None currently</p>



# Quadruple Aim 1

No.

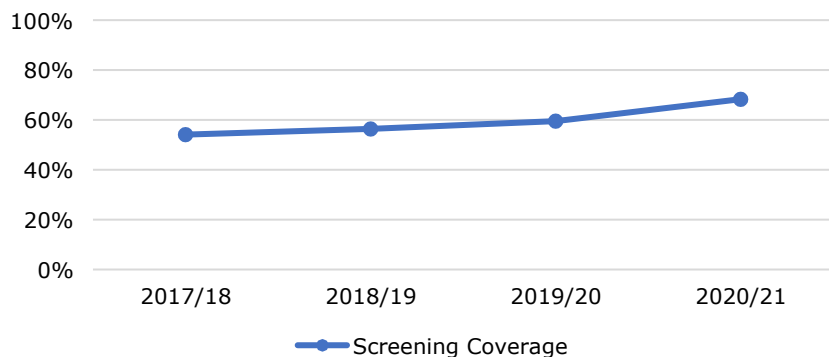
15b

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

## Cancer Screening

Percentage of eligible people that have participated in the bowel screening programme within the last 2.5 years

Coverage of cancer screening for: bowel



Performance 2020/21	
Local Performance	All Wales Benchmark
68.3%	1 <sup>st</sup> (67.1%)
Variance Type	
N/A	
Target	
60%	
Data Quality & Source	
PTHB Public Health	

Executive Lead	Director of Public Health
Officer Lead	Consultant in Public Health
Strategic Priority	2

"Diagnosing cancer early allows for less aggressive treatments to be used, resulting in a better experience for the patient, an improved quality of life and, crucially, better survival.

For screening programmes to reach their full potential, coverage...needs to improve. A combination of awareness raising, and more acceptable testing will help to achieve this."

What the data tells us	Issues	Actions	Mitigations
<p>Coverage for bowel screening has improved consistently for Powys, with uptake at 68.3%, up 6.6% from 2019/20 and achieving well above the 60% target.</p> <p>The Health Board has the highest uptake across Wales, with the Wales average being 67.1%. The GP clusters are also sitting above the target with the North GP cluster reaching 67.8%, Mid 67.0% and the South GP cluster having an uptake of 69.4%</p> <p>Further screening information available in <a href="#">appendix 2</a></p>	None presently	PTHB will continue to support the roll out and extension of the bowel screening programme.	None required



# Quadruple Aim 1

No.

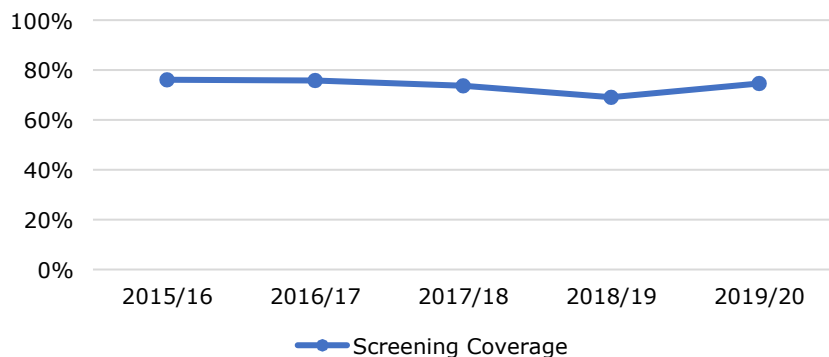
15c

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

## Cancer Screening

Percentage of women resident and eligible for breast screening at a particular point in time who have been screened within the previous 3 years

Coverage of cancer screening for: breast



Performance 2019/20	
Local Performance	All Wales Benchmark
74.6%	1 <sup>st</sup> (71.7%)
Variance Type	
N/A	
Target	
70%	
Data Quality & Source	
PTHB Public Health	

Executive Lead	Director of Public Health
Officer Lead	Consultant in Public Health
Strategic Priority	2

"Diagnosing cancer early allows for less aggressive treatments to be used, resulting in a better experience for the patient, an improved quality of life and, crucially, better survival.

For screening programmes to reach their full potential, coverage...needs to improve. A combination of awareness raising, and more acceptable testing will help to achieve this."

### What the data tells us

Coverage for breast screening improved in 2019/20 to 74.6%, above the average for the past 5 years. PTHB is target compliant and benchmarks positively against the All Wales average of 71.7%.

Further screening information available in [appendix 2](#)

### Issues

PHW Breast Screening Services invite eligible women on a three yearly cycle for a screening appointment.

The impact of temporarily pausing screening services due to Covid-19 along with reduced activity during restarting of services to enable covid-safe pathways resulted in substantially reduced numbers being invited for screening during 2020/21 compared to previous years.

### Actions

Although PTHB has the highest uptake of breast screening in Wales it should be noted that this has decreased during COVID 19.

PHW Screening Services are implementing a recovery plan which includes increasing the number of women been able to be screened in addition to increasing the number of screening clinics.

### Mitigations



# Quadruple Aim 2

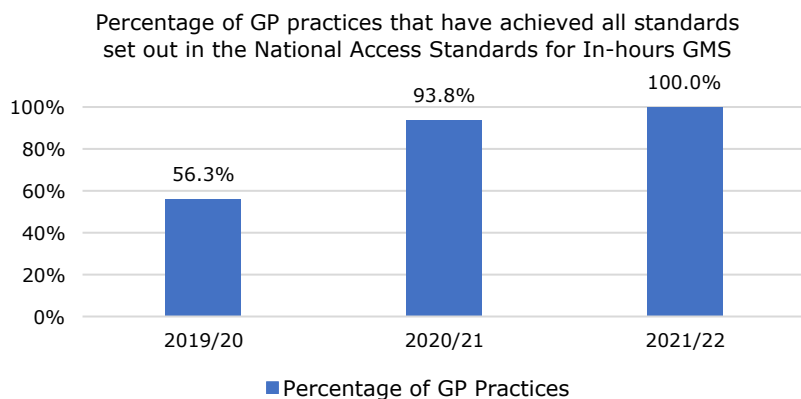
No.

16

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

## In-hours GP Access

Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS



Performance 2021/22	
Local Performance	All Wales Benchmark
100%	1 <sup>st</sup> (88.6%)
Variance Type	
N/A	
Target	
100%	
Data Quality & Source	
Welsh Government Performance Team	

Executive Lead

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

Officer Lead

Assistant Director of Primary Health

Strategic Priority

4

*"The National Survey for Wales (2018-19) reported that 40% of respondents found it difficult to make a convenient GP appointment. Phase 2 Standards, based on an access commitment agreed through the GMS Contract Agreement 2021-22, were introduced in April 2022 [to] provide the clarity needed around what should be expected for patients and professionals alike."*

### What the data tells us

The target of 100% performance has been met. This represents a significant improvement from 56.3% in 2019/20. PTHB performs above the All Wales average

General Practice participation in meeting the Access Standards is not a mandatory contractual requirement and therefore practice participation is optional, however 100% of Powys practices are committed to aspire to achieve the Access Standards.

### Issues

### Actions

### Mitigations

PTHB provides an ongoing supportive role in assisting practices with achievement of the standards. Through the local Access Forum and aligned to the national work, PTHB works closely with all practices to maintain all access standards achievement.



# Quadruple Aim 2

No.

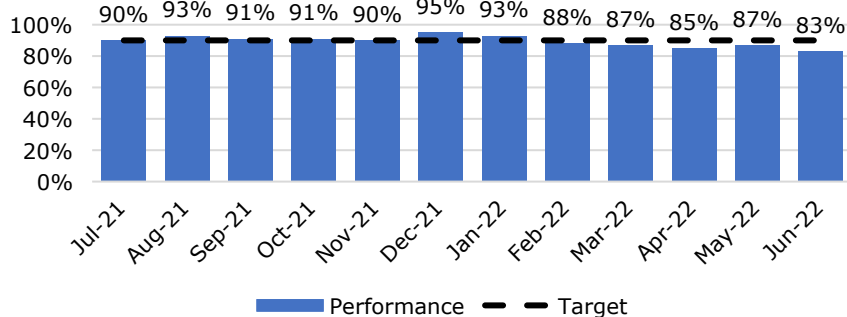
21

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

## 111 Assessment

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

Percentage of P1CHC who start definitive clinical assessment within 1hr of call



### April 2022 Performance

Local Performance	All Wales Benchmark
85%	N/A
Variance Type	
N/A	
Target	
90%	
Data Quality & Source	
PTHB Primary Care	

Executive Lead

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

Officer Lead

Assistant Director of Primary Health

Strategic Priority

4

"NHS Wales is committed to providing services 24 hours a day seven days a week.

To ensure that the most urgent callers get timely advice and/or the medicine required, a nurse, emergency dentist, pharmacist or GP should provide a clinical assessment within one hour of the initial call being answered."

### What the chart tells us

111 performance as at the June snapshot has fallen to 83% of patients starting clinical assessment within 1hr of initial call completed. There is no national benchmark available due to national data challenge.

Performance data will be unavailable due to cyber attack from 4<sup>th</sup> August until the challenge is resolved.

### Issues

- The 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 by challenges around information flow between systems e.g., 111 & Shropdoc, and 111 & SBUHB Adastra system. Accurate OOH reporting is an ongoing national issue and given the need for accurate reporting a replacement IT system, SALUS, is currently being developed for implementation in 2022.
- On the 4<sup>th</sup> of August 2022, Advanced had a cybersecurity incident caused by ransomware and immediately took action to mitigate any further risk by disabling all of their Health and Care systems. As a result, there has been a temporary loss in service to the out of hours Adastra system, used to support NHS Wales (and England). This has affected all Health Boards across Wales. From the PTHB perspective this has impacted significantly on 111, Shropdoc and the SBUHB OOH service. It is unclear at the moment what data will be available for August and September. Four Nation updates are advising that it will likely be the end of September at the earliest until NHS Wales are in a position to reinstate Adastra.

### 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.



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

### Conveyance

Percentage of total conveyances taken to a service other than a Type One Emergency Department

Executive Lead

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

Officer Lead

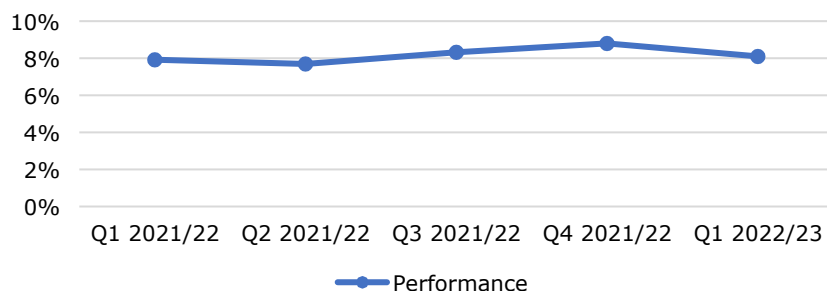
TBC

Strategic Priority

11

*"To ensure that seriously ill or injured people are transported quickly to an Emergency Department for definitive treatment, health boards and WAST are required to implement safe alternatives for patients whose clinical need is not time sensitive."*

Percentage of Conveyances taken to a Service Other than a Type 1 Emergency Departments



#### Q1 2022/23 Performance

Local Performance	All Wales Benchmark
8.1%	5 <sup>th</sup> (11.8%)

#### Variance Type

N/A

#### Target

4 quarter improvement trend

#### Data Quality & Source

Welsh Government Performance Team

#### What the data tells us

Please note that this data is provided via WAST/DHCW, this is a snapshot of all Powys in and out of county conveyances. Powys as a provider does not have type one emergency departments.

Performance in Q1 reduced slightly to 8.1%, but remains compliant with target due to the gradual improvement seen through the 2021/22 financial year.

Powys Performance sits below the All Wales average of 11.8%, ranking 5<sup>th</sup> out of the Health Boards.

#### Issues

#### Actions

#### Mitigations





# Quadruple Aim 2

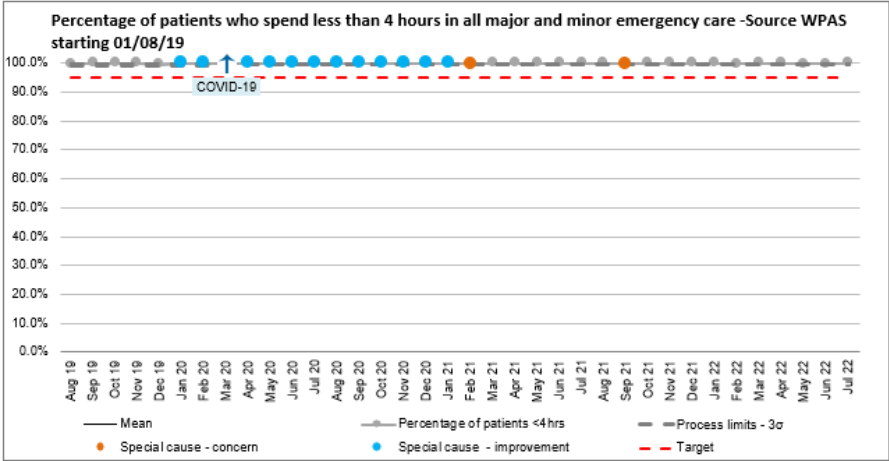
No.

25

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



July 2022 Performance	
Local Performance	All Wales Benchmark
100%	(1 <sup>st</sup> 65.7%)
Variance Type	
Common Cause	
Target	
95%	
Data Quality & Source	
EDDS	

Executive Lead	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services
Officer Lead	Senior Manager Unscheduled Care
Strategic Priority	11

"Patients attending [MIU] expect to be seen and treated, transferred or discharged in a timely manner.  
To ensure that patients spend less than 4 hours in [MIU], health boards need to provide efficient and effective services, whilst educating patients to make the best use of alternative NHS services."

What the chart tells us	Issues	Actions	Mitigations
MIU performance against the access target remains excellent circa 99+% on a monthly basis. The All Wales average was 65.7% but this is non comparable due to the provider service types e.g., minor vs mixed units including tier 1. <div>26/09/2022 16:23:59 Liz</div>	No issues with MIU performance as reflected in data.  Ambulance arrival times for 999 patients have caused delays in transferring but attributed to transport.	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.	Ensure maintenance of robust staffing in all MIU's for handovers and continuity of care for longer waits.



# Quadruple Aim 2

No.

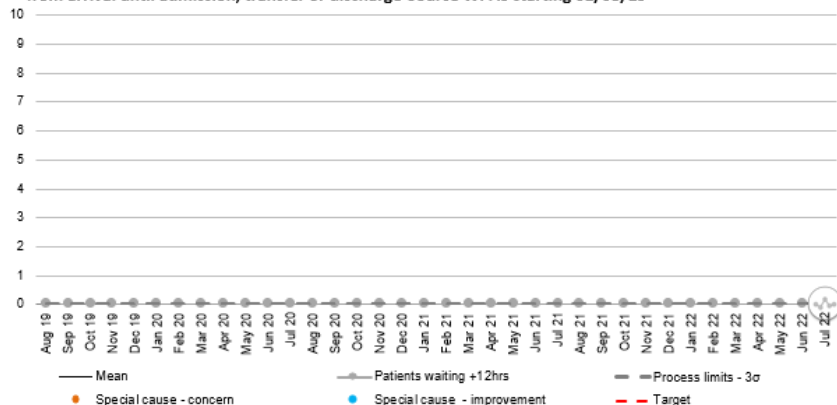
26

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

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 01/08/19



### July 2022 Performance

Local Performance	All Wales Benchmark
0	(1 <sup>st</sup> 10,696)

### Variance Type

Common Cause

### Target

0

### Data Quality & Source

EDDS

Executive Lead

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

Officer Lead

Senior Manager  
Unscheduled Care

Strategic Priority

11

"Waiting over 12 hours is an indication of the resilience of the wider unscheduled care system and a key measure of patient experience (patients attending [MIU] expect to be seen in a timely manner)."

### What the data 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 for admission over 12 hours in major and minor emergency care reached a 12 month high of 10,696.

### Issues

No issues with 12 hour breaches but as per following slides amounting pressures in WAST are likely to cause increasing delays in transfers, including red calls.

### Actions

Implemented standard operating procedures (SOP) & escalation of any transfer delays. This has been approved internally for use to manage the risk across the system. Lengthy delays are all captured on DATIX

### Mitigations

Ensure maintenance of robust staffing in all MIU's for handovers and continuity of care for longer waits.



# Quadruple Aim 2

No.

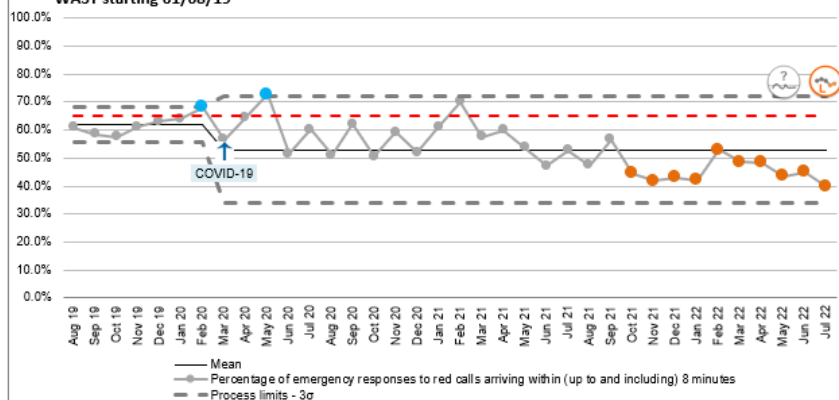
31

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

## Red Calls

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 01/08/19



## July 2022 Performance

Local Performance	All Wales Benchmark
39.9%	7 <sup>th</sup> (52.0%)

## Variance Type

Special cause concern

## Target

65%

## Data Quality & Source

WAST

Executive Lead n

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

Officer Lead

As above

Strategic Priority

11

"A faster response time by emergency medical services ... can reduce the risk of death and increase the potential for a positive health outcome."

## What the data tells us

Performance is special cause concern and could show a shift in process with 10 sequential points below the mean. Powys ranks 7<sup>th</sup>, below the All Wales average of 52.0%.

Patterson, Liz  
26/09/2022 16:23:59

## 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.



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

**35. Patient Flow**

Percentage of people assigned a D2RA pathway within 48 hours of admission

**36. Patient Flow**

Percentage of people leaving hospital on a D2RA pathway

**Executive Lead n**

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

**Officer Lead**

Senior Manager  
Unscheduled Care

**Strategic Priority**

11

*"Recognising that an acute hospital setting does not provide a suitable environment for recovery and assessment for ongoing needs, the Discharge to Recover then Assess (D2RA) model has been established.*

*The D2RA pathway provides a seamless transfer to longer-term support in the community, thereby: maximising the individual's recovery and independence; reducing the length of stay in hospital ... and supporting 'whole system flow'"*

**Issues**

- All patients go through the D2RA process when stepped down from acute hospitals to a community hospital (this is itself a D2RA discharge pathway process). You could therefore class all admissions from acutes as those being discharges on a D2RA pathway (and the HB reports as such to the Delivery Unit until DTOC's return for our delays).
- Patients who go through the "true" D2RA pathway straight from acute sites are classed as home first but will not be applicable within the methodology currently for this measure.
- To inform community development discharge pathways have been implemented onto WPAS. Compliance is poor as seen with Estimated Discharge Dates on WPAS by the wards. Discussions on fields being created as mandatory is not considered feasible as this will be a national decision and pathways may differ

**Actions**

- Report required & requested from informatics on non compliance. Discussing on discharge day with ward sisters on 6<sup>th</sup> September to improve compliance.

**Mitigations**

- Manual data collection continues & audit done in 2021.
- Collection and monitoring of D2RA data from acutes already collated by therapies.

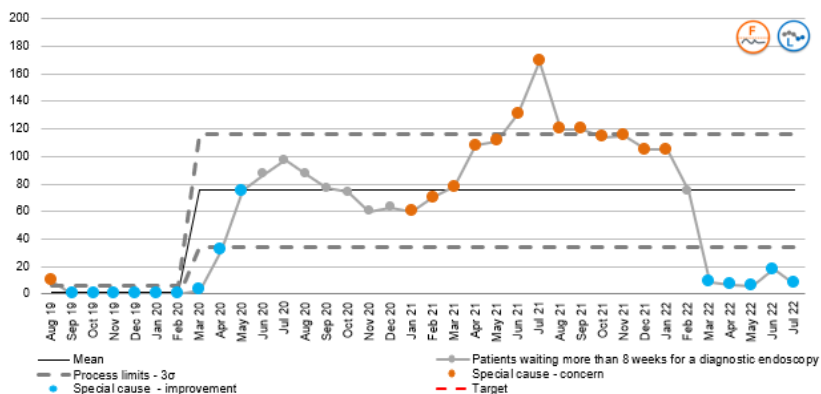


People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

### Diagnostic Breaches

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

Patients waiting more than 8 weeks for a Diagnostic Endoscopy- Source WPAS starting 01/08/19



### July 2022 Performance

Local Performance	All Wales Benchmark
8	1 <sup>st</sup> (16,961)*

Special Cause-Improvement

Target

Improvement trajectory towards 0 by Spring 2024

Data Quality & Source

WPAS

Executive Lead n

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

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

*"Due to population changes, a lower threshold for suspected cancer investigation and increasing cancer surveillance, the demand for endoscopy services is out of balance with core capacity."*

*To address this, an improvement plan has been introduced to support health boards to develop sustainable endoscopy services."*

### What the data tells us

- Diagnostic Endoscopy has largely recovered since breaches reached their peak 12 months ago. Performance is compliant with target and shows as special cause-improvement for the last 5 months.
- The breaches that remain are in Colonoscopy, Gastroscopy and Flexible Sigmoidoscopy.

### Issues

- The service is fragile and reliant on in reach clinicians. The in reach Clinical Director retired in July 2022, awaiting a formal replacement proposal from CTMUHB
- There is a national shortage of colonoscopists, clinical/screening endoscopists and endoscopy nurses
- Capacity impacted by patient cancellations (unable to fill cancellation slots at short notice)
- Bowel screening service is fragile with single points of failure and increasing demand due to changes in FIT test age from Oct 22
- Demand & Capacity modelling pre covid indicated underlying deficit in colonoscopy capacity for PTHB 5 sessions per month

### Actions

- 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
- Have requested capacity support from HBs & NHS trust for lowers current no sessions forthcoming due to DGH backlogs
- Working closely with WVT to repatriate gastro back to LWH, ongoing work with ABUHB.

### Mitigations

- 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

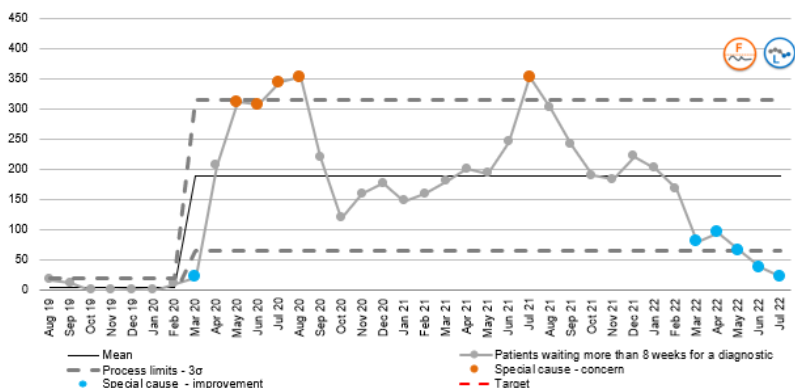


People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

### Diagnostic Breaches

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

Patients waiting more than 8 weeks for a diagnostic - Source WPAS starting 01/08/19



### July 2022 Performance

Local Performance	All Wales Benchmark
23	1 <sup>st</sup> (43,564)*

### Variance Type

Special cause improvement

### Target

12 month reduction trend towards 0 by Spring 2024

### Data Quality & Source

WPAS

Executive Lead n

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

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

"Diagnostic testing provides essential information to enable clinicians and patients to make the right clinical decisions. Early detection and diagnosis can prevent the patient suffering unnecessary pain and it can reduce the scale and cost of treatment."

### What the data tells us

The diagnostic performance recovery remains fragile for the provider since the impact, and suspension of services from COVID-19 in Wales. Breaches are much reduced since peaking 12 months ago. July performance is compliant with target and the variance shows as special cause improvement for the past five months. Non-obstetric ultrasound remains challenged.

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 note Endoscopy specific narrative within measure 39 slide (previous)

### Issues

#### Non Obstetric Ultrasound (NOUS)

- PTHB have appointed own Sonographers
- The specialist NOUS e.g. MSK (out of the scope of Powys's practitioners) are the breachers

### Actions

#### Non Obstetric Ultrasound (NOUS)

- Liaising with external providers to provide a plan

### Mitigations

#### Non Obstetric Ultrasound (NOUS)

Continuous monitoring of waiting list

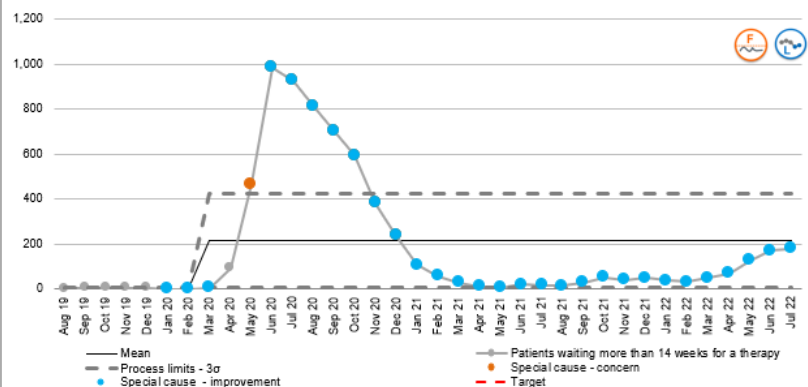


People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

### Therapy Breaches

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

Patients waiting more than 14 weeks for a therapy - Source WPAS starting 01/08/19



### July 2022 Performance

Local Performance	All Wales Benchmark
180	1 <sup>st</sup> (12,811)*

### Variance Type

Special Cause - Improvement

### Target

12 month reduction trend towards 0 by Spring 2024

### Data Quality & Source

PTHB Information Warehouse

Executive Lead n

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

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

"Reducing the time that a patient waits for a therapy service reduces the risk of the condition deteriorating and alleviates the patient's symptoms sooner. This measure provides greater transparency and encourages improvement in the timeliness of accessing NHS therapy services."

### What the data tells us

Therapy performance was significantly impacted by the suspension of services at the start of COVID-19 in Wales. The service shows as special cause improvement since June 2020, however breach numbers have increased over the past year and performance is not compliant with target.

Breaches remain in Audiology, Podiatry, Physiotherapy and adult 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



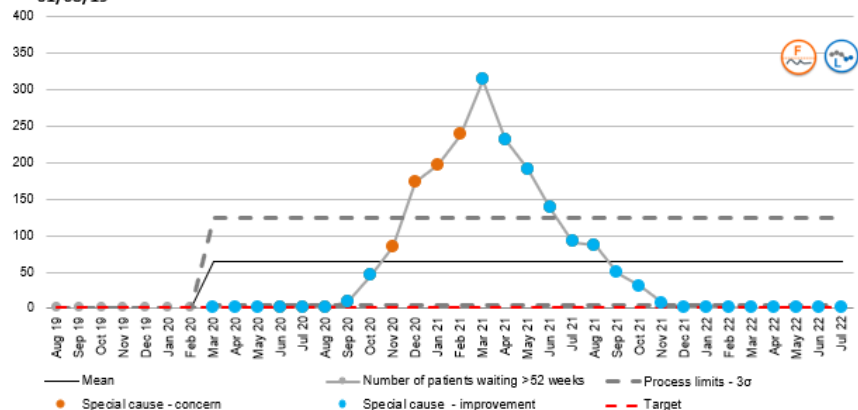


People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

## New Outpatient

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

Patients Waiting >52 weeks for a New Outpatient Appointment-Powys Teaching Health Board starting 01/08/19



### July 2022 Performance

Local Performance	All Wales Benchmark
0	1 <sup>st</sup> (97,882)*

### Variance Type

Special Cause - Improvement

### Target

Improvement trajectory towards 0 by 31/12/22

### Data Quality & Source

DHCW

Executive Lead n

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

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

"The number of patients waiting for a new outpatient appointment has increased year on year whilst capacity has been unable to meet demand.

NHS organisations are required to improve service planning and clinical pathways to deliver sustainable planned care services, where waiting lists are reduced to a manageable level."

### What the data tells us

Powys as a care provider has no patients waiting for a new out patient appointment. Although this peaked during Q4 20/21 the backlog had been successfully dealt with for the last 8 months of reporting

However, Powys residents breach the 52 week target within commissioned health care providers.

### Issues

- In reach services remain fragile across specialities
- Increasing urgent/USC referrals displacing routines particularly in General & Oral Surgery

### Actions

- Significant programme of OP improvement in progress

### Mitigations

- OP Transformation focussing on MDT approach to ensure patient seen at right time by right PTHB clinician – to support improvements in access times, care closer to home, environmental impact less miles travelled
- Utilising in reach to support capacity shortfalls in oral surgery & general surgery.
- Reviewing use of SOS/PIFU across specialities.
- Managing SLAs via PTHB CAF process with in reach providers





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

### Follow up Outpatient

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

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).

Executive Lead n

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

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

*"Delaying a follow-up outpatient appointment not only gives the service user a negative impression of NHS services, but it can be a clinical risk if the patient's condition deteriorates whilst waiting for the appointment.*

*Through service re-design, health boards are required to reduce the number of patients waiting long delays for a follow-up outpatient appointment."*

### What the data tells us

No performance data for these measures is currently available.

Patterson, Liz  
26/09/2022 16:23:59

### Issues

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

### Actions

- All main planned care reportable specialties have returned their validation work although the deadline had to be extended for several key areas who had significant staff challenges.
- Phase 2 will be during September where those records which have found to be system errors will be cleansed.

### Mitigations

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



# Quadruple Aim 2

No.

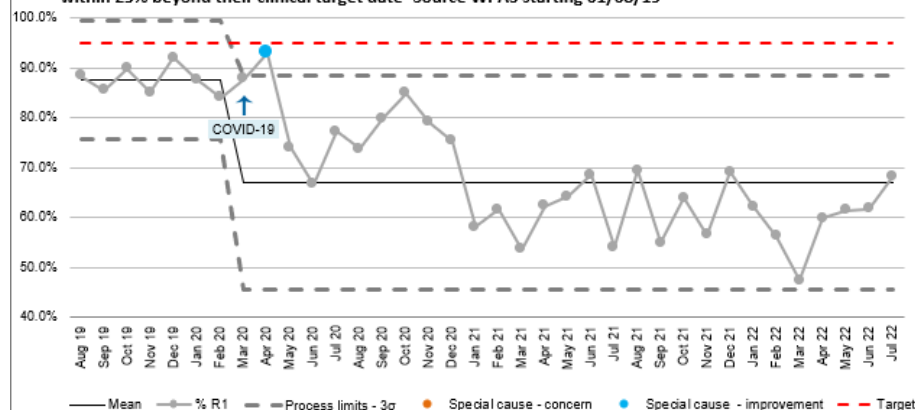
44

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

## Ophthalmology

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

Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date- Source WPAS starting 01/08/19



## What the chart tells us

Performance for R1 appointments attended does not meet the 95% target (68.1%) in July. Performance remains common cause variation but has improved to above the post pandemic start mean. The health board is currently benchmarked 2<sup>nd</sup> in Wales against a national performance of 63.3%.

The quality of this data is still subject to review as part of the overall waiting list and FUP validation.

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

## Executive Lead

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

## Officer Lead

Assistant Director of Community Services

## Strategic Priority

5

## July 2022 Performance

Local Performance	All Wales Benchmark
68.1%	2 <sup>nd</sup> (63.3%)

## Variance Type

Common Cause

## Target

95%

## Data Quality & Source

WPAS

"For particular eye conditions, patients need regular reviews and ongoing treatment to ensure that their sight is improved and the risk of avoidable blindness is minimised. A patient 'target date' for both new and existing appointments was introduced in 2018 to reduce the number of ophthalmology patients with a high clinical risk (R1) waiting 25% over their agreed date for their clinical appointment."

Patterson, Liz  
26/09/2022 16:23:59



# Quadruple Aim 2

No.

44

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

## Ophthalmology

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

Issues	Actions	Mitigations
<ul style="list-style-type: none"> <li>Reporting for the measure is under review with PTHB Information Department with performance risk linked to follow up validation &amp; reporting issues.</li> <li>Fragility of in reach providers and DGH Covid-19 pressures, Covid-19 related absences.</li> <li>Fragility of theatre staffing due to sickness absence, and vacancies</li> <li>Digital Eye Care pilot was delayed until May 2022 and National system &amp; IG issues are flagged.</li> </ul>	<ul style="list-style-type: none"> <li>Wet AMD service has been extended into mid Powys, embedded as service model for Llandrindod/Brecon Hospitals. PTHB 1st nurse eye care injector trained, plans in place for 2<sup>nd</sup> PTHB injector training (complete 2023/24).</li> <li>Excellent AMD clinical outcomes above national average for wet AMD service with presentation to International Eye Conference in Oxford July 22. Zero clinical complications reported.</li> <li>Eye Care MDT inc ophthalmic scientist/hospital optometry developed. New one stop eye care clinic established in Llanidloes/Welshpool, patients no longer need to travel out of county to HDUHB/face significant wait for eye care scans, approx. 42,000 miles of patient journey saved per annum. Care closer to home for patients, instant diagnostics for decision making for clinicians and improved access times to support RTT management.</li> <li>Outpatient nursing team supporting the Digital eye care record roll out in PTHB to be lead with pilot in YCH with National Planned Care Clinical Lead who is a PTHB in reach ophthalmologist, with phase 2 into North Powys.</li> <li>LOCSIPs in place for Eye Care &amp; other outpatient department specialities first HB in Wales.</li> <li>Trainee Eye Care Nurse post job description has been developed by the Service &amp; agreed by education, working closely with Rural Health Care Academy on career pathways for eye care in PTHB- 2x posts out to advert in Sept 22inc 1 North Powys, 1 OP Transformation.</li> <li>Hydroxychloroquine Screening Service for eye care &amp; rheumatology patients under development with equipment purchased from WG Eye Care funding in Q4 2021/22. Service SOPs developed utilising best practice from Birmingham and Midland Eye Centre. Information governance agreements in place.</li> <li>Equipment provider is building a server, also awaiting implementation of Welsh Government (WG) referral management centre centrally triaged referrals from optometry for All HBs. This has been flagged at National level, WG fully appraised but anticipate further 3 month delay that impacts all HBs.</li> <li>MDT lead glaucoma management within Planned Care &amp; Community Optometry – pilot commenced Aug 22</li> <li>One stop shop cataracts biometrics pre assessment, consultant appointment pan Powys – Q3 2022/23.</li> <li>Awaiting data from HDUHB North Road on PTHB numbers, meeting 5<sup>th</sup> Sept to progress.</li> <li>Supporting Performance/Commissioning with repatriation plans for cataracts – awaiting PTL details.</li> <li>Working with WVT &amp; Rural Health Care Academy to formalise training opportunities in DGH, extending OP role to include eye care scrub for potential future clean room developments in PTHB.</li> <li>July 22 – no patients waiting over 52 weeks for Eye Care (to note significant in reach extended leave during Summer 22 inc. sabbatical), Eye Care Measures position improvement 86% &amp; 68%.</li> </ul>	<ul style="list-style-type: none"> <li>Community optometry support to risk stratify long waits/overdue follow ups</li> <li>Development of eye care MDT to support service sustainability</li> <li>Corporate review of FU reporting performance and harm management</li> <li>In reach SLA managed via PTHB CAF</li> </ul>

Patterson, Liz  
26/09/2022 16:23:59

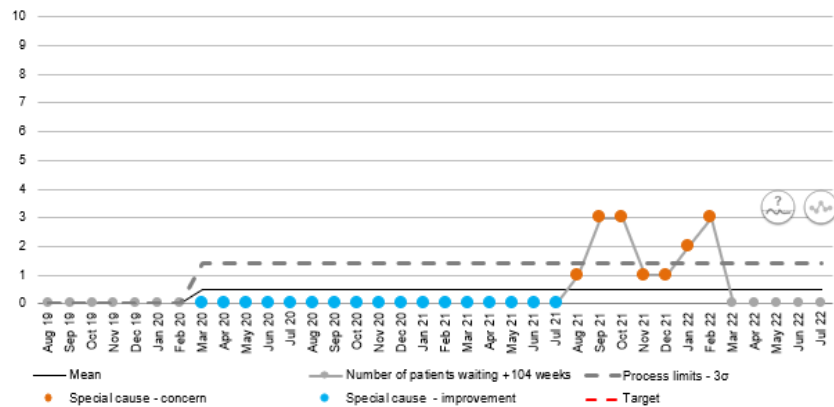


People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

### Referral to Treatment – Powys Teaching health board as a provider

Number of patients waiting more than 104 weeks for treatment

Patients Waiting +104 weeks Including D&T-Powys Teaching Health Board starting 01/08/19



#### July 2022 Performance

Local Performance	All Wales Benchmark
0	1 <sup>st</sup> (62,136)*

#### Variance Type

Common Cause

#### Target

Improvement trajectory towards a national target of zero by 2024

#### Data Quality & Source

DHCW

Executive Lead n

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

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

*"Reducing the time that a patient waits for treatment reduces the risk of the condition deteriorating and alleviates the patient's symptoms, pain and discomfort sooner. This measure provides greater transparency and encourages improvement in the timeliness of treatment across NHS services."*

#### What the data tells us

PTHB as a provider has had no patients waiting over 104 since March 22.

It should be noted that Powys residents wait longer than 104 weeks in commissioned services with 721 pathways reported for the June 22 snapshot.

#### Issues

#### Actions

#### Mitigations

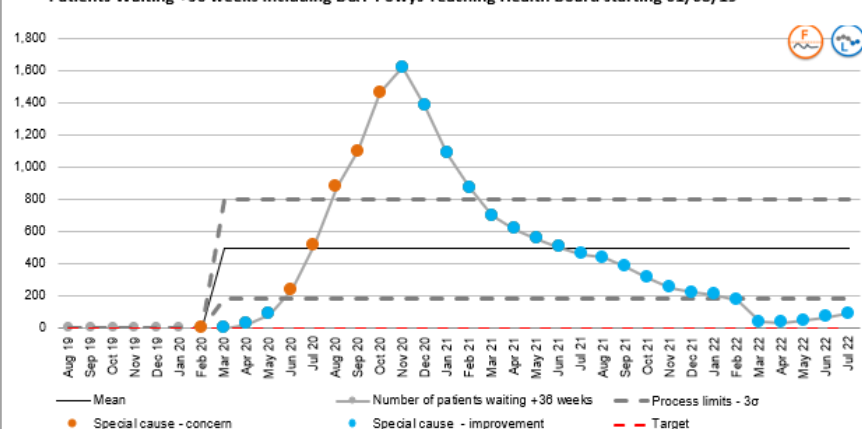


People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

## 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 01/08/19



### July 2022 Performance

Local Performance	All Wales Benchmark
92	1 <sup>st</sup> (263,781)*

### Variance Type

Special Cause- Improvement

### Target

Improvement trajectory towards 0 by 2026

### Data Quality & Source

DHCW

Executive Lead n

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. Increased demand during Q1 especially for USC or urgent referrals and service fragility has increased the number of pathways waiting 36+ weeks.

### 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 1<sup>st</sup> 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 Llandilo, 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

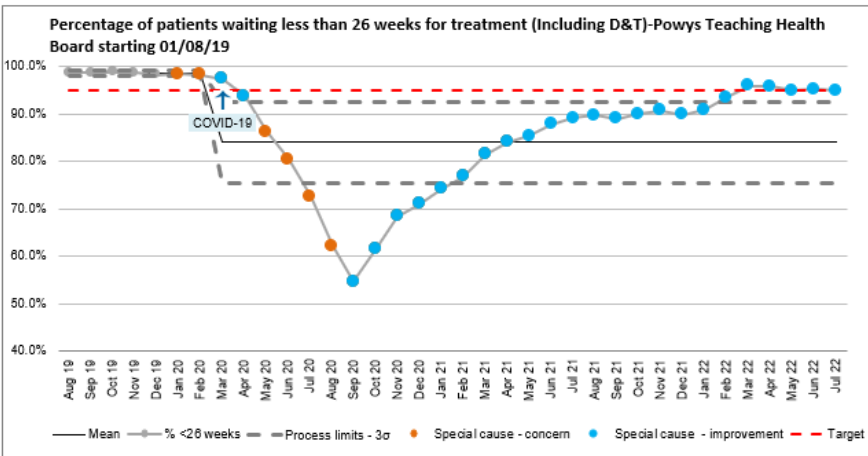
- National Planned Care Programme is developing national harm review processes and national system.
- Additional capacity in place from February 2022, this is now extended to Q3 – insourcing
- Standard Operating Procedures (SOPS) continually reviewed in line with updated Royal College, PHW and national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



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

## Referral to Treatment – Powys Teaching health board as a provider

Percentage of patients waiting less than 26 weeks for treatment



### July 2022 Performance

Local Performance	All Wales Benchmark
95.0%	1 <sup>st</sup> (54.8%)*

### Variance Type

Special Cause - Improvement

### Target

Improvement trajectory towards 95% by 2026

### Data Quality & Source

DHCW

Executive Lead n

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

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

*"Reducing the time that a patient waits for treatment reduces the risk of the condition deteriorating and alleviates the patient's symptoms, pain and discomfort sooner. This measure provides greater transparency and encourages improvement in the timeliness of treatment across NHS services."*

RTT waits by specialty and band	July 22 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	332	12	15	—	—	—	359
101 - UROLOGY	92	20	8	—	—	—	120
110 - TRAUMA & ORTHOPAEDICS	511	43	22	—	—	—	576
120 - ENT	445	14	3	—	—	—	462
130 - OPHTHALMOLOGY	861	85	9	—	—	—	955
140 - ORAL SURGERY	206	39	22	—	—	—	267
143 - ORTHODONTICS	19	—	—	—	—	—	19
191 - PAIN MANAGEMENT	182	1	1	—	—	—	184
300 - GENERAL MEDICINE	40	2	—	—	—	—	42
320 - CARDIOLOGY	151	10	1	—	—	—	162
330 - DERMATOLOGY	77	—	5	—	—	—	82
410 - RHEUMATOLOGY	114	6	2	—	—	—	122
420 - PAEDIATRICS	40	3	—	—	—	—	43
430 - GERIATRIC MEDICINE	15	—	—	—	—	—	15
502 - GYNAECOLOGY	239	16	—	—	—	—	255
998- DIAGNOSTIC SERVICES	69	1	2	—	—	—	72
999- AHP SERVICES	3252	7	1	1	—	—	3261
<b>Grand Total</b>	<b>6645</b>	<b>259</b>	<b>91</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>6996</b>

### What the chart tells us

Powys provider planned care has continued to report special cause improvement since Q3 2020.

The service in July reported 95.0% compliance, meeting the target set for 2026. The health board remains under pressure from increased demand and ongoing fragility of services.

### 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.

Changes to patient testing will increase patient flow and ability to fill slots at short notice maximising capacity.

Anaesthetic cover remains challenging particularly into mid Powys liaising with WVT to resolve and develop forward plan, managed via PTHB CQPRM CAF processes.

[Actions and Mitigations on previous page](#)





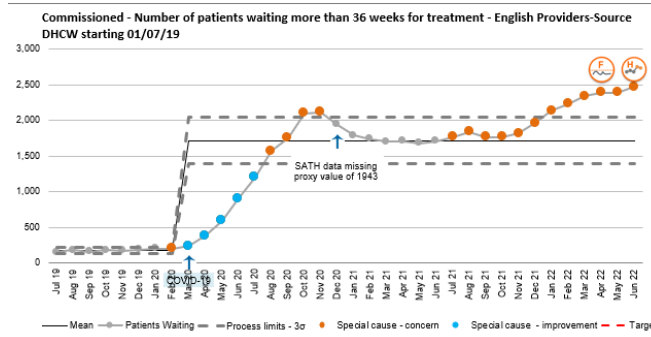
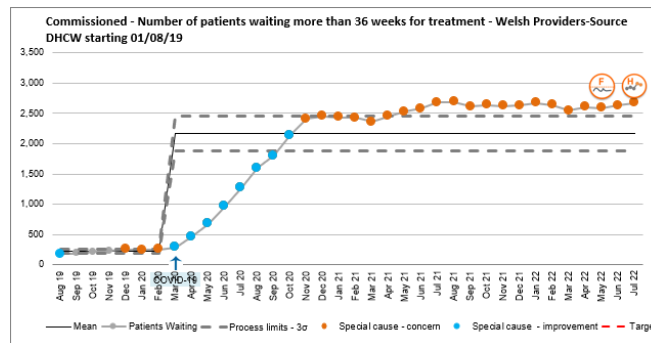
People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

## Referral to Treatment Commissioned

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

Welsh Providers	Jul-22	Patients Waiting						Total Waiting
	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	
Aneurin Bevan Local Health Board	63.9%	1517	288	216	166	76	110	2373
Betsi Cadwaladr University Local Health Board	48.8%	301	45	78	92	38	63	617
Cardiff & Vale University Local Health Board	52.5%	219	42	41	39	28	48	417
Cwm Taf Morgannwg University Local Health Board	45.8%	254	49	72	69	32	79	555
Hywel Dda Local Health Board	55.5%	839	113	178	141	130	111	1512
Swansea Bay University Local Health Board	48.6%	975	162	259	196	142	271	2005
<b>Total</b>	<b>54.9%</b>	<b>4105</b>	<b>699</b>	<b>844</b>	<b>703</b>	<b>446</b>	<b>682</b>	<b>7479</b>

English Providers	Jun-22	Patients Waiting						Total Waiting
	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	
English Other	73.3%	269	36	43	15	4	0	367
Robert Jones & Agnes Hunt Orthopaedic & District Trust	57.6%	1634	345	423	301	110	22	2835
Shrewsbury & Telford Hospital NHS Trust	66.9%	2736	457	567	286	41	0	4087
Wye Valley NHS Trust	65.7%	2129	450	502	139	22	0	3242
<b>Total</b>	<b>64.3%</b>	<b>6768</b>	<b>1288</b>	<b>1535</b>	<b>741</b>	<b>177</b>	<b>22</b>	<b>10531</b>



## What the chart tells us

Welsh commissioned provider performance has seen limited improvement against the under 26 week position with 54.9% reported in July. Patients waiting over 36 weeks has increased to 2,675 (special cause for concern).

English commissioned provider performance has improved slightly with 64.3% waiting under 26 weeks, however those patients waiting over 36 weeks continues to report special cause concern with 2,475 waiting longer than 36 weeks.

When comparing the June 22 snapshot and the very long wait challenge (over 104 week waits) residents waiting in Wales are significantly impacted (699 pathways) compared with English services (22 pathways).

## Actions and Mitigations

- The outlook for referral to treatment (RTT) 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.
- 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.
- The new targets in Wales hold all providers against recovery profiles submitted to Welsh Government ([available in appendix 1](#))
- Significant challenge of patient access equity linked to differing rates of commissioned provider recovery, work to assess support and potentially repatriate appropriate patients is currently underway.
- The new Delivery Unit coordinated Welsh waiting list report has started from week 2 August with Powys receiving the first exert on the 02/09/2022, as part of the centralised identifiable waiting list approach. This information will now be used to prompt discussions with Commissioned care providers and support their recovery, including repatriation scoping exercise.

## Data Quality & Source

DHCW



# Quadruple Aim 2

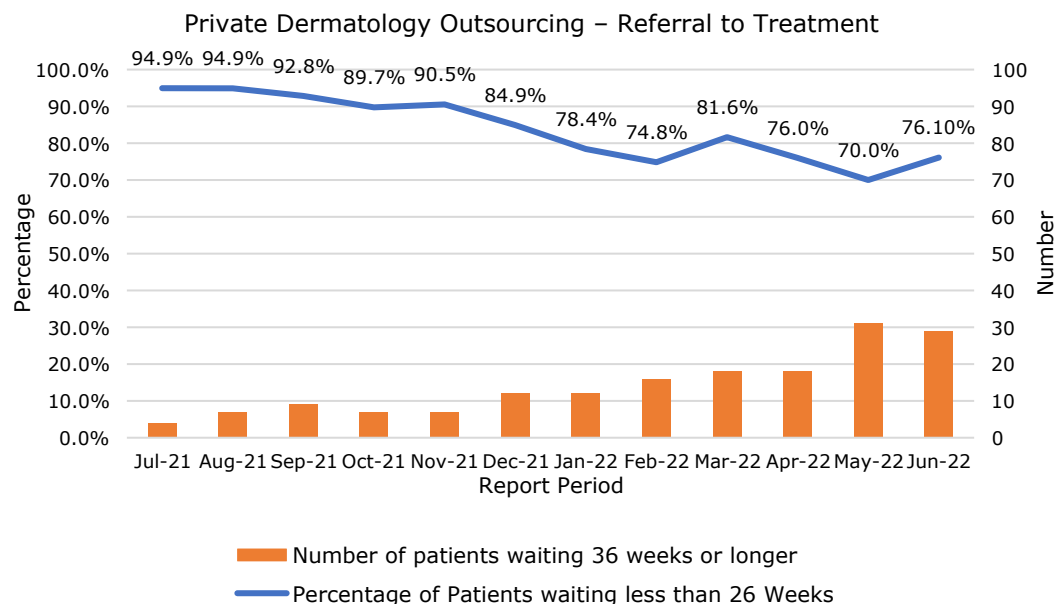
No.

Com

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

## Insourcing/Outsourcing

### Private Dermatology Outsourcing – Referral to Treatment



Source: Provider	% patients waiting under 26 weeks	Weeks Wait Bands				Total waiting
		Under 26	26 to 35	36 to 51	52+ Weeks	
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
Jun-22	76.1%	372	88	29	0	489

## Data Quality & Source

Direct feed – private provider

### What the chart tells us

Performance at the private provider improved during the latest reported period (June-22). The total waiting patients have increased to 489 following increasing service demand with 76.1% under 26 weeks, and a reduced 29 patients waiting longer than 36 weeks.

### 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.

Com

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

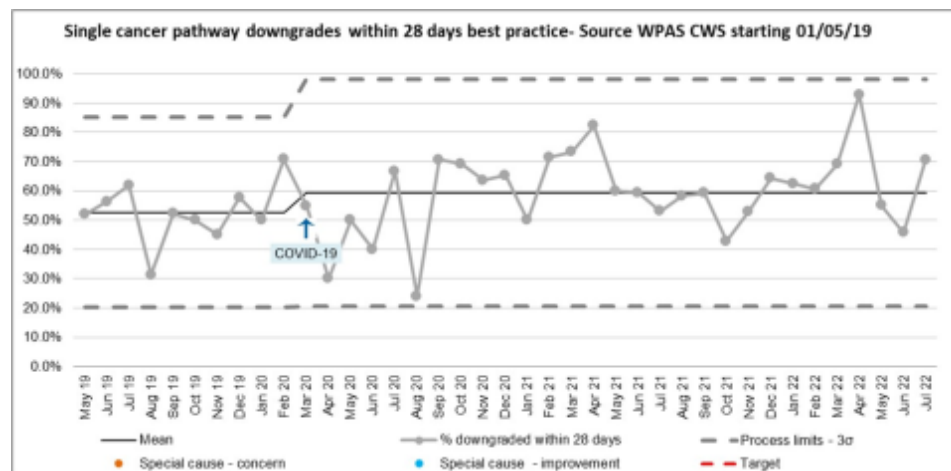
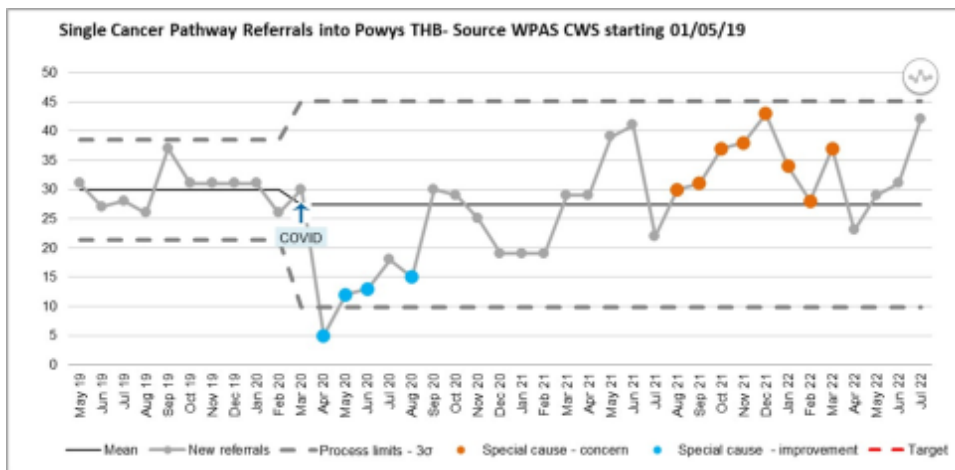
## Provider Single Cancer Pathway (SCP) Reported Performance

Patient referrals and downgrade performance against 28 day best practice.

Executive Lead n Medical Director

Officer Lead TBC

Strategic Priority 7



### What the data tells us

- During July 42 patients started an SCP pathway within provider, this figure continues the predominate trend of above mean referrals for the last 12 month.
- The downgrade performance (70.6% July-22) against the best practice guidance for those patients who **DO NOT** have cancer being told within 28 days.

### Issues

- Low number of both referrals and downgrades 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).

### Actions

- The Cancer Services Tracker continuously monitors live data for PTHB as a provider.
- Work with Welsh Government and DHCW reporting team ongoing to assess validation of records submitted, the methodology and its appropriateness for PTHB pathways as reported nationally.

### Mitigations

Data Quality & Source

WPAS CWT



# Quadruple Aim 2

No.

Com

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

## Commissioned Services Single Cancer Pathway (SCP) Breach Performance

Executive Lead	Medical Director
Officer Lead	TBC
Strategic Priority	7

### Data Quality & Source

DHCW

## Welsh SCP pathways breaching by provider – source DHCW

Provider of cancer pathway	2021-08	2021-09	2021-10	2021-11	2021-12	2022-01	2022-02	2022-03	2022-04	2022-05	2022-06	2022-07	Grand Total
Aneurin Bevan Local Health Board	<5	5	<5	<5	<5	12	6	6	<5	<5	8	5	58
Betsi Cadwaladr University Local Health Board	<5				<5					<5			5
Cwm Taf Morgannwg University Local Health Board	<5	<5	<5	<5	<5	<5	<5		5	<5	<5	7	33
Hywel Dda Local Health Board	<5	<5	<5	6	<5	5	<5	7	<5	12	10	5	58
Swansea Bay University Local Health Board	<5	<5	<5	6	<5	<5	5	<5	<5	<5	<5	5	36
Grand Total	10	11	11	16	9	21	15	15	13	24	23	22	190

Due to low number counts are removed that are under 5 (<5)

## Commissioned services - What the table tells us

### Welsh Providers

- The number of breaches reported in Welsh Commissioned services have increased during Q1 into Q2 with 22 breaches at the latest July 2022 snapshot.

### English Providers

- Shrewsbury and Telford hospital (SATH) NHS trust reported <5 breaches of their cancer pathway reported for June 2022, <5 patient was reported as waiting over 104 days.
- Wye Valley NHS Trust (WVT) – No breach data has been provided since the last January update as a result of staff change and data flow in Hereford. This has been escalated to the Director of Planning and Performance

Issues	Actions	Mitigations
<ul style="list-style-type: none"> <li>Powys Teaching Health Board does not have access to the SCP open pathways information, as such breaches are reported post event.</li> <li>Commissioned provider breach counts are being updated retrospectively following validation.</li> <li>Service pressures are impacting cancer treatment, flow, surgical, and diagnostic capacity in secondary care. There is marked variation across health boards particularly in relation to Breast, Gynaecology and Head and Neck SCP performance within Wales.</li> </ul>	<ul style="list-style-type: none"> <li>Cancer breaches / performance are included in the PTHB Commissioning Assurance Framework for each provider. Cancer breaches are part of the agenda for each Commissioning, Quality &amp; Performance Review Meetings led by the Commissioning Team.</li> <li>The PTHB Renewal Programme is working with the Wales Cancer Network to develop an intelligence tool to track Powys patients currently active on the on the Suspected Cancer Pathway for Welsh providers. Initial discussions have taken place to include English flows so that the tracking tool includes all Powys residents.</li> <li>The Cancer Renewal Programme has established a clinically led Harm Review Panel reviewing the harm reviews undertaken in different health boards and NHS Trusts for Powys patients using pilot funding from the Wales Cancer Network</li> </ul>	<ul style="list-style-type: none"> <li>Finalisation of the new business intelligence tool to enhance tracking is being undertaken prior to tool going live October 22.</li> <li>Further refinement of the tool is to take place October 22 – March 23 subject to Wales Cancer Network non recurrent funding.</li> <li>The pilot of the temporary cancer tracker support will be evaluated.</li> <li>Organisationally, through operational and commissioning routes, validation of waiting lists continues.</li> </ul>



# Quadruple Aim 2

No.

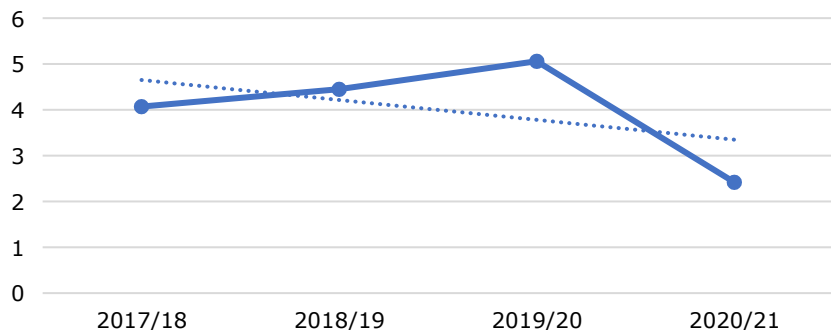
48

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

## Self-Harm

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 <sup>nd</sup> (3.54)
Variance Type	
N/A	
Target	
Annual Reduction	
Data Quality & Source	
Welsh Government Performance Team	

Executive Lead n

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

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

"Early identification, accurate diagnosis and treatment of mental health issues can prevent suicide and self-harm.

Hospital admission rates are a useful indicator of the success of preventative action as set out in the Suicide and Self-Harm Strategy for Wales."

### What the data tells us

Reported self harm rates within hospital admissions much reduced in 2020/21, thus meeting annual reduction target. PTHB performance in comparison to the All Wales average (3.54) is good with the health board ranking 2<sup>nd</sup>.

### 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.
- The Powys Forum for the Prevention of Suicide & Self Harm was officially launched on the 30<sup>th</sup> of June 2022.
- School CAMHS outreach is now operational (through the WG funded programme) to provide MH and Wellbeing practitioners in every Powys secondary school

### Mitigations

See actions.



# Quadruple Aim 2

No.

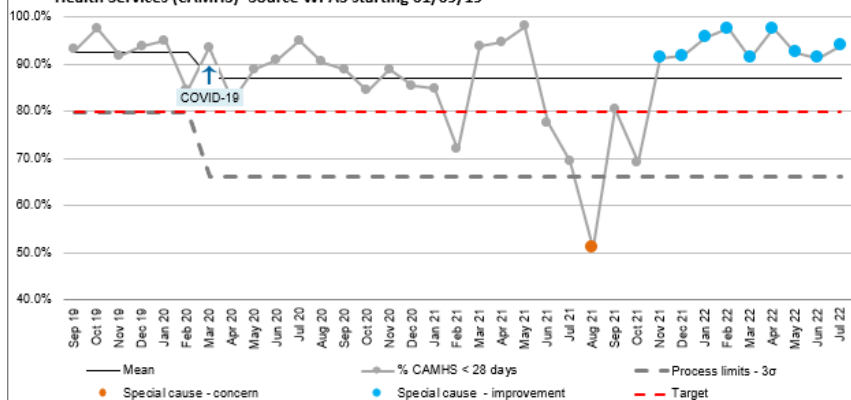
49

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

## CAMHS

Percentage of patients waiting less than 28 days for a first appointment for Child and Adolescent Mental Health Services (CAMHS)

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 July 2022

Local Performance	All Wales Benchmark
93.9%	3 <sup>rd</sup> (42.9%)

### Variance Type

Special Cause Improvement

### Target

80%

### Data Quality & Source

WPAS

Executive Lead

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

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

*"Improving the mental health and the well-being of children and young people is a priority of Welsh Government's 10-year strategy Together for Mental Health.*

*To ensure that children and young people experiencing mental ill health get better sooner, it is important that they have early access to intervention and treatment services (CAMHS)."*

### What the data 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. Recruitment to second position continues, once appointed this will free capacity for PCAMHS and SCAMHS intervention support.

### Mitigations

See actions.

Patterson, Liz  
26/09/2022 16:23:59



# Quadruple Aim 2

No.

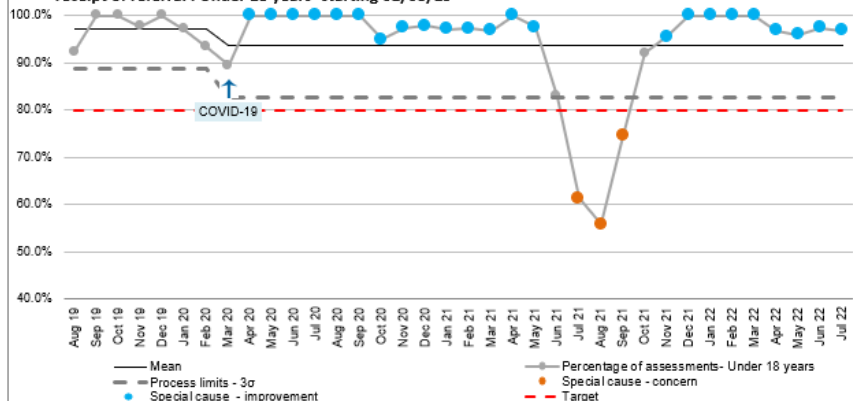
50

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

## Mental Health Assessments, <18s

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

Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral : Under 18 years- starting 01/08/19



### Performance July 2022

Local	All Wales
96.8%	1 <sup>st</sup> (50.2%)*
Variance Type	
Special cause improvement	
Target	
80%	
Data Quality & Source	
PTHB Mental Health Service	

Executive Lead

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

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

"This indicator measures compliance with Part 1 of the Mental Health (Wales) Measure 2010 which places duties on Local Primary Mental Health Support Services to assess the nature of a patient's mental health needs within 28 days from the receipt of referral."

### What the data tells us

Performance has reported 96.8% compliance. Powys performance is significantly higher than the All Wales benchmark for June.

Patterson, Liz  
26/09/2022 16:23:59

### Issues

No specific issues with CAMHS Part 1 compliance, capacity can often be an issue when we have high staff turnover/ vacancies/ staff sickness however the service always aims to provide all referrals with an assessment within the timeframes. CAMHS have seen a significant increase in referrals into their services in the last two years in comparison to the previous years.

Data quality challenge including post submission revisions.

### Actions

### Mitigations



# Quadruple Aim 2

No.

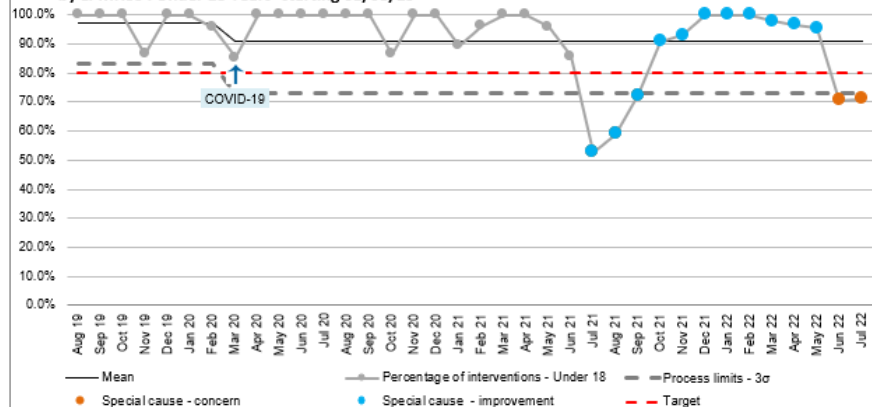
51

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

## Mental Health Interventions, <18s

Percentage of mental health Interventions undertaken within (up to and including) 28 days from the date of receipt of referral : Under 18 years

Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS : Under 18 Years- starting 01/08/19



### Performance July 2022

Local	All Wales
71.0%	1 <sup>st</sup> (40.8%)*
Variance Type	
Special cause Concern	
Target	
80%	
Data Quality & Source	
PTHB Mental Health Service	

Executive Lead

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

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

"This indicator measures compliance with Part 1 of the Mental Health (Wales) Measure 2010 which places duties on Local Primary Mental Health Support Services to provide patients with therapeutic interventions within 28 days of their assessment."

### What the data tells us

Performance is reporting 71% compliance in July. This is below target, below the lower control limit and a special cause concern. However, PTHB benchmarks favourably against the All Wales average of 40.8% (June).

### Issues

Performance in terms of interventions within 28 days

Staff sickness, vacant posts, annual leave within the team and demand outstripped capacity in the service. CAMHS also saw an increase in referrals.

Data quality challenge including post submission revisions.

### Actions

Recruitment to unfilled posts.

Development of the SPOA – DUTY and Assessment team where a team of dedicated staff conduct all the duty calls and part 1 assessments in a timely manner, thus freeing up the rest of LMPHS and SCAMHS to provide timely interventions.

### Mitigations

See Actions



# Quadruple Aim 2

No.

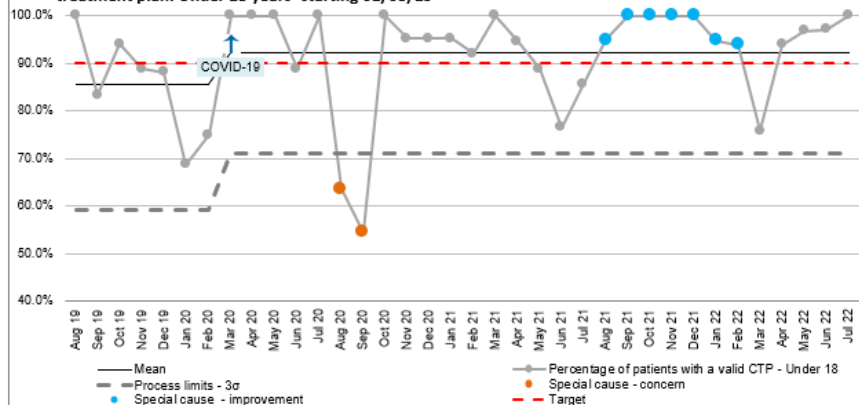
52

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

## Mental Health CTP, <18s

Percentage of health board residents under 18 years in receipt of secondary mental health services who have a valid care and treatment plan

Percentage of health board patients in receipt of secondary mental health services who have a valid care and treatment plan: Under 18 years- starting 01/08/19



### Performance July 2022

Local	All Wales
100%	3 <sup>rd</sup> (73.5%)*
Variance Type	
Common Cause	
Target	
90%	
Data Quality & Source	
PTHB Mental Health Service	

Executive Lead

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

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

"This indicator measures compliance with Part 2 of the Mental Health (Wales) Measure 2010 which places duties on health boards and local authorities to provide all patients in secondary mental health services with a valid care and treatment plan."

### What the data tells us

Performance has improved throughout Q1 2022/23 and is now reporting at 100% (July).

Patterson, Liz  
26/09/2022 16:23:59

### Issues

No current issues in terms of CAMHS CTP compliance. 100% of CAMHS patients open to secondary care services have a valid care and treatment plan as of July 2022.

Data quality challenge including post submission revisions.

### Actions

CTP compliance is a standing agenda item on caseload supervision.

### Mitigations

N/A





# Quadruple Aim 2

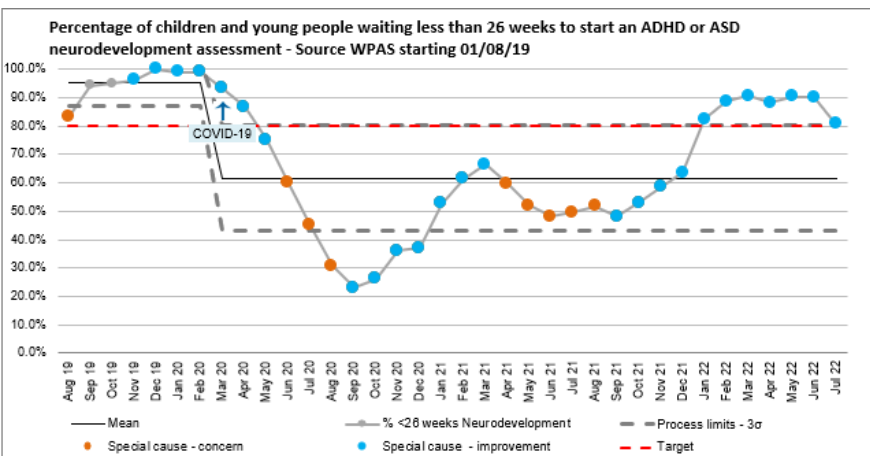
No.

53

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 July 2022

Local Performance	All Wales Benchmark
80.8%	1 <sup>st</sup> (37.4%)*

### Variance Type

Special cause - Improvement

### Target

80%

### Data Quality & Source

WPAS

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

"There has been an increase in the number of children and young people waiting for a neurodevelopmental assessment, these waits have been exacerbated by the COVID-19 pandemic.

A demand and capacity review of neurodevelopmental services has been commissioned to better understand the increased waiting times and pressures on the neurodevelopmental services."

### What the data tells us

Performance for neurodevelopmental assessment has shown special cause - improvement for the last 11 reported months. Powys compares favourably with All Wales reporting only 37.4% compliance (June).

### Issues

- The referral demand trend continues to increase from an average of 20 per month pre COVID, rising to an average 49 as at end Qtr1 2022/23 (based on 12 months leading up to August 2022)
- 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.
- Data quality challenge including post submission revisions.

### 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.
- Grant funding streams are being sourced to extend the additional workforce until 31st March 2023.
- Work is underway with Information colleagues to identify and respond to data quality issues.

### 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.

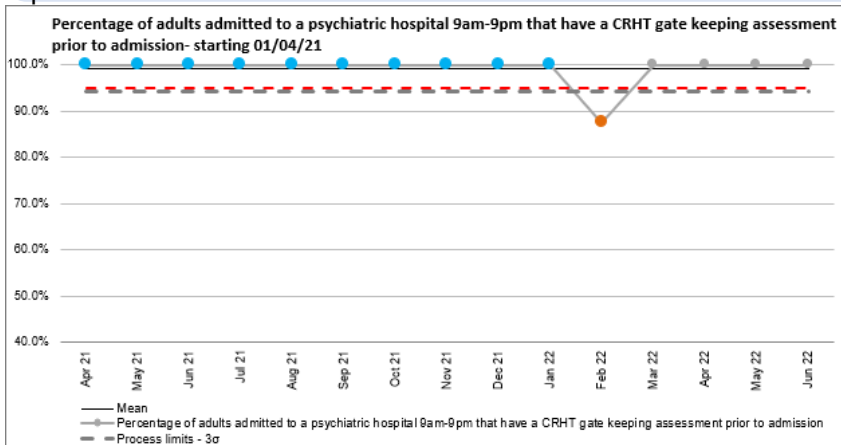




People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

### Gatekeeping Assessments, Adults

Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital between 09:00 and 21:00 hours that have received a gate keeping assessment by the CRHT service prior to admission



#### Performance June 2022

Local Performance	All Wales Benchmark
100%	1 <sup>st</sup> (90.9%)

#### Variance Type

Common Cause

#### Target

95%

#### Data Quality & Source

Welsh Government Performance Team

#### Executive Lead

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

#### Officer Lead

Assistant Director of Mental Health

#### Strategic Priority

10

*"Crisis Resolution Services were implemented in 2005 in response to WHC (2005)048 Policy Implementation Guidance on the development of Crisis Resolution/Home Treatment Services in Wales.*

*Its main aim is to provide responsive gatekeeping assessment of an individual's needs to help prevent unnecessary admissions to inpatient services and help individuals to be safely managed by their community home care services if possible."*

#### What the data tells us

Performance is 100% compliant with the national target.

#### Issues

- As this is a new measure, PTHB do not yet have a means of recording this data due to a variance in responsibility for gate keeping assessment in hours.

#### Actions

- Standardise gate keeping assessment responsibility for both North and South Powys.
- Implement a means of recording this measure data.

#### Mitigations

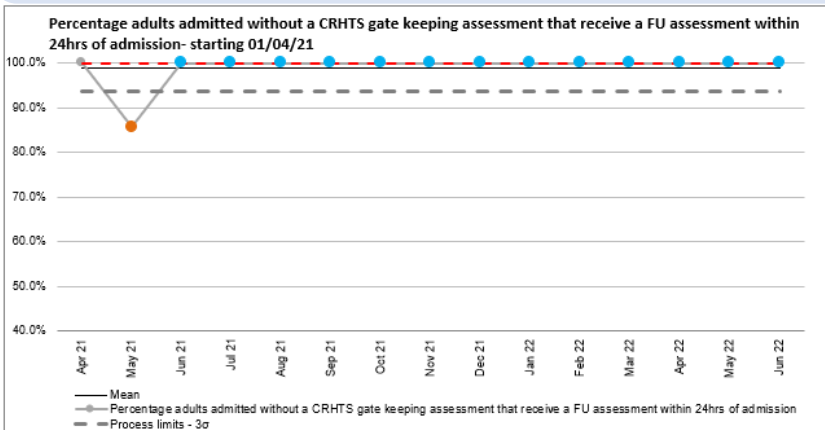
Patterson, Liz  
26/09/2022 16:23:59



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

### Gate Keeping Assessments, Adults

Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital who have not received a gate keeping assessment by the CRHTS that have received a follow up assessment by the CRHTS within 24 hours of admission



#### Performance June 2022

Local Performance	All Wales Benchmark
100%	1 <sup>st</sup> (100%)

#### Variance Type

Special cause - Improvement

#### Target

100%

#### Data Quality & Source

Welsh Government Performance Team

#### Executive Lead

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

#### Officer Lead

Assistant Director of Mental Health

#### Strategic Priority

10

*"Crisis Resolution Services were implemented in 2005 in response to WHC (2005)048 Policy Implementation Guidance on the development of Crisis Resolution/Home Treatment Services in Wales.*

*Its main aim is to provide responsive gatekeeping assessment of an individual's needs to help prevent unnecessary admissions to inpatient services and help individuals to be safely managed by their community home care services if possible."*

#### What the data tells us

Performance is reported at 100% for the last 12 months and compliant with the national target.

#### Issues

- There are no issues to report, PTHB are reporting 100%.

#### Actions

- Continue performance.

#### Mitigations

Patterson, Liz  
26/09/2022 16:23:59



# Quadruple Aim 2

No.

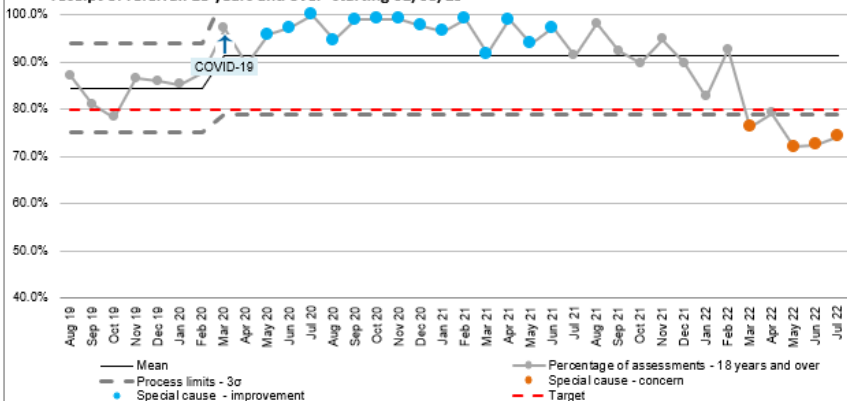
57

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

## Mental Health Assessments, Adults

Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral : 18+ years

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 01/08/19



### Performance July 2022

Local Performance	All Wales Benchmark
74.2%	6 <sup>th</sup> (79.1%)*

### Variance Type

Special cause- Concern

### Target

80%

### Data Quality & Source

PTHB Mental Health Service

Executive Lead

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

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

"This indicator measures compliance with Part 1 of the Mental Health (Wales) Measure 2010 which places duties on Local Primary Mental Health Support Services to assess the nature of a patient's mental health needs within 28 days from the receipt of referral."

### What the data tells us

Performance is not compliant to the 80% target (74.2%) and is reporting as a special cause for concern. Powys performance is below the All Wales benchmark for June, ranking 6<sup>th</sup>.

### Issues

Challenges with performance are a direct result of staffing sickness which impacted significantly into March, reducing service capacity and inevitably building the waiting list.

Referrals into the service remain high, further impacting the ability of the service to meet increasing need.

### Actions

Additional resource for LPMHSS has been awarded by WG via the 2022 Service Improvement Fund and recruitment to implement additional capacity is underway.

### Mitigations

Staffing capacity has improved, two Team Leads have completed their phased return as of September 2022.

Delivery of waiting list initiative during Winter 2022.

Patterson, Liz  
26/09/2022 16:23:59



# Quadruple Aim 2

No.

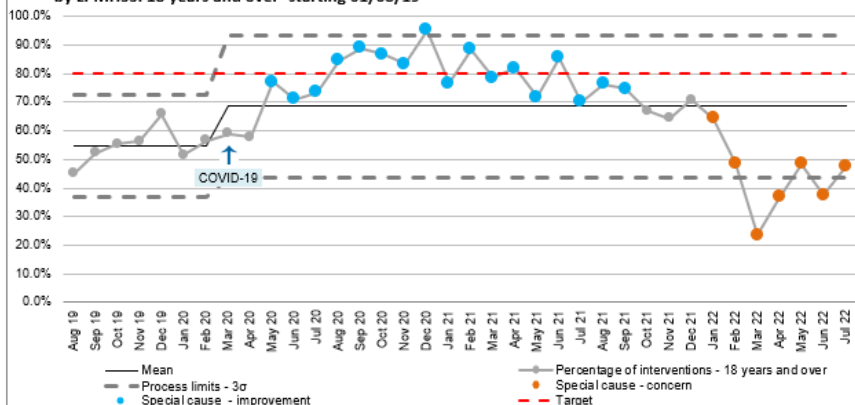
58

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

## Mental Health Interventions, Adults

Percentage of mental health Interventions undertaken within (up to and including) 28 days from the date of receipt of referral : 18+ years

Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS: 18 years and over- starting 01/08/19



### July 2022 Performance

Local Performance	All Wales Benchmark
47.4%	6 <sup>th</sup> (68.5%)*

### Variance Type

Special Cause- Concern

### Target

80%

### Data Quality & Source

PTHB Mental Health Service

Executive Lead

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

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

"This indicator measures compliance with Part 1 of the Mental Health (Wales) Measure 2010 which places duties on Local Primary Mental Health Support Services to assess the nature of a patient's mental health needs within 28 days from the receipt of referral."

### What the data tells us

Performance for therapeutic interventions in adult and older patients improved in July to 47.4%. However, performance remains a special cause of concern and below the 80% target. Powys ranked 6<sup>th</sup> during \*June at an All Wales comparative level.

### Issues

- Performance in terms of interventions within 28 is low due to;
- Staffing sickness which impacted significantly into 2022, reducing service capacity and building the waiting list.
  - Referrals into the service remain high, impacting the ability of the service to meet increasing need.
  - Nature of referrals are noted as becoming more complex, requiring longer, more specialist interventions (EMDR and CBT).
  - Data quality challenge including post submission revisions.

### Actions

- Continued promotion of Silvercloud. Recruitment to unfilled posts.
- Additional resource for LPMHSS has been awarded by WG via the 2022 Service Improvement Fund.
- A waiting list initiative will be implemented during winter 2022, along with an increase in capacity for the service. However, it should be noted that demand is continuing to rise faster than PTHB is able to increase capacity (despite investment in tier 0/1 services).

### Mitigations

See actions



# Quadruple Aim 2

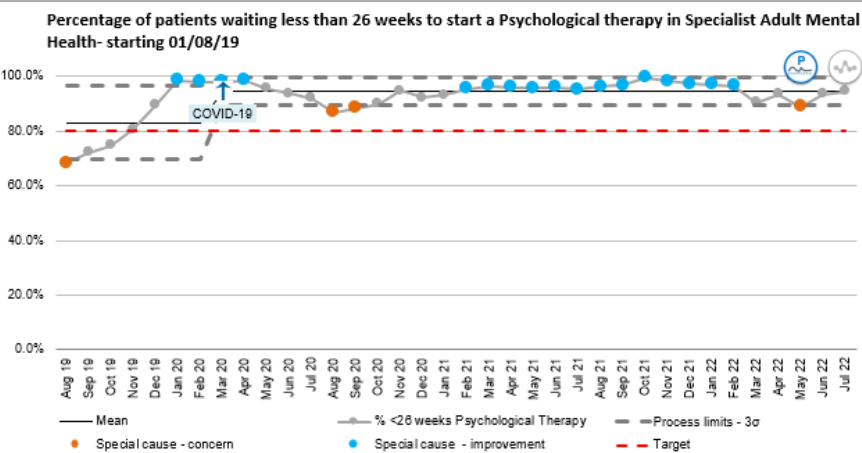
No.

59

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

## Psychological Therapy

Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health



### Performance July 2022

Local Performance	All Wales Benchmark
94.3%	2 <sup>nd</sup> (73.7%)*

### Variance Type

Common Cause

### Target

80%

### Data Quality & Source

WPAS

Executive Lead

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

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

"The aim is to bring the waiting time for referral to assessment and assessment to treatment for psychological therapy in line with the recommended times for treatment for physical health domains."

### What the data tells us

Performance remains above target and is no longer a special cause for concern.

The health board benchmarks positively with All Wales performance which is below target at 73.7% in June.

### Issues

- Waiting list data is reviewed weekly 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).
- 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.
- Data quality challenge including post submission revisions.

### Actions

Head of Psychology to continue weekly validation of waiting lists to identify data anomalies and long waiters.

### Mitigations

see actions



# Quadruple Aim 2

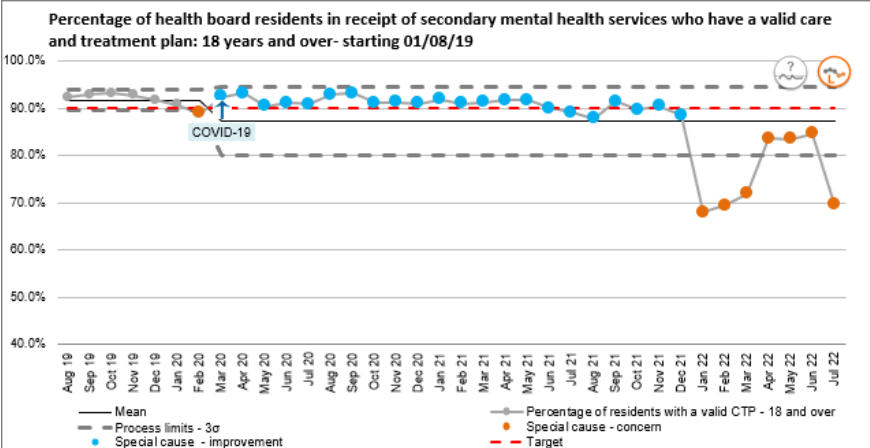
No.

60

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

## Mental Health CTP, Adults

Percentage of health board residents 18+ years in receipt of secondary mental health services who have a valid care and treatment plan



### Performance July 2022

Local	All Wales
69.7%	5 <sup>th</sup> (84.1%)*
Variance Type	
Special Cause- Concern	
Target	
90%	
Data Quality & Source	
PTHB Mental Health Service	

Executive Lead

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

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

"This indicator measures compliance with Part 2 of the Mental Health (Wales) Measure 2010 which places duties on health boards and local authorities to provide all patients in secondary mental health services with a valid care and treatment plan."

### What the data tells us

Adult and older CTP compliance deteriorated in July to 69.7%, dropping below the lower control limit. The variance is reporting as special cause concern for the last 6 months and the 90% target has not been met. PTHB benchmarks unfavourably against the All Wales average of 84.1% (June).

### Issues

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

The service is further impacted by Social Services inability to undertake their share of Office Duty (withdrawing in January), with the responsibility falling to PTHB Staff - further impacting PTHB clinicians' ability to care coordinate.

An improvement initiative is underway to improve accuracy of data, and the service is currently seeking additional administrative support.

The recent migration to SharePoint continues to cause significant issues to teams' ability to access the Microsoft Access database where the MH Measure data is stored due to a change in permissions / licensing.

Data quality challenge including post submission revisions.

### Actions

Series of meetings undertaken with Director of Social Services and Head of Adults over Powys County Council's responsibilities in Community Mental Health Teams.

Continue to advertise recruitment positions.

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.

Currently investigating a 'MH Measure' data recording area of WCCIS to replace and centralise current means of data collection.

Recruitment to vacant posts within the service.



# Quadruple Aim 2

No.

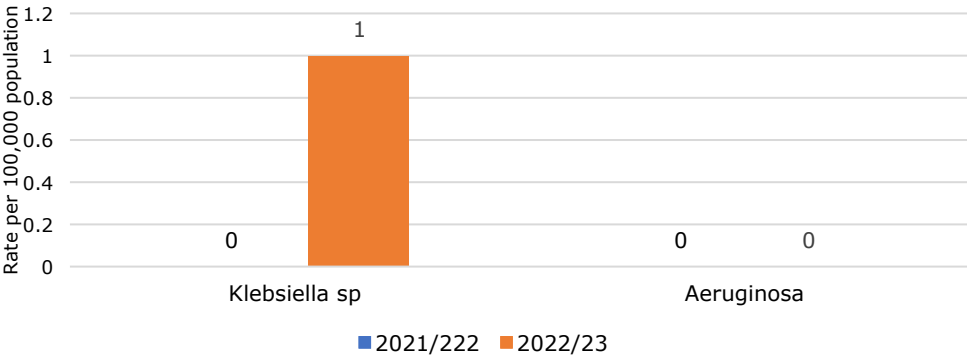
63

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

HCAI

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

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



Performance July 2022/23	
Local Performance per 100k	
Infection Type	Performance
Klebsiella sp	2.25
Aeruginosa	0
Target	
Local – Improvement	
Data Quality & Source	
Workbook Wales	

Executive Lead	Director of Nursing
Officer Lead	Assistant Director of Quality and Safety Nursing
Strategic Priority	22

"Antimicrobial resistance (AMR) is a global problem that impacts all countries and all people, regardless of their wealth or status... In order to reduce AMR, there is a need to lower the burden of infection and a key part of this work is to lower the burden of healthcare associated infections (HCAI) through improvements in Infection Prevention and Control across our health and social care systems."

What the data tells us	Issues	Actions	Mitigations
<p>Powys has had 1 inpatient specimen of Klebsiella.sp in July. This represents a rate per 1K admissions of 2.07, and a rate per 100K population of 2.25.</p> <p>Powys has had no cases of Aeruginosa reported in Q1 2022/23 nor the 2021/22 financial year.</p>	No issues to report	The health board remains vigilant with proactive management to maintain low infection rates, and high performance against all the national infection measures.	



# Quadruple Aim 2

No.

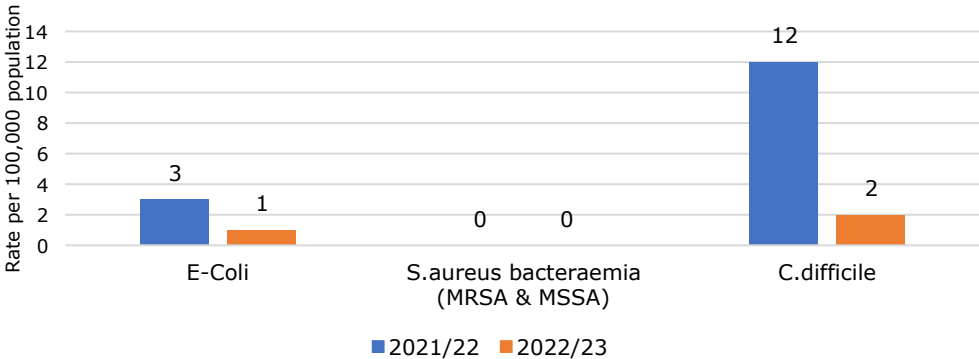
64

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

### HCAI

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

July comparison snapshot of cumulative cases by bacteraemia type – source PHW



Performance July 2022/23	
Local Performance per 100k	
Infection Type	Performance
E-coli	2.25
S.Aureus (MRSA & MSSA)	0
C.Difficile	4.50
Target	
Local – Improvement	
Data Quality & Source	
Workbook Wales	

Executive Lead	Director of Nursing
Officer Lead	Assistant Director of Quality and Safety Nursing
Strategic Priority	22

"Antimicrobial resistance (AMR) is a global problem that impacts all countries and all people, regardless of their wealth or status... In order to reduce AMR, there is a need to lower the burden of infection and a key part of this work is to lower the burden of healthcare associated infections (HCAI) through improvements in Infection Prevention and Control across our health and social care systems."

What the data tells us	Issues	Actions	Mitigations
<p>PTHB infection rates for the monitored and reported bacteraemia are very low and are not benchmarked with the other health boards.</p> <p>E-coli cumulative rate for 2022/23 is 2.25 slightly below the rate for the same period in 2021/22.</p> <p>No S.aureus infections have been reported in 2021/22 or 2022/23.</p> <p>The C.difficile reported rate is significantly lower at 4.50 per 100k when compared to 9.09 for the same period in 2021.</p>	No issues reported	The health board remains vigilant with proactive management to maintain low infection rates, and high performance against all the national infection measures.	





# Quadruple Aim 3

No.

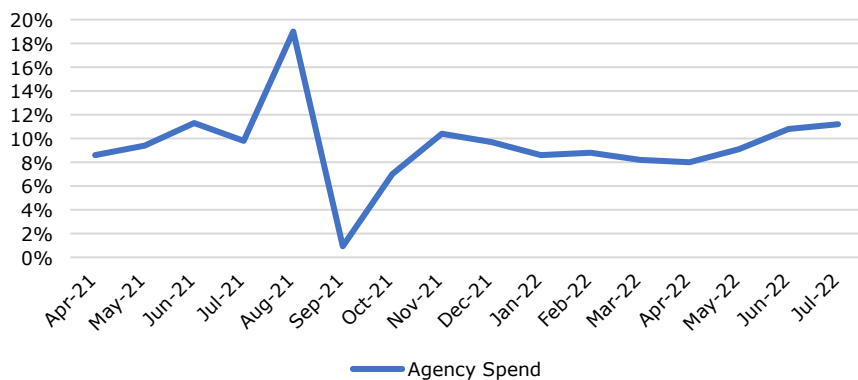
67

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

### Agency Spend

Agency spend as a percentage of the total pay bill

Agency spend as a percentage of the total pay bill



### Performance July 2022

Local Performance	All Wales Benchmark
11.2%	10 <sup>th</sup> 8.5% (Mar-22)

### Variance Type

N/A

### Target

12 Month Reduction Trend

### Data Quality & Source

PTHB Finance

Executive Lead

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

Officer Lead

TBC

Strategic Priority

13

*"To ensure safe and sustainable NHS services across Wales, there is need to drive down agency and locum deployment and encourage people to return to the NHS labour market.*

*This will provide a regular supply of staff who can provide a quality and consistent approach to patient care, whilst reducing overall spend."*

### What the data 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 not been met for July 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 3

No.

68

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

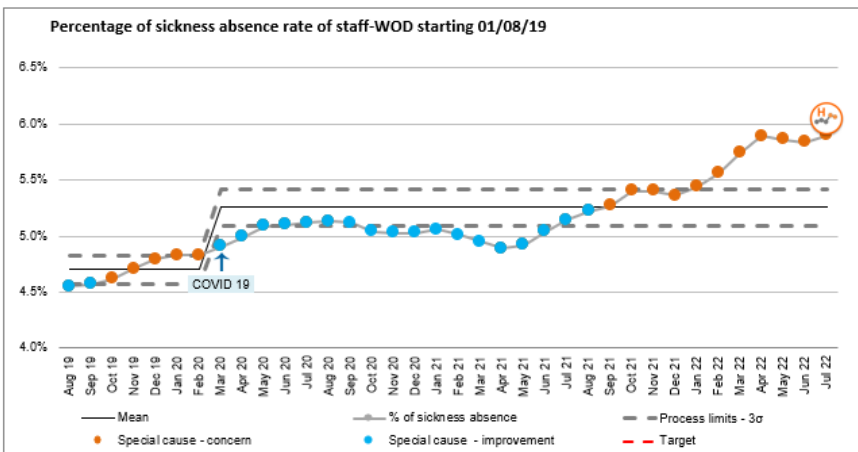
### Sickness Absence (R12)

Percentage of sickness absence rate of staff

Executive Lead Director of Workforce and OD

Officer Lead Head of Workforce

Strategic Priority 14



### Performance July 2022

Local Performance All Wales Benchmark

5.9%

3<sup>rd</sup> 6.89%  
(Mar-22)

### Variance Type

Special Cause - Concern

### Target

12 month reduction

### Data Quality & Source

PTHB ESR

"Reducing sickness absence rates, via effective management processes, can create significant savings and improve the quality of the services provided by NHS Wales."

### What the data tells us

- PTHB sickness performance remains as special cause of concern. The rolling 12 months performance is reported as 5.9% for July, monthly actual 6.23% which consists of 2.51% short term and 3.72% long term sickness. Although high when compared to pre-covid the health board is one of the lowest in Wales.

### Issues

- Absences relating to Stress & Anxiety remain high. Covid-19 also continues to have an impact on sickness absence percentage.
- Occupational Health staffing vacancies remains a concern.

### Actions

- Continues to be monitored by managers and HR Business Partners in line with All Wales Managing Attendance at Work policy.
- Bespoke training sessions for managers on All Wales Managing Attendance at Work policy to be scheduled.
- Recruitment to 1.4WTE clinical vacant posts in Occupational Health is underway.
- New Counselling service provider due to be live week commencing the 5th September 2022.

### Mitigations

- Managing Attendance at Work Policy
- Training for managers on Managing Attendance at Work Policy.
- Well being action plan
- Staff counselling service
- Online CBT
- Long Covid Programme
- Occupational Health Service offer

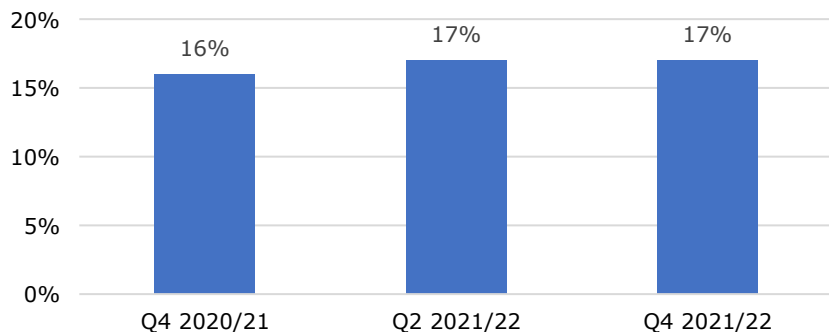


## The health and social care workforce in Wales is motivated and sustainable

## Welsh Language

Percentage of staff who have recorded their Welsh language skills on ESR who have Welsh language listening/speaking skills level 2 (foundational level) and above

% Staff recording foundational Welsh Language Skills on ESR



Performance	
Local Performance	All Wales Benchmark
17%	N/A
Variance Type	
N/A	
Target	
Bi annual Improvement	
Data Quality	
WG Performance Scorecard	

Executive Lead	Director of Workforce and OD
Officer Lead	Service Improvement Manager: Welsh Language & Equalities
Strategic Priority	14

"Welsh language skills of the NHS Wales workforce are critical to effectively engaging with Welsh speaking patients, their family and friends..."

As part of the More Than Just Words plan NHS organisations are required to: offer opportunities for staff to learn Welsh or improve their existing language skills and to record the Welsh language skills of their staff on ESR."

What the data tells us	Issues	Actions	Mitigations
<p>PTHB is compliant with target. In Q4 2021/22, 17% of PTHB employees had recorded Welsh language speaking and listening skills at foundational level or above on ESR, which compares favourably to the same period 12 months ago.</p> <p>There is currently no All Wales data available to provide benchmarking.</p>	<ul style="list-style-type: none"><li>PTHB has good numbers of staff with Welsh skills, but not all will have the confidence to use their Welsh with the patients they care for.</li><li>The staff that can and do offer a service in Welsh may not give the active offer of Welsh by wearing the badges/lanyards available.</li><li>Not all services across the health board have staff that can offer a service in Welsh to patients and their families.</li></ul>	<ul style="list-style-type: none"><li>Confidence building courses available via HEIW and Aberystwyth University and Work Welsh scheme will be promoted to all staff</li><li>Working Welsh resources promoted to staff on sharepoint via the Welsh language team</li><li>Encourage services to consider the Welsh skills needed for new posts and Welsh language team to support.</li></ul>	



# Quadruple Aim 3

No.

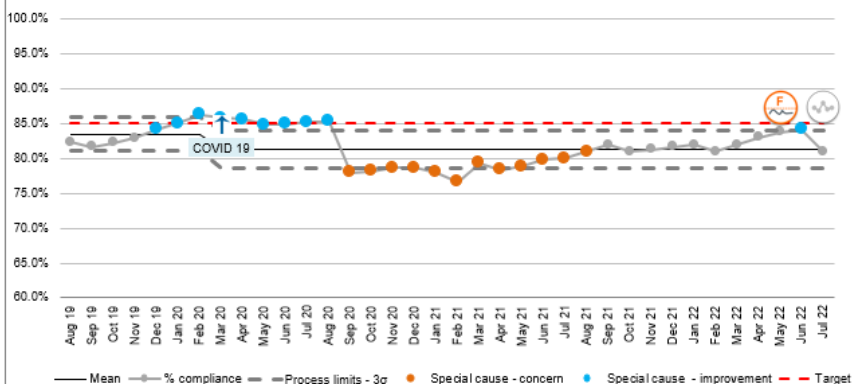
70

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

Mandatory Training Compliance-Source PTHB WOD starting 01/08/19



## Performance July 2022

Local Performance	All Wales Benchmark
81%	79% (Mar-22)

## Variance Type

Common Cause

## Target

85%

## Data Quality

PTHB WOD

Executive Lead

Director of Workforce and OD

Officer Lead

Head of Workforce

Strategic Priority

14

"The Core Skills Training Framework is the recognised minimum standard for statutory and mandatory training for all staff working for NHS Wales."

## What the data tells us

Following a period of gradual improvement, July's performance has reduced to 81%. The fall in performance aligns to a new mandatory training module being released in June 2022 which will take time to be completed by all staff.

Variance is showing as common cause and performance is not compliant with target.

## 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 compliance will be addressed with directorates via directorate performance review meetings

## Mitigations

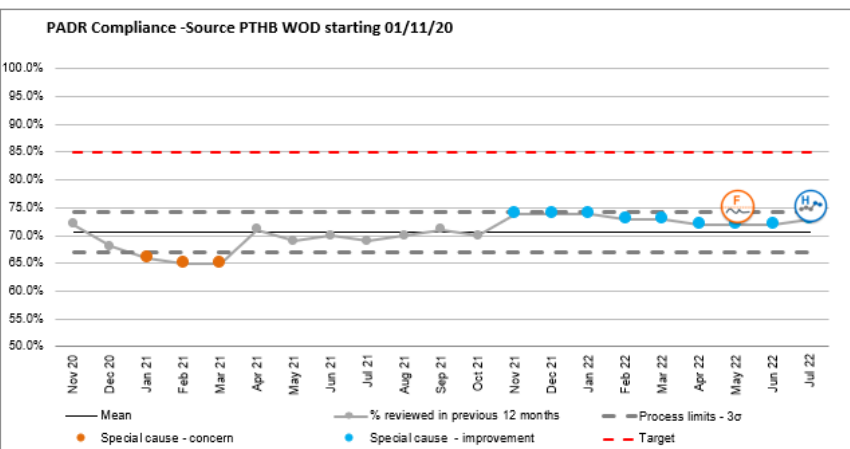
- Services have been asked to prioritise staff groups to undertake essential training relevant to role.



## 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 (incl. Doctors and Dentists in training)



## Performance July 2022

Local Performance	All Wales Benchmark
73%	57.2% (Mar-22)

## Variance Type

Special Cause Improvement

## Target

85%

## Data Quality

PTHB WOD

## Executive Lead

Director of Workforce and OD

## Officer Lead

Head of Workforce

## Strategic Priority

14

"A key employment practice that supports and engages staff in delivering the vision of NHS Wales is the provision of an annual personal appraisal and development review.

This allows staff at all levels to have clear performance objectives, with an agreed development plan, that supports them to deliver their roles."

## What the data tells us

PTHB PADR performance reported at 73% for July, which is below the 85% target. However, variance is showing as special cause improvement for the last 9 months. The health board benchmarks positively against the All Wales position.

## Issues

- Staff absence and vacancies has caused challenges in delivery of PADRs since the beginning of the pandemic. This continues to be a challenge post pandemic with increase service demand and inability to recruit.
- Pay progression policy reinstated from October 21. Managers who are not compliant may cause issues for pay increasing increment.

## 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.
- FAQs for managers and staff developed by WOD

## Mitigations

- Regular conversations as normal management of staff being undertaken and supported within services.



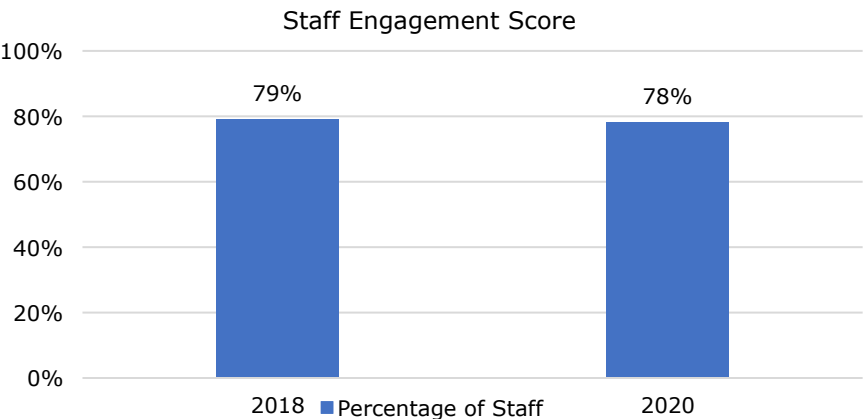
# Quadruple Aim 3

No.

72

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

## Overall Staff Engagement Score



Performance 2020	
Local Performance	All Wales Benchmark
78%	1 <sup>st</sup> (75%)
Variance Type	
N/A	
Target	
Annual Improvement	
Data Quality & Source	
Welsh Government Performance Team	

Executive Lead	Director of Workforce and OD
Officer Lead	Head of Workforce
Strategic Priority	15

"All NHS services should have key employment practices and actions in place to support and engage staff so that they are fully aligned and committed to delivering excellent care... The success of these mechanisms is monitored via the NHS Wales Staff Survey."

What the data tells us	Issues	Actions	Mitigations
<div>Performance is good when compared to the All Wales benchmark, the health board ranks 1<sup>st</sup> in Wales. However, PTHB has not met the improvement target when compared to the 2018 data point</div> <div>Patterson, Liz 26/09/2022 16:23:59</div>			



# Quadruple Aim 3

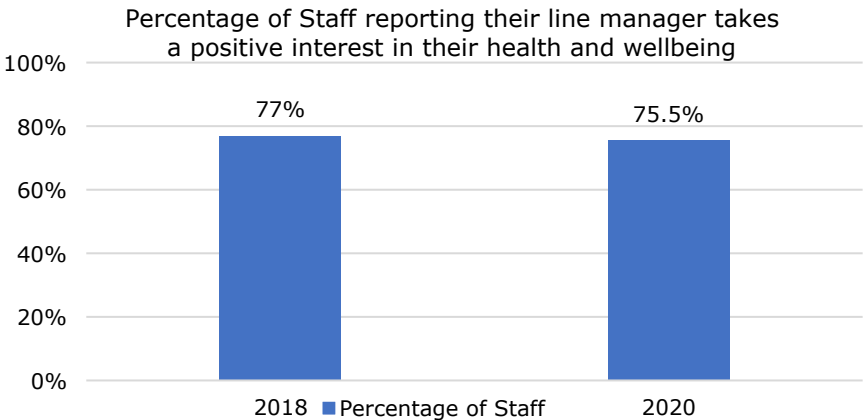
No.

73

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

### Line Management

Percentage of staff reporting their line manager takes a positive interest in their health and wellbeing



2020 Performance	
Local Performance	All Wales Benchmark
75.5%	2 <sup>nd</sup> (65.9%)
Variance Type	
N/A	
Target	
Annual Improvement	
Data Quality & Source	
Welsh Government Scorecard	

Executive Lead	Director of Workforce and OD
Officer Lead	Head of Workforce
Strategic Priority	15

"The workforce is the NHS' greatest asset and it is important that their health and well-being is prioritised and supported."

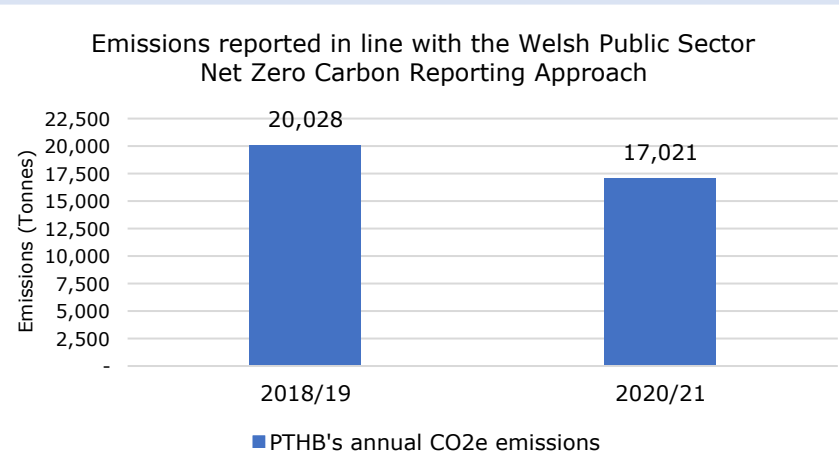
What the data tells us	Issues	Actions	Mitigations
<div>Performance is good when compared to the All Wales benchmark, the health board ranks 2<sup>nd</sup> in Wales. However, PTHB has not met the improvement target when compared to the 2018 data point.</div> <div>Patterson, Liz 26/09/2022 16:23:59</div>	<div>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.</div>	<div>All-Wales wellbeing conversation tool has been introduced and advertised. Wellbeing action plan being implemented.</div>	<div>Updated agile working policy. Continued focus on PADR.</div>



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

De-Carbonisation

Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach



Performance 2020/21	
Local Performance	All Wales Benchmark
17,021	2 <sup>nd</sup> (1,001,378)*
Variance Type	
N/A	
Target	
16% reduction in carbon emissions by 2025 against the 2018/19 NHS Wales baseline position (tCO2e)	
Data Quality (RAG) & Source	
PTHB Environments and Estates	

Executive Lead	Director of Environment
Officer Lead	Environment and Sustainability Manager
Strategic Priority	20

"Wales has legally binding targets to deliver the goal of Net Zero emissions by 2050, this target is underpinned by an ambition for the Public Sector to be collectively Net Zero by 2030."

What the data tells us	Issues	Actions	Mitigations
<p>PTHB's target is to reduce the emissions to 16,823 tCO2e by 2025 - a reduction of 16% against 2018/19 baseline of 20,028 tCO2e.</p> <p>Patterson, Liz 26/09/2022 16:23:59</p>	<p>Data reporting and sources of emissions nationally remain in a state of developing maturity. Data collection methods will need to be developed for particular measures.</p> <p>This increased data collection will likely lead to an increase in carbon output.</p>	<p>Annual quantitative carbon emissions report undergoing final validation prior to submission to Welsh Government in September.</p>	<p>One must be mindful of the impact on carbon during the Covid-19 pandemic. Restrictions affected nearly all healthcare services, with expected impact on building, travel, waste and procurement emissions.</p>

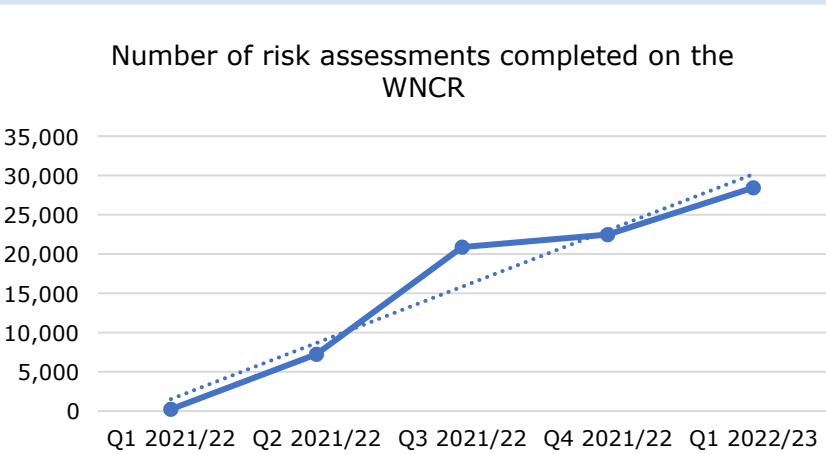




Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Welsh Nursing Clinical Record

Number of risk assessments completed on the Welsh Nursing Clinical Record by Health Board/Trust



Performance Q1 2022/23	
Local Performance	All Wales Benchmark
28,438	5 <sup>th</sup> (456,210)
Variance Type	
N/A	
Target	
4 quarter improvement trend	
Data Quality & Source	
Welsh Government Scorecard	

Executive Lead	Director of Finance and ICT
Officer Lead	Lead Nurse for Informatics and Nurse Staffing
Strategic Priority	22

"The Welsh Nursing Clinical Record enables nurses to complete assessments at a patient's bedside on a mobile tablet (or other handheld device) saving time and improving accuracy. It also minimises duplication as the digital assessment follows the patient wherever their care is provided in Wales."

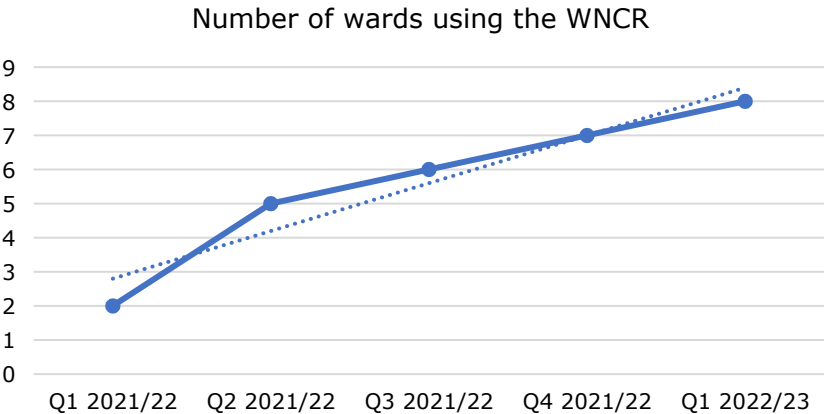
What the data tells us	Issues	Actions	Mitigations
<div>Usage of the Welsh Nursing Clinical Record in Powys has increased to 28,438 assessments in Q1 2022/23 from just 235 in the same period last year. Performance is target compliant.</div> <div>Patterson, Liz 26/09/2022 16:23:59</div>	<ul style="list-style-type: none"><li>No issues identified</li></ul>		



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

Welsh Nursing Clinical Record

Number of wards using the Welsh Nursing Clinical Record by Health Board/Trust



Performance Q1 2022/23	
Local Performance	All Wales Benchmark
8	5 <sup>th</sup> (128)
Variance Type	
N/A	
Target	
4 quarter improvement trend	
Data Quality & Source	
Welsh Government Scorecard	

Executive Lead	Director of Finance and ICT
Officer Lead	Lead Nurse for Informatics and Nurse Staffing
Strategic Priority	22

"The Welsh Nursing Clinical Record enables nurses to complete assessments at a patient's bedside on a mobile tablet (or other handheld device) saving time and improving accuracy. It also minimises duplication as the digital assessment follows the patient wherever their care is provided in Wales."

What the data tells us	Issues	Actions	Mitigations
<div>The number of wards using the Welsh Nursing Clinical Record in Powys has quadrupled to 8 in Q1 2022/23 compared to the same period last year. Performance is target compliant.</div> <div>Patterson, Liz 26/09/2022 16:23:59</div>	<ul style="list-style-type: none"><li>Pre-Go Live Wi-Fi survey at Bronllys completed 17/11/2021 identified the following issues:<ul style="list-style-type: none"><li>Coverage was patchy and ranged from 0%-45%</li><li>FSEs were unable to find any Access Points</li><li>Potential asbestos in attic space limited investigations</li></ul></li><li>Clinical Decision: Determined not clinically safe to Go Live with WNCR on Llewellyn ward until Wi-Fi improvements completed</li><li>Jan 2022, IT investigated using additional access points - unsuccessful</li><li>April 2022 external suppliers reviewed infrastructure as part of wider survey to determine cabling improvement requirements across health board sites</li></ul>	<ul style="list-style-type: none"><li>Project Manager to be appointed to Digital Transformation Team to lead on Wi-Fi infrastructure improvements</li></ul>	<ul style="list-style-type: none"><li>Infrastructure improvements required to deliver Wi-Fi solution that is 'fit for purpose'</li><li>Ward continue to use standardised All Wales documentation and risk assessments in paper format</li></ul>



New Target

# Quadruple Aim 4

No.

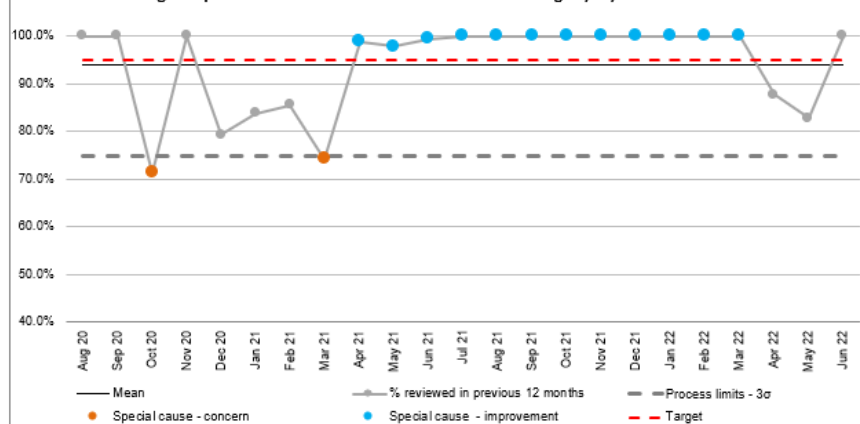
80

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

Clinical Coding Compliance -Source PTHB Information Team starting 01/08/20



### Performance June 2022

Local Performance	All Wales Benchmark
100%	1 <sup>st</sup> (81.0%)*

### Variance Type

N/A

### Target

95% or a 12 month improvement trend

### Data Quality & Source

PTHB Information Team

Executive Lead	Director of Finance and ICT
Officer Lead	Head of Information
Strategic Priority	22

"Information from clinical coding is used to monitor clinical outcomes, mortality rates, effectiveness of treatment and clinical governance; it informs patient and service level costings and; is used to examine public health trends."

### What the data tells us

PTHB performance is reporting 100% in June returning to routine compliance levels. The All Wales performance for May was 81%.

Patterson, Liz  
26/09/2022 16:23:59

### Issues

The challenge during April & May was that records were being sent to the coders late, impacting on their ability to meet the required deadline. With no outstanding episodes reported in June compliance returns to 100%.

### Actions

### Mitigations



# Quadruple Aim 4

No.

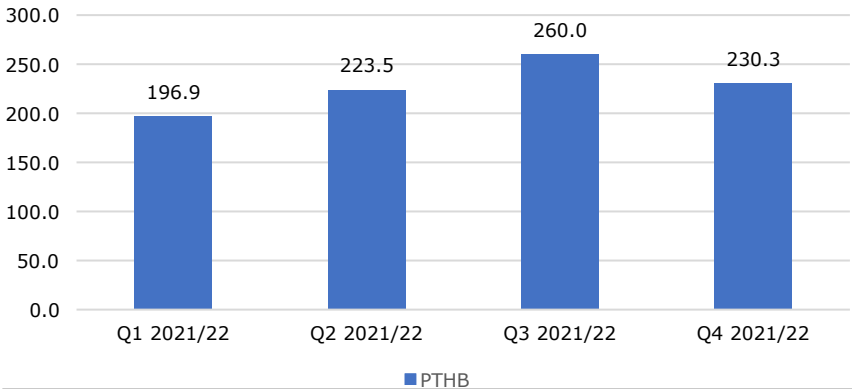
81

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

Total antibacterial items per 1,000 specific therapeutic age-sex related prescribing units (STAR-PU)

Total Antibacterial Items per 1,000 STAR-PU



Q4 2021/22 Performance	
Local Performance	All Wales Benchmark
230.3	1 <sup>st</sup> (259.4)
Variance Type	
N/A	
Target	
247.6	
Data Quality & Source	
PTHB Pharmacy and Medicines Management	

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
Strategic Priority	24

"Antimicrobial resistance (AMR) is a global problem that impacts all countries and all people, regardless of their wealth or status... Optimal use of antibiotics is key to reducing the overall burden of antimicrobial usage driving antimicrobial resistance."

What the data tells us	Issues	Actions	Mitigations
<p>The Q4 2021/22 Powys target for this metric is 247.6 items per 1000 star PU's, the provider performance for Q4 has been reported as 230.3.</p> <p>All health boards in Wales have met their derived target for Q4.</p> <p>Powys was the lowest prescriber (items/1000 STAR-PU) of antibacterial items.</p>	<ul style="list-style-type: none"><li>No antimicrobial stewardship pharmacist in post.</li><li>Although Powys has the lowest overall use of antimicrobials in Wales, we have the highest use of the 4C antimicrobials – this is something that the medicines management team is addressing as a priority</li></ul>	<ul style="list-style-type: none"><li>Antimicrobial Stewardship Group in place (meets quarterly) – reports to IPC Group.</li><li>Antimicrobial stewardship improvement plan in place.</li><li>Data analyst providing regular data on antimicrobial prescribing in primary care.</li><li>Antimicrobial prescribing discussed during practice meetings.</li><li>Antimicrobial KPIs included in Medicines Management Incentive Scheme and practice SLAs</li><li>Linking with antimicrobial stewardship pharmacists in England to support RCA of CDI cases (community acquired)</li><li>Investment benefits group (IBG) paper written to secure funding for AMS pharmacist – absence of dedicated antimicrobial pharmacist included in meds management risk register</li></ul>	<p>See actions.</p> <p>Further mitigations not possible due to workforce challenges.</p>



# Quadruple Aim 4

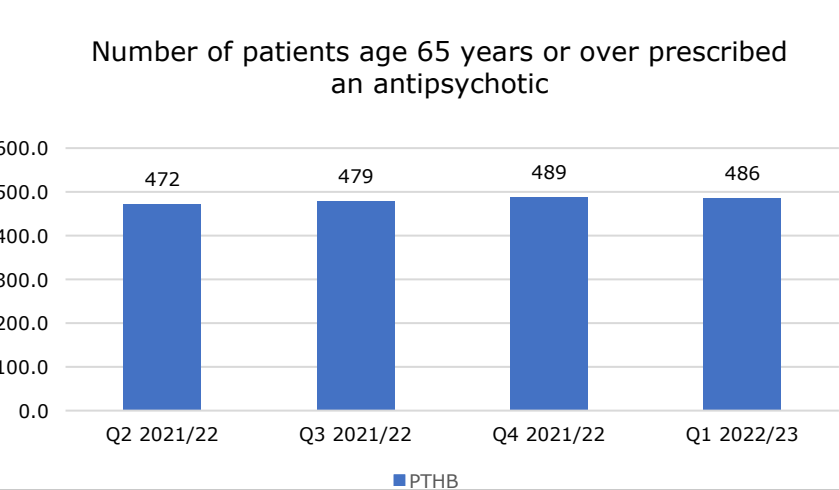
No.

83

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

## Older Age Adult Anti-Psychotics

Number of patients age 65 years or over prescribed an anti-psychotic



Q1 2022/23 Performance	
Local Performance	All Wales Benchmark
486	10,262*
Variance Type	
N/A	
Target	
Quarter on Quarter Reduction	
Data Quality & Source	
PTHB Pharmacy and Medicines Management	

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
Strategic Priority	24

"Evidence shows that antipsychotic medicines only have a limited benefit in treating the behavioural and psychological symptoms of dementia, whilst carrying a significant risk of harm."

What the data tells us	Issues	Actions	Mitigations
<p>PTHB has not met the target of reduction for Q4 2021/22 (489 = 1.27%). Q1 2022/23 data is also available and shows that we had 486 patients aged 65 years or over who were prescribed an antipsychotic (1.26%).</p> <p>PTHB has the lowest percentage of people aged 65 and over who are prescribed an antipsychotic (range 1.27%-1.80%)</p> <p>Further development of this indicator is required to allow comparisons between health boards in Wales (i.e. the indicator should show % of people aged 65 years and over who are prescribed an antipsychotic).</p>		<ul style="list-style-type: none"><li>Patients aged ≥ 65 prescribed an antipsychotic as a percentage of all patients aged ≥ 65' monitored through national medicines safety dashboard.</li><li>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.</li></ul>	<ul style="list-style-type: none"><li>Regular monitoring</li><li>Risks associated with antipsychotic prescribing in elderly patients with dementia reiterated on a regular basis.</li><li>Plan to provide regular reports to primary care as soon as resource allows.</li></ul>



# Quadruple Aim 4

No.

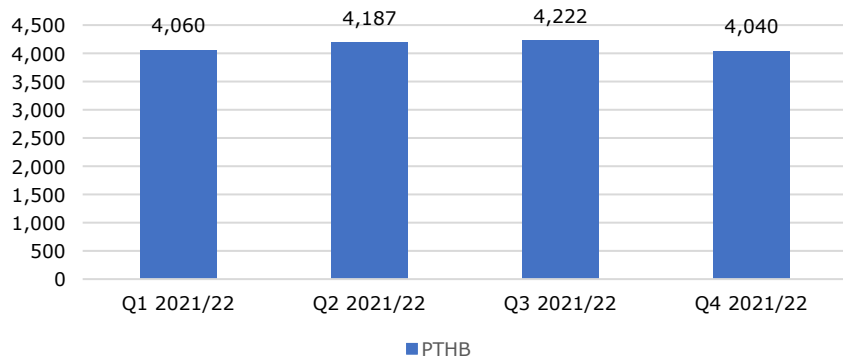
84

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 Usage

Opioid average daily quantities per 1,000 patients

Opioid average daily quantities per 1,000 patients



Q4 2021/22 Performance	
Local Performance	All Wales Benchmark
4,040.1	2 <sup>nd</sup> (4,329.4)
Variance Type	
N/A	
Target	
4 Quarter reduction trend	
Data Quality & Source	
PTHB Pharmacy and Medicines Management	

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
Strategic Priority	24

"Between 2007 and 2017 the number of prescriptions for opioid analgesic dispensed across Wales increased by 50% whilst the number of opioid related deaths increased by 59.4%. ...  
The aim of this measure is to encourage health professionals to adopt a prudent approach to prescribing opioid analgesics, taking into account the risks and the benefits."

What the data tells us	Issues	Actions	Mitigations
PTHB has met the 4 quarter reduction target for Opioid quantities. Powys ranks 2 <sup>nd</sup> nationally against and All Wales figure of 4,329.4  Patterson, Liz 26/09/2022 16:23:59		<ul style="list-style-type: none"><li>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.</li><li>Raising awareness of opioids aware resource for clinicians and patients.</li><li>Regular monitoring through the national indicators.</li><li>Regularly discussed during practice visits.</li><li>Regular provision of prescribing data</li><li>Introduction of prescribing analysis to identify 'excessive' prescribing</li><li>Inclusion of opioid prescribing in the Medicines Management Incentive Scheme (MMIS)</li><li>Access to the PrescQIPP training module on opioid prescribing commissioned and requirement to complete included in MMIS</li></ul>	See actions



# Operational Measures

No.

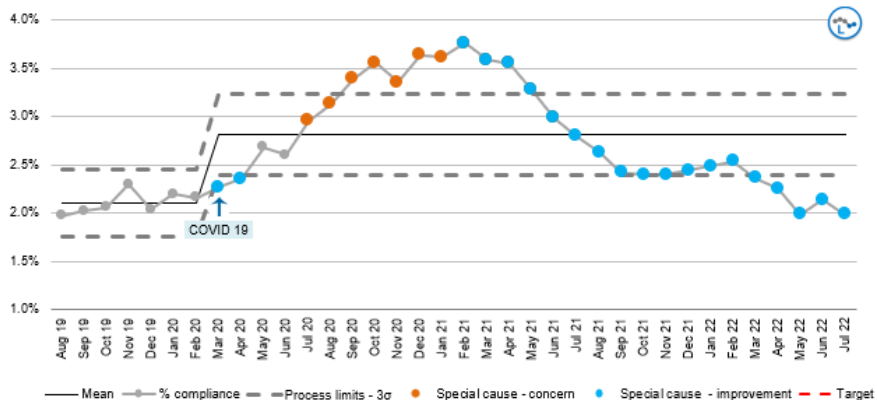
A

Operational Measures are not routinely reported nationally

## Crude Hospital Mortality Rate (R12)

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

Crude Mortality Rate-Source CHKS starting 01/08/19



### Performance July 2022

Local Performance	All Wales Benchmark
1.98%	N/A

### Variance Type

Special Cause - Improvement

### Target

12 month reduction trend

### Data Quality & Source

CHKS

Executive Lead	Medical Director
Officer Lead	TBC
Strategic Priority	24

### What the data 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.

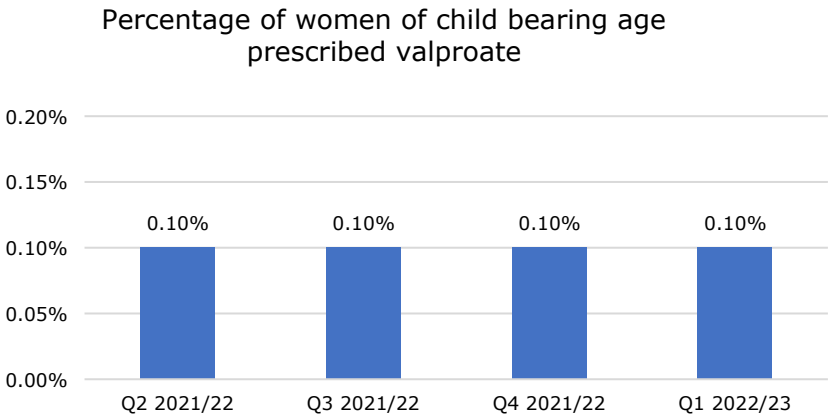
Renewal work is exploring reinstating care pathways that have been disrupted due to COVID.



Operational Measures are not routinely reported nationally

Valproate Usage

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



Q1 2022/23 Performance	
Local Performance	All Wales Benchmark
0.10%	0.13%*
Variance Type	
N/A	
Target	
Quarter on Quarter Reduction	
Data Quality & Source	
PTHB Pharmacy and Medicines Management	

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
Strategic Priority	24

What the data tells us	Issues	Actions	Mitigations
<p>0.10% of female patients aged 14-45 were prescribed valproate in Q4 2021/22. Data is also available for Q1 2022/23 and this shows that the figure remains unchanged.</p> <p>Powys continues to have the lowest prescribing rate of valproate in women of child bearing age in the whole of Wales.</p>	<p>Nationally Q4 2021/22 – 834 female patients aged 14-45 issued with a prescription for sodium valproate in Wales = 0.133% of female patients aged 14-45.</p> <p>Powys = 0.1% (lowest % of all LHBs)</p>	<ul style="list-style-type: none"><li>Regularly monitored through national medicines safety dashboard.</li><li>Regular reminders about prescribing valproate in women of child bearing age.</li><li>Reminder about Pregnancy Prevention Plan (PPP)</li><li>Cascade of patient information to primary care and community pharmacy.</li></ul>	<p>See actions</p> <p>Plan to provide regular reports to primary care as soon as resource allows.</p>





# Operational Measures

No.

G

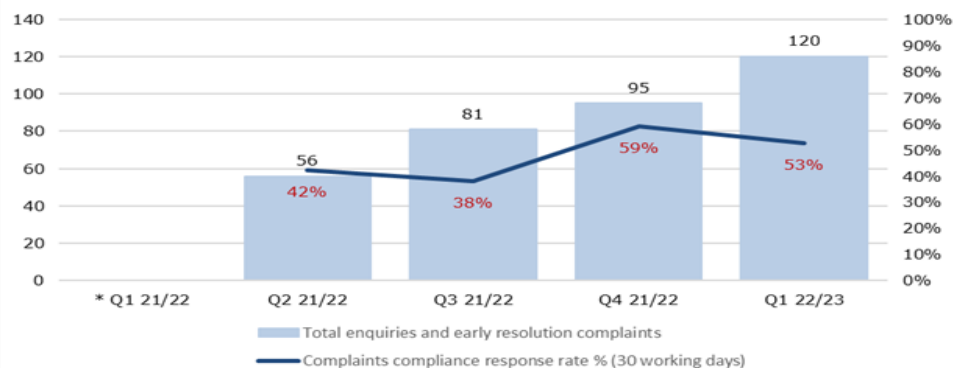
Operational Measures are not routinely reported nationally

## 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 - Nursing
Strategic Priority	24

Complaints compliance response rate & number of enquiries and early resolutions by quarter - Source Datix CloudIQ - Q1 2021/22 to Q2 2021/22



### 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.

### Q1 2022/23 Performance

Local Performance	All Wales Benchmark
53%	N/A
Target	
75%	
Data Source & Quality	
PTHB Q&S Team	

### 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
- 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
- Continued proactive management of concerns and increase in numbers of enquiries/Early resolution resolved quickly.
- Further work required to cleanse and quality assure data
- Implementation of a concerns feedback process 'How was the process for the complainant' with the use of Civica

### 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
- Refreshed improvement plan
- Implement clear process for learning and improvement from concerns
- Further work required to cleanse and quality assure data



## Next Steps

### **Next Steps**

- The ongoing work to tackle COVID backlog and capacity challenges remains the single largest risk for Powys residents and their required health care. As a provider the health board has made significant, and positive steps in improving its immediately controllable flows back to near target performance, but with a reported 90% of total admitted care (34,964 pieces of activity) and 65% of outpatient care (130,217 pieces of activity) going into commissioned services (data from 2021/22 financial year) recovery remains heavily linked to acute provider recovery and system demand is already high leading in to the winter season and related pressures. To assist with recovery new tools such as a All Wales identifiable weekly waiting list (supported by the Delivery Unit) should enable PTHB to maximise its work as part of the Recovery Portfolio Strategic Board, where they remain focused to assist with the very long waiter backlog which is especially significant in commissioned Welsh health providers in South Powys.
- 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 framework measures and their rollout. 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.

Patterson, Liz  
26/09/2022 16:23:59



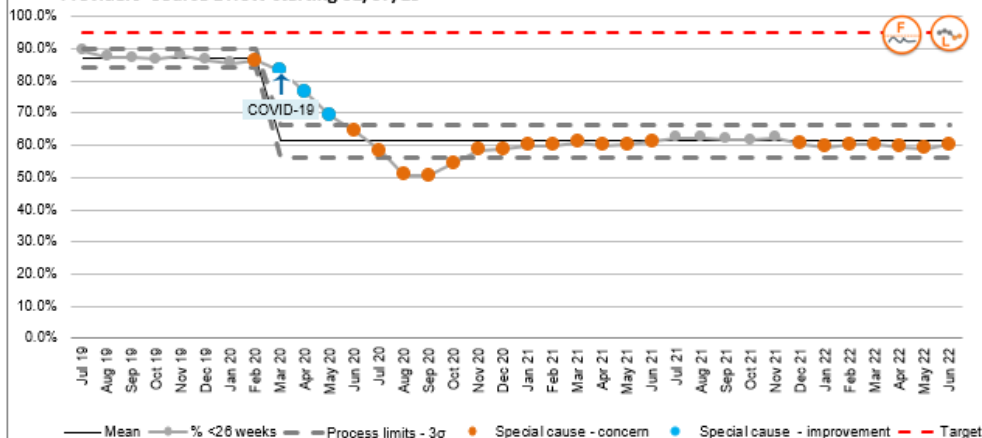
# Appendix 1

## Referral to Treatment (RTT) – Powys Teaching health board as a Commissioner

### Combined Welsh and English Health Boards

#### Percentage of RTT pathways <26 weeks

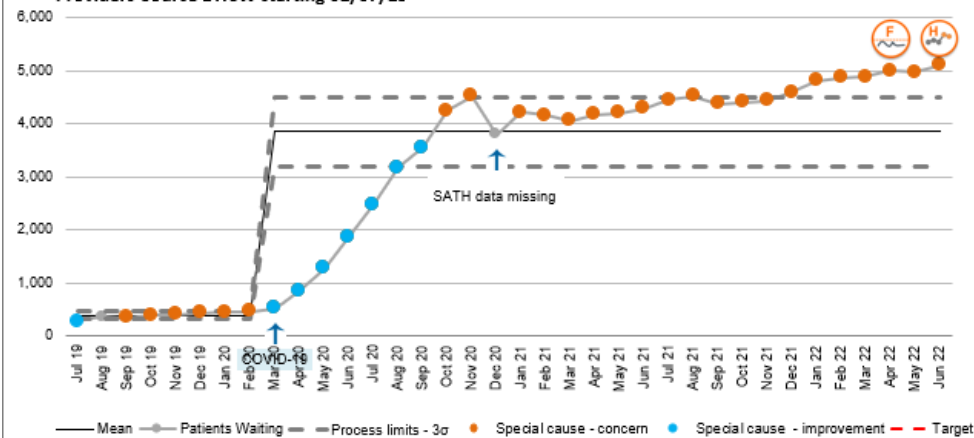
Commissioned - Percentage of patients waiting less than 26 weeks for treatment - English and Welsh Providers-Source DHCW starting 01/07/19



#### Number of RTT pathways 36+ weeks

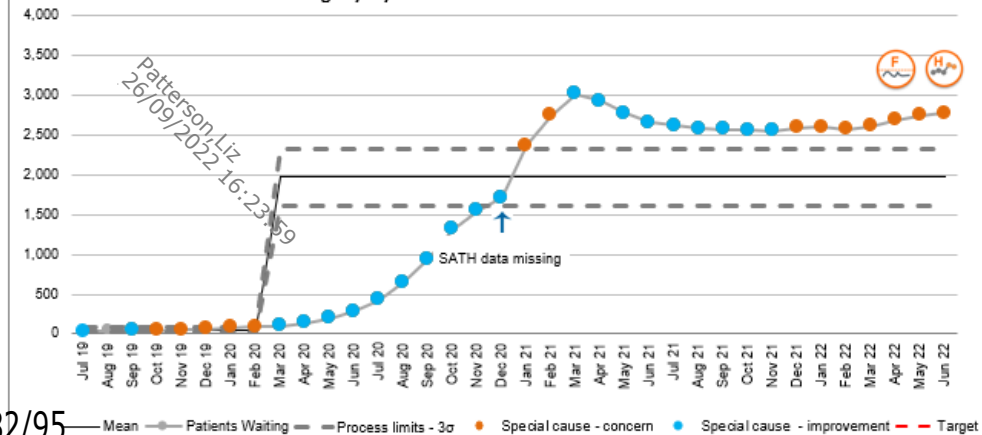
(inclusive of those patients waiting in the over 52 & over 104 week band)

Commissioned - Number of patients waiting more than 36 weeks for treatment - English and Welsh Providers-Source DHCW starting 01/07/19



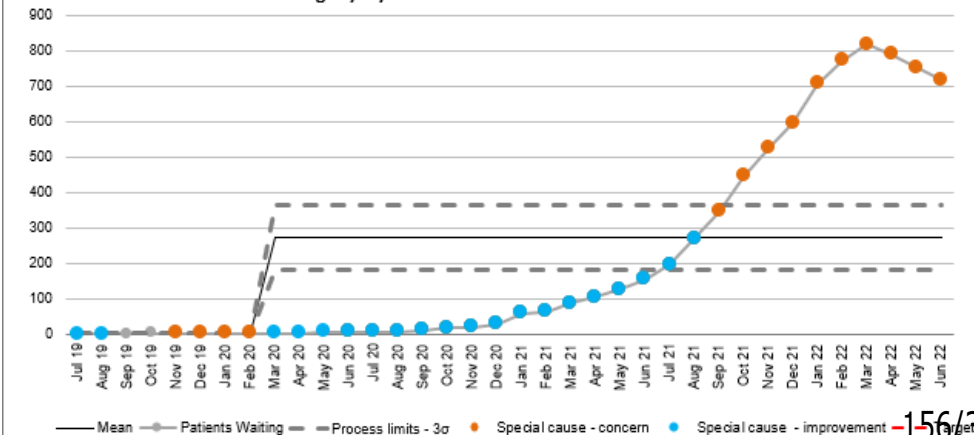
#### Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)

Commissioned - Number of patients waiting more than 52 weeks for treatment - English and Welsh Providers-Source DHCW starting 01/07/19



#### Number of RTT pathways over 104 weeks

Commissioned - Number of patients waiting more than 104 weeks for treatment - English and Welsh Providers-Source DHCW starting 01/07/19



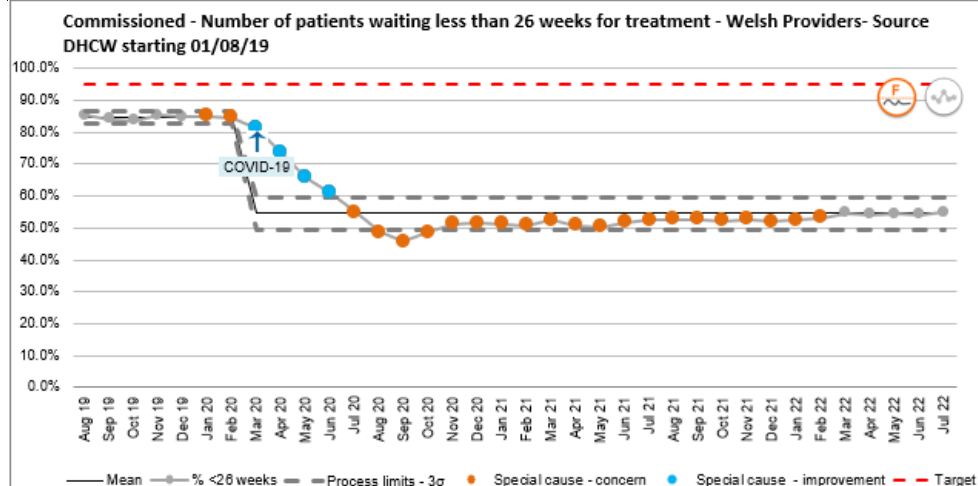


# Appendix 1

## Referral to Treatment – Powys Teaching health board as a Commissioner

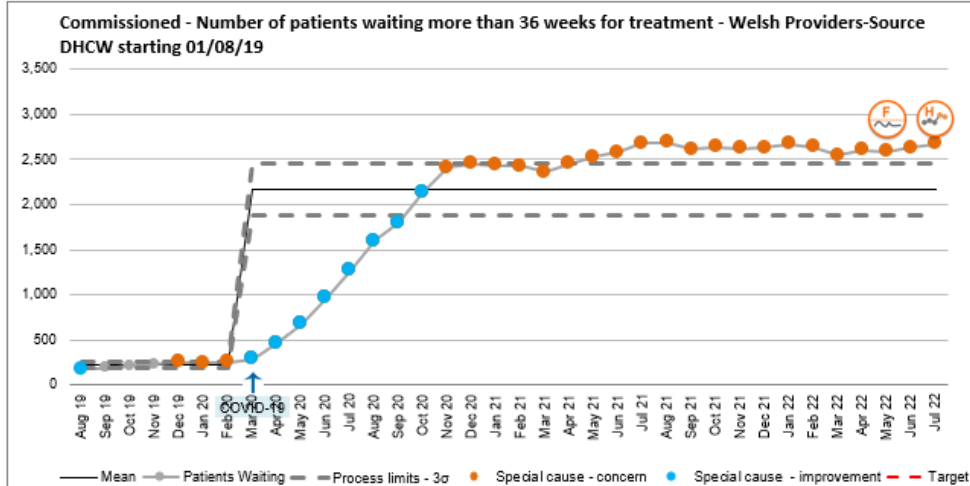
### Combined Welsh Health Boards

#### Percentage of RTT pathways <26 weeks

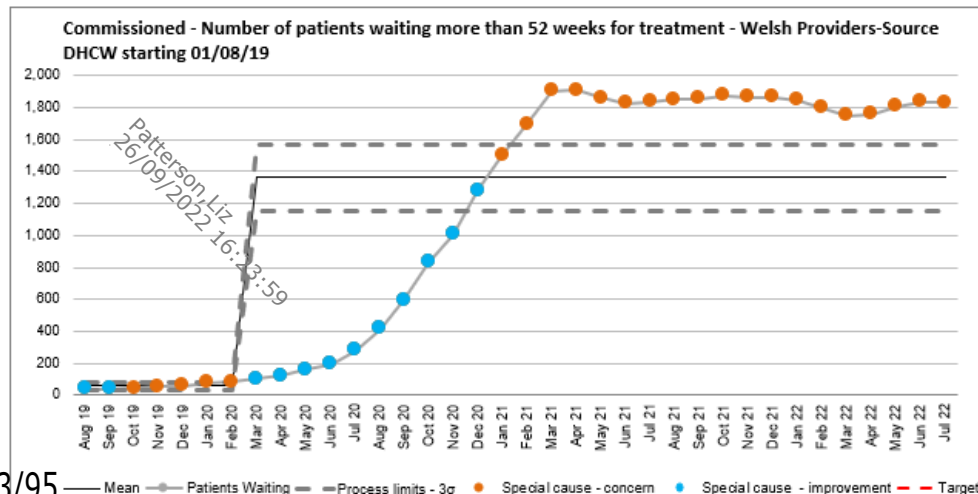


#### Number of RTT pathways 36+ weeks

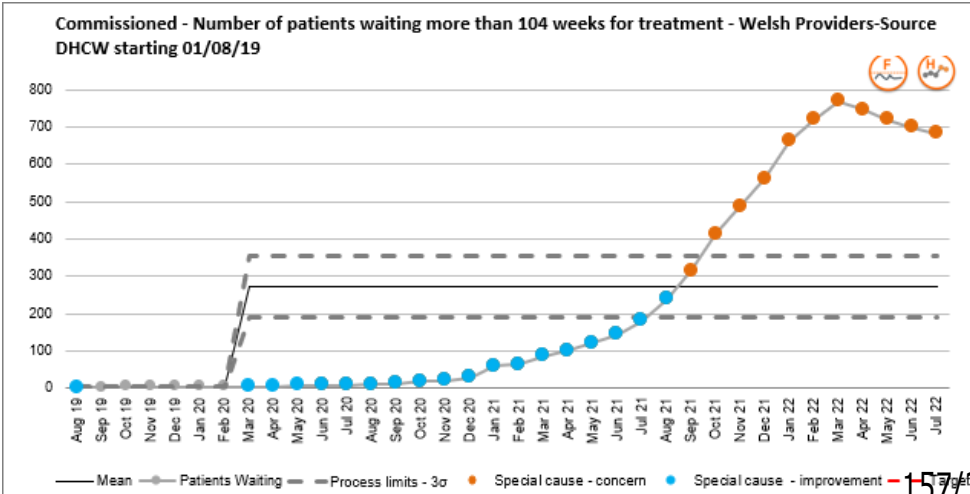
(inclusive of those patients waiting in the over 52 & over 104 week band)



#### Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)



#### Number of RTT pathways over 104 weeks





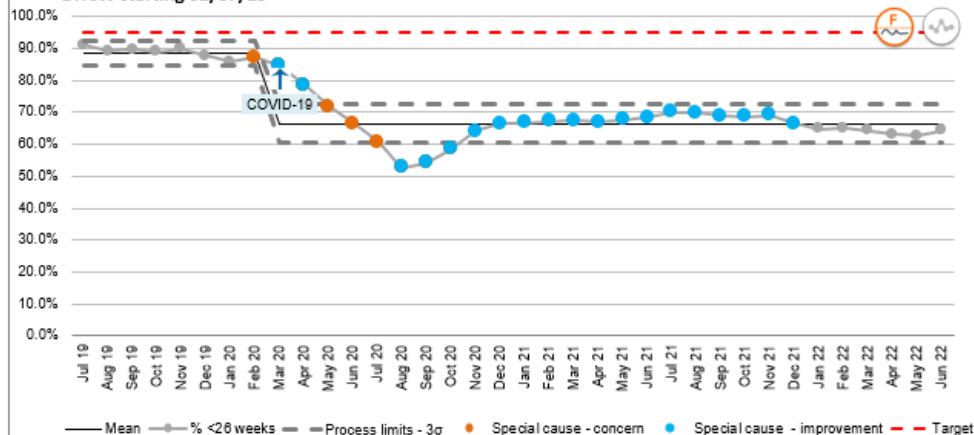
# Appendix 1

## Referral to Treatment – Powys Teaching health board as a Commissioner

### Combined English Health Boards

#### Percentage of RTT pathways <26 weeks

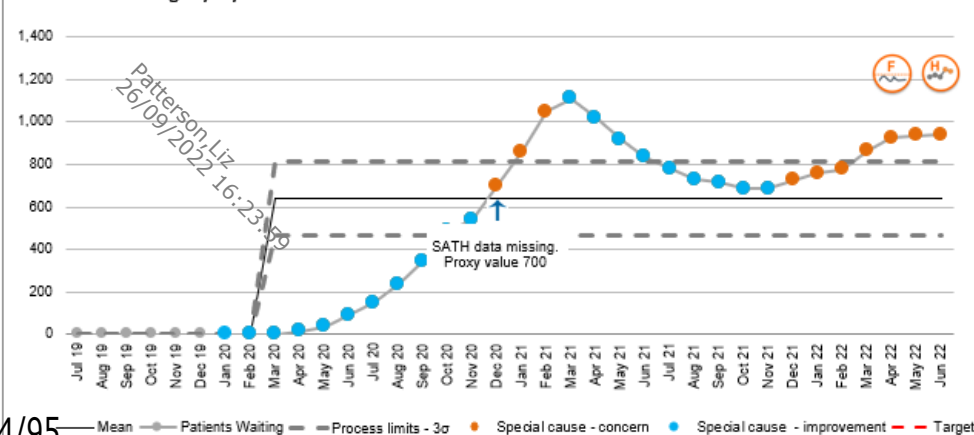
Commissioned - Number of patients waiting less than 26 weeks for treatment - English Providers- Source DHCW starting 01/07/19



#### Number of RTT pathways over 52 weeks

(inclusive of those patients waiting in the over 104 week band)

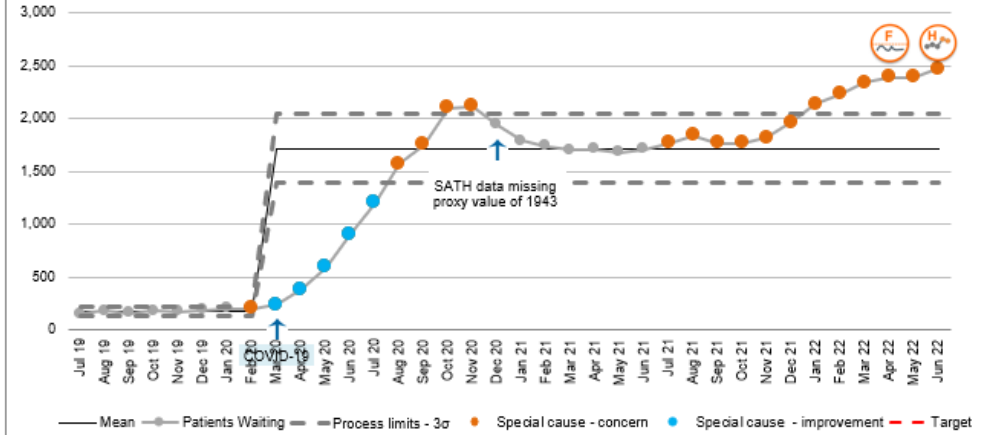
Commissioned - Number of patients waiting more than 52 weeks for treatment - English Providers-Source DHCW starting 01/07/19



#### Number of RTT pathways 36+ weeks

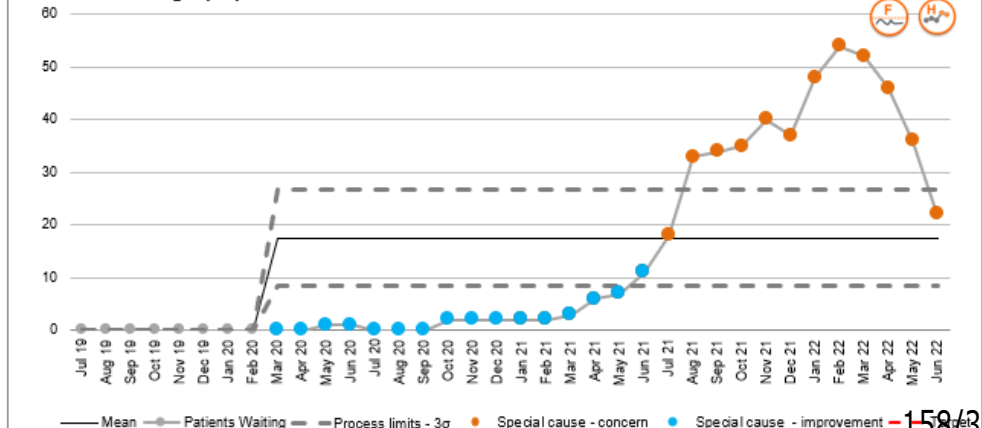
(inclusive of those patients waiting in the over 52 & over 104 week band)

Commissioned - Number of patients waiting more than 36 weeks for treatment - English Providers-Source DHCW starting 01/07/19



#### Number of RTT pathways over 104 weeks

Commissioned - Number of patients waiting more than 104 weeks for treatment - English Providers-Source DHCW starting 01/07/19





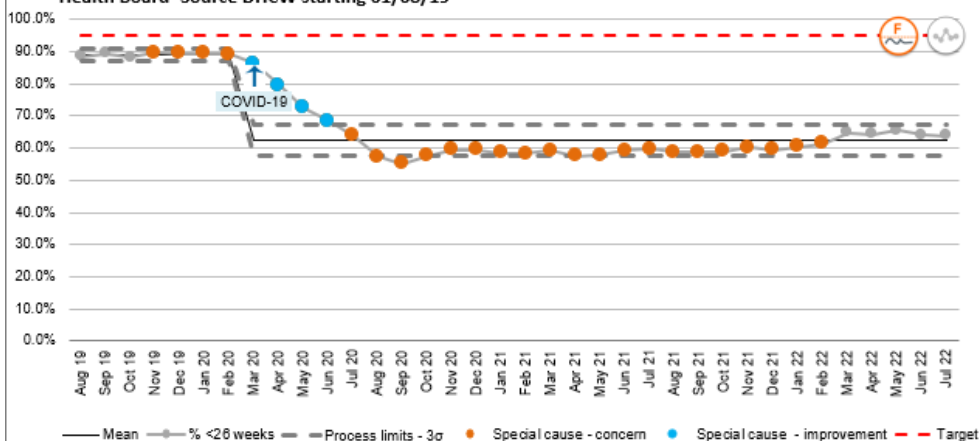
# Appendix 1

## Aneurin Bevan University Health Board Referral to Treatment – Powys Teaching health board as a Commissioner

ABUHB	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	58%	28,400	8,200	9,200
Powys resident performance	64%	568	110	132

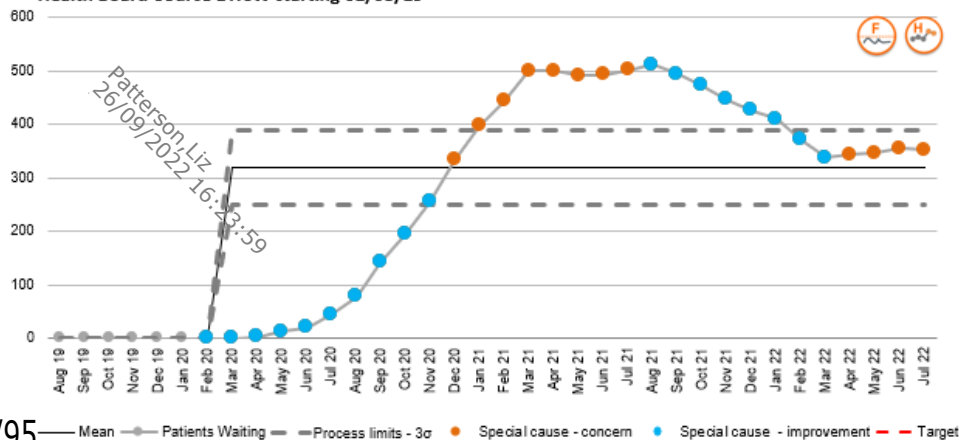
### Percentage of RTT pathways <26 weeks

Commissioned - Percentage of patients waiting less than 26 weeks for treatment - Aneurin Bevan University Health Board- Source DHCW starting 01/08/19



### Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)

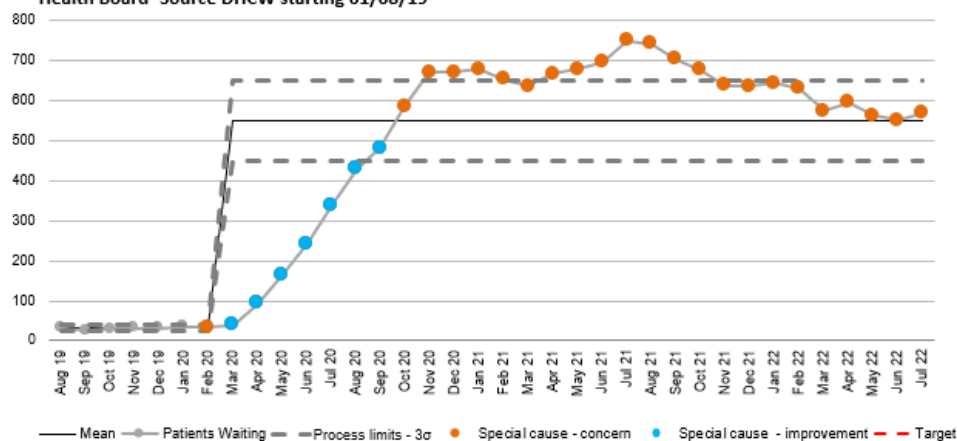
Commissioned - Number of patients waiting more than 52 weeks for treatment - Aneurin Bevan University Health Board-Source DHCW starting 01/08/19



### Number of RTT pathways 36+ weeks

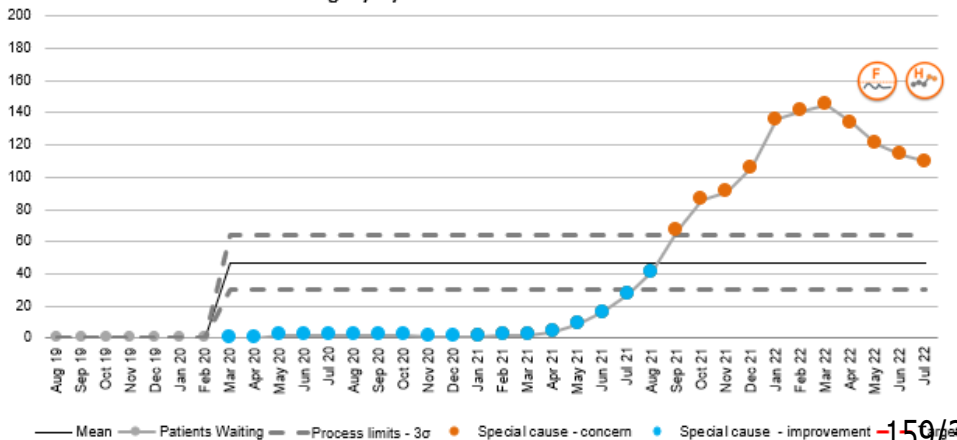
(inclusive of those patients waiting in the over 52 & over 104 week band)

Commissioned - Number of patients waiting more than 36 weeks for treatment - Aneurin Bevan University Health Board- Source DHCW starting 01/08/19



### Number of RTT pathways over 104 weeks

Commissioned - Number of patients waiting more than 104 weeks for treatment - Aneurin Bevan University Health Board-Source DHCW starting 01/08/19







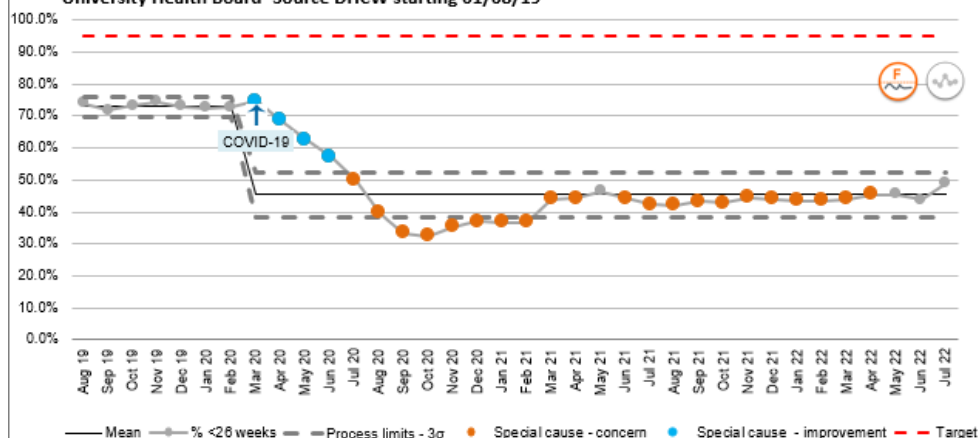
# Appendix 1

## Betsi Cadwaladr University Health Board Referral to Treatment – Powys Teaching health board as a Commissioner

BCUHB	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	32%	18,686	7,583	15,533
Powys resident performance	49%	271	48	123

### Percentage of RTT pathways <26 weeks

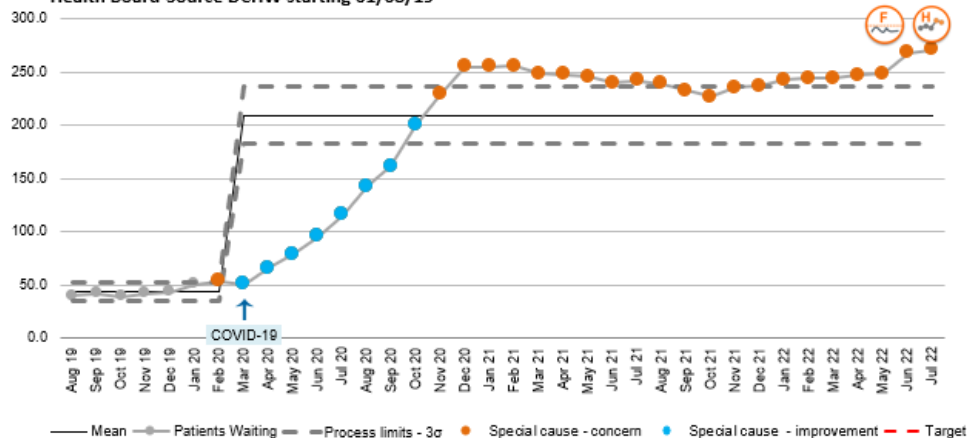
Commissioned - Percentage of patients waiting less than 26 weeks for treatment - Betsi Cadwaladr University Health Board- Source DHCW starting 01/08/19



### Number of RTT pathways 36+ weeks

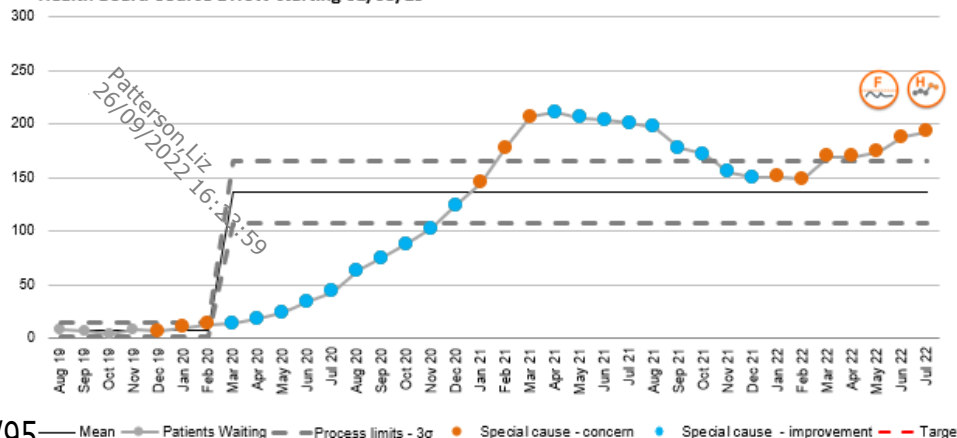
(inclusive of those patients waiting in the over 52 & over 104 week band)

Commissioned - Number of patients waiting more than 36 weeks for treatment - Betsi Cadwaladr University Health Board-Source DHCW starting 01/08/19



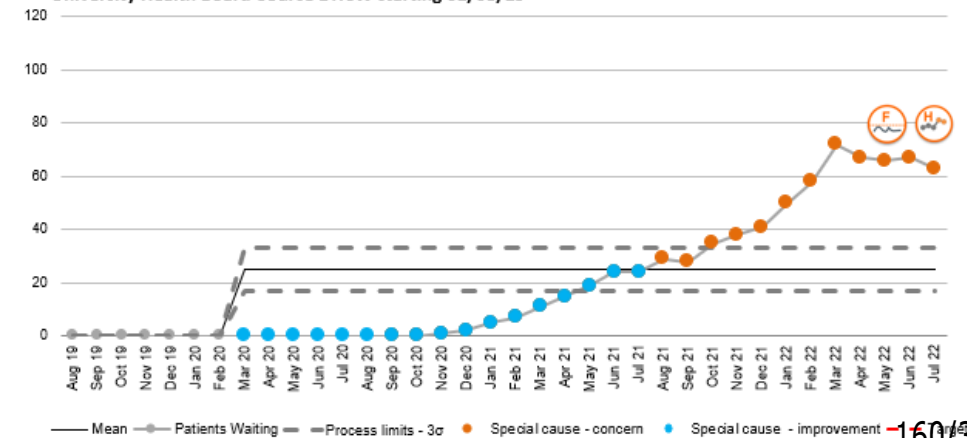
### Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)

Commissioned - Number of patients waiting more than 52 weeks for treatment - Betsi Cadwaladr University Health Board-Source DHCW starting 01/08/19



### Number of RTT pathways over 104 weeks

Commissioned - Number of patients waiting more than 104 weeks for treatment - Betsi Cadwaladr University Health Board-Source DHCW starting 01/08/19

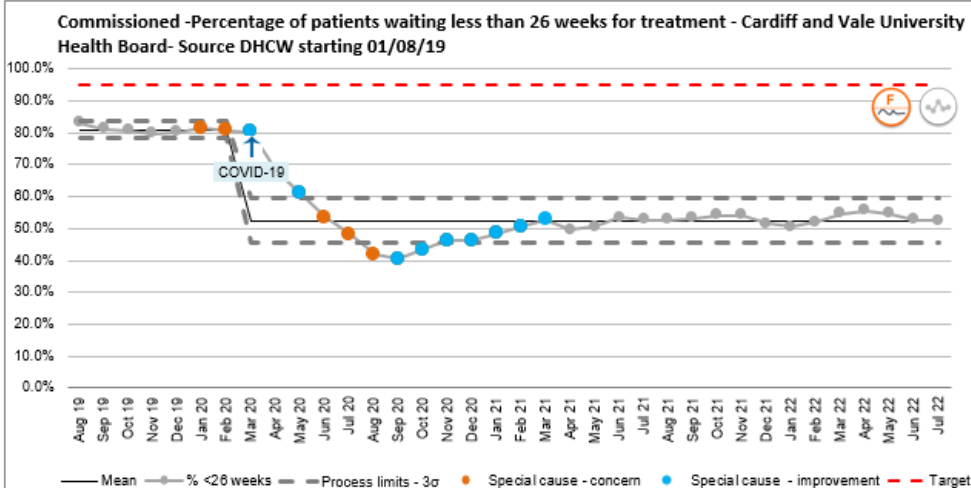




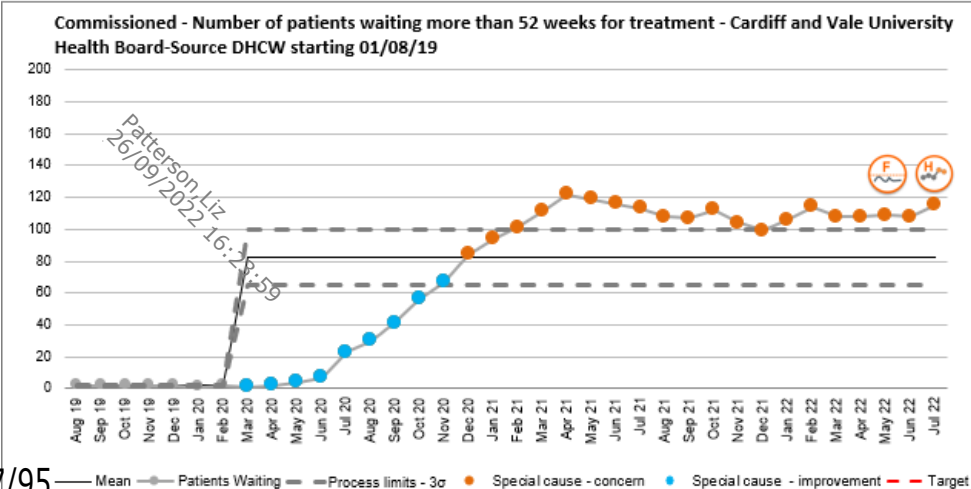
# Appendix 1

## Cardiff and Vale University Health Board Referral to Treatment – Powys Teaching health board as a Commissioner

### Percentage of RTT pathways <26 weeks

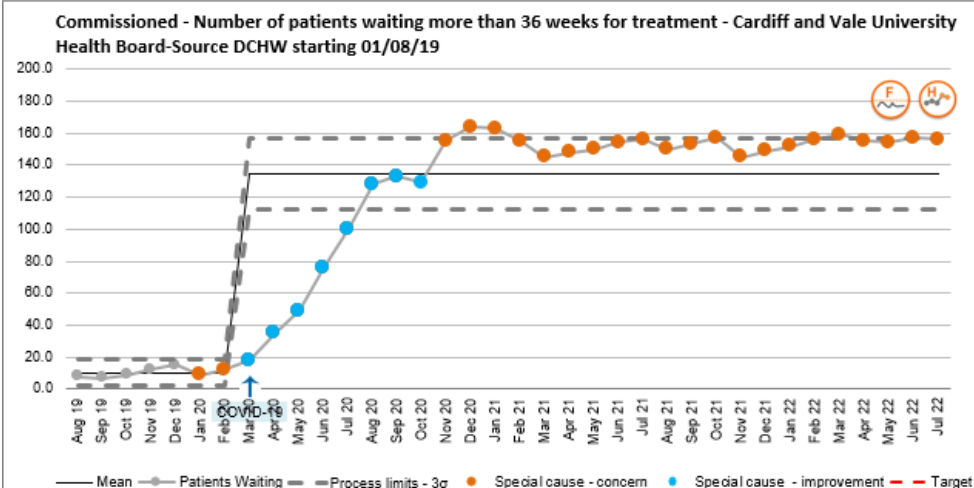


### Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)

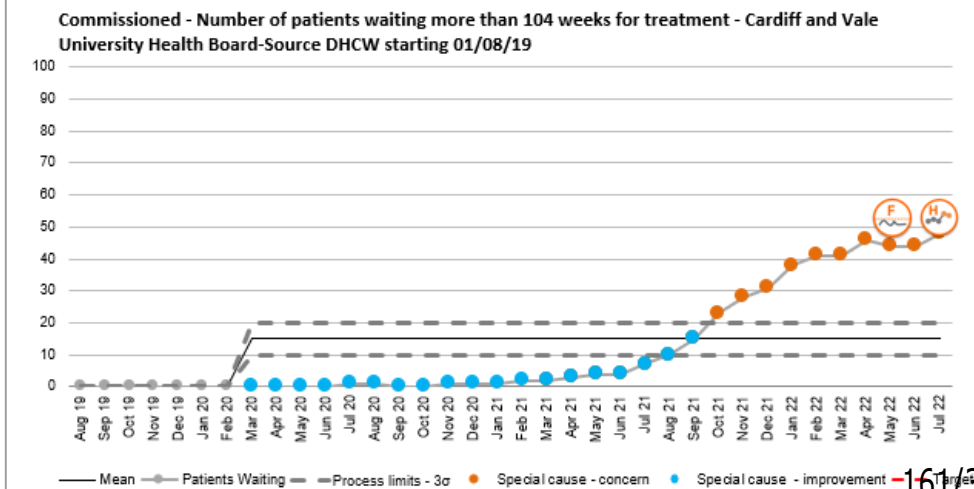


CVUHB	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	55%	46,347	9,238	17,083
Powys resident performance	53%	156	48	53

### Number of RTT pathways 36+ weeks (inclusive of those patients waiting in the over 52 & over 104 week band)



### Number of RTT pathways over 104 weeks





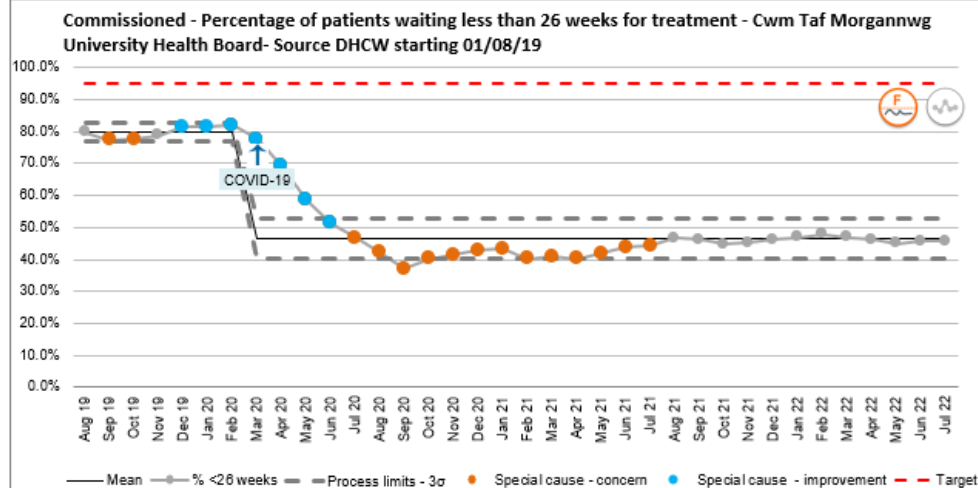


# Appendix 1

## Cwm Taf Morgannwg University Health Board Referral to Treatment – Powys Teaching health board as a Commissioner

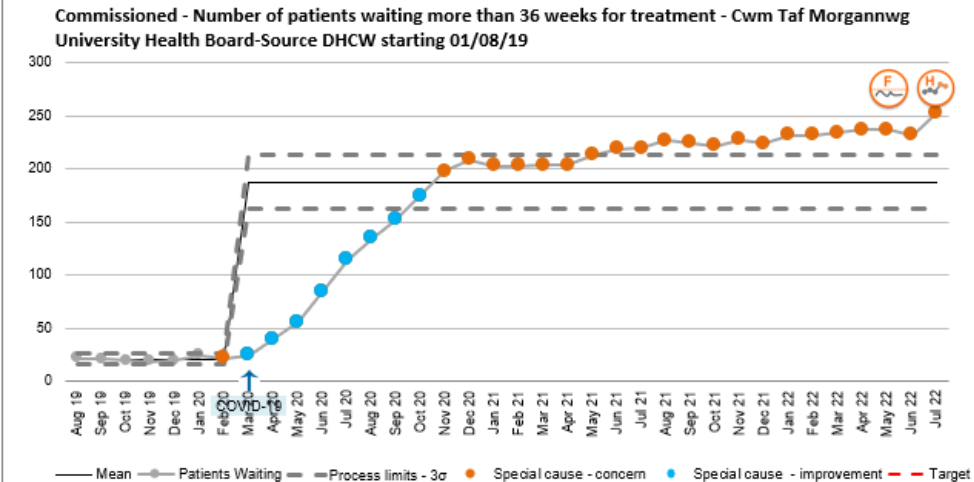
CTMHB	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	45%	47,810	13,899	17,181
Powys resident performance	46%	252	79	58

### Percentage of RTT pathways <26 weeks



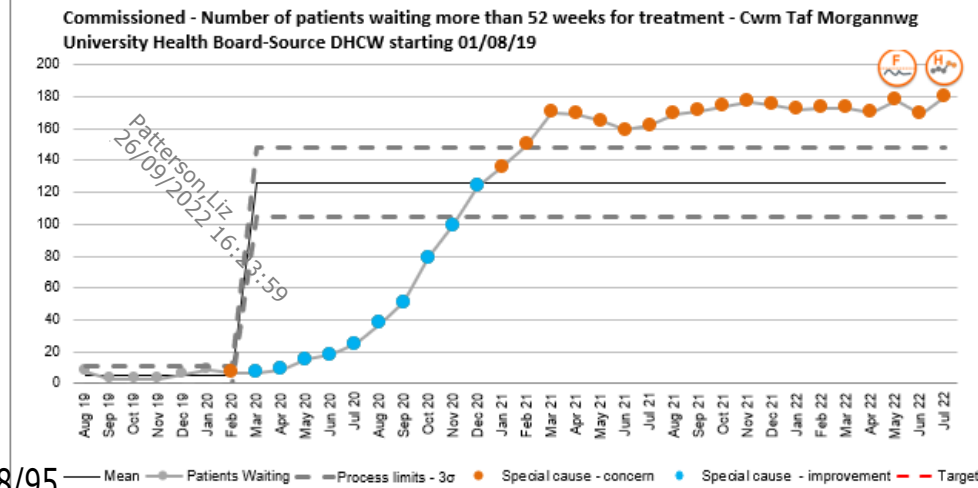
### Number of RTT pathways 36+ weeks

(inclusive of those patients waiting in the over 52 & over 104 week band)

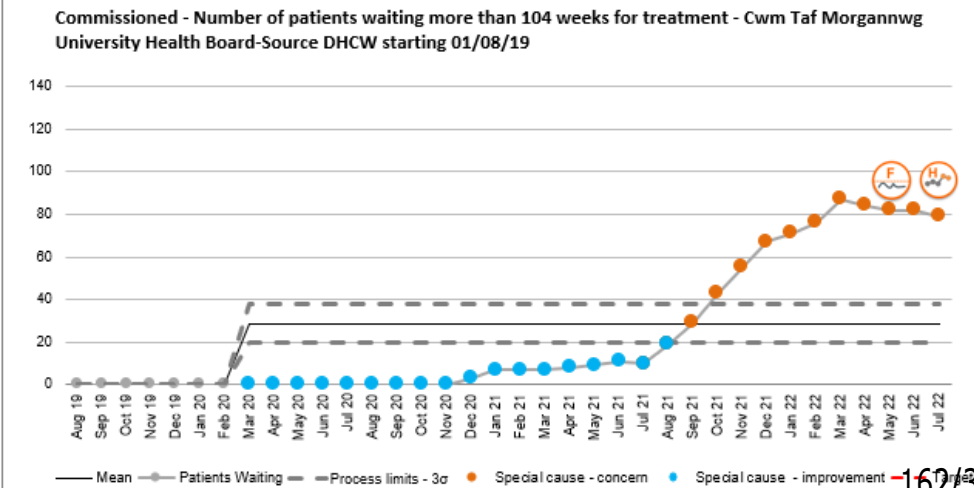


### Number of RTT pathways over 52 weeks

(inclusive of those patients waiting in the over 104 week band)



### Number of RTT pathways over 104 weeks





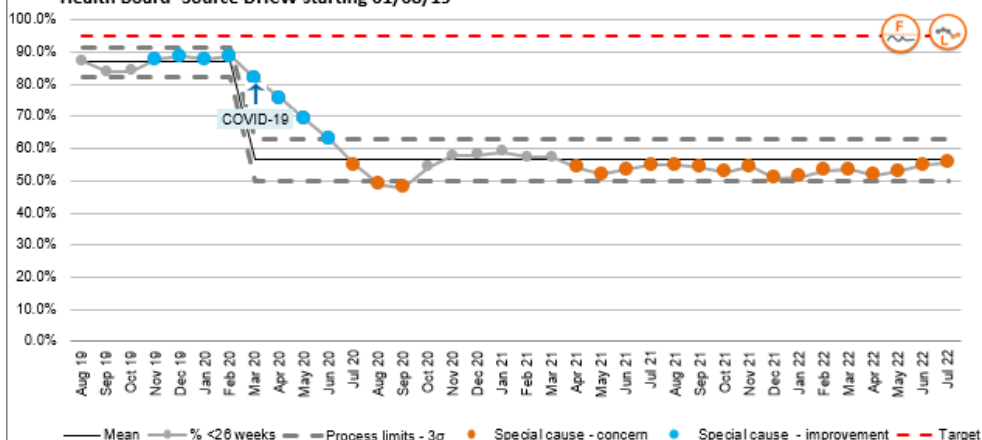
# Appendix 1

## Hywel Dda University Health Board Referral to Treatment – Powys Teaching health board as a Commissioner

HDUHB	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	57%	29,948	7,222	11,582
Powys resident performance	55%	560	111	181

### Percentage of RTT pathways <26 weeks

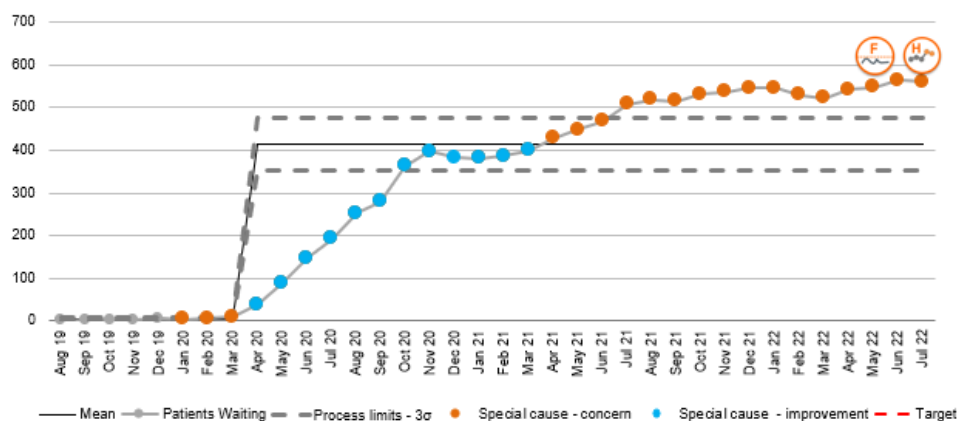
Commissioned - Percentage of patients waiting less than 26 weeks for treatment - Hywel Dda University Health Board- Source DHCW starting 01/08/19



### Number of RTT pathways 36+ weeks

(inclusive of those patients waiting in the over 52 & over 104 week band)

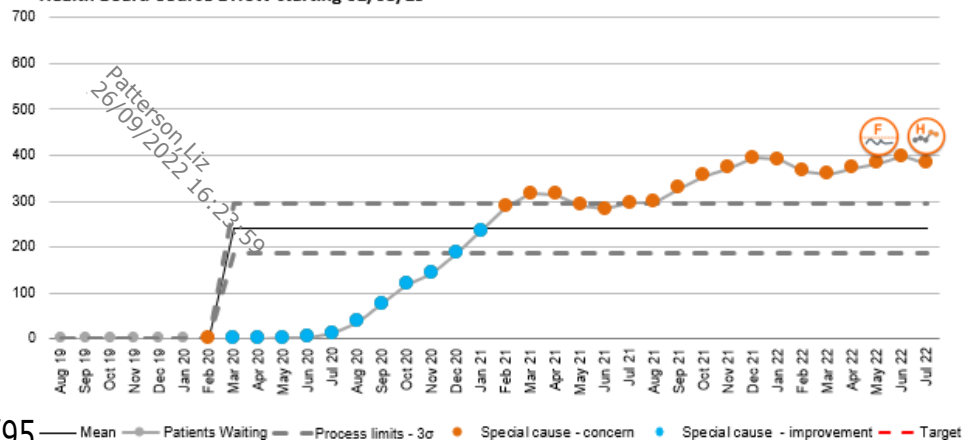
Commissioned - Number of patients waiting more than 36 weeks for treatment - Hywel Dda University Health Board-Source DHCW starting 01/08/19



### Number of RTT pathways over 52 weeks

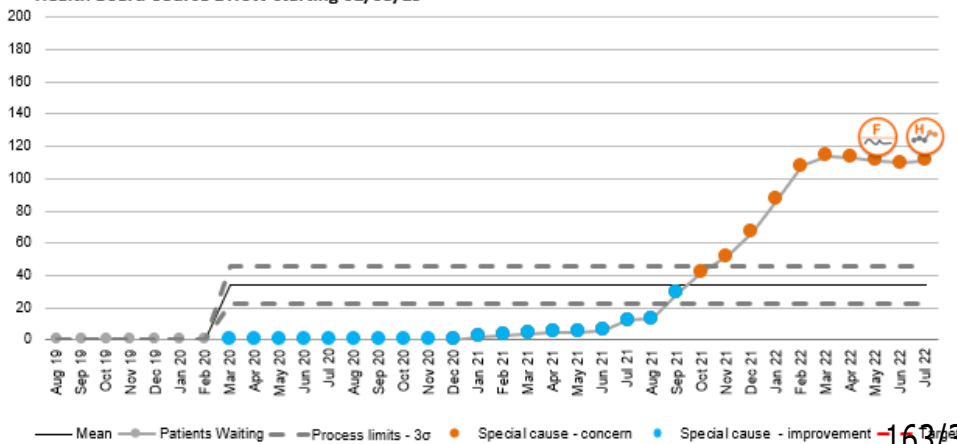
(inclusive of those patients waiting in the over 104 week band)

Commissioned - Number of patients waiting more than 52 weeks for treatment - Hywel Dda University Health Board-Source DHCW starting 01/08/19



### Number of RTT pathways over 104 weeks

Commissioned - Number of patients waiting more than 52 weeks for treatment - Hywel Dda University Health Board-Source DHCW starting 01/08/19





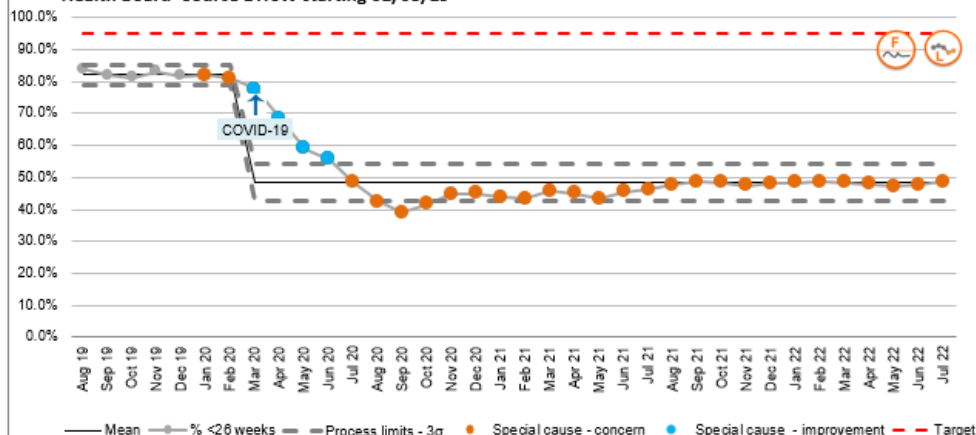
# Appendix 1

## Swansea Bay University Health Board Referral to Treatment – Powys Teaching health board as a Commissioner

SBUHB	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	49%	40,804	8,083	7,579
Powys resident performance	49%	868	271	306

### Percentage of RTT pathways <26 weeks

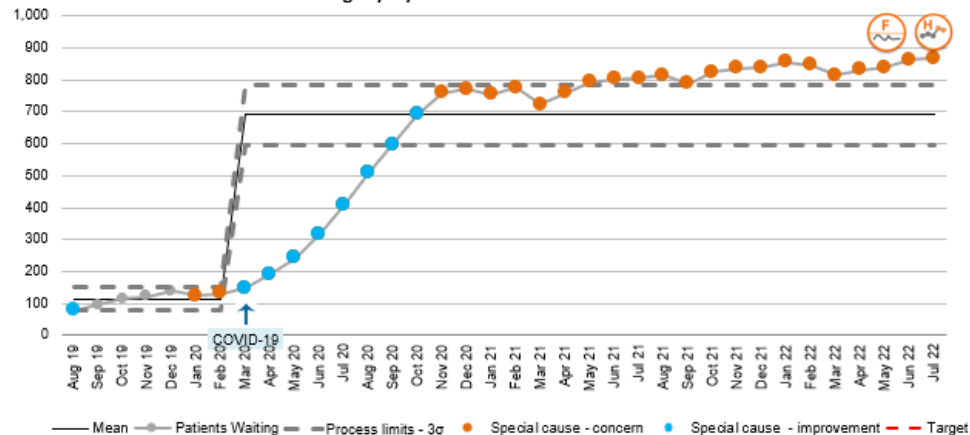
Commissioned - Percentage of patients waiting less than 26 weeks for treatment - Swansea Bay University Health Board- Source DHCW starting 01/08/19



### Number of RTT pathways 36+ weeks

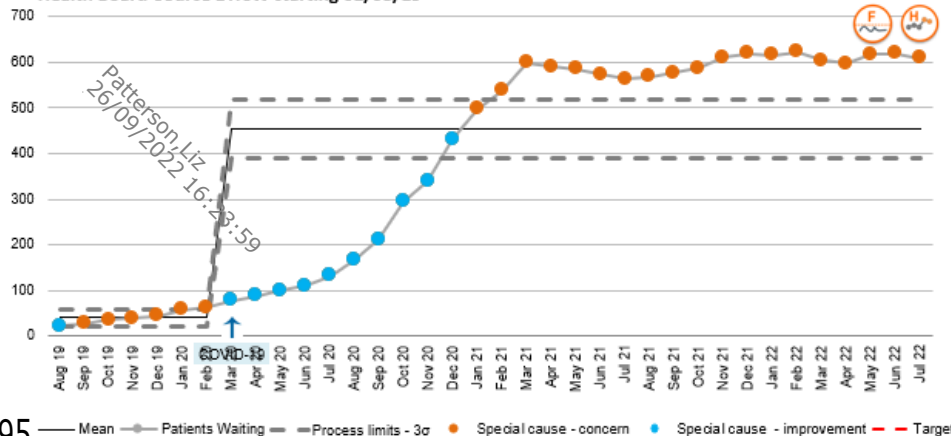
(inclusive of those patients waiting in the over 52 & over 104 week band)

Commissioned - Number of patients waiting more than 36 weeks for treatment - Swansea Bay University Health Board-Source DHCW starting 01/08/19



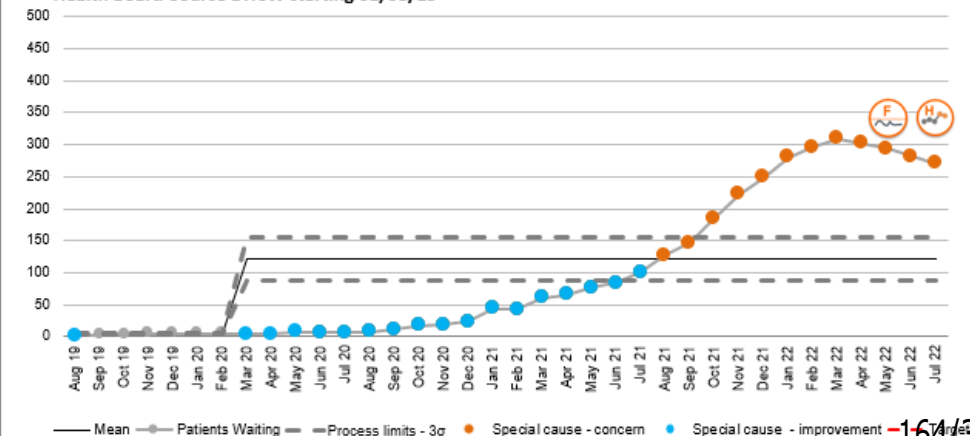
### Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)

Commissioned - Number of patients waiting more than 52 weeks for treatment - Swansea Bay University Health Board-Source DHCW starting 01/08/19



### Number of RTT pathways over 104 weeks

Commissioned - Number of patients waiting more than 104 weeks for treatment - Swansea Bay University Health Board-Source DHCW starting 01/08/19





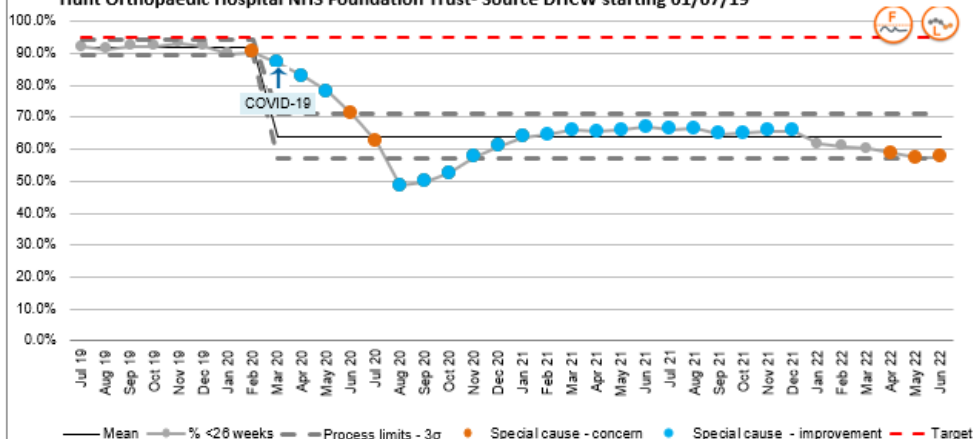
# Appendix 1

## The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

### Referral to Treatment – Powys Teaching health board as a Commissioner

#### Percentage of RTT pathways <26 weeks

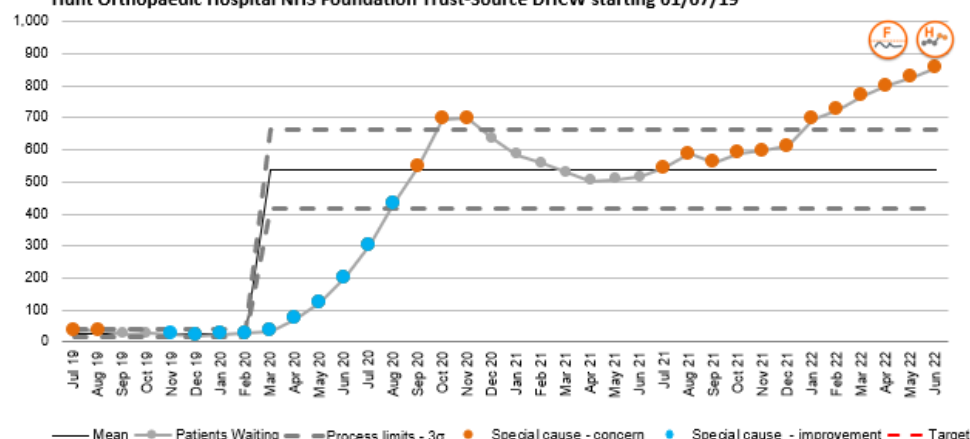
Commissioned - Percentage of patients waiting less than 26 weeks for treatment - Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust- Source DHCW starting 01/07/19



#### Number of RTT pathways 36+ weeks

(inclusive of those patients waiting in the over 52 & over 104 week band)

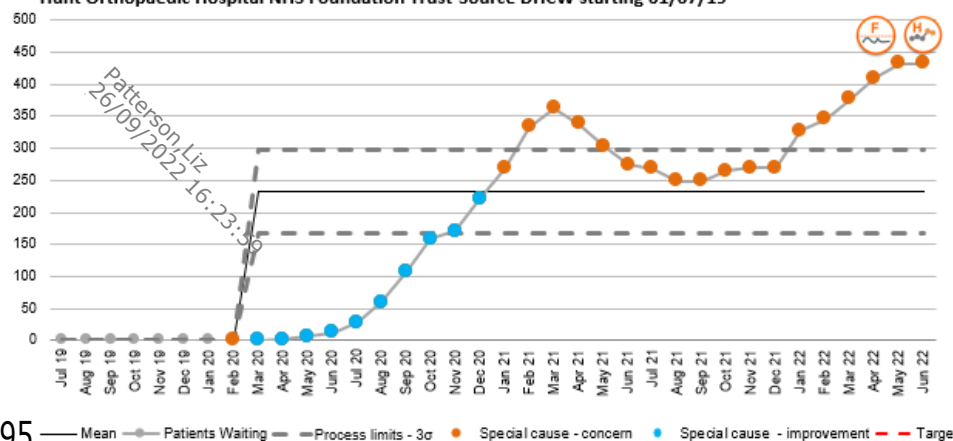
Commissioned - Number of patients waiting more than 36 weeks for treatment - Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust-Source DHCW starting 01/07/19



#### Number of RTT pathways over 52 weeks

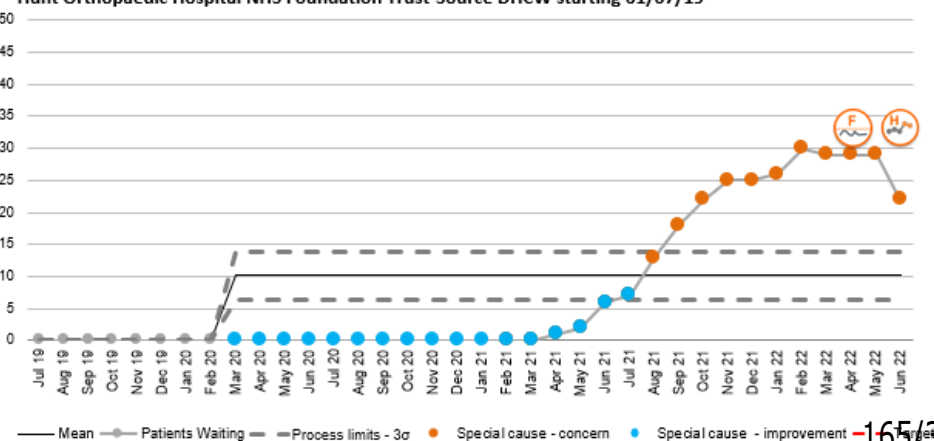
(inclusive of those patients waiting in the over 104 week band)

Commissioned - Number of patients waiting more than 52 weeks for treatment - Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust-Source DHCW starting 01/07/19



#### Number of RTT pathways over 104 weeks

Commissioned - Number of patients waiting more than 104 weeks for treatment - Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust-Source DHCW starting 01/07/19





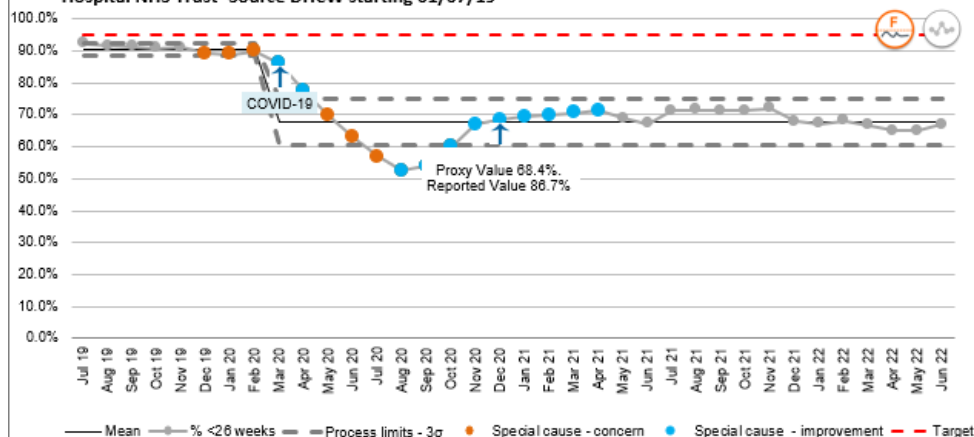
# Appendix 1

## Shrewsbury and Telford Hospital NHS Trust

### Referral to Treatment – Powys Teaching health board as a Commissioner

#### Percentage of RTT pathways <26 weeks

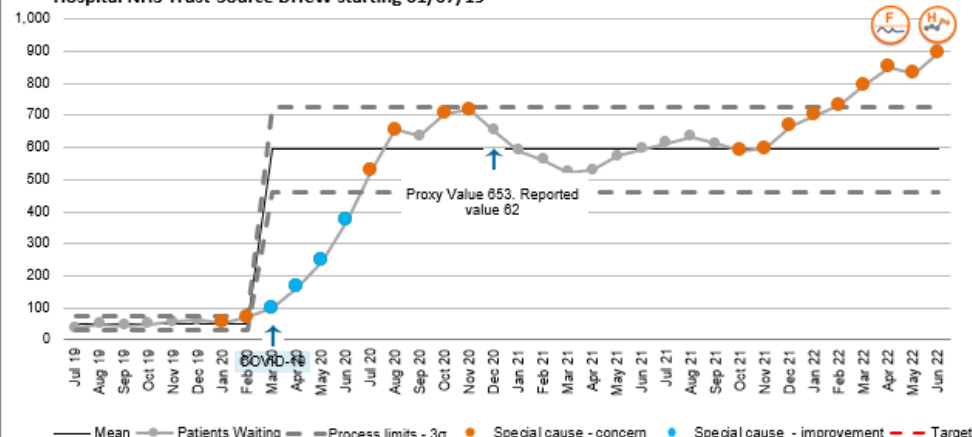
Commissioned - Percentage of patients waiting less than 26 weeks for treatment - Shrewsbury and Telford Hospital NHS Trust- Source DHCW starting 01/07/19



#### Number of RTT pathways 36+ weeks

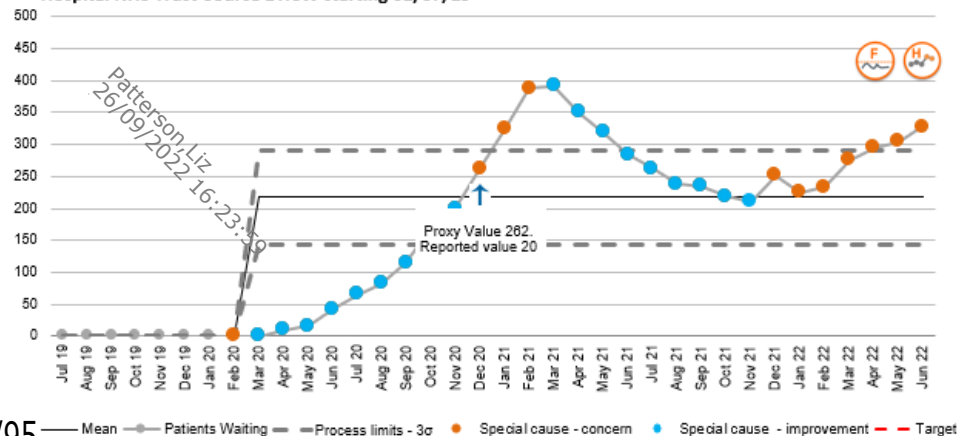
(inclusive of those patients waiting in the over 52 & over 104 week band)

Commissioned - Number of patients waiting more than 36 weeks for treatment - Shrewsbury and Telford Hospital NHS Trust-Source DHCW starting 01/07/19



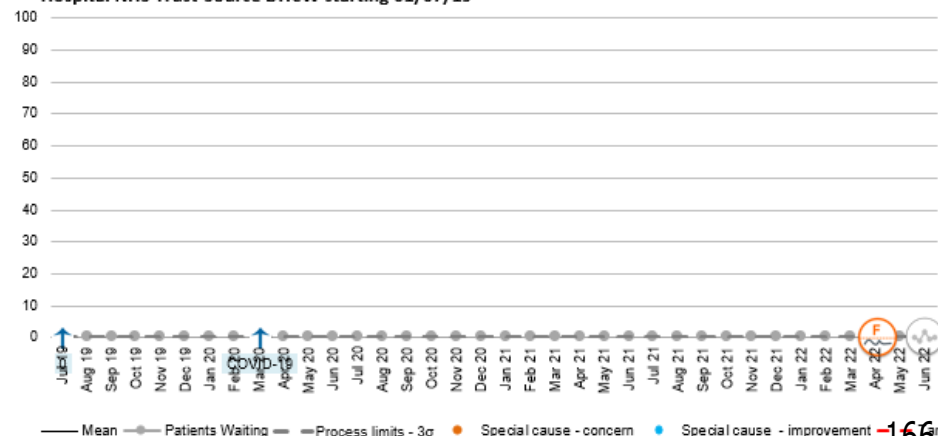
#### Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)

Commissioned - Number of patients waiting more than 52 weeks for treatment - Shrewsbury and Telford Hospital NHS Trust-Source DHCW starting 01/07/19



#### Number of RTT pathways over 104 weeks

Commissioned - Number of patients waiting more than 104 weeks for treatment - Shrewsbury and Telford Hospital NHS Trust-Source DHCW starting 01/07/19





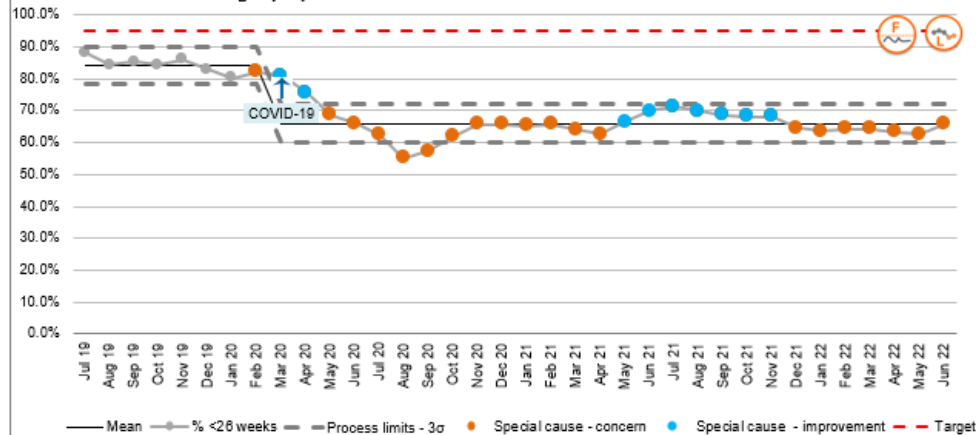
# Appendix 1

## Wye Valley NHS Trust

### Referral to Treatment – Powys Teaching health board as a Commissioner

#### Percentage of RTT pathways <26 weeks

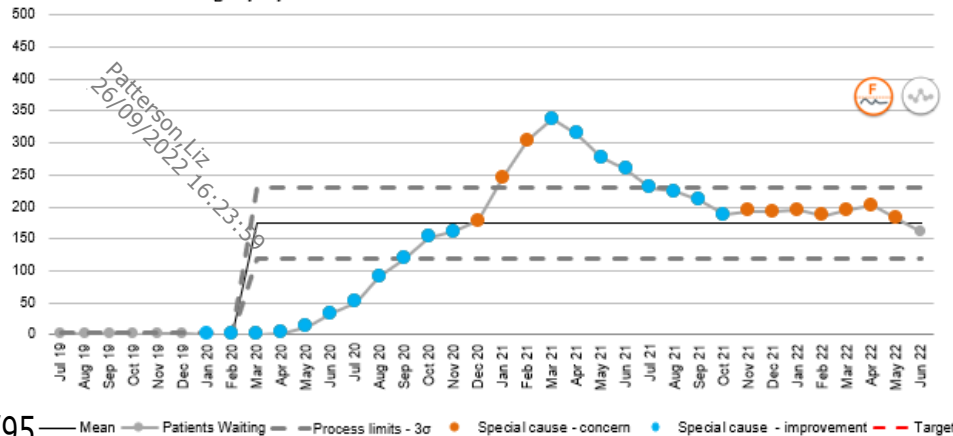
Commissioned - Percentage of patients waiting less than 26 weeks for treatment - Wye Valley NHS Trust-Source DHCW starting 01/07/19



#### Number of RTT pathways over 52 weeks

(inclusive of those patients waiting in the over 104 week band)

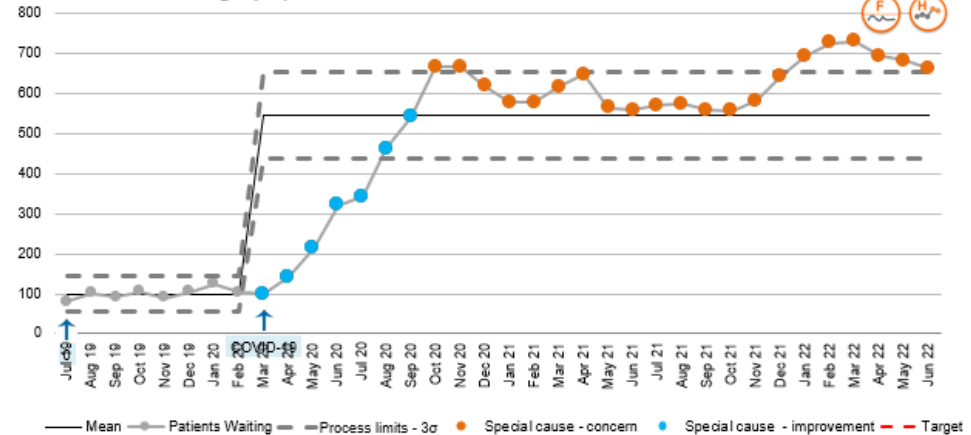
Commissioned - Number of patients waiting more than 52 weeks for treatment - Wye Valley NHS Trust-Source DHCW starting 01/07/19



#### Number of RTT pathways 36+ weeks

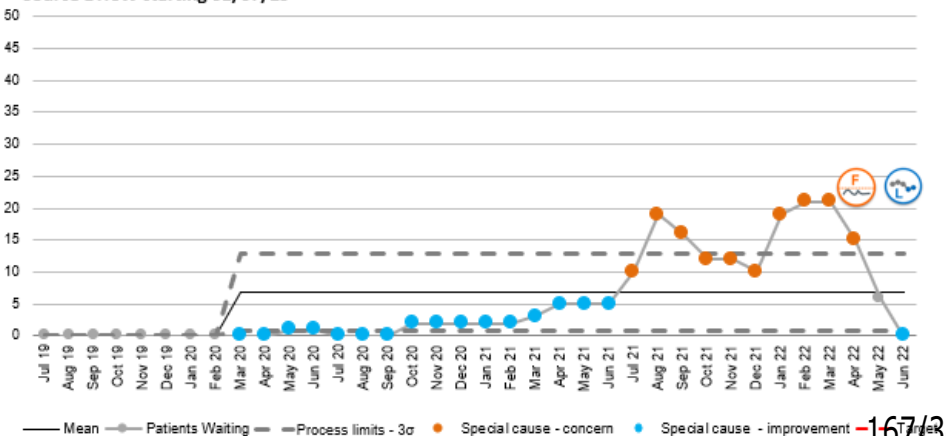
(inclusive of those patients waiting in the over 52 & over 104 week band)

Commissioned - Number of patients waiting more than 36 weeks for treatment - Wye Valley NHS Trust-Source DHCW starting 01/07/19



#### Number of RTT pathways over 104 weeks

Commissioned - Number of patients waiting more than 104 weeks for treatment - Wye Valley NHS Trust-Source DHCW starting 01/07/19







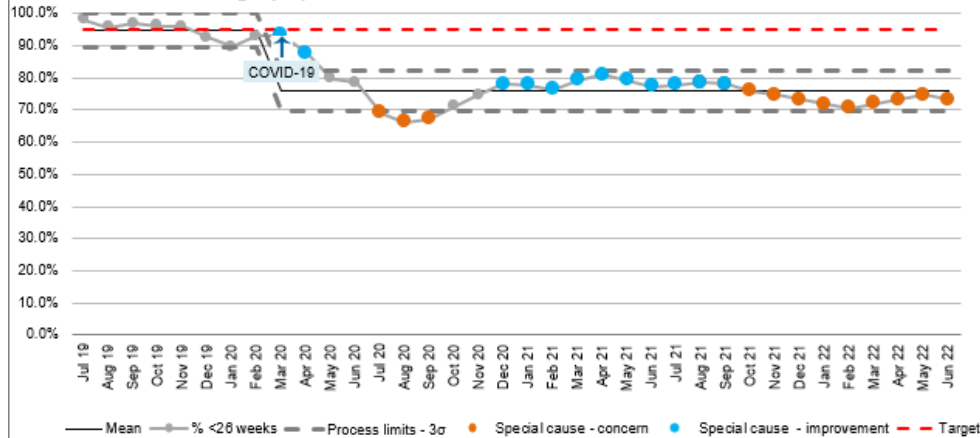
# Appendix 1

## Other English Providers

### Referral to Treatment – Powys Teaching health board as a Commissioner

#### Percentage of RTT pathways <26 weeks

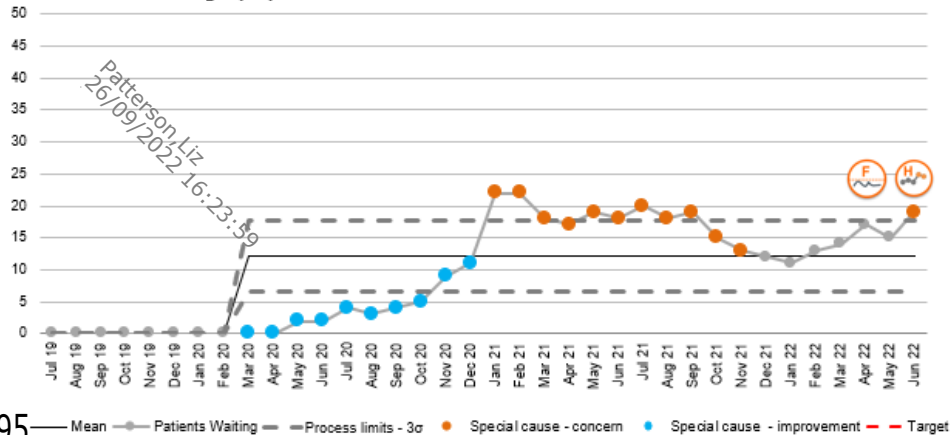
Commissioned - Percentage of patients waiting less than 26 weeks for treatment - Other English Providers - Source DHCW starting 01/07/19



#### Number of RTT pathways over 52 weeks

(inclusive of those patients waiting in the over 104 week band)

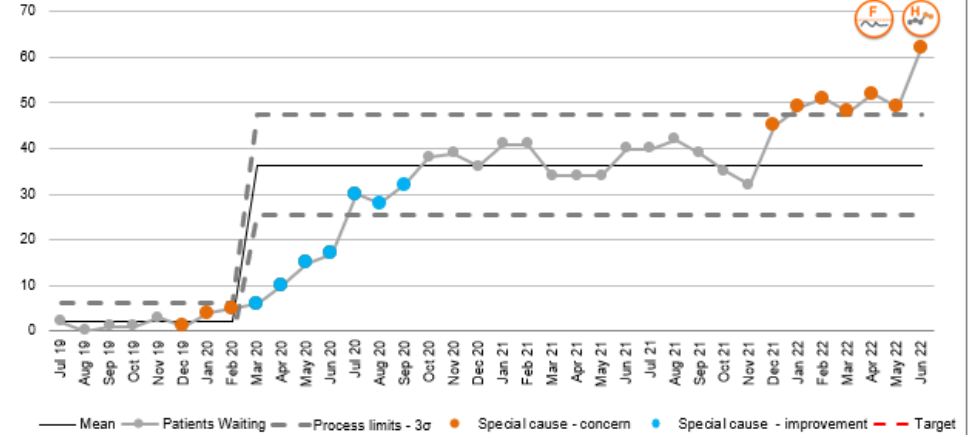
Commissioned - Number of patients waiting more than 52 weeks for treatment - Other English Providers - Source DHCW starting 01/07/19



#### Number of RTT pathways 36+ weeks

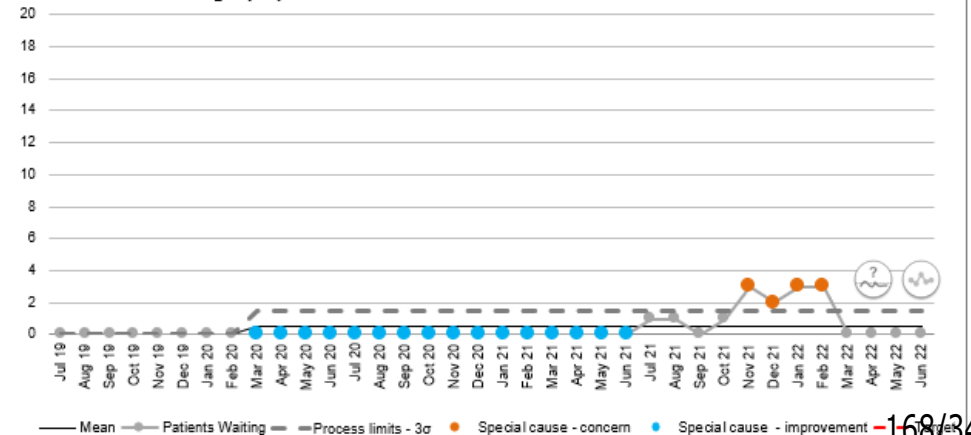
(inclusive of those patients waiting in the over 52 & over 104 week band)

Commissioned - Number of patients waiting more than 36 weeks for treatment - Other English Providers - Source DHCW starting 01/07/19



#### Number of RTT pathways over 104 weeks

Commissioned - Number of patients waiting more than 104 weeks for treatment - Other English Providers - Source DHCW starting 01/07/19





# Appendix 2

## Cancer Screening Monitoring Report July 2022 exert – Source LTA performance

### Powys Teaching Health Board - LTA monitoring report: July 2022

Ref	Indicator	Standard	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
LTA/BSW/001	Histology reported by laboratory within 7 days of Date of procedure	None	100.0%	66.7%	80.0%	0.0%	0.0%	0.0%	0.0%	33.3%	7.7%	25.0%	0.0%	
LTA/BSW/002	Waiting Time for Index Colonoscopy/Flexi-Sig Procedure Within 4 weeks of Booking SSP Appointment - Looking back	>=90%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
LTA/BSW/003	Number of colonoscopies - index	None	5	5	5	0	0	12	13	9	19	2	6	5
LTA/BTW/001	Waiting times for diagnostic surgery, waiting 14 days or less	>=95%	-	-	-	-	-	-	-	-	-	-	-	
LTA/BTW/002	Waiting times for therapeutic surgery, waiting 31 days or less	>=95%	-	-	-	-	-	-	-	-	-	-	-	
LTA/CSW/001	Laboratory Turnaround Time for Colposcopy Histology Results (2 weeks)	>=80%	-	-	-	-	-	-	-	-	-	-	-	-
LTA/CSW/002	Laboratory Turnaround Time for Colposcopy Histology Results (3 weeks)	100%	-	-	-	-	-	-	-	-	-	-	-	-
LTA/CSW/003A	Laboratory Turnaround Time for Gynae Cytology Test Results (3 weeks)	>=95%	-	-	-	-	-	-	-	-	-	-	-	-
LTA/CSW/003	Waiting times for colposcopy - all referrals (8 weeks)	>=90%	90.0%	96.0%	100.0%	100.0%	100.0%	85.4%	96.0%	100.0%	95.8%	100.0%	100.0%	100.0%
LTA/CSW/004	Waiting times for colposcopy - moderate dyskaryosis or worse (4 weeks)	>=90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%
LTA/CSW/005	Waiting times for colposcopy - urgent suspected cancers (2 weeks)	100%	-	-	-	-	-	-	-	-	100.0%	-	-	-
LTA/CSW/006	Number of new colposcopies (new referrals/women attending)	None	10	19	16	30	12	35	18	23	20	31	9	19
LTA/NBH/006A	Well babies: Those babies offered assessment procedure within 4 weeks of the second screening episode	>=90%	100.0%	-	-	100.0%	-	100.0%	100.0%	100.0%	-	-	100.0%	100.0%
LTA/NBH/006B	High risk babies: Those babies offered assessment procedure within 8 weeks of AABR	>=90%	-	-	-	100.0%	-	-	-	-	100.0%	-	100.0%	-
LTA/NBH/007	Those babies who complete assessment procedure within three months	>=85%	100.0%	-	-	50.0%	-	100.0%	100.0%	100.0%	100.0%	-	50.0%	
LTA/NBH/008	Number referred for assessment	None	2	0	1	0	2	0	0	1	1	0	1	
LTA/NBSW/003J	Timely Collection of Sample (Day 4-6 of Life)	>=95%	97.1%	96.3%	94.6%	96.8%	98.8%	96.4%	92.4%	96.0%	98.1%	97.6%	97.4%	96.4%
LTA/NBSW/003B	Timely Collection of Avoidable Repeat Samples, within 3 calendar days of request	>=95%	100.0%	50.0%	100.0%	66.7%		100.0%		100.0%	75.0%		100.0%	
LTA/NBSW/004A	Avoidable Repeat Rate	<=2%	4.5%	2.5%	1.0%	3.2%	0.0%	2.2%	0.0%	1.3%	3.7%	0.0%	1.3%	0.0%
LTA/AAA/001	Non-visualised screening scan and annual surveillance scan routine general USS waiting list, 8 weeks	None	-	-	-	-	-	-	-	-	-	-	-	-
LTA/AAA/002	Non-visualised quarterly surveillance scan – urgent, 2-4 weeks	None												
LTA/AAA/005A	Seen by MDT, 7-14 days	>=90%	-	-	-	-	-	-	-	-	-	-	-	-
LTA/AAA/006	Intervention, 4-8 weeks	>=60%	-	-	-	-	-	-	-	-	-	-	-	-



# Powys THB Finance Department Financial Performance Report Board

**Period 05 (August 2022)**  
**FY 2022/23**

**Date Meeting: 28<sup>th</sup> September 2022**  
**Item: 3.2**

Patterson, Liz  
26/09/2022 16:23:59



# Introduction

Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 05 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
<b>PURPOSE:</b>	
This paper provides the Board/Committee with an update on the August 2022 (Month 05) Financial Position including Financial Recovery Plan (FRP) delivery and Covid.	
<b>RECOMMENDATION:</b>	
It is recommended that the Board/Committee: <ul style="list-style-type: none"><li>• DISCUSS and NOTE the Month 05 2022/23 financial position.</li><li>• DISCUSS and NOTE the 2022/23 financial forecast deficit position</li></ul>	

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
	✓	

Patterson, Liz  
26/09/2022 16:23:59

Powys THB 2022/23 – 2024/25 IMTP approved 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 at risk.

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

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		Value £'000	Trend
Reported in-month financial position – deficit/(surplus) – Red	-752	↓	Capital Resource Limit	9,647	→
Reported Year To Date financial position – deficit/(surplus) – Red	-2,809	↓	Reported Year to Date expenditure	2,576	→
Year end – deficit/(surplus) – Red	-7,500	↓	Reported year end – deficit/(surplus) – Forecast Green	0	→



Powys THB 2022/23 Plan was approved by the Board and submitted to WG on 31<sup>st</sup> March 2021. The Health Board plan was approved by the Minister on 22nd July 2022.

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 £2.809m over spend at Month 05.

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.

Due to lack of progress against planned savings and continuing CHC pressures PTHB has moved into a forecast deficit position of £7.5m. This position is detailed on page 10 of the report.

## Overall Summary of Variances £000's

	Budget YTD	Actual YTD	Variance YTD
01 - Revenue Resource Limit	(159,777)	(159,777)	0
02 - Capital Donations	(283)	(283)	0
03 - Other Income	(2,279)	(2,767)	(488)
<b>Total Income</b>	<b>(162,339)</b>	<b>(162,827)</b>	<b>(488)</b>
05 - Primary Care - (excluding Drugs)	17,469	17,339	(131)
06 - Primary care - Drugs & Appliances	12,824	12,944	121
07 - Provided services -Pay	38,121	38,345	224
08 - Provided Services - Non Pay	11,562	11,303	(259)
09 - Secondary care - Drugs	411	567	156
10 - Healthcare Services - Other NHS Bodies	61,194	62,568	1,374
12 - Continuing Care and FNC	9,032	10,867	1,835
13 - Other Private & Voluntary Sector	1,429	1,405	(24)
14 - Joint Financing & Other	6,242	6,240	(2)
15 - DEL Depreciation etc	2,343	2,345	2
16 - AME Depreciation etc	1,714	1,714	0
18 - Profit\Loss Disposal of Assets	0	0	0
<b>Total Costs</b>	<b>162,339</b>	<b>165,636</b>	<b>3,297</b>
<b>Reported Position</b>			<b>2,809</b>

Please refer to pages 5-10 for further information on key variances and actual performance .

Patterson,Liz  
26/09/2022 16:23:59

- In order to achieve breakeven as set out in the 2022-23 Financial Plan, a recurrent savings target totalling £4.649m (1.3%) needs to be delivered.
- Savings identification and delivery profiles are not where they need to be through month 5.
- There is an in-year forecast shortfall of £1.6m against the savings requirement and a recurrent shortfall of £3.9m.
- Red pipeline opportunities need to be converted into deliverable plans and further opportunities identified.

Chart 1 - Forecast Performance Against £4,649m Target

2022-23 in-year plans

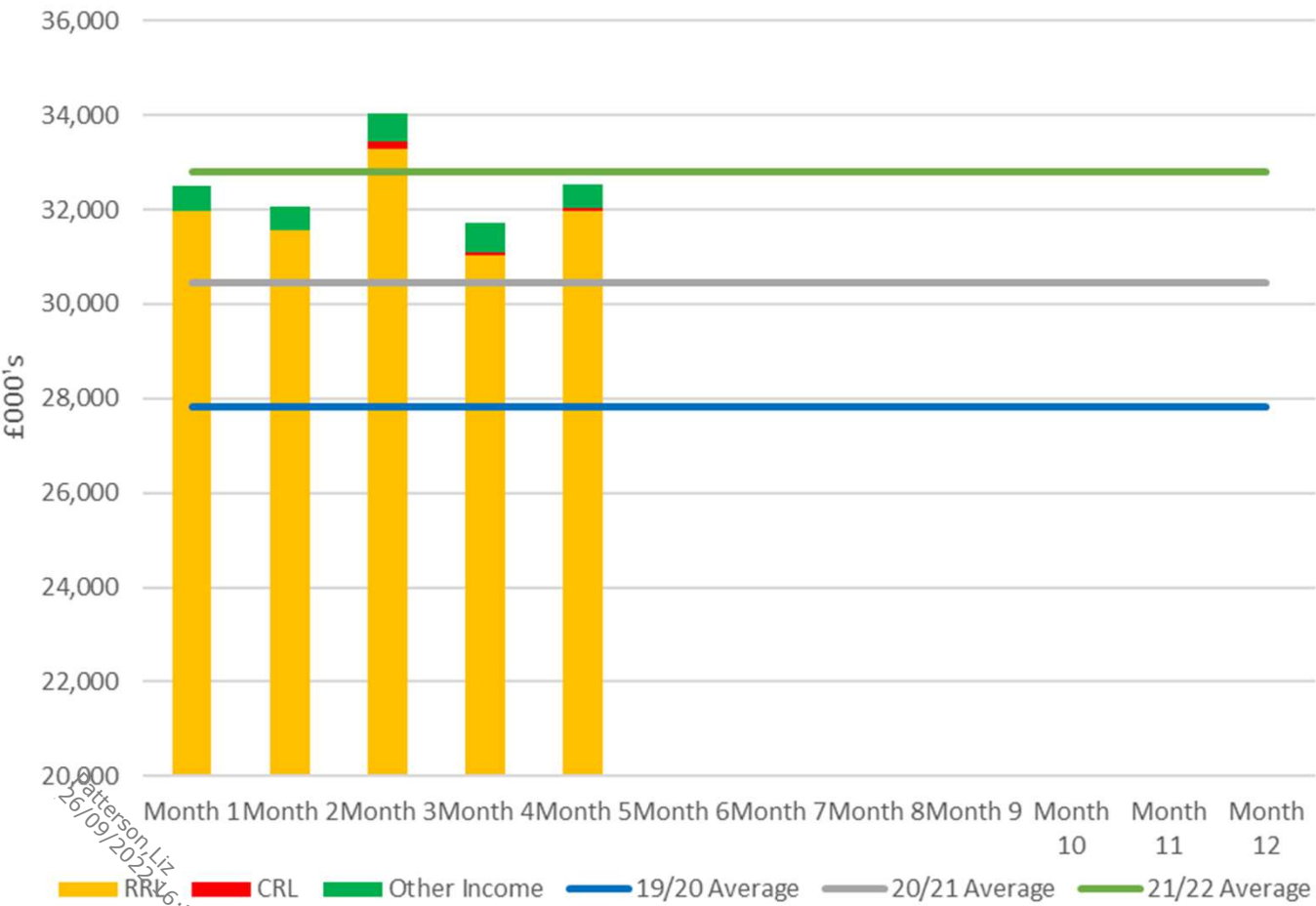
Directorate	22-23 Target 1.3%	Green	Amber	Total Green & Amber	Pipeline Red	Shorffall against Target
	£'000	£'000	£'000	£'000	£'000	£'000
Total PtHB	4,649	2,276	730	3,006	4,682	1,643

2022-23 full year impact recurrent schemes

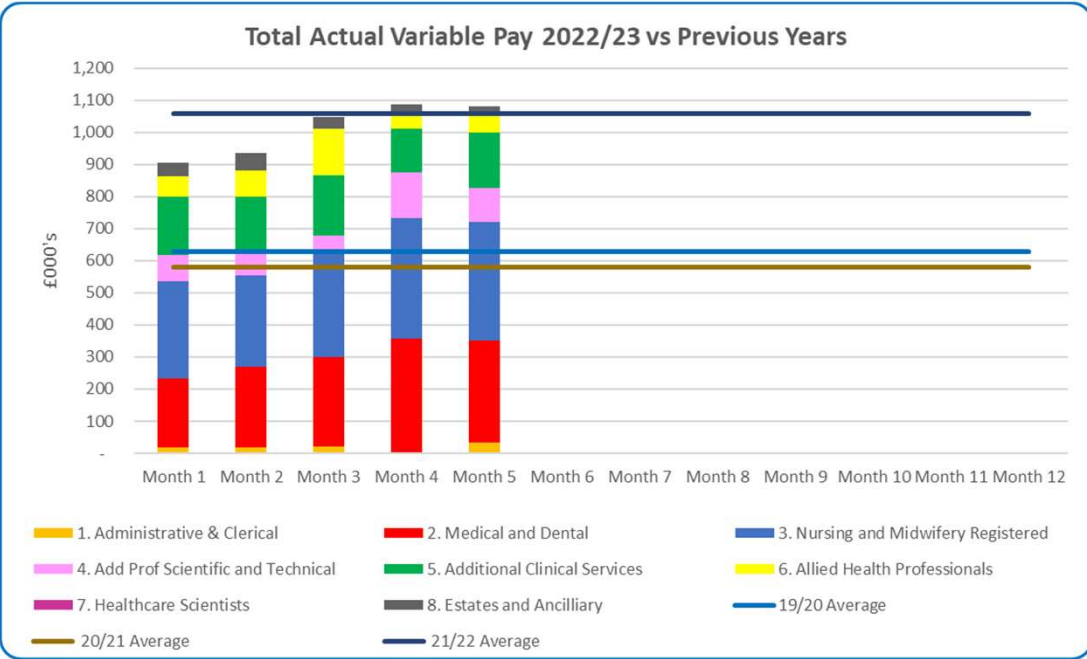
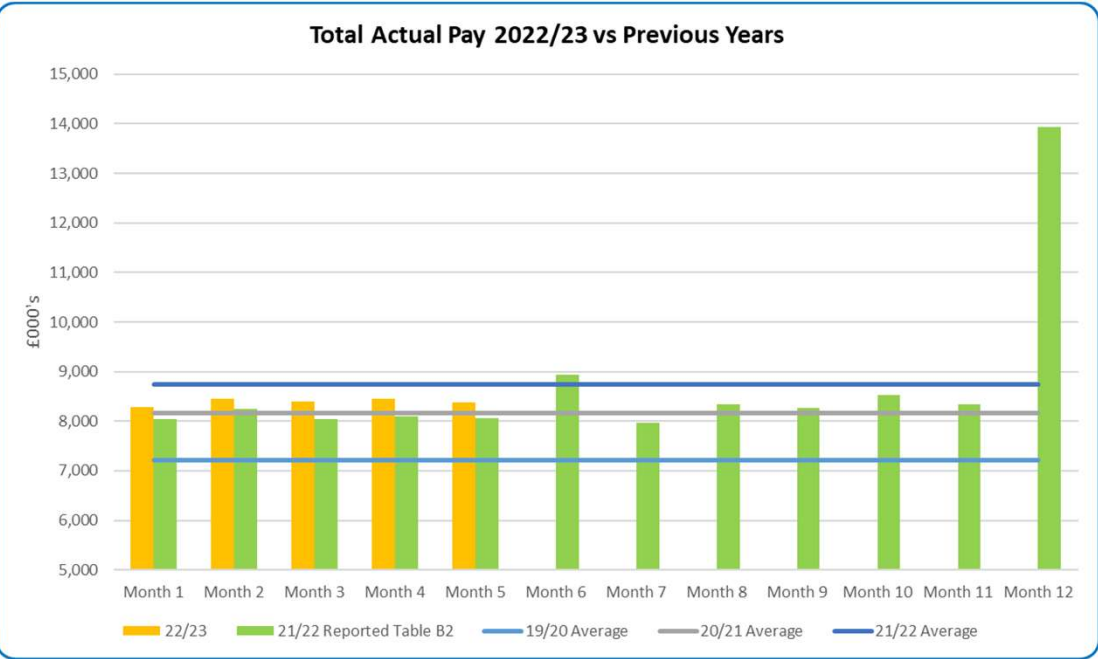
Directorate	22-23 Target 1.3%	Green	Amber	Total Green & Amber	Pipeline Red	Shorffall against Target
	£'000	£'000	£'000	£'000	£'000	
Total PtHB	4,649	0	763	0	5,854	3,886

Patterson, Liz  
26/09/2022 16:23:59

Total Actual Income 2022/23 vs Previous Years

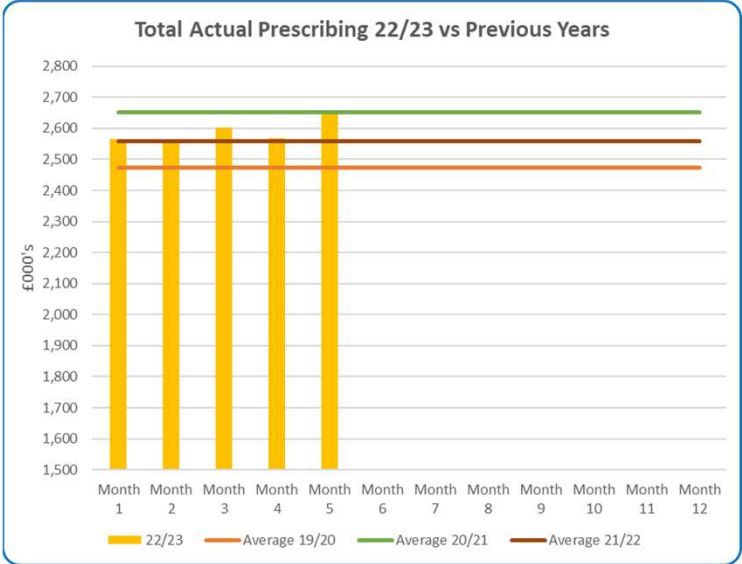
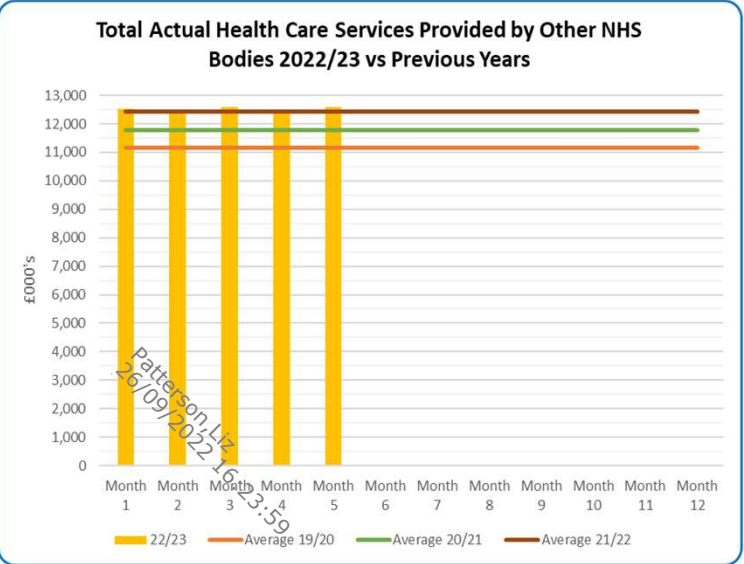
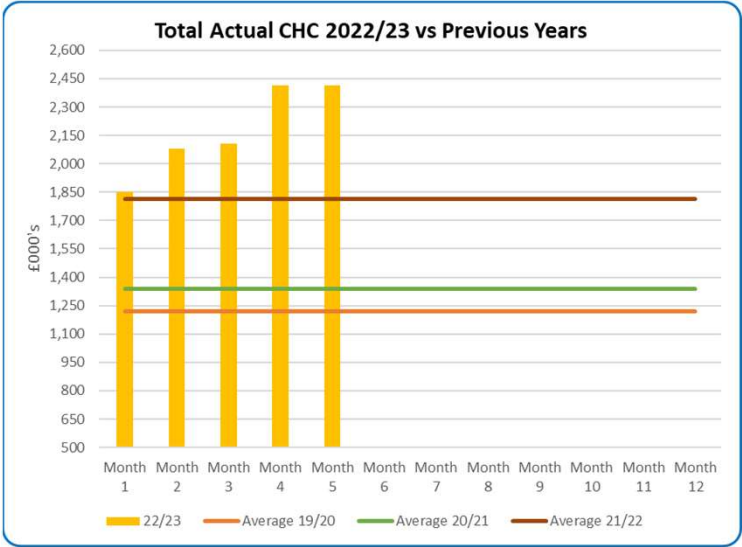
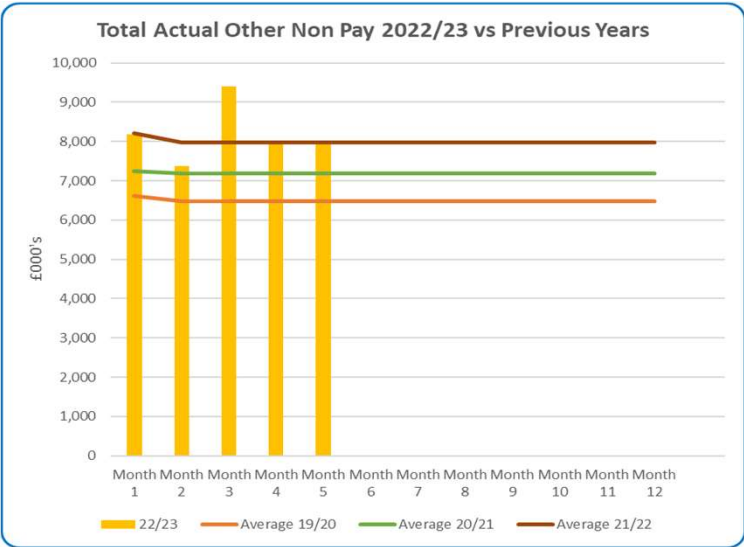


- The total income received in 2020/21 is significantly higher than the average for 2019/20 due to the £31M of covid funding received from WG and reported in detail in Note 34.2 on the 2020/21 Annual Accounts.
- For 2022/23 the total anticipated funding for Covid as part of the RRL is £16.868M, and an element of this has been included in each month.
- For 2022/23 the total anticipated funding for Exceptional Pressures is £5.565M, and an element of this has been included in each month.



- The Month 05 YTD pay is showing an overspend of £1.330M 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 MMB 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 8 for more details.
- CHC – Appendix 4 provides the actuals to 31<sup>st</sup> August 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 3), which has provided an increase 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 30<sup>th</sup> 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 Providers	38,536	38,699
English Providers	61,013	64,082
WHSSC / EASC	44,608	46,581
Other NHS Providers	4,374	3,630
Mental Health	1,130	1,461
Private Providers	701	668
<b>Total</b>	<b>150,362</b>	<b>155,121</b>
<b>2022-23 Annual Budget</b>		<b>147,806</b>
<b>2022-23 Forecasted deficit</b>		<b>7,315</b>

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)
- No activity data has been received from ABUHB to date and is being chased.
- 2022/23 English provider forecast will include an element of recovery activity. English providers currently achieving 104 week target.
- Welsh providers not currently achieving planned care pre-pandemic levels.

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	M4 £'000	M5 £'000	FORECAST £'000
<b>Covid National Programmes:</b>						
Test Trace & Protect	518	369	422	173	130	2,917
PPE	3	5	4	11	9	83
Mass Vaccination Programme	283	291	348	125	228	6,247
	<b>804</b>	<b>665</b>	<b>775</b>	<b>309</b>	<b>367</b>	<b>9,247</b>
<b>Covid response:</b>						
Covid Response - Cleaning Standards	47	47	47	47	47	564
Covid Response - Prescribing	143	61	102	102	102	1,219
Covid Response - Workforce (sickness and IPC measures) - Core	203	278	200	200	175	2,056
D2RA	118	76	39	118	7	860
Commissioned Services	94	94	94	94	94	1,126
Other Capacity & facilities costs - Stores	9	9	9	9	9	105
Other covid costs	50	85	81	55	42	1,683
	<b>663</b>	<b>650</b>	<b>571</b>	<b>624</b>	<b>475</b>	<b>7,613</b>
<b>Exceptional Items:</b>						
National Cost Pressures - Direct Energy and Fuel	127	70	98	837	707	4,413
National Cost Pressures - Real Living Wage	49	49	49	49	49	591
National Cost Pressures - Employers NI increase	47	47	47	47	47	560
	<b>223</b>	<b>166</b>	<b>194</b>	<b>933</b>	<b>803</b>	<b>5,565</b>

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.

Patterson, Liz  
26/09/2022 16:30:59

Key assumptions in delivery of the 2022/23 financial plan:

- Delivery of a £4.6m recurrent cash releasing savings target
- Management of all operational pressures including CHC and variable pay.

Based on the reported month 5 position and lack of progress on key deliverables the organisation has reported a £7.5m forecast deficit to WG:

	Plan variance £m
Savings - shortfall against target	2.4
CHC mitigating actions not delivered	1.6
Recovery and renewals	0.5
Commisioning	0.9
	5.4
	New Pressures £m
CHC	3.3
Wye Valley patient flows	1.0
Private providers - Mental Health	0.5
Welsh Risk Pool	0.1
EASC	0.2
	5.1
	Opportunities £m
Slippage against non recurrent funding streams	(1.0)
PCC outstanding debts	(1.2)
Annual leave accrual	(0.8)
	(3.0)
Forecast	7.5

Delivering this position is not without further financial risk:

- Continued CHC growth
- English provider recovery activity in excess of 104 weeks
- Prescribing pressures

The organisation would have a significant underlying deficit based on the above forecast outturn positions that is estimated at £15.1m at month 5. Further work needs to be undertaken in firming up this number as we progress through the second half of the 2022/23 financial year maximising all recurrent and non recurrent opportunities. In addition to delivering our core financial position we need clear exit strategies in place collapsing COVID response costs detailed on page 9.

## Summary

### In summary:

- PTHB is reporting an over spend at month 5 for FY 2022/23 of £2.809M
- PTHB has formally reported a £7.5m forecast deficit FY 2022/23. Letters have gone out to all Executive Directors escalating the organisation into Financial Recovery status with a Finance & performance sub-group being established.
- Non recurrent opportunities of £2.25m have been brought into the position at month 5.
- The £4.6m savings target is profiled into the position from month 5 onwards. Limited recurrent savings have been identified to date.
- Operational pressures needing to be addressed including CHC and nursing variable pay as run rates continue to increase.
- Commissioned activity data at month 5 shows a forecast pressure in excess of £7.315m.

## Key Messages

### Management of all operational Pressures:

- CHC growth and provider inflation
- Variable pay – specifically agency usage based in community wards
- Commissioned activity – core and recovery

**Focussed working groups have been set up for each of the above areas reporting through to D&P Committee**

**Immediate recovery action required - Identification and delivery of recurrent cash releasing savings schemes and further opportunities – focus needs to be on short, medium and long term**

**Identify exit strategies for current COVID response cost drivers**

# Powys THB Finance Department

## Financial Performance Report - Appendices

Patterson, Liz  
26/09/2022 16:23:59



Embedded below are extracts from the Monthly Monitoring Return submitted to Welsh Government on 13<sup>th</sup> September 2022.

MMR Narrative

MMR Tables



[https://  
s365.sharepoint.co](https://s365.sharepoint.co)

Mass Vac Tables



[https://  
s365.sharepoint.co](https://s365.sharepoint.co)

TTP Tables



[https://  
s365.sharepoint.co](https://s365.sharepoint.co)

Recovery Tables



[https://  
s365.sharepoint.co](https://s365.sharepoint.co)

Patterson, Liz  
26/09/2022 16:23:59

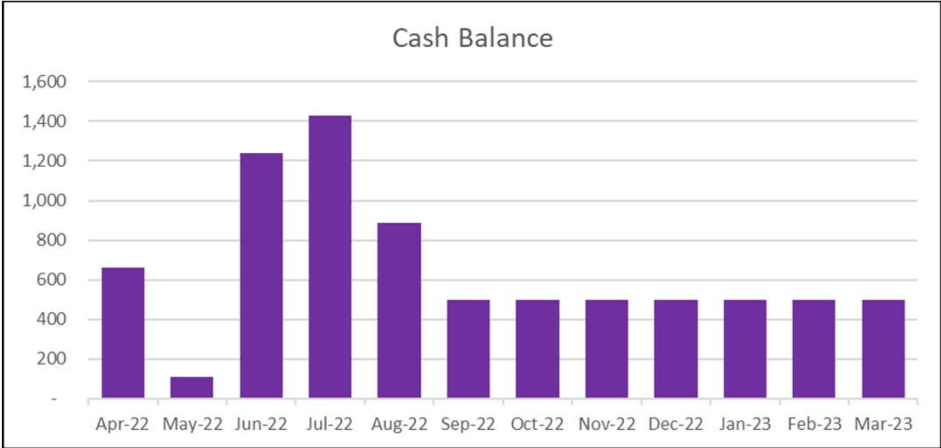
Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st August 2022
<b>WG CRL FUNDING</b>	<b>£M</b>	<b>£M</b>	<b>£M</b>
Discretionary Capital	1.089	1.089	0.239
Machynlleth	7.733	7.733	1.96
Breconshire War Memorial Hospital - development of Car Parking Facilities	0.825	0.825	0.615
Lift replacement at Llandrindod Wells Memorial Hospital	0.291	0.291	0.001
Donated assets - Purchase	0.68	0.68	0
Donated assets (receipt)	-0.68	-0.68	0
<b>TOTAL APPROVED FUNDING</b>	<b>9.938</b>	<b>9.938</b>	<b>2.815</b>

Patterson.Liz  
26/09/2022 16:23:59



# Cash Flow 2022/23

	Mth 1	Mth 2	Mth 3	Mth 4	Mth 5	Mth 6	Mth 7	Mth 8	Mth 9	Mth 10	Mth 11	Mth 12
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
OPENING CASH BALANCE	2,658	659	111	1,241	1,428	888	500	500	500	500	500	500
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & S	33,620	29,495	30,495	31,970	31,093	33,170	32,372	33,231	33,581	34,481	33,581	33,307
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA	(120)	(120)	(120)	(120)	(143)	(120)	(120)	(120)	(120)	(120)	(120)	(120)
WG Revenue Funding - Other (e.g. invoices)	3,981	2,893	6	39	21	40	1,000	40	40	40	40	1,000
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	0	2,000	2,000	0	1,000	2,444	1,004	1,113	351	26
Income from other Welsh NHS Organisations	808	337	585	637	679	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	966	1,084	550	550	550	550	550	550	550
Total Receipts	38,823	33,125	31,226	35,492	34,734	34,040	35,202	36,545	35,455	36,464	34,802	35,163
Payments												
Primary Care Services : General Medical Services	2,584	3,016	2,878	2,497	2,366	2,350	2,450	2,350	2,700	3,100	2,200	2,250
Primary Care Services : Pharmacy Services	288	352	393	297	440	400	400	400	400	400	400	400
Primary Care Services : Prescribed Drugs & Appliances	1,475	1,359	1,276	1,341	1,292	1,300	1,300	1,300	1,300	1,300	1,300	1,300
Primary Care Services : General Dental Services	507	457	461	459	423	500	500	500	500	500	500	500
Non Cash Limited Payments	88	63	71	82	74	80	80	80	80	80	80	80
Salaries and Wages	6,084	7,732	7,734	7,657	7,558	9,250	7,950	7,950	7,950	7,950	7,950	7,950
Non Pay Expenditure	29,796	20,216	16,272	22,280	21,722	19,069	21,386	22,716	21,521	22,021	22,021	21,977
Capital Payment	0	478	1,011	692	1,399	1,479	1,136	1,249	1,004	1,113	351	706
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	40,822	33,673	30,096	35,305	35,274	34,428	35,202	36,545	35,455	36,464	34,802	35,163
NET CASH FLOW IN MONTH	(1,999)	(548)	1,130	187	(540)	(388)	0	0	0	0	0	0
Balance c/f	659	111	1,241	1,428	888	500	500	500	500	500	500	500



Patterson Liz  
26/09/2022 16:23:59

	Opening Balance	Closing Balance	Forecast Closing
	Beginning of	End of	Balance
	Apr-22	Aug-22	End of
	£'000	£'000	Mar-23
	£'000	£'000	£'000
Tangible & Intangible Assets	93,331	96,211	96,211
Trade & Other Receivables	28,044	16,566	16,566
Inventories	143	143	143
Cash	2,658	888	500
<b>Total Assets</b>	<b>124,176</b>	<b>113,808</b>	<b>113,420</b>
Trade and other payables	59,256	37,883	37,495
Provisions	18,386	18,368	18,368
<b>Total Liabilities</b>	<b>77,642</b>	<b>56,251</b>	<b>55,863</b>
<b>Total Assets Employed</b>	<b>46,534</b>	<b>57,557</b>	<b>57,557</b>

<b>Financed By</b>			
General Fund	2,153	13,174	13,174
Revaluation Reserve	44,381	44,383	44,383
<b>Total Taxpayers' Equity</b>	<b>46,534</b>	<b>57,557</b>	<b>57,557</b>

Patterson, Liz  
26/09/2022 16:23:59

# CHC Forecast 2022/23 vs 2019/20 & 2020/21

Area	19/20 Year end Position	20/21 Year end Position	21/22 Year end Position	22/23 Forecast @ Mth 1	22/23 Forecast @ Mth 2	22/23 Forecast @ Mth 3	22/23 Forecast @ Mth 4	22/23 Forecast @ Mth 5	Growth From 2021/22 YE to 2022/23 Actual @ Mth 05
Children	£ 267,217	£ 151,234	£ 156,944	£ 156,944	£ 279,402	£ 279,402	£ 279,402	£ 291,170	£ 134,226
Learning Disabilities	£ 957,455	£ 1,567,929	£ 1,639,265	£ 1,770,842	£ 1,979,473	£ 2,213,961	£ 2,212,321	£ 2,305,104	£ 665,839
Mental Health	£ 7,344,265	£ 7,800,642	£ 10,510,010	£ 12,220,944	£ 12,136,148	£ 12,447,684	£ 13,404,879	£ 13,493,376	£ 2,983,366
Mid Locality	£ 981,064	£ 925,210	£ 1,634,918	£ 2,074,027	£ 2,075,930	£ 2,154,549	£ 2,280,095	£ 2,164,173	£ 529,255
North Locality	£ 1,365,243	£ 1,537,343	£ 2,199,376	£ 2,117,345	£ 2,138,103	£ 2,238,088	£ 2,318,813	£ 2,619,896	£ 420,520
South Locality	£ 1,494,868	£ 1,958,143	£ 1,853,121	£ 1,774,747	£ 1,786,406	£ 1,862,825	£ 1,783,070	£ 1,931,542	£ 78,421
Grand Total	£ 12,410,112	£ 13,940,501	£ 17,993,633	£ 20,114,849	£ 20,395,461	£ 21,196,509	£ 22,278,580	£ 22,805,261	£ 4,811,629
CHC - D2RA				£ 1,414,476	£ 1,166,348	£ 935,410	£ 935,410	£ 859,814	
CHC - Real Living Wage				-£ 591,384	-£ 591,384	-£ 591,384	-£ 591,384	-£ 591,384	

Patterson, Liz  
26/09/2022 16:23:59

**Agenda item: 3.4**

<b>BOARD MEETING</b>		<b>Date of Meeting: 28 September 2022</b>
<b>Subject:</b>	<b>Strategic and Operational Winter Plan 2022/23</b>	
<b>Approved and Presented by:</b>	<b>Director of Planning and Performance</b>	
<b>Prepared by:</b>	<b>Assistant Director of Planning/ Planning Manager</b>	
<b>Other Committees and meetings considered at:</b>	Executive Committee 22 September 2022	

**PURPOSE:**

This report provides the Board with the Strategic and Winter Plan 2022/23. This is a system plan across the Powys Regional Partnership Board, developed with key partners across the Powys Delivery Co-ordination Group.

**RECOMMENDATION(S):**

It is recommended that the Board DISCUSS and APPROVE the Plan.

<b>Approval/Ratification/Decision<sup>1</sup></b>	<b>Discussion</b>	<b>Information</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

**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	✓

Patterson, Liz  
26/09/2022 16:23:59

	8. Transforming in Partnership	✓
Health and Care Standards:	<ul style="list-style-type: none"> <li>• Staying Healthy</li> <li>• Safe Care</li> <li>• Effective Care</li> <li>• Dignified Care</li> <li>• Timely Care</li> <li>• Individual Care</li> <li>• Staff and Resources</li> <li>• Governance, Leadership &amp; Accountability</li> </ul>	✓ ✓ ✓ ✓ ✓  ✓ ✓

## EXECUTIVE SUMMARY:

This plan builds on System Resilience Arrangements put in place last year, which in turn is set in the context of 'A Healthy Caring Powys' - the shared Health and Care Strategy for Powys.

There is a shared commitment across partners to work on further improvements to address pressures in the system, to be prepared for Winter, and ensure Powys residents are supported.

The proposed plan has been formulated with a focus on joined up working across Powys Regional Partnership Board as well as wider system partners.

The plan is informed by learning and evidence, including insight from the previous plan and guidance from Welsh Government.

There are 5 targeted system priorities:

1. Six Goals of Urgent & Emergency Care
2. Primary Care & Accelerated Cluster Development
3. Vaccination and Public Health
4. System Capacity:

Social Care, Independent Sector, Powys component of '1000 beds', Community Support and Third Sector, Commissioned Services / Neighbouring systems

5. Resilience and Business Continuity

Mobilisation spans multiple partners and activities – a plan on a page is included to show the interdependencies of this complex area of work.

Delivery and Escalation arrangements are in place locally via the Delivery Co-ordination Group as well as regionally with the Dyfed Powys Local Resilience Forum and nationally with Welsh Government.

## DETAILED BACKGROUND AND ASSESSMENT:

### 1.0 Context

The Winter Plan builds on System Resilience Arrangements put in place last year. There are significant challenges in the system across Powys, as there are across Wales and the UK:

- The pressures in the system are compound and complex – in previous years, winter pressures were predominantly related to surges of demand in urgent and emergency care, however due to the impacts of the pandemic, there are now greater pressures across all parts of the system particularly planned care, primary care, public health services, mental health services and social care.
- The care pathways for residents of Powys span across multiple healthcare systems in Wales and England, all of which are under sustained and significant pressure.
- There are additional difficulties this year which are impacting on population health, behaviours and health conditions, arising from the increasing cost of living - and these will impact more on those who are already the most vulnerable and/or disadvantaged.
- Energy and other supply chain issues resulting from the war in Ukraine and the remaining complexities arising from the exit from the European Union, together with potential strike and/or civil action also pose national structural risks which will impact locally.
- Whilst the Covid-19 pandemic is no longer being managed through escalated national measures there are still direct and immediate impacts both in terms of illness in the population and absences in the workforce.
- There are workforce and infrastructural challenges across all sectors in this context that will constrain capacity and delivery.

## **2.0 System Commitment and Priorities**

Whilst this is a Winter Plan the challenges in the system are now being seen all year, and the principles of good practice equally apply all year.

There is a shared commitment across partners to work on further improvements to address pressures in the system, to be prepared for Winter, and ensure Powys residents are supported.

There is a clear focus on patient safety, quality, outcomes and experience, to best protect and deliver effective health care for the population and safeguard the workforce during this challenging period.

Surge planning has been undertaken in case of an 'extreme' pressure scenario however to date, demand has been managed within the core infrastructure and workforce model. This remains the optimum approach, as it affords the greatest control over patient safety, quality, experience and outcomes and avoids disruption and delays to services elsewhere in PTHB and other partner organisations. If surge capacity was necessary in extremis, this would be implemented in association with the local options framework.

Patterson  
26/09/2022 16:23:59

Winter planning efforts will build on recently developed plans such as the Six Goals for Urgent and Emergency Care and Frailty and Community Planning in recognition that aspects of these plans will be vital immediately, as well as supporting longer term transformation across the system beyond winter.

There are 5 targeted system priorities:

1. Six Goals of Urgent & Emergency Care
2. Primary Care & Accelerated Cluster Development
3. Vaccination and Public Health
4. System Capacity

Social Care, Independent Sector, Powys component of '1000 beds', Community Support and Third Sector, Commissioned Services / Neighbouring systems

5. Resilience and Business Continuity

### **3.0 Content of the Plan**

The attached plan includes:-

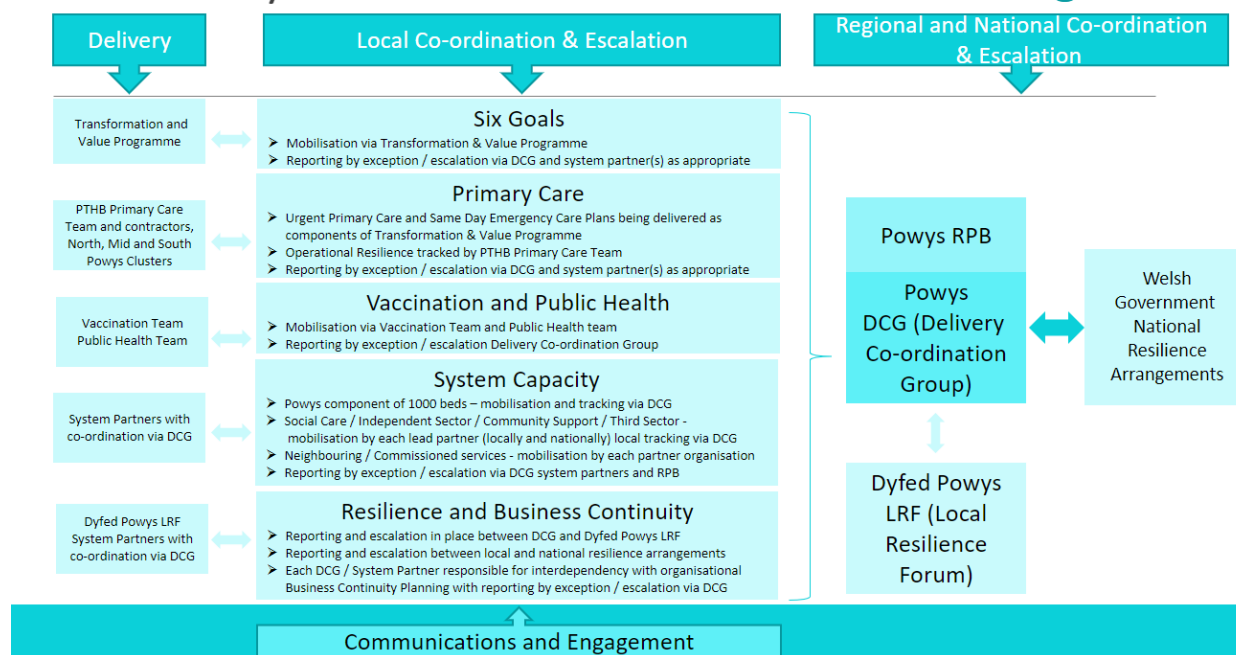
- an introduction setting out the strategic context and partners;
- an articulation of 'what good looks like' and the key benefits;
- the current performance positions, evidence and learning;
- the system priorities in response;
- a mobilisation plan which sets out the action to be taken across the whole system including communications and engagement;
- risks and escalation arrangements are noted; and
- key dates over the next month.

### **4.0 Mobilisation**

A Plan on a Page has been created to show the interdependencies across the system and the routes for local, regional and national co-ordination (shown below and also included in the attached plan):

Patterson, Liz  
26/09/2022 16:23:59

# Whole System Mobilisation 'Plan on a Page'



## 5.0 Escalation and Reporting

Escalation and reporting mechanisms between partners are in place locally via the Delivery Co-ordination Group, with the option to stand up Strategic Gold command arrangements as required.

Escalation and reporting arrangements are also in place regionally with the Dyfed Powys Local Resilience Forum and nationally with Welsh Government.

### NEXT STEPS:

The table below sets out the timeline for approval, mobilisation and review:

### Key Dates

Item	Date
Draft Winter Plan produced – shared across DCG and System Partners	By 16th September 2022
PTHB Consideration and Sign Off	PTHB Board 28 <sup>th</sup> September 2022
Local Resilience Forum Risk Group: Winter Planning session	27th September 2022
RPB Consideration and Sign Off	CCROG 10th October and as part of regular RPB cycle Quarterly RPB Ministerial Meetings held nationally will also provide a winter plan touchpoint – next at End October 2022
Review and Monitoring	As part of regular cycle of Delivery Co-ordination Group with escalation and review to RPB and System Partners as required

Patterson, Liz  
26/09/2022 16:23:59



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	✓			
Statement				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical	✓			
Financial		✓		
Corporate	✓			
Operational	✓			
Reputational	✓			

Patterson Liz  
26/09/2022 16:23:59

# Strategic and Operational Winter Plan 2022/23

---

DRAFT 20<sup>TH</sup> SEPTEMBER 2022

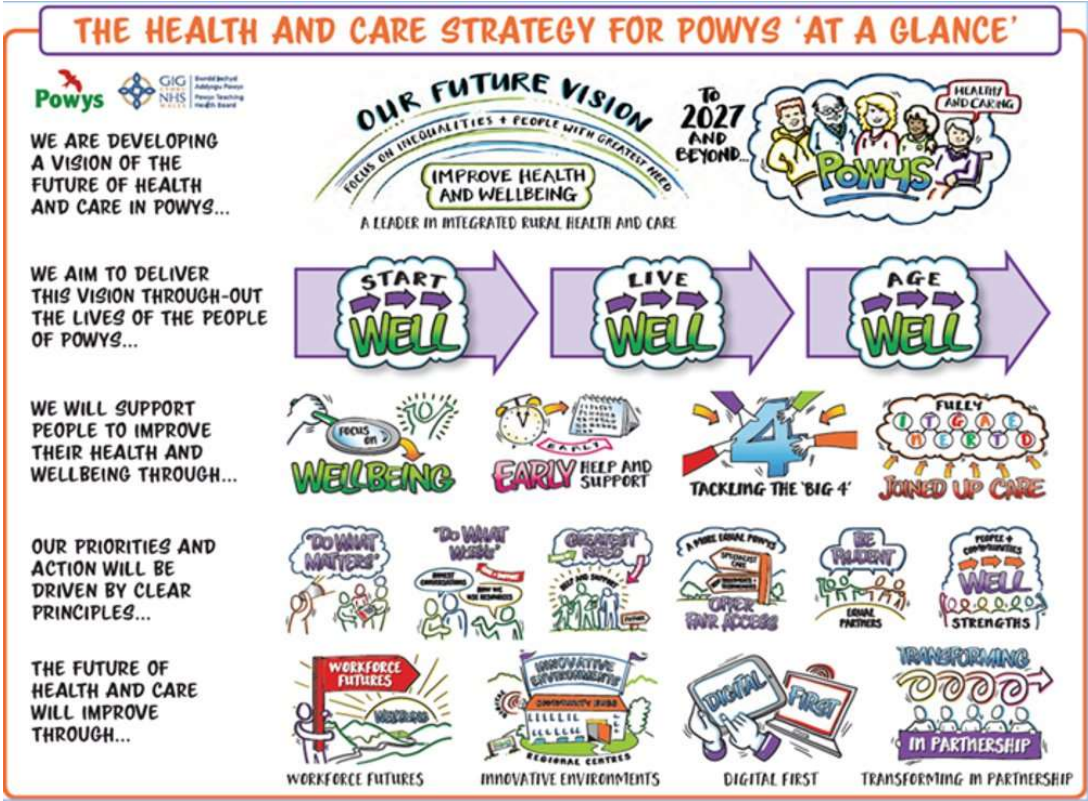
Patterson, Liz  
26/09/2022 16:23:59



# Introduction

This plan builds on System Resilience Arrangements put in place last year, which in turn is set in the context of 'A Healthy Caring Powys' - the shared Health and Care Strategy for Powys.

There is a shared commitment across partners to work on further improvements to address pressures in the system, to be prepared for Winter, and ensure Powys residents are supported.



Patterson Liz  
26/09/2022 16:22:59



# System Partners

## Powys Regional Partnership Board: Delivery Co-ordination Group

The Powys Delivery Coordination Group (DCG) meets twice weekly as an operational management group across key partners of health, care, third sector to support Winter planning arrangements and address current pressures in the system

Core members are:

PTHB, Powys County Council and Powys Association of Voluntary Organisations (PAVO)

## Wider System Partners

- Dyfed Powys System Resilience Forum  
including Mid and West Wales Fire and Rescue Services, Dyfed-Powys Police
- Welsh Ambulance Service NHS Trust
- Welsh Health Boards - Cwm Taf Morgannwg UHB; Swansea Bay UHB; Hywel Dda UHB
- English ICS/ ICB and providers - particularly Shropshire, Telford & Wrekin ICS; Wye Valley / Herefordshire & Worcestershire ICS
- Welsh Government
- NHS England/ Improvement
- Powys Community Health Council

Patterson, Liz  
26/09/2022 16:23:59



# What good looks like

Whilst this is a winter plan the challenges in the system are now being seen all year, and the principles of good practice equally apply all year.

- This means setting the 'first principles' which in Powys is a community based model with safe, effective, care provided as close to home as possible to deliver the best outcomes and experience
- 'Good' unscheduled care means the delivery of evidence based interventions and quality care which ensures people get support in the right place at the right time
- The evidence is striking, that long hospital stays are more harmful than helpful so the focus on 'good flow' is at the heart of this plan; a 'home first' approach with timely assessment, discharge and transfers of care.
- This plan therefore has both an immediate focus as well as supporting transformation and partnership across the whole health and care system, with the longer term aim to deliver care to those with the greatest need; based on what matters most and will have the greatest benefit.

## Expected Benefits

- ❑ To maintain a clear focus on patient safety, quality, outcomes and experience for patients
- ❑ Progress in reducing length of stay in community hospitals to be maintained
- ❑ System delays to be minimised with timely assessments, discharges and transfers
- ❑ Timely repatriations is a key focus locally
- ❑ Sustained availability of reablement and home support delivered by partners across all sectors
- ❑ Sustained availability of residential and placement based care delivered by partners across all sectors
- ❑ Ability to track and respond to wider system status escalations including primary care, social care, third sector and DGHs/ neighbouring systems
- ❑ Maintaining good overall system flow with optimum community bed utilisation and availability
- ❑ Surge bed capacity plans in place but optimally, will not be required, subject to the above

Patterson, Liz  
26/09/2022 16:23:59



# Strategic Approach to Winter Planning 2022/23

## LATEST SYSTEM PERFORMANCE POSITIONS

Patterson, Liz  
26/09/2022 16:23:59



# Latest Performance Positions (12 Sept 2022) Bed Utilisation and Escalation Status - PTHB



**Powys Performance**  
Reporting

**PTHB Provider Status, Escalation & Flow**  
02/09/2022



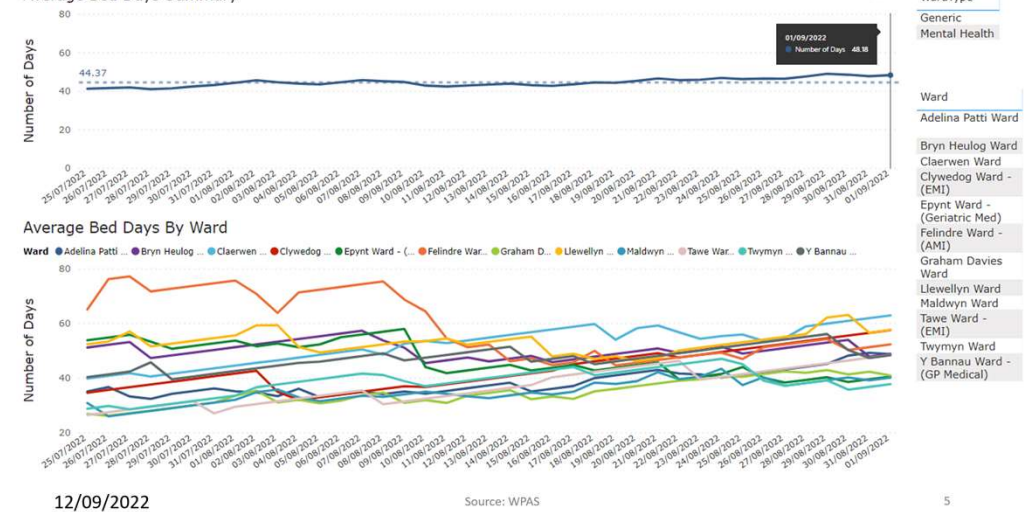
**Powys Performance**  
Reporting

**Inpatient Average Bed Days**  
All Bed Types excluding day cases

Ward Status		
Site Category	Ward	Ward Status
Cat 1	Brecon - Epynt	Open to Admissions
	Brecon - Y Bannau	Open to Admissions
Cat 2	Bronllys - Llewellyn	Open to Admissions
Cat 2	Ystrad - Adelina Patti	Open to Admissions
Cat 1	Llandindod - Claeven	Partial Closure for Staffing Reasons
	Llandindod - Graham Davies	Open to Admissions
Cat 2	Machgileth - Tyngyn	Open to Admissions
Cat 2	Neurom - Bryn Heulog	Open to Admissions
Cat 1	Velshpool - Maldwyn	Partial Closure for Staffing Reasons
	Glanllyn	Open to Admissions
Cat 3	Knighon - Parganton	Moved Ward to Llandindod Vets
Mental Health	Brecon - Crag Ward	Full Closure for Estate & Building Work
Mental Health	Bronllys - Felindre Ward	Open to Admissions
Mental Health	Ystrad - Tawe Ward	Open to Admissions
Mental Health	Llandindod - Clywedog Ward	Open to Admissions

## Bed Status

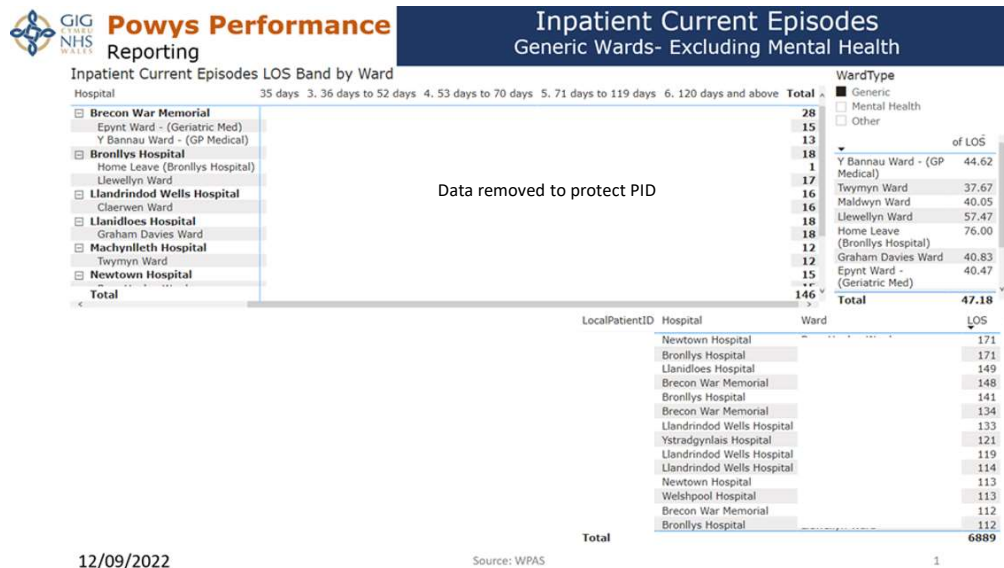
Total NHS Bed Stock (Core)	155
Total NHS Bed Stock Available	143
Number of Patients	143
Occupancy Rate vs Available Beds	96.0%
Number of Med Fit Patients - Total	44
Number Delays for Care Home Cap	15
DoLS	
Number in COVID Self Isolation	0
Cat 1 Bed Used	62
Cat 2 Bed Used	81
Cat 3 Bed Used	6
Available Capacity	9
Total Demand	9
Planned Discharges	
Planned Admissions	
Total Suspected C19	Redacted data
Total Confirmed C19	Redacted data



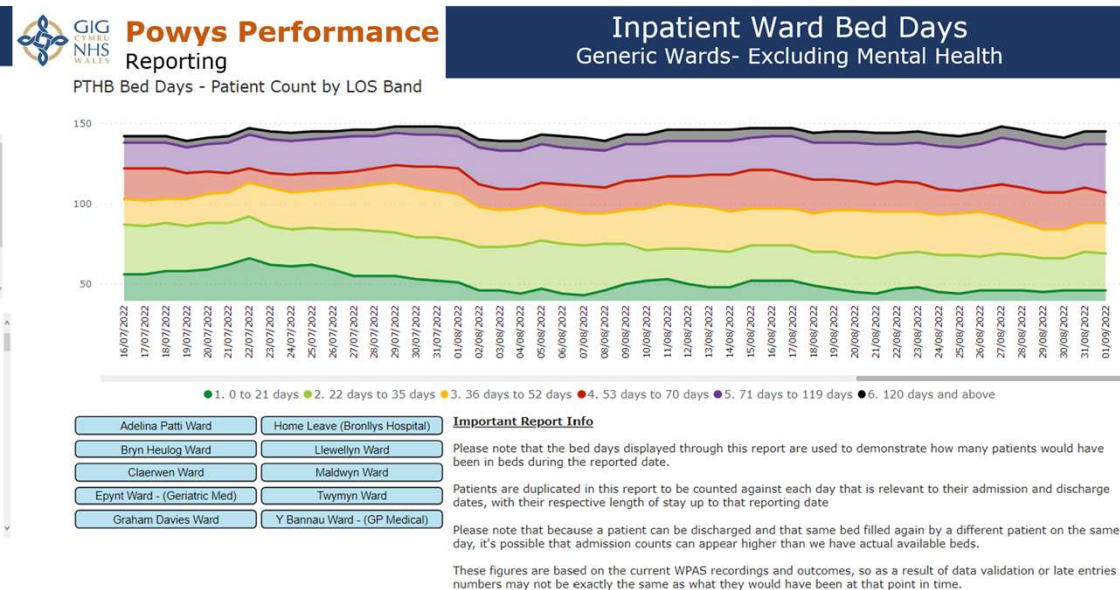
Community hospital bed utilisation currently operating within core bed stock therefore surge capacity and associated local options framework not required to date, challenges in relation to workforce are causing some partial ward closures in addition to closures for estate work.

# Latest Performance Positions (12 Sept 2022)

## Detailed Length of Stay (exc. Mental Health)



12/09/2022

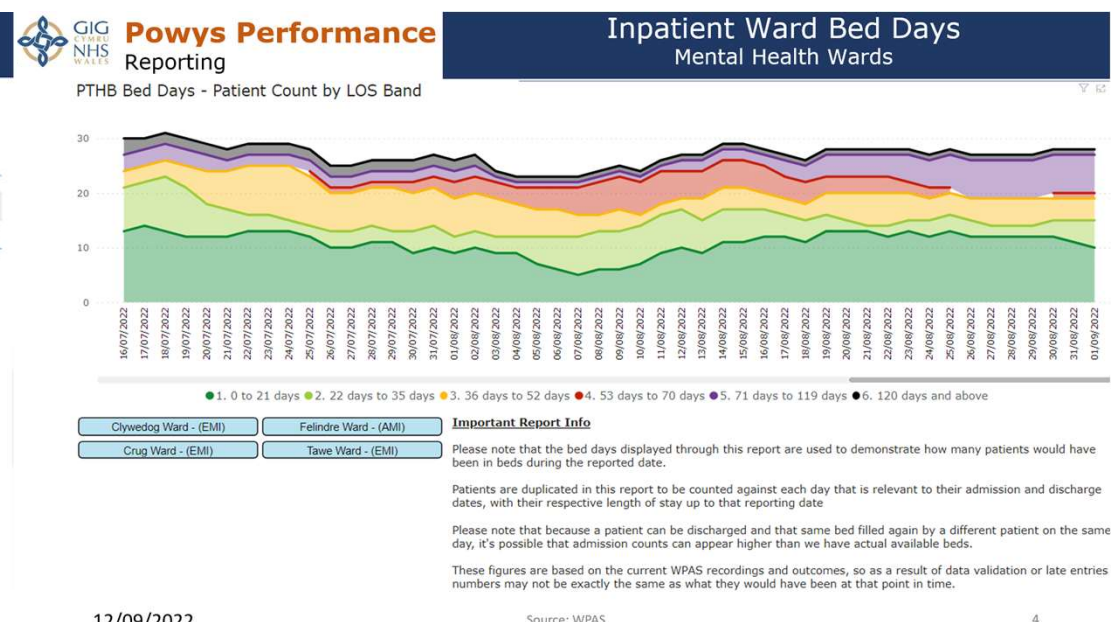
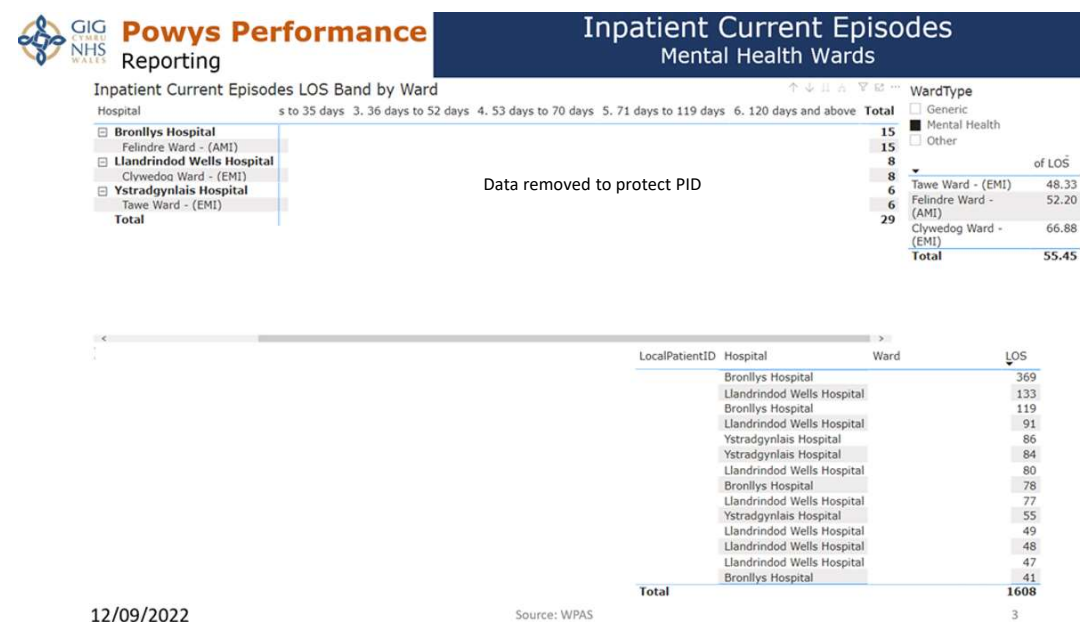


Length of stay across community bed provision has decreased compared to the same period last year, due to the focus on flow at Delivery Co-ordination Group, however has been relatively static across the summer and there remains room for further improvement to optimise core bed utilisation and flow going into the winter period.



# Latest Performance Positions (12 Sept 2022)

## Detailed Length of Stay (Mental Health)

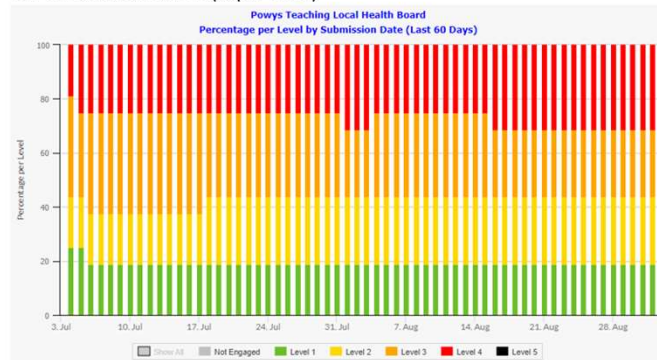


Length of stay across mental health bed provision was decreasing earlier in the summer period however has seen an increase in the current month, making it relatively static over the previous quarter.

# Latest Performance Positions (12 Sept 2022)

## Primary Care Escalation Levels

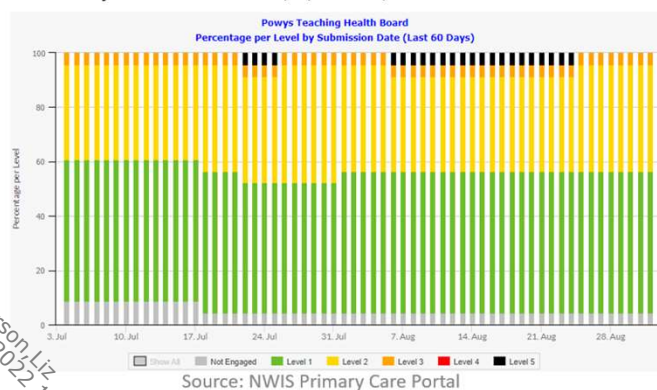
**GP Escalation Rates (% per Level)**



Practices reporting at level 4:

- Newtown - initial report 16/08/22
- Ystradgynlais - continues since 01/08/22 (last report 01/08/22)
- Hay-on-wye - continues since 23/06/22 (last report 02/08/22)
- Llanfyllin - Continues since 19/10/2021 (last report 02/08/22)
- Llanidloes - Continues since 16/11/2021 (last report 04/05/22)

**Pharmacy Escalation Rates (% per Level)**



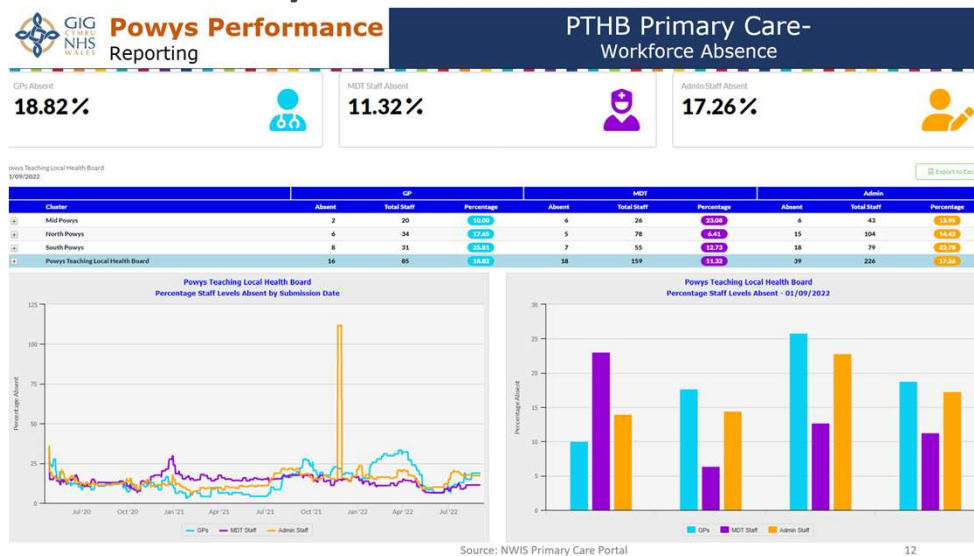
This information shows what Escalation Levels GP Practices and Pharmacies are reporting (Level 4 being the worst position)

5 GP practices are reporting Level 4 - this is a worsening position, from 4 GP Practices at the end of July.

Pharmacy positions are relatively static across the last 60 days.

Patterson Liz  
26/09/2022 16:23:59

# Latest Performance Positions (12 Sept 2022) Primary Care Workforce



This information shows workforce absences for GP Practices by Cluster (North, Mid and South Powys) and by professional group (GPs, MDT Staff and Admin). The line chart shows absences over time since July 2020 and the significant increase in administrative absence in the winter 2021; a growth in absences in the GP workforce in early 2022 which has lessened but with another uptick across all groups in current month.

Current Powys Practice absences have increased on previous week for GP's and Administration teams. Absences are reported compared to the All-Wales average as follows:

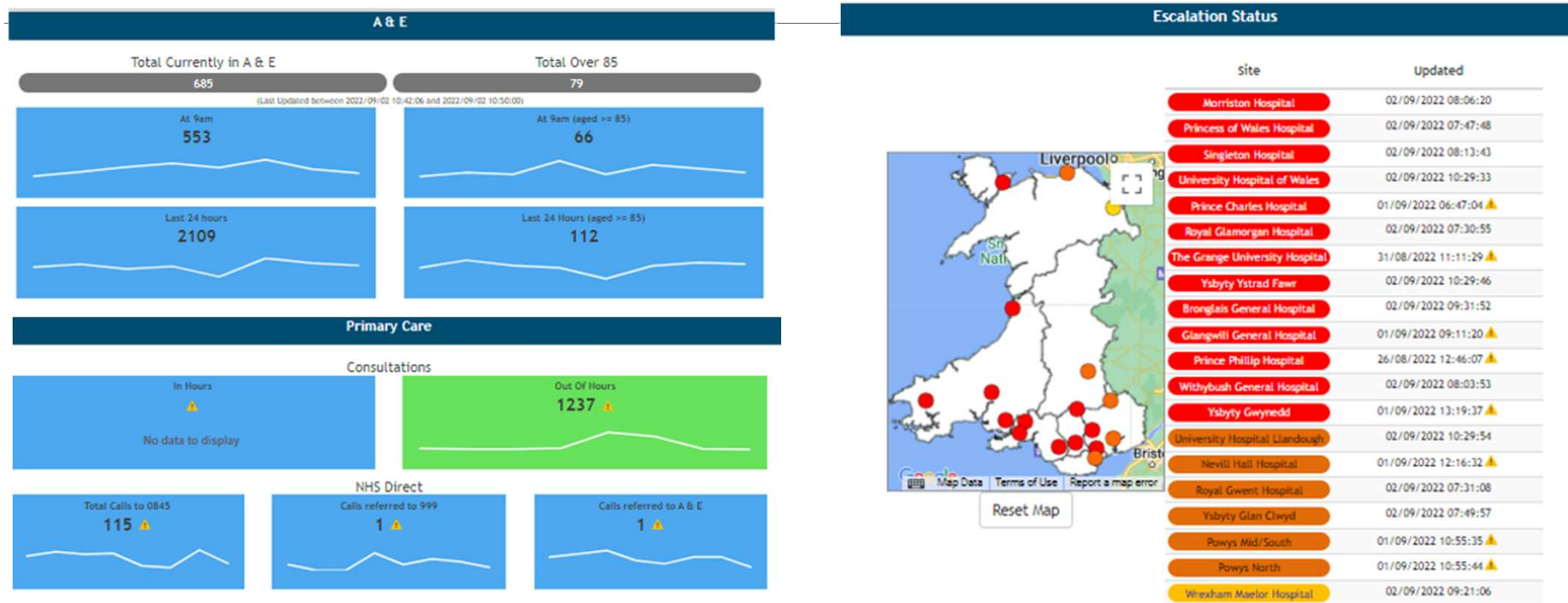
	22-Aug	15-Aug	08-Aug	01-Aug	25-Jul
<b>Level 4</b>	5	4	4	5	4
<b>Level 3</b>	4	5	5	4	5
<b>Absences</b>					
<b>GP</b>	18.82%	14.94%	14.94%	16.47%	12.90%
<b>All Wales</b>	11.04%	11.54%	12.06%	12.81%	12.49%
<b>MDT</b>	11.32%	11.32%	11.32%	9.43%	8.82%
<b>All Wales</b>	10.94%	10.83%	10.60%	11.03%	11.04%
<b>Admin</b>	17.26%	17.70%	17.70%	16.37%	17.72%
<b>All Wales</b>	10.60%	11.03%	11.26%	11.33%	12.11%

## Common themes:

- Covid Positive infections continuing to circulate within practices.
- Annual leave is having an impact on workforce resources.
- Team absences continue across the team in all areas, (reasons include sickness, annual leave, isolating, carer responsibilities, other).
- Recruitment of new team members, both clinical and non-clinical team members, is continuing to be challenging.
- Continued difficulties securing Locum GP's and Nurses.
- Difficulties utilising GP Locums from cross border.
- Increase in challenging behaviour from patients, impacting negatively on team moral and recruitment.
- Mental health continues to place demand on frontline service.
- Secondary Care delays continuing to see increases in demand at practices.

11

# Latest Performance Positions (12 Sept 2022) System Pressures and Escalation – All Wales



This information demonstrates the significant challenges across the health and care system (Wales), with the majority of acute hospitals operating at the highest Escalation Status and this has been a consistent picture across the Summer.

# Latest Performance Positions (12 Sept 2022)

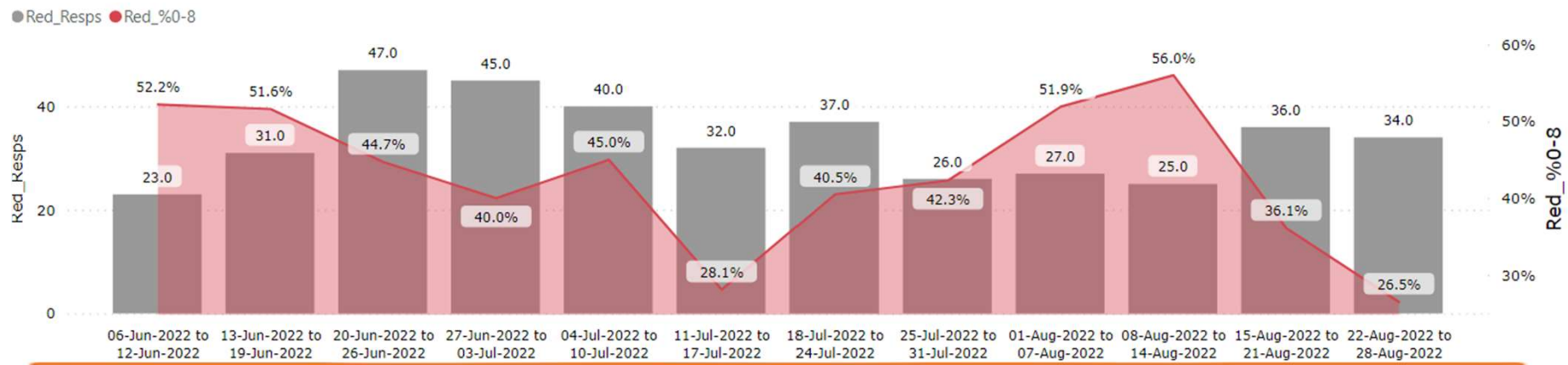
## Ambulance Red Calls and Response Rate



**Powys Performance**  
Reporting

**WAST Weekly Report**  
Number of Red Calls and Response Rate %

WAST weekly report, number of red calls and response rate (%)



This information also demonstrates the significant challenges across the health and care system (Wales), showing the response rate to red calls (red line) in the context of the volume of calls (grey bars) and showing the increase in demand across the summer particularly later June and July 2022.



# Learning and Evidence

## Learning from System Resilience Plan

An Insight Report was produced based on a survey of key partners who supported the strategic and operational response 2021 - 2022.

This feedback has been used to shape both the ongoing resilience response and priorities for this year.

## Lessons Learned –system resilience autumn/ winter 2021/2022

### System Level Impact

- ✓ Bed days saved
- ✓ Positive good results
- ✓ Surge beds no longer required
- ✓ Improvements to shared dashboard
- ✓ Reduction in average LOS

	2 <sup>nd</sup> November 2021	15 <sup>th</sup> February 2022	21 <sup>st</sup> March 2022
Number of patients in community hospital bed	139	135	141
Total number of bed days consumed	7,519	5,365	5,264
Number of patients with a LOS of more than 120 days	20	6	<5
	End November 2021	End February 2022	End March 2022
Average LoS	54 days	38 days	37.3 days

### What should we stop doing?

- Placing people long distances away from their homes discharging individuals that could go home with support into Care Homes as interim.
- Doing longer term assessments in hospital
- Health care teams working separately to gather information
- D2RA 3 protocol
- Input of Executives/ Director of Social Service should be stopped, but there has been a correlation with a reduction in performance without ongoing input.

### What should we doing more of?

- More preventative and early intervention work
- More proactive work preparing for potential pressures of the winter/ pandemic.
- More engagement with stakeholders
- Improving our trusted assessor model & increase home first working times with more staff to take a more complex group of patients
- Finding suitable placements within the locality
- Resolve the issue of lack of therapeutic in reach into care homes.
- Getting more input/ value/ clinical leadership through the medical leadership model.

### What should we start doing?

- The need to undertake more proactive work preparing for potential pressures of the winter/ pandemic was identified alongside start discussions about the role of DCG post high levels of hospital admission so to not lose this space for tactical partnership working.
- Increasing brokerage capacity was seen as a key action by merging and/ or considering the development of joint brokerage and commissioning with the LA for care homes provision.
- Increase community resource to truly embrace D2RA pathways
- Improve ward led communications to other teams, possibly electronically via WCCIS or Welsh Clinical Portal (which appears to be predominately medically led at this time) and consideration of staffing resources to complete necessary paperwork and receive agreement for resource allocation.

Patterson Liz  
26/09/2022 16:23:59

# Strategic Approach to Winter Planning 2022/23



## SYSTEM PRIORITIES

Patterson, Liz  
26/09/2022 16:23:59



# System priorities

There are a number of system priorities which are key in the effective delivery of the 2022/23 Winter Plan:-

1. Six Goals of Urgent & Emergency Care
2. Primary Care & Accelerated Cluster Development
3. Vaccination and Public Health
4. System Capacity  
Social Care, Independent Sector, Powys component of '1000 beds, Community Support and Third Sector, Commissioned Services / Neighbouring systems
5. Resilience and Business Continuity

Patterson, Liz  
26/09/2022 16:22:59



# Urgent & Emergency Care 'Six Goals' high level plan

- Programme Board established with representation from PTHB, WAST, Powys County Council, Third Sector, primary care
- Co-Chaired by Medical Director and Executive Director of Primary, Community Care and Mental Health.
- Clinical Lead expressions of interest sought, interim support via Assistant Medical Director in close liaison with Cluster Leads
- Recruitment of Clinical Change Manager underway
- Urgent primary care and Same Day Emergency Care programme plan developed with Clusters
- Detailed plan for Goals 2 and 3 being refined based on evidence base



Patterson, Liz  
26/09/2022 16:23:59

# Urgent & Emergency Care 'Six Goals' high level plan

	Goal	PTHB Priorities	Cross-cutting	Enablers
Goal 1: Co-ordination planning and support for populations at greater risk of needing urgent or emergency care	Cluster-led risk stratification	Frailty assessment and scoring	Falls pathway; Healthcare assistant role to provide more diagnostics, support and care in the home	Cluster working; Take forward useful elements of Urgent primary care pilots undertaken in 2021/22; Leadership; Support to develop new workforce models; Implement local digital solutions as required; National digital solutions, including need for a single care record; Domically care; Overarching model and Programme architecture as a mechanism to further build an integrated system
	Equal access to UEC for all			
	Reducing high intensity use of UEC services			
Goal 2: Signposting people with urgent care needs to the right place, first time	NHS 111 Wales and pathways	Scope implementation of revised Mental health support via GP and third sector in South Powys pilot and opportunity to link with 111		
	Enhanced Directory of Services	Scope single point of access to triage and signposting		
	Urgent Primary Care Centres (UPCCs)	Focus on urgent primary care services with emphasis on preventing out of hours calls and Shropdoc		
Goal 3: Clinically safe alternatives to admission to hospital	Same day emergency care pathway	Scope discrete high impact SDEC pathways that could be delivered in primary care		
	Intermediate care (step-up) pathway	Formally scope acuity of patients that could be stepped up 24/7 into community hospital setting		
		Reablement day 0		
		Dementia Home Treatment Team deployed consistently across Powys		
	Specialty advice and guidance lines	Participate in national Consultant Connect recommissioning process		

Patterson, Liz  
26/09/2022 16:23:59

# Urgent & Emergency Care 'Six Goals' high level plan

	Goal	PTHB Priorities	Cross-cutting	Enablers
Goal 4: Rapid response in physical or mental health crisis	Optimal 999 pathways	Scope Physician Triage of Ambulance Stack	Falls pathway; Healthcare assistant role to provide more diagnostics, support and care in the home	Cluster working; Take forward useful elements of Urgent primary care pilots undertaken in 2021/22; Leadership; Support to develop new workforce models; Implement local digital solutions as required; National digital solutions, including need for a single care record; Domically care; Overarching model and Programme architecture as a mechanism to further build an integrated system
	Quality, safe and timely care in Emergency Departments	Implement updated Commissioning Assurance Framework		
Goal 5: optimal hospital care and discharge practice from the point of admission	Reducing length of stay and bed occupancy	Scope implementation of day 0 repatriation from out of county ED piloted in north Powys		
		Build on winter system resilience work to further reduce LOS		
		Culture and risk appetite work in conjunction with Improvement Cymru		
	SAFER patient flow guidance	Implement		
Goal 6: Home first approach and reduce the risk of readmission	Discharge to recover then assess pathways	Social care D2RA to be implemented fully in line with requirements		
		Scope implementation of day 0 repatriation from out of county ED piloted in north Powys		
	Rehabilitation and reablement	Review needs assessment and simplify		

Patterson, Liz  
26/09/2022 16:23:59

# Primary Care & Accelerated Cluster Development

## Primary Care Resilience and Sustainability Actions:

- Tracking of primary care general practice escalation status; reporting and escalation arrangements in place via Powys Delivery Co-ordination Group
- Targeted sustainability support including additional capacity funding available in 2022/23 as part of contract, mobilisation of this is dependent on workforce capacity
- Review of urgent primary care carried out Summer 2022 informing Six Goals programme
- Access to dentistry is a considerable concern; 75% of practices have signed up to contract reform and process underway to implement and improve

## Accelerated Cluster Development Actions:

A range of improvements being accelerated and rolled out across Clusters including:

- MSK First contact Mental Health practitioner in Mid Powys; potential for rollout in North and South
  - Pharmacy skill development in 6 of 7 North Cluster practices
  - Health promotions facilitator in Mid and North Cluster; health and wellbeing signposting and awareness
  - Diabetes Prevention Programme, nationally funded programme; Mid and North rollout commencing
  - Dedicated patient app in Mid and North supporting alternative access, signposting and health promotion
  - Optometry blood pressure monitoring and health checks – opportunistic screening for hypertension
  - GPs working with local pharmacies to upskill – examples include dermatology and common ailments
  - Pain management service extended to March 2022 in South Powys Cluster
  - Investment into mental and physical health 'an apple a day' wellbeing service in South Cluster
- Links to MIND urgent care project in South Cluster

## Pharmacy Actions

- Tracking the escalation status of pharmacies and supporting contractors when temporary closures are unavoidable
- All 23 pharmacies commissioned to deliver influenza vaccinations this year
- All 23 pharmacies provide the Emergency Medication Service; able to support with out of hours access
- Three new independent prescribing pharmacy sites in South Cluster able to support with common ailments and contraception services. Total of four active sites
- The pharmacy contract will award pharmacies continuity payments for consistent provision of the common ailments service and for access to flu vaccinations over the winter period

Patterson, L.  
26/09/2022 16:22:59



# Vaccination and Public Health

There are a number of targeted actions aimed at strengthening prevention:-

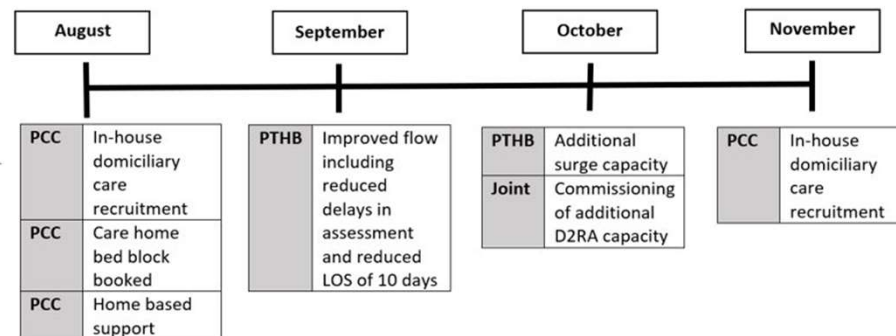
1. Prevent the spread of **respiratory viral infections**, for example through maximising influenza vaccination uptake, employers encouraging sick employees to stay at home, hand washing advice.
2. Maximise uptake of **influenza vaccination** in eligible groups.
3. Maximise uptake of **COVID-19 vaccination** in eligible groups, blended model of delivery through Mass Vaccination Centers, some GP Practices, and mobile teams.
4. COVID-19 **hygiene / TTP advice**, regular communications and engagement in partnership with Local Authority and partners: hand washing, disinfect surfaces, stay home if symptomatic etc.
5. Help Me Quit – Powys **Stop Smoking Support**, currently offering telephone support to individuals to stop smoking. Working to support community pharmacies to recommence offering Level 3 stop smoking support in communities.
6. Meet the health needs of **Ukrainian refugees** seeking sanctuary in Powys, including:
  - Undertake health screening in line with guidance
  - Undertake TB screening for secondary school age children and adults in line with guidance
  - Offer and maximise uptake of immunisations in line with vaccination schedules eg. covid-19, influenza, childhood immunisations

Patterson Liz  
26/09/2022 16:23:59

# System Capacity: Social Care and Independent Sector

1000 beds

- National programme
- PTHB requirement to deliver the equivalent of 20 beds, additional 5 included as contingency (25 total).



Lead	Plan Narrative	Number of SDRA Beds	Additional community capacity hours (non-bedded)	Staff Groups Utilised	WTE	Additional or Redeployed	Target Date Start	Progress Update (31/08/2022)	Barriers/Risks	RAG	Comments
PCC	In-house domiciliary care recruitment		1	Domiciliary care	3x in Brecon	Additional	Aug 22	now in post	intended to recruit 20+ individuals, however only recruited 3 to date. Reflects nationally recognised risks, exacerbated by rural geography and low density of working age population.	Green	Anticipated that 3 care staff (one rota) will deliver 24/7 cover which equates to 1x bed equivalence
PCC	Care home bed block booked	1		Care home		Additional	Aug 22	Contracting in place	Commissioned for respite, so low risk of not being utilised.	Green	
PCC	In-house domiciliary care recruitment		7	Domiciliary care	21	Additional	Nov 22	Recruitment planned September. Utilising agency to support early implementation.	Potentially difficult to recruit, and drawing from existing staffing pools which could jeopardise other services and organisations	Amber	Anticipated that 3 care staff (one rota) will deliver 24/7 cover which equates to 1x bed equivalence, therefore = 7 beds
PCC	External Domiciliary care provider linked to provision of accommodation in Llanedeyrn area		tbc	Domiciliary care		Additional	Nov 22	Discussions ongoing with a new provider with staff from overseas to provide them with accommodation as well as ongoing fee	Access to suitable accommodation, immigration timelines.	Amber	Still assessing potential capacity gains
PCC	Home Based Support			Home Based Support		Additional	Aug 22	Ambition to increase to 27 people receiving the service	Potentially difficult to recruit, and drawing from existing staffing pools which could jeopardise other services and organisations	Green	Anticipated approximate 10% would otherwise require hospital admission. Does not include overnight care requirement, so 2 care staff equivalence to 1x bed day.
PTHB	Improved flow including reduced delays in assessment and reduced LOS of 10 days						Sep 22	Bed census scheduled for September, with focus on flow programme over autumn. Training commenced for discharge optimisation.	Workforce capacity, operational pressures, market limitations for ongoing care.	Green	Capacity assessed at 1500 bed days (approx 150 beds x 10 days). Over course of year, equates to 4 beds (4x365 = 1460). Targeted at urgent care flow. Opportunity to measure impacts via improvements in flow to Welsh acute providers and reduction in delays to Powys residents (English repatriation). Recognised strategy which has similarly been successful in delivering capacity and reducing reliance on surge beds.
PTHB	Additional surge capacity			Community hospital		Additional	Oct 22	Location identified and reviewing risks	Workforce capacity	Amber	
	Commissioning of additional D2RA capacity			Care home		Additional	Oct 22	Discussions due to commence with provider offering up to 10 beds	Dependent on provider suitability and governance	Amber	Joint commissioning discussions commenced.

## Surge Planning and Local Options Framework

- Surge Plans have been developed for additional community hospital capacity, building on plans developed throughout the pandemic
- It has not been necessary to use surge plans during the pandemic, demand has been managed in the core bed base and this remains the goal, as it enables greater control over patient safety, quality and experience and does not require care elsewhere in the system to be paused or delayed
- In the event that surge capacity was required in extremis, use of the local options framework would be necessary to support changes in the workforce and service delivery model





# System Capacity: Community Support / Third Sector

The **Powys Association of Voluntary Organisations** (PAVO) have a strategic role including chairing the Regional Partnership Board and attending the Delivery Co-ordination Group.

Third sector **communication channels** are key to share key messages to community and voluntary groups and the population of Powys.

**Facilitation** and **promotion of information** is provided through the PAVO Health and Wellbeing Information officer and two newly established Health Promotion Facilitators, who are linked directly with the Clusters.

Within PAVO the **Powys Befriending Service** matches individuals to volunteers to help combat loneliness and isolation

The **Powys Mental Health Information service** provides advice on accessing third sector mental health support

**Targeted support** to help people remain independent at home is provided in Powys by British Red Cross, PURSH, Age Cymru Powys

Credu support **carers** including attending patient flow and screening meetings to provide input on support needs from a carer's perspective

## Community Connectors

- Co-ordination, planning and support for high risk groups or vulnerable people and their carers to remain independent at home, preventing the need for urgent care
- The 13 Community Connectors work with the individual to find out what matters to them and connect them to support in their community – using a 'social prescribing' approach:
  - Actively link across a wide range of public, independent and third sector services
  - Part of Multi Disciplinary Team approach in Powys, supporting care co-ordination for those with the greatest need
  - Attending virtual ward and patient flow meetings
  - Participating in daily screening with adult social care
  - Accepting referrals to support patient flow
  - This supports admission avoidance and timely discharges, with a focus on getting the referral at the right time to enable support to be put in place to avoid reaching crisis point and ultimately hospital admission.

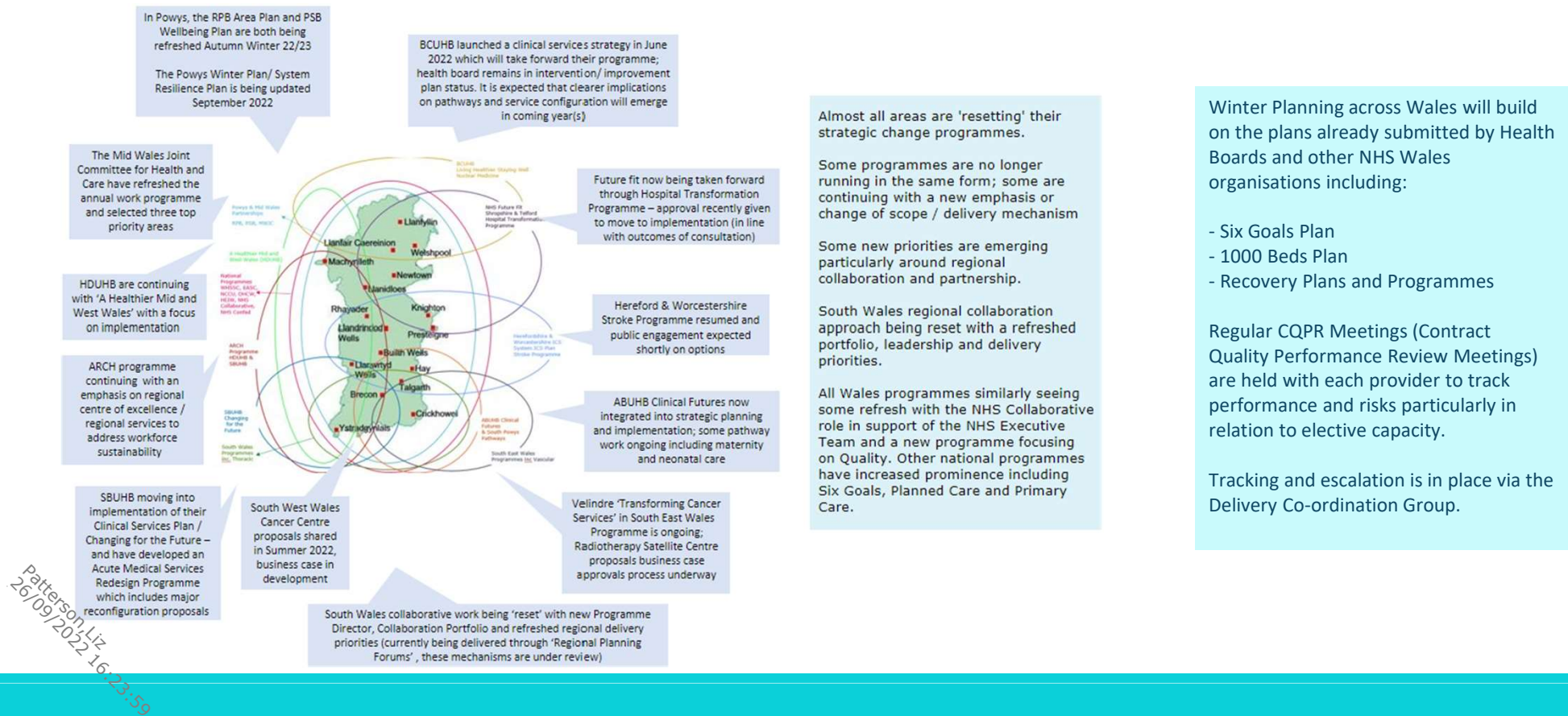
Other support is also available to communities and households over winter and will be communicated locally in line with national campaigns, this includes:

The Welsh Government **Warm Homes programme**, funding energy efficiency improvements to eligible households. Improvements are delivered through Nest and Arbed schemes.

- Nest provides free advice and support to improve energy efficiency at home and can also offer a package of energy efficiency measures to help reduce bills for those on a low income or struggling to meet the cost of their domestic energy needs
- The Arbed scheme offers energy efficiency improvements in targeted areas, via the local authority.

Patricia Spence  
26/09/2022 16:22:59

# System Capacity: Commissioned Services / Neighbouring Systems Wales





# System Capacity: Commissioned Services / Neighbouring Systems England

NHS England published correspondence on '[Next steps in increasing capacity and operational resilience in urgent and emergency care ahead of winter](#)' on 12 August 2022 - This sets out the guidelines for winter planning in England in the context of the Elective Recovery planning efforts, existing operational plans and recognition of significant pressures in urgent and emergency care across the summer period and into Autumn.

Core objectives and key actions for operational resilience in England:

- 1) Prepare for variants of COVID-19 and respiratory challenges, including an integrated COVID-19 and flu vaccination programme
- 2) Increase capacity outside acute trusts, including the scaling up of additional roles in primary care and releasing annual funding to support mental health through the winter
- 3) Increase resilience in NHS 111 and 999 services, through increasing the number of call handlers to 4.8k in 111 and 2.5k in 999
- 4) Target Category 2 response times and ambulance handover delays, including improved utilisation of urgent community response and rapid response services, the new digital intelligent routing platform, and direct support to the most challenged trusts
- 5) Reduce crowding in A&E departments and target the longest waits in ED, through improving use of the NHS directory of services, and increasing provision of same day emergency care and acute frailty services
- 6) Reduce hospital occupancy, through increasing capacity by the equivalent of at least 7,000 general and acute beds, through a mix of new physical beds, virtual wards, and improvements elsewhere in the pathway
- 7) Ensure timely discharge, across acute, mental health, and community settings, by working with social care partners and implementing the 10 best practice interventions through the '100 day challenge'
- 8) Provide better support for people at home, including the scaling up of virtual wards and additional support for High Intensity Users with complex needs

Local System Winter Plans are currently being developed through the **Integrated Care Systems in Shropshire, Telford and Wrekin** and Herefordshire and Worcestershire following this guidance and plans will be shared between Powys and the English systems/ commissioned providers to share learning and good practice.

Patterson, Liz  
26/09/2022 16:23:59

# Resilience and Business Continuity

- Regional resilience arrangements are delivered through the **Dyfed Powys Local Resilience Forum (LRF)**
- Reporting and escalation is in place between the LRF and the **Powys Delivery Co-ordination Group**
- The LRF are undertaking an **assessment of risks over the winter period**, with a focused session in September 2022, this includes consideration of emerging risks across the wider system:
  - Potential disruption arising from strike action or other civil action
  - Energy supply and other supply chain considerations
  - Severe weather planning and responses
  - Domestic cost increases
  - Wider cost of living impacts across social / economic life in the County
  - The impacts for rural communities in relation to social isolation and transport
- The identified risks and mitigations will be reflect both in the LRF planning for winter and will inform the regular review of this Winter Plan through the Delivery Co-ordination Group
- Each partner's **Corporate Business Continuity Plans** set out the procedures and strategies to be undertaken to maintain critical functions in the event of disruption to services
- Similarly, each partner has **Severe Weather planning arrangements** to safely maintain services and minimise impacts on patients, staff and users of any weather events

Patterson, Liz  
26/09/2022 16:23:59

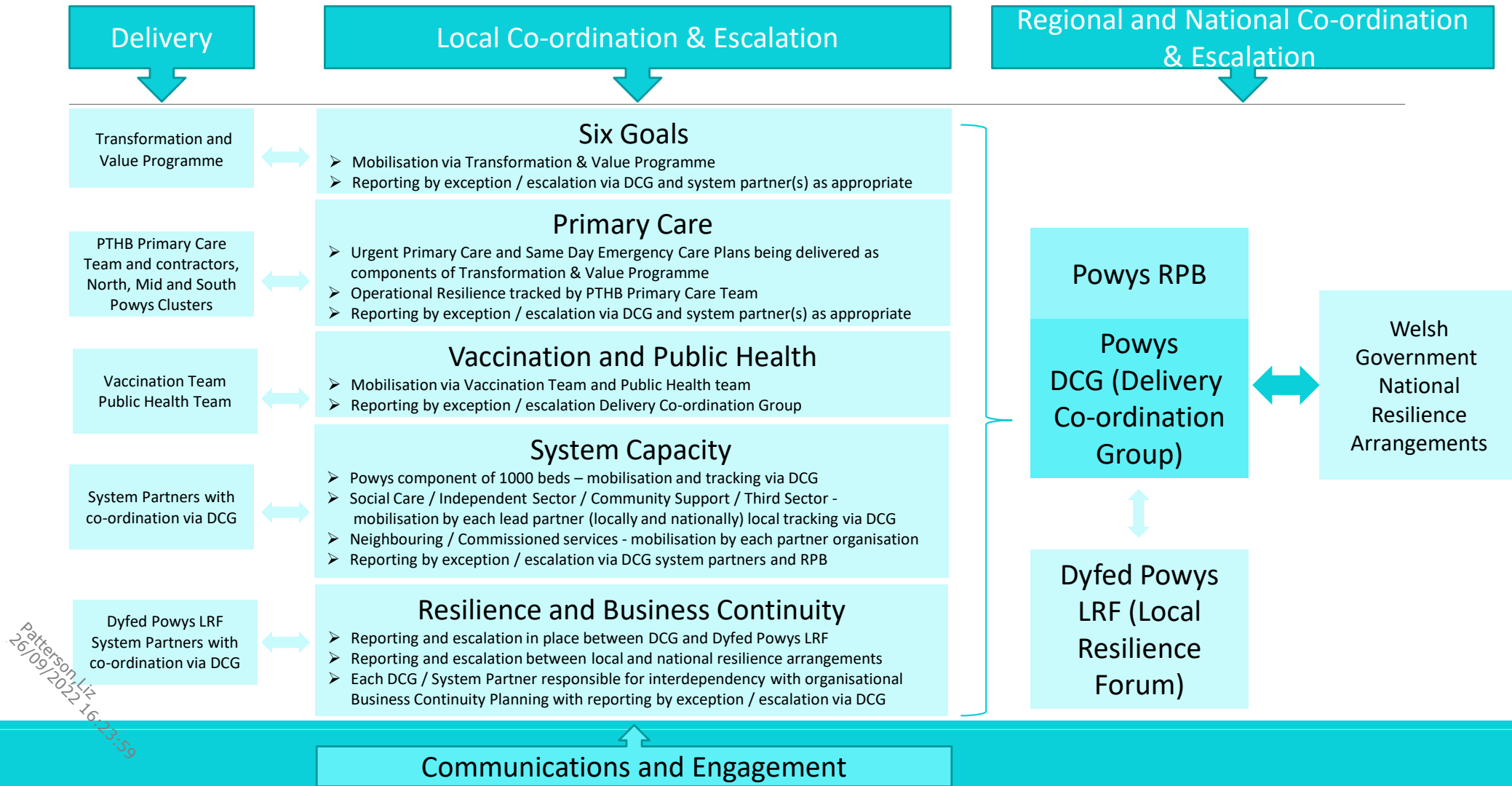
# Strategic Approach to Winter Planning 2022/23



## MOBILISATION

Patterson, Liz  
26/09/2022 16:23:59

# Whole System Mobilisation 'Plan on a Page'



# Communication and Engagement

Communication and Engagement remain a critical element in the delivery of the Winter Plan. Key delivery priorities include:

### Planned Campaigns

Delivering planned campaigns activity to enable self-care behaviour, support the management of demand on services, improve public health and promote preventative activities (e.g. Help Us Help You, winter vaccines, falls prevention, SilverCloud etc.).

### Proactive vs. Reactive

Achieving a balance between proactive communications in support of our Winter Plan objectives, and reactive communications in response to external news and events as well as to system pressures and incidents. This includes working closely with local and regional media, politicians, CHC and other key partners to maintain & build public confidence in the actions of partners to protect and improve health.

### Partnership

Collaborating locally with Powys County Council, PAVO and wider RPB/PSB partners to ensure consistent & prioritised messaging to our communities, and to maximise opportunities through earned and owned channels. Collaborating regionally and nationally across the health and care family to ensure an "all Wales" approach in line with national communications plan and campaigns.

### Positioning and Perception

Recognising the additional challenges locally and nationally for winter 22/23 including fuel costs, wider cost of living, NHS backlog and other factors that will affect capability, opportunity and motivation to adopt self-care, preventative and health-seeking behaviours





# Reporting

- Reporting locally will be via established arrangements ie. Delivery Co-ordination Group at a weekly rhythm and via each Partner's individual reporting and governance mechanisms (with the option to stand up Gold arrangements if required)
- Strategic oversight will also take place via the Regional Partnership Board (RPB) including system level learning and development which will inform the RPB Area Plan and individual partner plans
- The Cross Cutting Resources and Oversight Group (CCROG) of the RPB will receive regular updates and have a role in the consideration of system wide arrangements, including the longer term sustainability of initiatives and approaches
- National reporting arrangements are being confirmed, indicative details as below:
  - bi-weekly performance meetings with the national team
  - A template for completion between meetings, outlining delivery against plans
  - Metrics to include Longest Length of Stay / Over 21-day delays / Delayed discharge / reablement and assessment delays
  - National team will be re-issuing the social care checkpoint to validate attributed social care delays
  - A RAG rating against each scheme is required and actions against any deviance from plan

## Expected Benefits – Key measures (tracked via DCG weekly reporting)

- ❑ To maintain a clear focus on patient safety, quality, outcomes and experience for patients
- ❑ Progress in reducing length of stay in community hospitals to be maintained
- ❑ System delays to be minimised with timely assessments, discharges and transfers
- ❑ Timely repatriations is a key focus locally
- ❑ Sustained availability of reablement and home support delivered by partners across all sectors
- ❑ Sustained availability of residential and placement based care delivered by partners across all sectors
- ❑ Ability to track and respond to wider system status escalations including primary care, social care, third sector and DGHs/ neighbouring systems
- ❑ Maintaining good overall system flow with optimum community bed utilisation and availability
- ❑ Surge bed capacity plans in place but optimally, will not be required, subject to the above

Latest Performance Positions (12 Sept 2022)  
Detailed Length of Stay



Latest Performance Positions (12 Sept 2022)  
Primary Care- Powys



Latest Performance Positions (12 Sept 2022)  
Bed Utilisation and Escalation Status- PTHB



Patterson, Liz  
26/09/2022 16:22:59



# Risks / Escalation

- There are significant challenges in the system across Powys, as there are across Wales and the UK.
- The care pathways for residents of Powys span across multiple healthcare systems in Wales and England, all of which are under sustained and significant pressure
- The pressures in the system are compound and complex – in previous years, winter pressures were predominantly related to surges of demand in urgent and emergency care, however due to the impacts of the pandemic, there are now greater pressures across all parts of the system particularly planned care, primary care, public health services, mental health services and social care
- There are additional difficulties this year which are impacting on population health, behaviours and health conditions, arising from the increasing cost of living - and these will impact more on those who are already the most vulnerable and/or disadvantaged
- Energy and other supply chain issues resulting from the war in Ukraine and the remaining complexities arising from the exit from the European Union, together with potential strike and/or civil action also pose national structural risks which will impact locally
- Whilst the Covid-19 pandemic is no longer being managed through escalated national measures there are still direct and immediate impacts both in terms of illness in the population and absences in the workforce
- There are workforce and infrastructural challenges across all sectors in this context that will constrain capacity and delivery
- Escalation mechanisms between partners are in place locally via the Delivery Co-ordination Group, with the option to stand up Strategic Gold command arrangements as required
- Escalation and reporting arrangements will also be in place between the local system and national arrangements

Patterson, Liz  
26/09/2022 16:22:59





# Key Dates

Item	Date
Draft Winter Plan produced – shared across DCG and System Partners	By 16th September 2022
PTHB Consideration and Sign Off	PTHB Board 28 <sup>th</sup> September 2022
Local Resilience Forum Risk Group: Winter Planning session	27th September 2022
RPB Consideration and Sign Off	CCROG 10th October and as part of regular RPB cycle Quarterly RPB Ministerial Meetings held nationally will also provide a winter plan touchpoint – next at End October 2022
Review and Monitoring	As part of regular cycle of Delivery Co-ordination Group with escalation and review to RPB and System Partners as required

Patterson, Liz  
26/09/2022 16:23:59



<b>BOARD</b>		<b>Date of Meeting: 28 September 2022</b>
<b>Subject:</b>	<b>CORPORATE RISK REGISTER (SEPTEMBER 2022)</b>	
<b>Approved and Presented by:</b>	Interim Board Secretary	
<b>Prepared by:</b>	Interim Corporate Governance Manager	
<b>Other Committees and meetings considered at:</b>	Executive Committee	

**PURPOSE:**

The purpose of this paper is to provide the Board with the September 2022 version of the Corporate Risk Register for discussion.

**RECOMMENDATION(S):**

It is recommended that the Board:

- **REVIEWS** the September 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.

<b>Approval/Ratification/Decision</b>	<b>Discussion</b>	<b>Information</b>
✓	✓	x

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

Strategic Objectives:	1. Focus on Wellbeing	
	2. Provide Early Help and Support	
	3. Tackle the Big Four	
	4. Enable Joined up Care	
	5. Develop Workforce Futures	

	6. Promote Innovative Environments	
	7. Put Digital First	
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	
	2. Safe Care	
	3. Effective Care	
	4. Dignified Care	
	5. Timely Care	
	6. Individual Care	
	7. Staff and Resources	
	8. Governance, Leadership & Accountability	✓

### BACKGROUND AND ASSESSMENT:

The Corporate Risk Register provides a summary of the significant risks to the delivery of the health board's strategic objectives. To be included in the Corporate Risk Register a risk must:

- represent an issue that has the potential to hinder achievement of one or more of the health board's strategic objectives;
- be one that cannot be addressed at directorate level;
- further control measures are needed to reduce or eliminate the risk;
- a considerable input of resource is needed to treat the risk (finance, people, time, etc.).

Meetings of the Executive Committee on 4 May and Board Development of 28 June 2022 focussed on a 'blank page' risk identification exercise. This has informed the 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.

The Interim Board Secretary has liaised with Executive Directors to review and update the Corporate Risk Register to ensure it reflects the latest position consistently and has resulted in a revised Corporate Risk Register. Key themes within the revised Register are:

- financial sustainability and use of resources;
- sustainability of services throughout the health and care system;
- the ongoing need to monitor quality, defined as safety, effectiveness and experience and the potential for harm to patients;
- the risk represented by ongoing challenges in recruiting and retaining staff;
- the focus that continues to be needed on effective working with partners;

- the potential for care to be compromised due to the health board's estate not being fit for purpose;
- the ever-present risk of a cyber attack; and
- the risk presented by a significant public health event/emergency.

The full Corporate Risk Register is attached to this report as **Appendix 1**.

#### **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.

The development of Committee risk registers will be progressed in order to provide greater oversight of the more detailed aspects of the risks, controls and mitigating actions within the Corporate Risk Register.



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

# Corporate Risk Register September 2022

Patterson, Liz  
26/09/2022 16:23:59

## CORPORATE RISK HEAT MAP: September 2022

There is a risk that...

<b>Impact</b>	<b>Catastrophic</b>	<b>5</b>				<ul style="list-style-type: none"> <li>the health board fails to manage its financial resources in line with statutory requirements</li> <li>the urgent and emergency health and social care system fails to deliver a timely response for care for Powys citizens</li> <li>the demand and capacity pressures in the primary care system lead to services becoming unsustainable</li> </ul>	
	<b>Major</b>	<b>4</b>			<ul style="list-style-type: none"> <li>a significant public health event/emergency impacts on provision, continuity and sustainability of services</li> </ul>	<ul style="list-style-type: none"> <li>the health board fails to adequately allocate resources, including transformation capacity, to improve health outcomes/experience and reduce inequalities</li> <li>citizens of Powys receive poor quality care (quality defined as safety, effectiveness and experience) from one or more of a range of providers</li> <li>failure to plan for, recruit and retain an appropriate workforce results in an inability to sustain high quality services</li> <li>a cyber attack results in significant disruption to services and quality of patient care</li> <li>the care provided in some areas is compromised due to the health board's estate being not fit for purpose</li> </ul>	<ul style="list-style-type: none"> <li>inequity of access to planned, secondary and specialised care results in poorer outcomes and experience for some Powys citizens</li> </ul>
	<b>Moderate</b>	<b>3</b>				<ul style="list-style-type: none"> <li>ineffective partnership working, including on service change/reconfiguration, results in poorer outcomes and experience for citizens of Powys</li> </ul>	
	<b>Minor</b>	<b>2</b>					
	<b>Negligible</b>	<b>1</b>					
			<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
			<b>Rare</b>	<b>Unlikely</b>	<b>Possible</b>	<b>Likely</b>	<b>Almost Certain</b>
			<b>Likelihood</b>				

Patterson, Liz  
26/09/2022 16:23:59

### CORPORATE RISK DASHBOARD – September 2022

Risk Lead	Risk ID	Main Risk Type	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target ✓/✗	Lead Board Committee	Risk Impacts on
DFIIT	CRR 001	Finance	The health board fails to manage its financial resources in line with statutory requirements	5 x 4 = 20	Moderate	8	✗	Delivery and Performance	Organisational Priorities underpinning WBO 1 to 8
DFIIT	CRR 002	Finance	The health board fails to adequately allocate resources, including transformation capacity, to improve health outcomes/experience and reduce inequalities	4 x 4 = 16	Moderate	8	✗	Delivery and Performance	Organisational Priorities underpinning WBO 1 to 8
DoN, MD	CRR 003	Quality & Safety of Services	Citizens of Powys receive poor quality care (quality defined as safety, effectiveness and experience) from one or more of a range of providers	4 x 4 = 16	Low	6	✗	Patient Experience, Quality and Safety	Organisational Priorities Underpinning WBO 1 to 4
DPCCM H	CRR 004	Quality & Safety of Services	The urgent and emergency health and social care system fails to deliver a timely response for care for Powys citizens	4 x 5 = 20	Low	12	✗	Delivery and Performance	Organisational Priorities Underpinning WBO 1 to 4

Patterson, Liz  
26/09/2022 16:23:59

Risk Lead	Risk ID	Main Risk Type	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target ✓/✗	Lead Board Committee	Risk Impacts on
DPP	CRR 005	Quality & Safety of Services	Inequity of access to planned, secondary and specialised care results in poorer outcomes and experience for some Powys citizens	5 x 4 = 20	Low	12	✗	Delivery and Performance	Organisational Priorities Underpinning WBO 1 to 4
DWOD	CRR 006	Quality & Safety of Services	Failure to plan for, recruit and retain an appropriate workforce results in an inability to sustain high quality services	4 x 4 = 16	Low	8	✗	Workforce and Culture	Organisational Priorities Underpinning WBO 1 to 8
DPP	CRR 007	Innovation & Strategic Change	Ineffective partnership working, including on service change/reconfiguration, results in poorer outcomes and experience for citizens of Powys	3 x 3 = 9	Low	6	✗	Planning, Partnerships & Population Health	Organisational Priorities underpinning WBO 8
DPCCM H	CRR 008	Quality & Safety of Services	The demand and capacity pressures in the primary care system lead to services becoming unsustainable	4 x 5 = 20	Low	8	✗	Planning, Partnerships & Population Health	Organisational Priorities WBO 4
DFIT	CRR 009	Quality & Safety of Services	A cyber attack results in significant disruption to services and quality of patient care	4 x 4 = 16	Low	8	✗	Delivery and Performance	Organisational Priorities underpinning WBO 1 to 8

Patterson, Liz  
26/09/2022 16:23:59

Risk Lead	Risk ID	Main Risk Type	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target ✓/✗	Lead Board Committee	Risk Impacts on
DoE	CRR 010	Quality & Safety of Services	The care provided in some areas is compromised due to the health board's estate being not fit for purpose	4 x 4 = 16	Low	9	✗	Delivery and Performance	Organisational Priorities Underpinning WBO 1 to 4
DPH	CRR 011	Quality & Safety of Services	A significant public health event/emergency impacts on provision, continuity and sustainability of services	3 x 4 = 12	Low	12	✓	Delivery and Performance	Health and wellbeing of the population

Patterson, Liz  
26/09/2022 16:23:59



**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
----------	-----	-----	-----	----------	------	------	-------

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

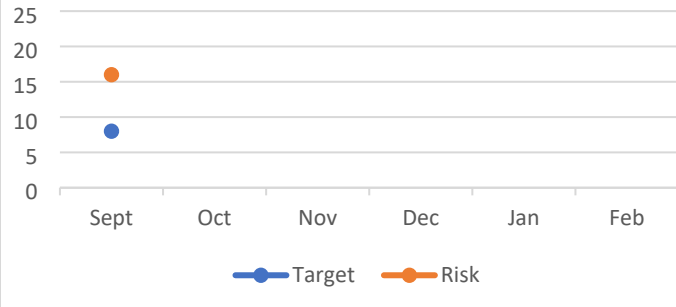
Trend	
↑	risk score increased
→	risk score remains static
↓	risk score reduced

Patterson, Liz  
26/09/2022 16:23:59

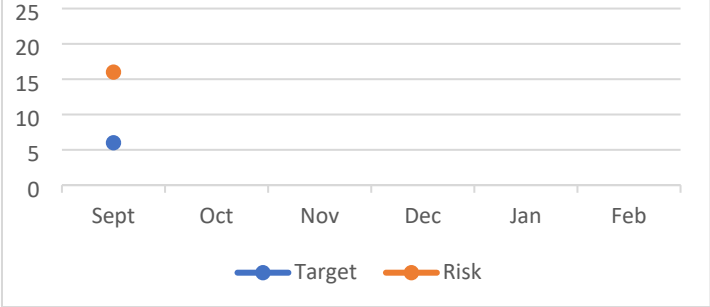
<b>CRR 001</b>		<b>Executive Lead:</b> Director of Finance, Information and IT																			
<b>Risk that:</b> the health board fails to manage its financial resources in line with statutory requirements		<b>Assuring Committee:</b> Delivery and Performance																			
<b>Risk Impacts on:</b> Organisational Priorities underpinning all WBOs		<b>Date last reviewed:</b> September 2022																			
<div><div><div><b>Risk Rating</b> (likelihood x impact): Inherent: 4 x 5 = 20 <b>Current: 4 x 5 = 20</b> Target: 2 x 4 = 8</div><div><b>Date added to the risk register</b> Risk Updated September 2022</div></div><div><table border="1"><caption>Risk Rating Data</caption><thead><tr><th>Month</th><th>Target</th><th>Risk</th></tr></thead><tbody><tr><td>Apr</td><td>8</td><td>12</td></tr><tr><td>May</td><td>8</td><td>12</td></tr><tr><td>June</td><td>8</td><td>12</td></tr><tr><td>July</td><td>8</td><td>16</td></tr><tr><td>Aug</td><td>8</td><td>20</td></tr></tbody></table></div></div>		Month	Target	Risk	Apr	8	12	May	8	12	June	8	12	July	8	16	Aug	8	20	<div><b>Rationale for current score:</b><ul style="list-style-type: none"><li>▪ The IMTP included a balanced core financial plan including a balanced recurrent position.</li><li>▪ Non recurrent Funding assumed at risk for local COVID response costs and exceptional national pressures in year. This will impact on the underlying position.</li><li>▪ Deficit forecast of £7.5m for 22/23 reported at month 4</li><li>▪ AO letter submitted 17<sup>th</sup> August</li><li>▪ Delivery of this forecast is not without risk – specifically CHC growth and local authority disputes.</li><li>▪ Limited progress on delivery of £4.649m savings programme.</li><li>▪ Recurrent position being worked through at month 4 and will be updated at month 5.</li></ul></div>	
Month	Target	Risk																			
Apr	8	12																			
May	8	12																			
June	8	12																			
July	8	16																			
Aug	8	20																			
<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more will we do?)</b>																			
<ul style="list-style-type: none"><li>▪ Balanced Financial Plan included in IMTP Submission.</li><li>▪ Financial Control Procedures and Standing Orders and Standing Financial Instructions and Budgetary Control Framework, Budgetary Control Audit rated as substantial assurance.</li><li>▪ Risks and Opportunities – focus and action to maximise opportunities and minimise / mitigate risks</li><li>▪ Service Reviews / Performance reviews to strengthen financial monitoring of performance and longer-term impact on financial plan (support better decision making).</li><li>▪ Contracting Framework to monitor and forecast the impact of arrangements in 2022/23 and going forward</li><li>▪ 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.</li><li>▪ Savings Plan monitoring and reporting linked to the Efficiency Framework and Investment Benefits Group and supporting the VBHC approach.</li></ul>		<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									
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																			

<ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ Additional control - Finance and Performance Group established as sub-group of Executive Committee. Initial focus on savings and opportunities.</li> </ul>			
<p align="center"><b>Current Risk Rating</b></p>	<p align="center"><b>Update including impact of actions to date on current risk score</b></p>		
<p align="center"><b>4 x 5 = 20</b></p>	<p>Finance and Performance Group in place from September 2022 focussing on opportunities in each Directorate to be developed at pace in addition to continuing focus on key areas of focus, CHC, variable pay and contracting.</p>		

Patterson, Liz  
26/09/2022 16:23:59

<b>CRR 002</b> <b>Risk that:</b> the health board fails to adequately allocate resources, including transformation capacity, to improve health outcomes/experience and reduce inequalities		<b>Executive Lead:</b> Director of Finance, Information and IT		
<b>Risk Impacts on:</b> Organisational Priorities underpinning all WBOs		<b>Assuring Committee:</b> Delivery and Performance		
<b>Risk Rating</b> (likelihood x impact): Inherent: 4 x 5 = 20 <b>Current: 4 x 4 = 16</b> Target: 2 x 4 = 8		<b>Rationale for current score:</b> <ul style="list-style-type: none"><li>Current forecast deficit of £7.5m and overspend of £2.8m at month 5 indicates that resources are being consumed above planned and allocated levels (IMTP Financial Plan).</li><li>Lack of data re Patient Outcome and Experience to support understanding.</li><li>Value Based Healthcare approach introduced but not yet fully embedded into financial plan and budget allocation.</li><li>Value Board established and key action is to develop the Health Board approach to PROMs and PREM's (to measure patient experience and outcomes) to inform future resource allocation.</li></ul>		
<b>Date added to the risk register</b> September 2022				
				
<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>Value Board established (report via Transformation and Value Group) and into Executive Committee.</li><li>Value approach focused on capacity and capability and approach to PROMS and PREMS (to inform resource allocation and actions).</li><li>Value Opportunities Group Established.</li><li>Information and Data Dashboards under development to inform reporting re outcomes and experiences.</li><li>Full Board involvement in development of priorities and financial plans for 23/24.</li></ul>		<b>Mitigating actions (What more will we do?)</b>		
		<b>Action</b>	<b>Lead</b>	<b>Deadline</b>
		Action as identified in Value Group Workplan including approach to developing PROM's and PREM's.	AD T&V	Ongoing.
		Ongoing Action as per the Value Group Workplan.	AD T&V	Ongoing.
<b>Current Risk Rating</b>		<b>Update including impact of actions to date on current risk score</b>		
<b>4 x 4 = 16</b>		N/a – new risk September 2022		

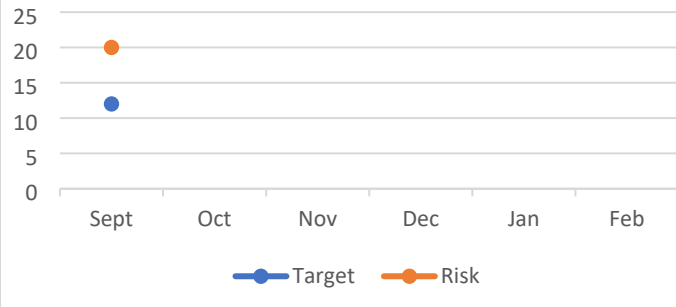
Patterson.Liz  
26/09/2022 16:23:59

<b>CRR 003</b> <b>Risk that:</b> citizens of Powys receive poor quality care (quality defined as safety, effectiveness and experience) from one or more of a range of providers		<b>Executive Lead:</b> Director of Nursing and Midwifery, Medical Director <b>Assuring Committee:</b> Patient Experience, Quality and Safety																			
<b>Risk Impacts on:</b> Organisational Priorities underpinning WBO 1 to 4		<b>Date last reviewed:</b> September 2022																			
<b>Risk Rating</b> (likelihood x impact): Inherent: 4 x 5 = 20 <b>Current: 4 x 4 = 16</b> Target: 2 x 3 = 6 <b>Date added to the risk register</b> Risk Updated September 2022		<b>Rationale for current score:</b> <ul style="list-style-type: none"><li>Intelligence from incidents, concerns and complaints</li><li>Intelligence from patient engagement</li><li>Intelligence and communication from all stakeholders and partners</li><li>Increased pressure on the NHS as a result of multiple factors (aging population, winter pressures, post Covid-19 pandemic)</li></ul>																			
<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>Integrated Performance Framework</li><li>Powys Clinical Audit plan</li><li>Internal Audit annual plan of audits</li><li>NHS Wales collaborative management groups and associated peer groups</li><li>Collaboration with the Delivery Unit (NHS Wales)</li><li>Review of CQC and HIW reports for all providers where Powys residents receive care</li><li>Triangulation of concerns, complaints (PTR) and incidents</li><li>Operational arrangements for operational delivery (e.g DCG)</li><li>Partnership with PCC</li><li>Communication and engagement with the public and stakeholders</li></ul>		<b>Mitigating actions (What more will we do?)</b> <table><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr><tr><td>Improve and refine the Integrated Performance Framework</td><td>DoPP</td><td>Sept 2022</td></tr><tr><td>Monitor fundamentals of care (provider services)</td><td>DoNM</td><td>Ongoing</td></tr><tr><td>Mortality Reviews</td><td>MD</td><td>Ongoing</td></tr><tr><td>Address inequalities of access</td><td>DoPP/ DOMHP</td><td>Ongoing</td></tr><tr><td>Implement Patient experience system (Civica)</td><td>PC DoTH</td><td>Dec 2022</td></tr></table>		Action	Lead	Deadline	Improve and refine the Integrated Performance Framework	DoPP	Sept 2022	Monitor fundamentals of care (provider services)	DoNM	Ongoing	Mortality Reviews	MD	Ongoing	Address inequalities of access	DoPP/ DOMHP	Ongoing	Implement Patient experience system (Civica)	PC DoTH	Dec 2022
Action	Lead	Deadline																			
Improve and refine the Integrated Performance Framework	DoPP	Sept 2022																			
Monitor fundamentals of care (provider services)	DoNM	Ongoing																			
Mortality Reviews	MD	Ongoing																			
Address inequalities of access	DoPP/ DOMHP	Ongoing																			
Implement Patient experience system (Civica)	PC DoTH	Dec 2022																			
<b>Current Risk Rating</b> <b>4 x 4 = 16</b>		<b>Update including impact of actions to date on current risk score</b>																			
		The rationale and controls are constantly changing in response to variation in risk. Whilst summarised at a high level for the CRR, this risk is subject to further development for reporting to the PEQS Committee.																			

<b>CRR 004</b> <b>Risk that:</b> the urgent and emergency health and social care system fails to deliver a timely response for care for Powys citizens		<b>Executive Lead:</b> Director of Primary Care, Community and Mental Health Services  <b>Assuring Committee:</b> Delivery and Performance																						
<b>Risk Impacts on:</b> Organisational Priorities underpinning WBO 1 to 4		<b>Date last reviewed:</b> September 2022																						
<b>Risk Rating</b>  (likelihood x impact): Inherent: 4 x 5 = 20 <b>Current: 4 x 5 = 20</b> Target: 3 x 4 = 12  <b>Date added to the risk register</b> September 2022	<table><caption>Risk Rating Data</caption><thead><tr><th>Month</th><th>Target</th><th>Risk</th></tr></thead><tbody><tr><td>Sept</td><td>12</td><td>20</td></tr><tr><td>Oct</td><td>12</td><td>20</td></tr><tr><td>Nov</td><td>12</td><td>20</td></tr><tr><td>Dec</td><td>12</td><td>20</td></tr><tr><td>Jan</td><td>12</td><td>20</td></tr><tr><td>Feb</td><td>12</td><td>20</td></tr></tbody></table>	Month	Target	Risk	Sept	12	20	Oct	12	20	Nov	12	20	Dec	12	20	Jan	12	20	Feb	12	20	<b>Rationale for current score:</b> <ul style="list-style-type: none"><li>▪ Fragility and demand on the unscheduled care system, including WAST response times, delays and pressures within the acute system. This includes delays in discharges and flow from acute and community hospital settings. This leads to an impact/effect on the quality of timely care provided to patients, delays in care and poorer outcomes, increased incidents of a serious nature relating to handover delays at the Emergency departments front door and delayed ambulance response to community emergency calls, increasing pressure on adverse patient experience, reduction in stakeholder confidence and increased scrutiny from regulators.</li><li>▪ Fragility and gaps in social care assessment, delivery and independent care home sector market provision resulting in substantial delays and patients being stranded in community hospitals and out of county beds.</li><li>▪ Delays in assessment of complex care cases and inefficient brokering resulting in increased delays and cost.</li></ul>	
Month	Target	Risk																						
Sept	12	20																						
Oct	12	20																						
Nov	12	20																						
Dec	12	20																						
Jan	12	20																						
Feb	12	20																						
<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>▪ Daily management system in place to manage patient flow including multiple daily local and national calls.</li><li>▪ Continuous focus on reducing delays for health and social care reasons including complex care management, fast track cases and implementation of a home first ethos.</li><li>▪ Regular reviews of long stay patients in community hospitals to reduce average length of stay.</li><li>▪ Training on discharge and complex care management is provided to ward based staff through the Complex Care and Unscheduled Care Team.</li><li>▪ Review of Complex Care arrangements being undertaken by November 2022.</li></ul>		<b>Mitigating actions (What more will we do?)</b> <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>▪ Operational delivery of Winter Plan</td><td>DPCCM H</td><td>Ongoing</td></tr><tr><td>▪ Daily operational management of patient flow ▪ Delivery Coordination Group in place to improve performance and delivery at a system level. ▪ Review of Complex Care arrangements in place to improve system improvements and to reduce delays.</td><td>DPCCCH</td><td>Ongoing  November 2022</td></tr></tbody></table>		Action	Lead	Deadline	▪ Operational delivery of Winter Plan	DPCCM H	Ongoing	▪ Daily operational management of patient flow ▪ Delivery Coordination Group in place to improve performance and delivery at a system level. ▪ Review of Complex Care arrangements in place to improve system improvements and to reduce delays.	DPCCCH	Ongoing  November 2022												
Action	Lead	Deadline																						
▪ Operational delivery of Winter Plan	DPCCM H	Ongoing																						
▪ Daily operational management of patient flow ▪ Delivery Coordination Group in place to improve performance and delivery at a system level. ▪ Review of Complex Care arrangements in place to improve system improvements and to reduce delays.	DPCCCH	Ongoing  November 2022																						

<ul style="list-style-type: none"> <li>▪ Care coordination in place across all acute hospital sites to facilitate timely repatriation of patients back into Powys.</li> <li>▪ Bed escalation plans in place to support the national programme of 1000 extra community care beds across Wales by end of October 2022 (within limits of staffing availability).</li> <li>▪ Care Home risk and escalation plans to support care home capacity.</li> <li>▪ Social care fragility and delays – regular attendance at Head of Service level to Delivery Coordination Group and escalated discussions at Director and CEO level.</li> <li>▪ Delivery Coordination Group in place to manage operational delivery across whole system.</li> <li>▪ Winter Plan developed to manage whole system pressures.</li> </ul>			
<p align="center"><b>Current Risk Rating</b></p>	<p align="center"><b>Update including impact of actions to date on current risk score</b></p>		
<p align="center"><b>4 x 5 = 20</b></p>	<p>N/a - new risk September 2022</p>		

Patterson, Liz  
26/09/2022 16:23:59

<b>CRR 005</b> <b>Risk that:</b> inequity of access to planned, secondary and specialised care results in poorer outcomes and experience for some Powys citizens		<b>Executive Lead:</b> Director of Planning and Performance		
		<b>Assuring Committee:</b> Delivery and Performance		
<b>Risk Impacts on:</b> Organisational Priorities underpinning WBO 1 to 4		<b>Date last reviewed:</b> September 2022		
<b>Risk Rating</b> (likelihood x impact): Inherent: 5 x 4 = 20 <b>Current: 5 x 4 = 20</b> Target: 3 x 4 = 12		<b>Rationale for current score:</b> Baseline as at end of April 2022 indicates current aggregated waiting times as follows (including PTHB provided services):  5.242 patients waiting over 36 weeks, of these 2,771 are waiting over 52 weeks of those 704 wait longer than 104 weeks.  A number of patients are not getting treatment within published access standards. There is the potential risk of and harm for patients with excessive treatment waiting times.  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.		
<b>Date added to the risk register</b> Risk Updated September 2022				
<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>▪ Key priorities identified to deliver elective treatments within 52 weeks</li><li>▪ Commissioning Assurance Framework (across 5 domains) incremental use with 15 NHS organisations, 2 private sector organisations, and embedded in third sector</li><li>▪ CAF escalation process</li><li>▪ Strategic Commissioning Framework</li><li>▪ Fragile services log</li><li>▪ Develop funding proposal to WG to support recovery of waiting times for Powys activity in English Providers.</li></ul>		<b>Mitigating actions (What more will we do?)</b>		
		<b>Action</b>	<b>Lead</b>	<b>Deadline</b>
		Secure performance improvement trajectories from providers.	DPP	Oct 2022
		Develop funding proposal for greater throughput within neighbouring providers in England subject to Welsh Government funding release. Insourcing and outsourcing options being considered (subject to capacity). All providers now expected to agree improvement trajectories in light of 22/23 guidance published for planned care recovery	DPP/DOF	October 2022
<b>Current Risk Rating</b>		<b>Update including impact of actions to date on current risk score</b>		
<b>4 x 5 = 20</b>		No further update		



<b>CRR 006</b> <b>Risk that:</b> failure to plan for, recruit and retain an appropriate workforce results in an inability to sustain high quality services		<b>Executive Lead:</b> Director of Workforce and Organisational Development  <b>Assuring Committee:</b> Workforce and Culture																							
<b>Risk Impacts on:</b> Organisational Priorities underpinning all WBOs		<b>Date last reviewed:</b> September 2022																							
<b>Risk Rating</b>  (likelihood x impact): Inherent: 4 x 4 = 16 <b>Current: 4 x 4 = 16</b> Target: 2 x 4 = 8  <b>Date added to the risk register</b> Risk Updated September 2022	<table border="1"><caption>Risk Rating Data</caption><thead><tr><th>Month</th><th>Target</th><th>Risk</th></tr></thead><tbody><tr><td>Sept</td><td>8</td><td>16</td></tr><tr><td>Oct</td><td>8</td><td></td></tr><tr><td>Nov</td><td>8</td><td></td></tr><tr><td>Dec</td><td>8</td><td></td></tr><tr><td>Jan</td><td>8</td><td></td></tr><tr><td>Feb</td><td>8</td><td></td></tr></tbody></table>	Month	Target	Risk	Sept	8	16	Oct	8		Nov	8		Dec	8		Jan	8		Feb	8		<b>Rationale for current score:</b> <ul style="list-style-type: none"><li>• The Temporary Staffing Unit is continuing to provide support to meet the health board staffing deficits. However, this has resulted in a significant and increasing reliance on agency staffing (65% of shifts) to meet this demand.</li><li>▪ The health board currently has 13.5 WTE medical vacancies, of which 11 WTE are all currently being covered via Locums.</li><li>• 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.</li></ul>		
Month	Target	Risk																							
Sept	8	16																							
Oct	8																								
Nov	8																								
Dec	8																								
Jan	8																								
Feb	8																								
<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>▪ Recruitment events have been held in Knighton, Llanidloes and Machynlleth during September. The Health Board has also attended a national recruitment Fayre in Birmingham and student streamlining events in Swansea University.</li><li>▪ All vacant roles are now being tracked to ensure they are being pulled through in a timely way and open ads are being run for Bank and Nurse vacancies.</li><li>▪ A task and finish group has been set up to identify actions to mitigate variable pay and a review is being undertaken into the establishments for community wards.</li><li>▪ The first 2 overseas nurses have been inducted and support in their preparation to sit the OSCE exams.</li><li>▪ Weekly reports on temporary staffing are produced and shared with Community Service Managers and reviewed mid-week to ensure optimum cover options are explored.</li></ul>		<b>Mitigating actions (What more will we do?)</b> <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td rowspan="2"><ul style="list-style-type: none"><li>• A review of further recruitment pipelines.</li><li>• A business case has been developed to go to the Executive Committee to support further overseas nurse recruitment and return to practice.</li></ul></td><td>DDWOD</td><td>Q3/4</td></tr><tr><td>DDWOD</td><td>Q3</td></tr><tr><td rowspan="2"><ul style="list-style-type: none"><li>• Preparations are underway to review the viability to take a further 5 overseas nurses in early 2023.</li><li>• A proposal for a systematic approach to workforce planning has been developed for consideration by Executive Committee</li></ul></td><td>DDWOD</td><td>Q3</td></tr></tbody></table>			Action	Lead	Deadline	<ul style="list-style-type: none"><li>• A review of further recruitment pipelines.</li><li>• A business case has been developed to go to the Executive Committee to support further overseas nurse recruitment and return to practice.</li></ul>	DDWOD	Q3/4	DDWOD	Q3	<ul style="list-style-type: none"><li>• Preparations are underway to review the viability to take a further 5 overseas nurses in early 2023.</li><li>• A proposal for a systematic approach to workforce planning has been developed for consideration by Executive Committee</li></ul>	DDWOD	Q3										
Action	Lead	Deadline																							
<ul style="list-style-type: none"><li>• A review of further recruitment pipelines.</li><li>• A business case has been developed to go to the Executive Committee to support further overseas nurse recruitment and return to practice.</li></ul>	DDWOD	Q3/4																							
	DDWOD	Q3																							
<ul style="list-style-type: none"><li>• Preparations are underway to review the viability to take a further 5 overseas nurses in early 2023.</li><li>• A proposal for a systematic approach to workforce planning has been developed for consideration by Executive Committee</li></ul>	DDWOD	Q3																							

Current Risk Rating	Update including impact of actions to date on current risk score
4 x 4 = 16	A Workforce Programme Board has been established to review the existing and future targeted actions aligned to the strategic priorities set out within the IMTP. The group is due to meet in October once the new interim Director of WOD takes up post.

Patterson, Liz  
26/09/2022 16:23:59

<b>CRR 007</b> <b>Risk that:</b> ineffective partnership working, including on service change/reconfiguration, results in poorer outcomes and experience for citizens of Powys		<b>Executive Lead:</b> Director of Planning and Performance																
<b>Risk Impacts on:</b> Organisational Priorities underpinning WBO 8		<b>Assuring Committee:</b> Planning, Partnerships and Population Health																
<b>Risk Rating</b> (likelihood x impact): Inherent: 3 x 4 = 12 <b>Current: 3 x 3 = 9</b> Target: 2 x 3 = 6 <b>Date added to the risk register</b> Risk Updated September 2022		<b>Rationale for current score:</b> <ul style="list-style-type: none"><li>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.</li><li>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.</li></ul>																
<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>Health Board attendance at Public Service Board, Regional Partnership Board, Joint Partnership Board</li><li>High-level reporting to Board from Public Service Board, Regional Partnership Board, Joint Partnership Board</li><li>Powys Health and Care Strategy in place with Powys County Council and PAVO</li><li>Active engagement with Mid Wales Joint Committee</li><li>Engaged in regional planning and partnership arrangements such as South East Wales Central Planning Group; Future Fit</li></ul>		<b>Mitigating actions (What more will we do?)</b> <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>31/10/2022</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>31/10/2022</td></tr><tr><td>Development and population of a Partnership Register</td><td>BS</td><td>30/11/2022</td></tr><tr><td>Development of the Partnership Governance Framework for presentation to Board in December 2022</td><td>BS / DPP</td><td>31/12/2022</td></tr></tbody></table>		Action	Lead	Deadline	Identify all existing partnerships and collaborations to inform development of a Framework	BS / DPP	31/10/2022	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	31/10/2022	Development and population of a Partnership Register	BS	30/11/2022	Development of the Partnership Governance Framework for presentation to Board in December 2022	BS / DPP	31/12/2022
Action	Lead	Deadline																
Identify all existing partnerships and collaborations to inform development of a Framework	BS / DPP	31/10/2022																
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	31/10/2022																
Development and population of a Partnership Register	BS	30/11/2022																
Development of the Partnership Governance Framework for presentation to Board in December 2022	BS / DPP	31/12/2022																
<b>Current Risk Rating</b>		<b>Update including impact of actions to date on current risk score</b>																
<b>3 x 3 = 9</b>		No further update																

<b>CRR 008</b> <b>Risk that:</b> the demand and capacity pressures in the primary care system lead to services becoming unsustainable		<b>Executive Lead:</b> Director of Primary Care, Community and Mental Health Services  <b>Assuring Committee:</b> Planning, Partnerships and Population Health																						
<b>Risk Impacts on:</b> Organisational Priorities underpinning WBO 4		<b>Date last reviewed:</b> September 2022																						
<b>Risk Rating</b>  (likelihood x impact): Inherent: 4 x 4 = 16 <b>Current: 4 x 5 = 20</b> Target: 2 x 4 = 8  <b>Date added to the risk register</b> Risk Updated September 2022	<table border="1"><caption>Risk Rating Data</caption><thead><tr><th>Month</th><th>Target</th><th>Risk</th></tr></thead><tbody><tr><td>Sept</td><td>8</td><td>20</td></tr><tr><td>Oct</td><td>8</td><td></td></tr><tr><td>Nov</td><td>8</td><td></td></tr><tr><td>Dec</td><td>8</td><td></td></tr><tr><td>Jan</td><td>8</td><td></td></tr><tr><td>Feb</td><td>8</td><td></td></tr></tbody></table>	Month	Target	Risk	Sept	8	20	Oct	8		Nov	8		Dec	8		Jan	8		Feb	8		<b>Rationale for current score:</b> <ul style="list-style-type: none"><li>▪ Sustainability assessment of GP Practices identifying several high risk practices across Powys. Practices may not be able to provide sustainable GMS services.</li><li>▪ Cybersecurity incident caused by ransomware affecting Adastra system across all NHS (England and Wales). Impact on 111 and Out of Hours Services including access to clinical records available to support consultations.</li><li>▪ Dental access gaps across Powys with demand for access currently greater than capacity. Routine and urgent General Dental Services compromised.</li></ul>	
Month	Target	Risk																						
Sept	8	20																						
Oct	8																							
Nov	8																							
Dec	8																							
Jan	8																							
Feb	8																							
<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>▪ Close monitoring and liaison with practices to offer support including regular review of the sustainability matrix to monitor changes and sustainability funding application process.</li><li>▪ Primary Care team offering support to practices including workforce development and sourcing of support via Temporary Staffing Unit.</li><li>▪ Implementation of Accelerated Cluster Development Programme.</li><li>▪ Health Board management of practices if contracts are handed back until tendering process is successful.</li><li>▪ Adastra – Participation in national calls with 111 to manage situation. Process to be agree nationally across NHS Wales for retrospective consultations to be added to Adastra. Introduction of new queue management system by Shropdoc and access to Welsh Clinical Portal. Only urgent out of hours notifications being sent to GP Practices until system resolved.</li><li>▪ Commissioning of urgent access slots across Powys and procurement of new contracts for Llandrindod. Implementation of the new Dental contract</li></ul>		<b>Mitigating actions (What more will we do?)</b> <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td><ul style="list-style-type: none"><li>▪ Primary Care – Ongoing regular review of sustainability matrix and applications for support</li><li>▪ Implementation of the Accelerated Cluster Development Programme to meet national milestones.</li><li>▪ Management of Adastra to minimise impact on 111 and Out of Hours Services.</li></ul></td><td>DPCC MH</td><td>Ongoing</td></tr><tr><td><ul style="list-style-type: none"><li>▪ Dental – Urgent access slots commissioned across Powys. Dental contract reform to improve access. Community Dental Service clinics in place to support urgent access to mitigate gaps until procurement processes successful.</li></ul></td><td>DPCC MH</td><td>Ongoing</td></tr></tbody></table>		Action	Lead	Deadline	<ul style="list-style-type: none"><li>▪ Primary Care – Ongoing regular review of sustainability matrix and applications for support</li><li>▪ Implementation of the Accelerated Cluster Development Programme to meet national milestones.</li><li>▪ Management of Adastra to minimise impact on 111 and Out of Hours Services.</li></ul>	DPCC MH	Ongoing	<ul style="list-style-type: none"><li>▪ Dental – Urgent access slots commissioned across Powys. Dental contract reform to improve access. Community Dental Service clinics in place to support urgent access to mitigate gaps until procurement processes successful.</li></ul>	DPCC MH	Ongoing												
Action	Lead	Deadline																						
<ul style="list-style-type: none"><li>▪ Primary Care – Ongoing regular review of sustainability matrix and applications for support</li><li>▪ Implementation of the Accelerated Cluster Development Programme to meet national milestones.</li><li>▪ Management of Adastra to minimise impact on 111 and Out of Hours Services.</li></ul>	DPCC MH	Ongoing																						
<ul style="list-style-type: none"><li>▪ Dental – Urgent access slots commissioned across Powys. Dental contract reform to improve access. Community Dental Service clinics in place to support urgent access to mitigate gaps until procurement processes successful.</li></ul>	DPCC MH	Ongoing																						

22/23 metrics should increase provision and access. Development of Community Dental Service clinics to support urgent access to mitigate against gaps in provision.			
<b>Current Risk Rating</b>	<b>Update including impact of actions to date on current risk score</b>		
<b>4 x 5 = 20</b>	N/a - new risk added September 2022		

Patterson, Liz  
26/09/2022 16:23:59

<b>CRR 009</b> <b>Risk that:</b> a cyber attack results in significant disruption to services and quality of patient care		<b>Executive Lead:</b> Director of Finance, Information and IT										
<b>Risk Impacts on:</b> loss of systems and impact to recovery timescales		<b>Assuring Committee:</b> Delivery and Performance										
<b>Risk Rating</b> (likelihood x impact): Inherent: 5 x 5 = 25 <b>Current: 4 x 4 = 16</b> Target: 2 x 4 = 8 <b>Date added to the risk register</b> May 2022		<b>Rationale for current score:</b> <ul style="list-style-type: none"><li>Increased risk of potential Cyber-attack due to current climate and world events.</li><li>Several reports have highlighted potential areas for improvement.</li><li>Adastra 111 -<ul style="list-style-type: none"><li>English systems coming back on line but experiencing significant delays; therefore unlikely NHS Wales will switch back on before the end of September.</li><li>DHCW email queue management system working well, however no further development now to take place on the product.</li><li>Some duplication errors taking place between Shropdoc and WAST, and these are being investigated.</li><li>Welsh Clinical Portal access in place for Shropdoc</li></ul></li></ul>										
<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>Recruited a Cyber Security and Compliance Manager lead for the HB.</li><li>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.</li><li>Cyber Improvement Plan in place linked to National Digital Health Care Wales (DHCW) and Local Actions.</li><li>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.</li></ul>		<b>Mitigating actions (What more will we do?)</b> <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 take place in</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 take place in
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 take place in										

Patterson, Liz  
26/09/2022 16:23:59

<ul style="list-style-type: none"> <li>Further action to be taken to test Business Continuity and recovery plans across service areas.</li> <li>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.</li> <li>Procurement and implementation of Solar Winds network monitoring.</li> <li>Windows Defender deployed and Phishing Campaign in place to increase awareness.</li> <li>Annual penetration testing programme in place.</li> <li>Upgraded O365 license to include enhanced E5 Security.</li> <li>Internal Audit report on NIS rated as Reasonable Assurance.</li> </ul>			October 2022.
	Develop a Cyber Recovery Response plan in conjunction with Assistant Directors and Heads of Service.  Equipment replacement plan and migration from on premise to Cloud.	DFIIT	In Progress  Case and timelines being finalised
<b>Current Risk Rating</b>	<b>Update including impact of actions to date on current risk score</b>		
4 x 4 = 16			

Patterson.Liz  
26/09/2022 16:23:59

<b>CRR 010</b> <b>Risk that:</b> the care provided in some areas is compromised due to the health board's estate being not fit for purpose		<b>Executive Lead:</b> Director of Environment  <b>Assuring Committee:</b> Delivery and Performance																																																																						
<b>Risk Impacts on:</b> Organisational Priorities underpinning Well-being Objectives 1 to 4		<b>Date last reviewed:</b> September 2022																																																																						
<div><b>Risk Rating</b>  (likelihood x impact): Inherent: 4 x 5 = 20 <b>Current: 4 x 4 = 16</b> Target: 3 x 3 = 9</div> <div><b>Date added to the risk register</b> January 2017</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>Jan-17</td><td>16</td><td>4</td></tr><tr><td>May-17</td><td>16</td><td>4</td></tr><tr><td>Sep-17</td><td>16</td><td>4</td></tr><tr><td>Jan-18</td><td>16</td><td>4</td></tr><tr><td>May-18</td><td>16</td><td>4</td></tr><tr><td>Sep-18</td><td>16</td><td>4</td></tr><tr><td>Jan-19</td><td>16</td><td>4</td></tr><tr><td>May-19</td><td>16</td><td>4</td></tr><tr><td>Sep-19</td><td>16</td><td>4</td></tr><tr><td>Jan-20</td><td>16</td><td>4</td></tr><tr><td>May-20</td><td>16</td><td>4</td></tr><tr><td>Sep-20</td><td>16</td><td>4</td></tr><tr><td>Jan-21</td><td>16</td><td>4</td></tr><tr><td>Mar-21</td><td>16</td><td>4</td></tr><tr><td>Jul-21</td><td>16</td><td>9</td></tr><tr><td>Sep-21</td><td>16</td><td>9</td></tr><tr><td>Nov-21</td><td>16</td><td>9</td></tr><tr><td>Jan-22</td><td>16</td><td>9</td></tr><tr><td>Feb-22</td><td>16</td><td>9</td></tr><tr><td>Mar-22</td><td>16</td><td>9</td></tr><tr><td>May-22</td><td>16</td><td>9</td></tr><tr><td>Jul-22</td><td>16</td><td>9</td></tr></tbody></table>	Date	Risk Score	Target Score	Jan-17	16	4	May-17	16	4	Sep-17	16	4	Jan-18	16	4	May-18	16	4	Sep-18	16	4	Jan-19	16	4	May-19	16	4	Sep-19	16	4	Jan-20	16	4	May-20	16	4	Sep-20	16	4	Jan-21	16	4	Mar-21	16	4	Jul-21	16	9	Sep-21	16	9	Nov-21	16	9	Jan-22	16	9	Feb-22	16	9	Mar-22	16	9	May-22	16	9	Jul-22	16	9	<div><b>Rationale for current score:</b></div> <ul style="list-style-type: none"><li>▪ <b>Estates Compliance:</b> 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.</li><li>▪ <b>Capital:</b> 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.</li><li>▪ <b>Environment &amp; Sustainability:</b> NHS Wales Decarbonisation Strategic Delivery Plan published in 2021 with challenging targets with limited resource.</li><li>▪ <b>COVID-19</b> has introduced risk pressures in respect of the health board's estate and the ability of the Estates &amp; Property team to manage and prioritise risk mitigation in a number of ways.</li></ul>	
Date	Risk Score	Target Score																																																																						
Jan-17	16	4																																																																						
May-17	16	4																																																																						
Sep-17	16	4																																																																						
Jan-18	16	4																																																																						
May-18	16	4																																																																						
Sep-18	16	4																																																																						
Jan-19	16	4																																																																						
May-19	16	4																																																																						
Sep-19	16	4																																																																						
Jan-20	16	4																																																																						
May-20	16	4																																																																						
Sep-20	16	4																																																																						
Jan-21	16	4																																																																						
Mar-21	16	4																																																																						
Jul-21	16	9																																																																						
Sep-21	16	9																																																																						
Nov-21	16	9																																																																						
Jan-22	16	9																																																																						
Feb-22	16	9																																																																						
Mar-22	16	9																																																																						
May-22	16	9																																																																						
Jul-22	16	9																																																																						
<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more will we do?)</b>																																																																						
<div><b>ESTATES</b></div> <ul style="list-style-type: none"><li>▪ Specialist sub-groups for each compliance discipline</li><li>▪ Risk-based improvement plans introduced</li></ul>		<div><b>Action</b></div> <div>Implement the Capital Programme and develop the long-term capital programme</div>	<div><div><b>Lead</b></div><div>AD Estates</div><div><b>Deadline</b></div><div>In line with Annual Plan for</div></div>																																																																					



<ul style="list-style-type: none"> <li>Specialist leads identified</li> <li>Estates Compliance Group and Capital Control Group established</li> <li>Medical Gases Group; Fire Safety Group; Water Safety Group; Health &amp; Safety Group in place. New Ventilation Safety Group set up.</li> <li>Capital Programme developed for compliance and approved</li> <li>Capital and Estates set as a specific Organisational Priority in the health board's Annual Plan</li> <li>Address (on an ongoing basis) maintenance and compliance issues</li> <li>Address maintenance and compliance improvements to ensure patient environment is safe, appropriate and in line with standards</li> </ul> <p><b>CAPITAL</b></p> <ul style="list-style-type: none"> <li>Capital Procedures for project activity</li> <li>Routine oversight / meetings with NWSSP Procurement</li> <li>Specialist advice and support from NWSSP Specialist Estates Services</li> <li>Audit reviews by NWSSP Audit and Assurance</li> <li>Close liaison with Welsh Government, Capital Function</li> <li>Reporting routinely to P&amp;R Committee</li> <li>Capital Programme developed and approved</li> <li>Detailed Strategic, Outline and Full Business Cases defining risk</li> <li>Capital and Estates set as a specific Organisational Priority</li> </ul> <p><b>ENVIRONMENT</b></p> <ul style="list-style-type: none"> <li>ISO 14001 routine external audit to retain accreditation</li> <li>Environment &amp; Sustainability Group</li> <li>NWSSP Specialist Estates Services (Environment) support and oversight</li> <li>Welsh Government support and advice to identify and fund decarbonisation project initiatives</li> </ul>		& Property	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 readiness for any capital slippage in latter part of financial year cycle.	AD Estates & Property	In line with Annual Plan for 2022-23
	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. Initial resource review undertaken by IEG in June 2022 with financial constraints necessitating more detailed analysis.	AD Estates & Property	October 2022
<b>Current Risk Rating</b>	<b>Update including impact of actions to date on current risk score</b>		
4 x 4 = 16	<b>Estates:</b> 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.		


Patterson, Liz  
26/09/2022 16:23:59

**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.

**Finance:** significant escalation for cost pressures related to fuel and inflation which are acting to increase pressure on Estates Revenue and Capital projects outturn costs and material / Supplier availability. Example of Estates related pressure is resultant electrical defects with tendered cost of £59K following 5 statutory 5 year Fixed Wire Testing on sites – this carries a risk and is part of a £500K compliance defect cost pressure which carries a risk if not completed.

Patterson, Liz  
26/09/2022 16:23:59

<b>CRR 011</b> <b>Risk that:</b> a significant public health event/emergency impacts on provision, continuity and sustainability of services		<b>Executive Lead:</b> Director of Public Health																																																	
<b>Risk Impacts on:</b> 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.		<b>Assuring Committee:</b> Delivery and Performance																																																	
		<b>Date last reviewed:</b> September 2022																																																	
<div><div><div><div><div><b>Risk Rating</b></div><div>(likelihood x impact): Inherent: 4 x 4 = 16</div><div>Current: 3 x 4 = 12</div><div>Target: 3 x 4 = 12</div></div><div><div><b>Date added to the risk register</b></div><div>February 2020</div></div></div></div></div> <div><table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>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>16</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>16</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></div>		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	16	12	Jul-21	12	12	Sep-21	12	12	Nov-21	12	12	Jan-22	16	12	Mar-22	12	12	May-22	12	12	Jul-22	12	12	<div><div><b>Rationale for current score:</b></div><div>Likelihood: 'Possible'. Vaccination has weakened the link between cases and admissions to hospital and provide good protection against severe disease from variant strains of SARS-CoV2, although protection against infection and mild disease is lower and relatively short lived. Recognising that the (direct) risk of Covid-19 overwhelming the NHS has reduced, the likelihood has been adjusted from 'likely' to 'possible' as of February 2022.</div><div>It should be noted there are still risks including uncertainties regarding the size and timing of potential future waves of Covid-19, winter remains the season when the threat from Covid-19 is greatest. The emergence of new variants of concern cannot be discounted due to the unpredictability of virus evolution over winter 2022 to 2023, it is anticipated that other winter respiratory viruses such as influenza virus and respiratory syncytial virus (RSV) will return and could co-circulate with Covid-19. An overlap in waves of infection due to different respiratory viruses would pose increased risks to the health of individuals and to the NHS. Throughout the pandemic, Covid-19 has disproportionately affected those in older age groups, residents in care homes for older adults, and those with certain underlying health conditions, particularly those who are severely immunosuppressed.</div><div>Following vaccination, these same factors continue to identify those persons who are at higher risk of developing severe COVID-19. The NHS is already operating at near maximum capacity, and large numbers of staff isolating due to illnesses may impact on some</div></div>	
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	16	12																																																	
Jul-21	12	12																																																	
Sep-21	12	12																																																	
Nov-21	12	12																																																	
Jan-22	16	12																																																	
Mar-22	12	12																																																	
May-22	12	12																																																	
Jul-22	12	12																																																	

Patterson, Liz  
26/09/2022 16:23:59

		services. The risk score will therefore need to be kept under regular review.  Impact: 'Major'. COVID-19 presents four harms to the population: - 1. The direct harm arising from the disease itself; 2. The harm caused by an overwhelmed NHS; 3. The harm caused by stopping other non-COVID activity; and The wider harm to wellbeing caused by population level measures in response to COVID-19.		
<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more will we do?)</b>		
<p>1. Delivery of Autumn (2022) Booster Programme commenced on 1<sup>st</sup> September 2022 to eligible groups as identified by JCVI with the primary objective to augment immunity in those at higher risk from COVID-19 and thereby optimise protection against severe COVID-19, specifically hospitalisation and death, over winter 2022 to 2023.</p> <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. Test Trace Protect programme transitioned in line with '<i>Together for a Safer Wales</i>' with small team in place to carry out contact tracing for covid-19 'stable situation' in line with WG guidance:</p> <ul style="list-style-type: none"><li>• PCR testing remains in place for target/eligible population via Powys CTUs;</li><li>• Contact tracing service operating;</li><li>• Care home cell meeting regularly and as required;</li><li>• Regional response cell meeting monthly or as required.</li></ul> <p>4. Working as part of the wider system in Wales through participation in regional and national planning and response arrangements as these evolve to respond to stage of pandemic.</p> <p>5. Continued delivery of '<i>Together for a Safer Future</i>' transition under way in line with WG policy decisions.</p> <p>6. Staff testing and protective behaviours (PPE/Social distancing etc) guidance updated and re-issued in July 2022.</p> <p>7. FFP3 mask usage – decision on 29<sup>th</sup> December 2021 to continue to follow UK IP&amp;C guidance supporting risk assessed use.</p>		<b>Action</b>	<b>Lead</b>	<b>Deadline</b>
		<ul style="list-style-type: none"><li>• Delivery of COVID-19 vaccination plan with quarterly review</li></ul>	MB/J C	31/12/22
		<ul style="list-style-type: none"><li>• Develop 'Autumn' specific surge vaccination plan</li></ul>	MB/J C	14/10/22
		<ul style="list-style-type: none"><li>• Delivery of TTP Plan with quarterly review</li></ul>	MB/J C	31/12/22
		<ul style="list-style-type: none"><li>• Review testing plan for covid-19 stable and surge scenarios</li></ul>	MB/J C	31/10/22
		<ul style="list-style-type: none"><li>• Staff testing guidance and IPC policies kept under review</li></ul>	CR/M D	30/09/22
		<ul style="list-style-type: none"><li>• Mass Vaccination Plan to be reviewed based on COVID-19 learning and modelling in place for surge scenarios.</li></ul>	MB/J C/DB	31/03/23
<ul style="list-style-type: none"><li>• Deliver flu vaccination programme with monthly review</li></ul>	MB/N B	31/02/23		

Current Risk Rating	Update including impact of actions to date on current risk score
3 x 4 = 12	

Patterson, Liz  
26/09/2022 16:23:59

<b>Report:</b>	<b>Chief Officer's Report</b>
<b>Author:</b>	<b>Katie Blackburn</b>
<b>Status:</b>	<b>For Information</b>
<b>Date:</b>	<b>28<sup>th</sup> September 2022 (report to 12<sup>th</sup> September 2022)</b>

## **1. Gathering Public and Patient Feedback**

As a CHC, we have been able to commence some face-to-face engagement with the public. Our ability to carry out engagement in the community is dependent on the availability of members and staff.

We are continuing to engage with the public through digital methods, via our website, social media and email channels. Most CHC meetings are held online but we are trialling some hybrid meetings (in-person with availability of online). CHC members and staff continue to join virtual meetings with other organisations. Some organisations are starting to hold face-to-face meetings and are considering what types of meetings they will hold in future.

A representative from Powys CHC has taken part in the following virtual meetings during the last two months:

5 July	Briefing Session: Powys Teaching Health Board provided information to CHC members about Attend Anywhere Video Consultations
6 July	Briefing Session: PAVO and CHC

6 July	Children & Young People Network
7 July	Powys Teaching Health Board (PTHB) Patient Experience, Quality & Safety Committee
7 July	Powys Dementia Network
14 July	PTHB Planning, Partnerships & Population Health Committee
19 July	Shrewsbury & Telford Hospital NHS Trust Ockenden Report Assurance Committee
27 July	PTHB Board Meeting
27 July	PTHB Annual General Meeting
4 August	Hywel Dda University Health Board Extraordinary Board Meeting to consider next steps in relation to the new urgent and planned care hospital between Narberth and St Clears
10 August	South & West Wales Cancer Care Strategic Programme Case Stakeholder Engagement Session
23 August	Hereford & Worcester Stroke Programme Board Meeting

Some of these meetings provide us with the opportunity to scrutinise what is happening with health services. Other meetings are used to gather information about the work being undertaken by other organisations and also to promote the work of the CHC.

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.

## Face-to-Face Engagement

We attended the following events:

18-21 July	Royal Welsh Show
11 August	Guilsfield Show
7 <sup>th</sup> September	Brecon Probus Club

The weather during the week of the Royal Welsh Show was extremely hot and so we had to close the stall down early on the first three days for the health and safety of the staff and members.

The UK Government has set up the Covid-19 Inquiry to examine the UK's preparedness and response to the Covid-19 pandemic, and to learn lessons for the future. The Welsh Government has asked Community Health Councils in Wales to speak to people about their experiences during the pandemic and gather feedback from the Welsh public. A survey has been developed to obtain people's views. Information from the survey will be fed into the UK Inquiry.

Therefore, the main focus for us at both of the above shows was to promote the national survey asking people for their experience of the COVID Pandemic. We handed out over 400 paper copies of the survey throughout the 4 days of the show. We also promoted the availability of the survey online and provided the link to people who wished to complete it online.

The links to the online survey are as follows:

English:

<https://HaveYourSayCHCWales.uk.engagementhq.com/uk-inquiry>

Cymraeg: <https://dweudeichdweudcicgigcymru.uk.engagementhq.com/pa-ffaith-gafodd-y-pandemig-arnoch-chi>



At the shows, we also took the opportunity to talk to people about their experience of NHS services. 59 conversation summary forms were completed. The main themes from the comments that we received were as follows:

- Access to GP, especially perceived difficulty in obtaining face-to-face appointments. A return call from a GP is not always convenient, especially for people who are working
- Lack of GPs in general
- Concerns over lack of dentists
- Ambulances 'stacking up' outside hospitals
- Waiting times for ambulances
- Long waiting lists for planned surgery/ diagnostic tests / pain management
- Lack of mental health services

## **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 currently have 509 followers on Twitter and 784 followers on Facebook.
- 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 monitoring and evaluating the public reaction to information which is posted.
- We are regularly monitoring the information to the public which is shared by primary care providers – GPs, pharmacies, opticians and dentists.

Patterson, Liz  
26/09/2022 16:23:59

- In August, we picked up through social media the possibility that the base for the Wales Air Ambulance might move from Welshpool to a site in north Wales. This has caused great concern to the public and a Facebook Campaign Group has been launched and a petition set up.

## **Current Powys CHC Surveys**

### Question of the Month – July – Have you been able to get an appointment with nan NHS Dentist when you needed one?

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.

<https://powyschc.nhs.wales/files/report-library/access-to-dentists-july-2022/>

### Question of the Month – August – What's your experience of accessing GP services in the last 12 month?

The survey went live on 12<sup>th</sup> August and ran until 19<sup>th</sup> August (7 days)

It was available online and was shared to the public via Facebook. We received 184 responses. A report is currently being prepared.

### People's experience of using local pharmacies.

436 responses were received; comments have been received from PtHB. The report is awaiting translation before publication.

### Other surveys

- The All Wales CHC survey about 'NHS Care Living with COVID' is available online at the following link [ow.ly/KzSG50DZWHS](https://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.

Patterson, Liz  
26/09/2022 16:23:59

- 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>.

## **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, recognising that all meetings are meetings held in public, not public meetings.

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.

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 3 service changes discussed at the Executive Committee on 13<sup>th</sup> August 2022:

1. To consider the proposal for a 12 week consultation for the Regional Ophthalmology Strategy (Decision)
2. To agree proposed engagement and consultation for changes to Cochlear services (Decision)

Patterson, Liz  
26/09/2022 16:23:59

3. WVT – Pre-consultation engagement strategy response from Powys CHC (Ratification as decision taken electronically given timescales)

#### **4. Advocacy**

Open Cases as of 1<sup>st</sup> September 2022: **42**

	1 Sept 2022	1 July 2022	1 May 2022
Complaint Stage	Numbers		
Pre Local Resolution	1	3	4
Local Resolution	21	15	19
Further Local Resolution	2	3	4
Ombudsman	11	9	9
Continuing Health Care Retrospective Claim	1	1	1
Redress	4	4	2
Serious Incident Review	2	2	2
<b>Total</b>	<b>42</b>	<b>37</b>	<b>41</b>

	Number of Complaints	Number of Incidents
July 2022	37	42
September 2022	42	54

#### **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**

Patterson Liz  
26/09/2022 16:23:59

## AGENDA ITEM: 3.6a

BOARD MEETING		DATE OF MEETING: 28 SEPTEMBER 2022
<b>Subject:</b>	<b>BOARD COMMITTEES: CHAIRS ASSURANCE REPORTS</b>	
<b>Approved and presented by:</b>	Board Secretary Committee Chairs	
<b>Prepared by:</b>	Corporate Governance Business Officer	
<b>Other Committees and meetings considered at:</b>	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 July, August and September 2022 is attached at **Appendix A.**

#### Audit, Risk and Assurance Committee:

The Committee Chair's Report of the meeting held on 18 July 2022 is attached at **Appendix B.**

#### Delivery and Performance Committee:

- The Committee Chair's report of the meeting held on 12 September 2022 is attached at **Appendix C.**

#### Patient Experience, Quality and Safety Committee

- The Committee Chair's report of the meeting held on 13 September 2022 is attached at **Appendix D.**

#### Planning, Partnerships and Population Health Committee:

- The Committee Chair's report of the meeting held on 14 July 2022 is attached at **Appendix E**.

#### **NEXT STEPS:**

Further updates from the Chairs of the Board Committees will be received at the Board meeting scheduled for 30 November 2022.

Patterson, Liz  
26/09/2022 16:23:59





Reporting Committee:	Executive Committee
Committee Chair	Carol Shillabeer
Date of last meeting:	14 <sup>th</sup> September 2022
Paper prepared on:	16 <sup>th</sup> September 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 13<sup>th</sup> July, 3<sup>rd</sup> August, 10<sup>th</sup> August, 24<sup>th</sup> August, 5<sup>th</sup> September, 14<sup>th</sup> September 2022 and 22<sup>nd</sup> September.

### **13<sup>th</sup> July 2022**

#### **1. Internal Audit Review and Gap Analysis: Medical Devices and Point of Care Testing Business Case**

The Committee RECEIVED the item which reported that an Internal Audit Review of Medical Devices and Point of Care Testing was undertaken in October 2021 and achieved a classification rating of Reasonable Assurance. The aim of the Business Case was to detail the additional workforce required in the Medical Devices and POCT (Point of Care Testing) team to enable key improvements and recommendations made by Internal Audit to be achieved. The case requested 1WTE Permanent Band 4 Administrator at a cost of £30,764 per annum (recurring).

The Committee DISCUSSED and AGREED that further work should be undertaken to establish whether administrative support could be provided to the service from a related area (e.g. stores, quality and safety).

#### **2. Nursing Variable Pay Position**

The Committee RECEIVED the item and noted that two weekly meetings were being undertaken with Community Services Managers to focus on finance and actions to reduce expenditure on variable pay. It was suggested that all variable pay be signed off at Assistant Director level to ensure due processes were followed. The Committee

highlighted a key governance issue in that the health board did not have confirmation of the establishment or expenditure. It was requested that this be rectified at pace and that a Draft Organisational Plan to improve governance, resource allocation and management be developed by 22nd July 2022.

The Committee DISCUSSED and NOTED the Report.

### **3. Workforce and OD Policies**

The Committee RECEIVED the following policies:

- a) HR076 – Temporary and Fixed Term Contract Policy
- b) HR014 - Policy and Procedure for Reimbursement of Relocation Expenses
- c) HR017 – Policy and Procedure for Staff Alcohol, Drugs and Substances Policy
- d)HR024 – Bank and Agency Policy/HR067 – Flexi Hours Policy
- e) Determining Starting Salaries

Occupational Health Policies:

- a) OHP003 – Occupational Immunisation Policy
- b) OHP002 – Needlestick and Bodily Fluid Contaminated Injuries Policy
- c) Disclosure and Barring Service Policy

The Committee noted that the only policy to which substantial amendments had been made was e) Determining Starting Salaries, which had been updated to provide guidance on the level of discretion available to managers. This sought to ensure consistent application across the organisation, which was aligned to the organisation's needs. The Executive Committee AGREED that the approval for new starting salary and annual leave should remain with Assistant/Deputy or Director of WOD. It was noted that the Workforce Policy Review Group (WPRG) had raised concern in relation to the application of a pilot scheme to automatically recognise any reckonable service with other public sector and third sector bodies for the purposes of annual leave and that this was not something that should be introduced in the policy. The Committee AGREED that this automatic recognition should be excluded from the policy and that the application of the discretion allowed within the Agenda for Change Terms and Conditions for annual leave should be subject to the same eligibility and approval process required for new starting salaries.

The Committee DISCUSSED and APPROVED the Policies presented subject to the inclusion of Assistant/Deputy Director sign off in relation to the application of the Determining Starting Salaries Policy

and the revised approach to reckonable service in relation to annual leave.

#### **4. Proposal for Summer Event**

The Committee RECEIVED the item which provided a proposal for the organisation of a face-to-face engagement 'thank you' and commemorative event for staff, volunteers, and partner organisations in recognition of their work to support the health board and the population of Powys over the course of the COVID-19 pandemic. A single staff, volunteer and partner-facing event delivered at the Royal Welsh Showground in September, supported by localised Executive-led site visits was recommended.

After the event, a Director and an Independent Member will visit each hospital site and two larger health board services to deliver smaller focused staff thank you and meet and greet events for those unable to attend the main event.

The Committee ENDORSED the event and recognised the importance of recognising the contribution of staff, volunteers, and partner organisations throughout the challenges of the pandemic and recovery.

#### **5. Pension Flexibilities Equality Impact Assessment**

The Committee RECEIVED the item which provided the Equality and Health Impact Assessment that was requested by the Remuneration and Terms of Service (RATS) Committee in relation to the introduction of the NHS Wales Employer Pension Contributions - model Alternative Payment Policy.

The Committee NOTED the potential conflict of interest for Executive Committee members. The Committee AGREED that the item should be taken forward to the next RATS Committee for consideration due to the conflict of interest of Executive Committee members. The All-Wales position would be included in the analysis to enable an assessment of equality across Wales.

#### **6. Integrated Medium Term Plan Q1 Performance Reporting**

The Committee RECEIVED the report which provided the Committee with an update of the progress made against the Integrated Medium-Term Plan (IMTP) for the Quarter 1 period (April 2022 to June 2022). The report was comprised of updates provided by each lead Executive Director on status and a supporting commentary noting achievements and any variances from timescales or deliverables set out in the IMTP. It was requested that Committee Members consider the contents of the report and provide any amendments/feedback.

The Committee DISCUSSED the report and NOTED that it would be finalised subject to any amendments by Lead Executives and would then be submitted to both the PTHB Board and Welsh Government as a formal report of Progress against Plan (IMTP).

## **7. Corporate Risk Register, July 2022**

The Committee RECEIVED the item and was invited to provide feedback on the presented overview of the proposed impact of the risk identification exercises undertaken at Executive Committee on 4<sup>th</sup> May and Board Development on 28<sup>th</sup> June 2022.

The Executive Committee was asked to consider the following new risk for inclusion within the Corporate Risk Register: -

It was proposed that CRR002 was split into two risks, a) The Health Board does not meet its statutory duty to achieve a break-even 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.

The Committee REVIEWED the July 2022 version and SUPPORTED the proposed additions to the Corporate Risk Register.

## **8. Financial Performance, Month 3**

The Committee RECEIVED the item which highlighted that as of Month 3 the health board is £0.689M overspent. Key areas of pressure continued to be Continuing and Complex Health Care (CHC), Variable Pay and Commissioned Services as well as lack of delivery of savings. Several forecast scenarios were presented however it was noted that the current forecast was based upon the worst-case scenario. It was reported that 2022-23 had started with an underlying deficit and should this increase throughout the year, 2023-24 will commence with significant financial challenges.

An overview of potential risks and opportunities was provided as well as potential actions to improve the position which were to be considered and either implemented or discussed by 29th July 2022.

The Committee DISCUSSED and NOTED the report, and it was requested that an Organisational Escalation Approach Plan be developed for circulation to Board Members.

## **3<sup>rd</sup> August 2022**

### **1. Update on enhanced Infection Prevention and Control including Infection Prevention Advisory Group Terms of Reference**

The Committee RECEIVED the item which provided an update in relation to the establishment of a Health Board Infection Prevention Advisory Group to review new guidance, evaluate current prevention measures, implement actions required by Welsh Government and advise the Executive Committee. The Terms of Reference was agreed by the Committee and confirmed that the Group, chaired by the Deputy Director of Nursing will report to the Infection and Prevention Steering Group which is Chaired by the Director of Nursing. The purpose of the Infection Prevention Advisory Group is to:

- act as the primary review group within the Health Board to scrutinise and monitor arrangements for the prevention of nosocomial infections on behalf of the Executive Team;
- contribute to preventing the transmission of infectious disease in health board settings in Powys by reviewing guidance and actions in light of case numbers and community prevalence; and
- provide recommendations to the Executive team regarding actions which can be taken to mitigate the risk of infections.

The Committee DISCUSSED and NOTED the Report.

## **2. Continuing Health Care (CHC) Complex Care – Escalated Issue**

The Committee RECEIVED the item which provided an overview of the extent and suggested reasons for the increase in CHC spending in 2022-23. It was noted that spending had increased 12% since 2021-22 as a result of a substantial increase in CHC cases. Work had been undertaken to understand the current position and an action plan was proposed to improve the financial position of CHC and reduce the existing run rate which was in excess of planned levels.

The Committee SUPPORTED the consideration of a different service model and approach and suggested that a capacity/gap analysis was undertaken to enable the development of a sustainable approach which provided better outcomes, experience and value for Powys.

## **3. Nursing Variable Pay – Escalated Issue**

The Committee RECEIVED the item which provided an overview of the position in relation to variable pay and the potential actions to reduce inefficiency.

It was recognised that a plan was emerging and that this would be an area considered by the Workforce Steering Group which was due to be established imminently. The Committee highlighted the importance of the development of workforce plans and establishments. It was agreed that this item would be discussed in greater detail by the Internal Workforce Group.

#### **4. Maternity Assurance – Escalated Issue**

The Committee RECEIVED the item which provided an update of the escalation arrangements implemented as a result of the identification of three Nationally Reportable Incidents (NRIs) between February and May 2022, findings from a local review of governance in the Midwifery Service that highlighted improvements were required in the review of maternity transfers (particularly intra-partum), review of incidents and the undertaking of root cause analysis (RCA) investigations and concerns around the use of the Perinatal Institute's Gap/Grow programme. It was reported that a highlight report would be presented at the Maternity Matters Forum monthly from the weekly extra-ordinary Maternity Assurance Forum. These highlight reports would inform the Executive updates and the Maternity Assurance Report that is presented to the Patient Experience and Quality Committee (PEQS).

The Committee AGREED that as an escalated issue, this matter would be reported to the Committee on a four-weekly cycle. It was requested that clear parameters be developed to ensure that the item was de-escalated when appropriate.

#### **5. Monkeypox outbreak and local response update**

The Committee RECEIVED the item, and it was highlighted that an additional Ministerial Statement had been made that morning which confirmed that due to the limited availability of vaccinations, vaccinations would be deployed in areas experiencing outbreaks.

The Committee DISCUSSED and NOTED the update.

### **10<sup>th</sup> August 2022**

#### **1. IMTP Approval Letter and Accountability Letter**

The Committee RECEIVED the letter and the Committee Chair expressed thanks to the entire organisation following formal approved of the IMTP, subject to the conditions within the Accountability Letter. It was noted that conditions had been set in relation to Primary Care, Regional Planning, Technology, Pathway Development, and the Cost of Living. It was noted that work was underway to consider wider wellbeing and system by system planning.

#### **2. Suicide Review: Suspected Suicide Data, year to Date 2022-23**

The Committee RECEIVED the item which provided an overview in relation to the increase in the number of suspected suicides in comparison to previous years. The report provided detail of current local intelligence, an overview of the national context and the

significant amount of work already way in Powys regarding suicide prevention and postvention support.

The Committee recognised the item as an escalated issue and suggested that resources should be considered to support prioritisation where possible. The Committee DISCUSSED and NOTED the Report.

### **3. Variation to Terms and Conditions of Service: Individual Case**

The Committee RECEIVED the item which requested variation of Terms and Conditions in a specific circumstance.

The Committee APPROVED the variation to the terms and conditions of service as offered by the appointing manager. It was requested that an awareness exercise was undertaken to ensure that in future recruiting managers operate solely within the organisations policy framework.

## **24<sup>th</sup> August 2022**

### **1. Update on Screening Programmes**

The Committee RECEIVED the item which provided an overview of the screening uptake data for the period April 2020 to March 2021. This was in the context of the disruption to usual healthcare services experience during the COVID-19 pandemic. It was noted that Public Health Wales' statistical reports for each of the individual screening programmes would resume for 2021/22. A further report with screening uptake data for 2021/22 for each of the Programmes would be presented to the Committee following the publication of these reports.

The Committee DISCUSSED and NOTED the Report.

### **2. DMARDS (Disease-modifying antirheumatic drugs) Shared Care Agreement**

The Committee RECEIVED the item which proposed the implementation of DMARDS (Disease-modifying antirheumatic drugs) Shared Care Agreement protocols developed between primary care (North Powys GP practices) and a secondary care provider (Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust). Six shared care protocols had been developed and agreed by PTHB Medicines Management Team in collaboration with Powys Local Medical Committee (LMC) and secondary care clinicians (Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust). It was anticipated that if this approach was taken forward there would be further shared care protocols introduced in line with key stakeholder

agreements and compliance to NICE guidance which could be introduced.

The Committee supported the implementation and suggested it would produce better outcomes and experience for patients, however it was queried how savings would be returned from commissioning arrangements. The Committee APPROVED the paper IN PRINCIPLE, subject to a more detailed financial analysis in relation to the approach.

### **3. Financial Performance Report**

The Committee RECEIVED the item, and it was highlighted that based on the reported month 4 position the organisation has reported a £7.5m forecast deficit to Welsh Government. The organisation would have a significant underlying deficit based on the forecast outturn position that was being worked through.

An Executive Finance and Performance Group had been established to review options with Directors and Service Groups. The first meeting of the Group was due to be held on 7th September 2022. This would commence the process required to manage the financial position, the Committee recognised the challenging position and DISCUSSED and NOTED the Report.

### **4. Closure of Powell Main Dental Practice, Newtown and ongoing provision of General Dental Service access**

The Committee RECEIVED and NOTED the update in relation to the closure of the Powell Main Dental Practice.

## **5th September 2022**

### **1. SBAR Adastra System Outage**

The Committee RECEIVED the item which provided an overview of the cybersecurity incident caused by Ransomware. It was noted that Advanced had immediately took action to mitigate any further risk by disabling all of their health and care systems. As a result, there had been a temporary loss in service to the out of hours Adastra system, used to support the NHS Wales (and England). This has affected all Health Boards across Wales and from the health board's perspective had impacted significantly on 111, Shropdoc and the Swansea Bay University Health Board Out of Hours service.

The following recommendations were made to the Committee:

- internal monitoring arrangements continue to include twice weekly updates at the Delivery Co-ordination Group;
- the Primary Care Department continue to attend the daily national BCI meeting and provide relevant briefing notes as necessary; and



- the Adastra outage risk would be added to the Directorate risk register, and regular updates will be provided to the Executive Team to highlight progress.

The Committee NOTED the update and AGREED the recommendations. The Committee suggested that it would be pertinent to reflect upon how the health board receives assurance in relation to the cyber security of national systems and the learning from the incident.

## **2. Children and Young People Renewal Programme**

The Committee RECEIVED the item which provided an overview of the progress of the Renewal Programme for Children and Young People. It was highlighted that at its meeting on the 3rd of August 2022, the Renewal Strategic Portfolio Programme Board considered the way forward for the Children and Young People's Programme. It reaffirmed that the renewal focus needed to be the health board's responsibilities for children as a population, as opposed to a focus on key actions for the PTHB Women and Children's Service Group. The membership of the Group was due to be reviewed to enable a broader focus.

The Committee SUPPORTED the paper for onwards presentation to the Delivery and Performance Committee SUBJECT TO the amendments to the paper to include a greater emphasis on the current recovery position in relation to services for children and young people in Powys, in particular waiting times.

## **3. Maternity Services Assurance Framework Report, including PROMPT Wales Quality Assurance Review**

The Committee RECEIVED the item which provided an update on quality assurance matters in Maternity Services in Powys. The following matters were highlighted for the Committee's attention:

- Maternity National Reportable Incidents (NRI): It was noted that Maternity NRIs were being reviewed separately with executive oversight by the Executive Director of Nursing and Midwifery. A fortnightly review meeting was tracking the progress of the investigations, ensuring immediate make safe actions are being implemented and assessing the contact with the families involved.
- Perinatal Institute (PI) GAP/GROW Compliance: All retrospective data for 2021/22 had been submitted to the Perinatal Institute (PI). 2022/23 data had been submitted up to end of July 2022. The PI were cleansing this data and would be providing the health board with the Powys specific report on detection and referral rates for SGA babies at the October Maternity Matters meeting. Communications had been shared

with other maternity services to not change the provider service at birth to prevent future occurrences.

It was noted that a Maternity NRI had been raised since the writing of the report, though it was noted that there had been no adverse outcome for the mother or baby. The Committee recognised that incidents would occur due to the nature of the service and received assurance that immediate make safes and learning had been implemented.

The Committee NOTED the Report and SUPPORTED its presentation to the Patient Experience, Quality and Safety Committee.

#### **4. Integrated Quality Report including Quality Measures, Serious Incidents, Concerns, and Putting Things Right**

The Director of Nursing and Midwifery presented the item which provided an overview of the quality and safety agenda across the health board, including:

- 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;
- Patient Experience;
- Claims and Redress; and
- Health and Social Care Inspections Regulatory Recommendations

The Committee NOTED the Report and SUPPORTED the presentation of the item to the Patient Experience, Quality and Safety Committee SUBJECT TO the clarification requested in relation to data quality and reporting.

#### **5. Clinical Quality Framework Implementation update including, Patient Experience and the Quality and Engagement (Wales) Act**

The Committee RECEIVED the item which presented the progress made on implementing the health board's Clinical Quality Framework Implementation Plan, 2020-2023. It was highlighted that since the establishment of the framework in 2020, there had been significant change to the national context, including the publication of the National Clinical Framework (WG 2021), the Quality and Safety Framework (WG 2021) and the Health and Social Care (Quality and Engagement) (Wales) Act, which became law in 2020 and will come into force in March 2023.

The Committee NOTED the Report, welcomed the progress made and SUPPORTED the presentation of the item to the Patient Experience, Quality and Safety Committee.

## **14<sup>th</sup> September 2022**

### **1. Nosocomial Transmission SBAR**

The Committee RECEIVED the item which provided an overview of the arrangements in place to determine whether staff COVID-19 cases were likely to be due to nosocomial transmission. A Panel was established in April 2020 to review all staff cases of COVID-19, this was supported by redeployed staff. As services have returned to 'business as usual' there has been an incremental withdrawal of redeployed staff back to their host services. The last element of support was withdrawn on 31st July 2022. As there had been no capacity to prepare cases and administer the Panel; the Panel has been suspended since 1st August 2022.

The Committee AGREED that the management of cases should be transferred to a business-as-usual process and APPROVED the suggested process subject to the following conditions:

- Health and Safety/Infection Prevention Control expertise should be made available to support line managers;
- Supporting information for line managers should be shared and deployed through management structures to ensure consistency; and
- Directors would review and action cases which had been paused since 1<sup>st</sup> August 2022 by the end of September 2022.

### **2. Review of Multi-Agency response to the COVID-19 Pandemic**

The Committee RECEIVED the item which provided an overview of the review of the multi-agency response to the COVID-19 pandemic, commissioned by the Integrated Executive Group (IEG) of the West Wales Care Partnership (WWCP) and Mid and West Wales Safeguarding Board, and to sought approval for the health board's participation in the review.

The Committee raised concern in relation to the context of the review and requested that broader organisational perspectives be considered. The Committee DEFERRED the item, subject to further development.

### **3. Nevill Hall Hospital, Radiotherapy Satellite Centre Business Case**

The Committee RECEIVED the item which sought ongoing support for the development of the satellite radiotherapy unit at Nevill Hall Hospital and the wider Integrated Radiotherapy Solution. Both schemes are related but being managed from a governance

perspective by the Boards of Aneurin Bevan University Health Board (ABUHB) and Velindre University NHS Trust (VUNHST) respectively. The Committee noted that the Full Business Cases (FBC) for both schemes have been considered and approved by both ABUHB and VUNHST Boards during May 2022 and that health boards were asked to signal their support at the earlier Outline Business Case process point and that was provided, including by Powys.

The Executive Committee was requested to:

- confirm ongoing support for the satellite radiotherapy unit at Nevill Hall Hospital and the wider Integrated Radiotherapy Solution following recent approval of the FBC;
- subject to approval, communicate back support to the respective organisations of Aneurin Bevan University Health Board and Velindre University NHS Trust.
- subject to approval, include the implications of business case in the next relevant IMTP planning document.

The Committee SUPPORTED the item and confirmed that a RECOMMENDATION would be made to the Board on 28<sup>th</sup> September 2022 that continued support for the business case is reaffirmed and included within the next IMTP planning document.

#### **4. Workforce Performance Report (to including Wellbeing Measures)**

The Committee RECEIVED the item which provided an overview of the following workforce metrics:

- Workforce Profile;
- PADR Compliance;
- Mandatory and Statutory Training Compliance;
- Staff Absence;
- Turnover/Stability Index;
- Variable Pay; and
- a summary of the Deep Dive into Maternity Services

The Committee DISCUSSED and NOTED the Report.

#### **5. Workforce Futures, Workforce Planning and Education/Training Overview Report**

The Committee RECEIVED the item which provided an update on delivery and progress against the Workforce Futures strategic priority 13: Design, develop and implement a comprehensive approach to workforce planning, and strategic priority 16: Enhanced access to high quality education and training. The item focussed on providing an update specifically against the milestones for quarters 1 and 2 and includes:

- Organisational approach to workforce planning and sustainable workforce models and implementation of the All-Wales Workforce Planning Toolkit;
- Recruitment Programmes;
- Accelerated Learning Routes and Grow Our Own Model Progress;
- Advanced Practitioner Framework Progress; and
- enhance Continued Professional Development (CPD) for Clinical staff.

The Committee DISCUSSED and NOTED the Report.

## **6. Closure of the COVID-19 Stores and Distribution Service**

The Committee RECEIVED the item which proposed ceasing the COVID-19 Stores and Distribution Service. This was following a decision on 6th January 2022 to extend the Service to 30<sup>th</sup> September 2022. It was noted that during the response to the pandemic the service had provided a central, flexible, and well governed provision designed to meet the evolving demands of essential COVID-19 PPE and lateral flow testing stores supply. The Service was funded by COVID-19 pandemic response funds between 2020-2022. The costs of the Service were unfunded as of 2022-23 and therefore represented a cost pressure against the health board's financial plan. Upon closure of the stores arrangements for stores and supplies would revert to pre-pandemic arrangements.

The Committee RECOGNISED the invaluable contribution of the service throughout the pandemic however noted that services across the health board have largely reverted to 'business as usual'. The Committee RATIFIED the closure of the COVID-19 Stores and Distribution Service however requested that learning from the establishment of the service be considered to enable improvement of business-as-usual processes in readiness for Winter.

## **7. Integrated Performance Report**

The Committee RECEIVED the item which provided the latest available performance update including data up until the end of Month 4 (July 22) and provided an overview of performance against:

- NHS Wales Performance Framework;
- National Outcomes Framework: Performance Scorecard;
- Quadruple Aims; and
- Operational Measures

The Committee DISCUSSED and NOTED the Report.

## **8. Annual Report on Civil Contingencies 2021/22**

The Committee RECEIVED the item which provided an account of the key resilience activities undertaken between 1st April 2021 to the 31st March 2022, and to set out the health board's civil contingencies planning priorities for 2022/2023.

The Committee SUPPORTED the Report for presentation to the Board on 28<sup>th</sup> September 2022.

### **9. Audit Recommendation Tracking**

The Committee RECEIVED the item which provided an overview of the current position relating to the implementation of Audit Recommendations, arising from reviews undertaken by Internal Audit, External Audit (Audit Wales) and Local Counter Fraud Services. It was noted that as of July 2022, the revised deadlines implemented as a result of the COVID-19 priority levels had lapsed. Therefore, in August 2022 Executive Owners were provided an opportunity to review any outstanding recommendations from 2017/18, and 2019/20 and re-consider where appropriate, achievable final deadlines for implementation.

The Committee DISCUSSED and NOTED the Report.

### **10. Local Public Health Team Transfer**

The Committee RECEIVED the item which provided an overview of the arrangements that have been put in place to transfer the local public health team function, staff and resources to the health board from Public Health Wales.

It was requested that the Executive Committee formally agreed to the transfer, as requested in a letter to the Chief Executive from the Chief Executive Officer, Public Health Wales on 30th August 2022 and for this to be communicated to Public Health Wales, staff and stakeholders.

The Committee AGREED to the transfer SUBJECT TO clarification in relation to the concerns raised by the Committee in relation to liability for indemnity and litigation prior to the transfer and Microsoft licenses; and endorsement by the Board on 28<sup>th</sup> September 2022.

### **11. Maternity Assurance Update – Escalated Issue**

The Committee RECEIVED the item which noted that escalation arrangements had been enacted within the Midwifery Service in Powys on 29th June 2022. It was agreed by the Committee on 3<sup>rd</sup> August 2022 that regular updates would be provided to the Executive team regarding progress and next steps. This report identifies the progress

being made, although further clarification is needed on the de-escalation arrangements.

The Committee welcomed the renewed focus and progress made and DISCUSSED and NOTED the Report.

## **22<sup>nd</sup> September 2022**

### **1. Winter Plan 2022/23**

The Committee discussed the draft Winter Plan for 2022/23. It was noted that Welsh Government guidance/requirements had not been issued as yet and should particular requirement emerge that the Plan would need to be assessed and potentially amended. The Plan has been developed in partnership with local government and Third Sector colleagues in particular. Wider aspects of service response above and beyond the management of hospital and system flow were included, specifically the vaccination campaign covering both COVID and Flu.

The Committee SUPPORTED the draft Plan and recommended this for review by the Board.

### **2. Integrated Performance Framework**

The Committee considered the draft Integrated Performance Framework that had been developed over recent months. The previous Improving Performance Framework and the Commissioning Assurance Framework have been amalgamated, drawing together a whole system performance approach. Discussion took place regarding the way in which this approach strengthens the linking of quality, experience, finance, and activity/access, underlining the importance of a clear implementation plan in the organisation.

The Committee SUPPORTED the draft Framework and recommended this for review and endorsement by the Board.

### **3. Month 05 Finance Report**

The Committee considered the Month 05 financial position. In doing so the Committee recognised the detailed presentation and discussion that had taken place at the Board Development Session and the Finance and Performance Executive Group.

The Committee NOTED the position and the actions underway to address the in-year financial challenge as well as the medium term outlook.

### **4. Continuing NHS Healthcare Uplift for inflation**

The Committee considered a paper drawing out options for managing inflationary pressures in Continuing NHS Healthcare. The overview of the approach being taken by other organisations was presented and the Committee SUPPORTED the recommended option to increase inflationary costs of up to 8%, resulting in approx. 300k expenditure increase.

-----

### **Sub-Groups of Executive Committee**

During Quarter 2 work has been undertaken to establish three Sub-Groups of the Executive Committee to support the management of escalated issues within the organisation, these Groups consist of:

- **Finance and Performance Group**  
The first meeting of the Finance and Performance Group was held on Wednesday 7<sup>th</sup> September 2022 and focused on the financial position, context and next steps.
- **Transformation and Value Group**  
The first meeting of the Transformation and Value Group is due to be held on Wednesday 5<sup>th</sup> October 2022.
- **Workforce Steering Group**  
The first meeting of the Workforce Steering Group was held on Thursday 22<sup>nd</sup> September 2022.

The **Innovative Environments Group** has continued to meet throughout 2022-23 and provides oversight of the delivery of the Estates Innovative Environments and Capital Programme on behalf of the Executive Committee.

### **ITEMS TO BE ESCALATED TO THE BOARD**

The Committee Chair wished to highlight to the Board the following matters:

- It is requested that the Board ENDORSE the steps taken to limit the impact of the cybersecurity incident on the Adastra system and monitor progress (5<sup>th</sup> September 2022 Item 1)
- It is requested that the Board ENDORSE the Executive Committee's ongoing support for the satellite radiotherapy unit at Neville Hall Hospital and the wider Integrated Radiotherapy Solution following recent approval of the Final Business Case, as previously supported by the Board at the earlier Outline Business Case process point (14<sup>th</sup> September 2022, Item 3).
- It is requested that the Board ENDORSE the Executive Committee's agreement to the transfer the local public health team function, staff and resources to the health board from Public



Health Wales, subject to the clarifications requested by the Committee (14<sup>th</sup> September 2022, Item 10).

- It is requested that the Board ENDORSE the Committees agreement to provide inflationary uplift for continuing healthcare of up to 8%, noting the impact financially.

### **NEXT MEETING**

The next meeting of the Executive Committee is scheduled for 5<sup>th</sup> October 2022.

Patterson, Liz  
26/09/2022 14:22:59

Report of the Executive  
Committee Chair

Page 17 of 17

Board Meeting  
28 September 2022  
Agenda Item X  
Appendix X

Reporting Committee:	<b>Audit, Risk and Assurance Committee</b>
Committee Chair	Mark Taylor
Date of last meeting:	18 July 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 18 July 2022.

The Board is asked to note that the following matters were considered at the Audit, Risk and Assurance Committee:

- Applications for Single Tender Waiver
- Losses and Special Payments Annual Report 2021-22
- Internal Audit Progress Report 2022-23
- Internal Audit Review Reports
- External Audit Progress Report 2022-23
- Counter Fraud Update
- Register of Interests
- Annual Governance Programme Reporting
- Audit Recommendation Tracking
- Welsh Health Circular Tracking

-----

### APPLICATION FOR SINGLE TENDER WAIVER

The Committee received one application for single tender waiver received during the period of 1 June 2022 and 30 June 2022

The Committee RATIFIED the use of Single Tender Waiver in respect of the item during the period of 1 June 2022 and 30 June 2022

-----

Patterson, Liz  
26/09/2022 16:23:59

## **LOSSES AND SPECIAL PAYMENTS ANNUAL REPORT 2021-22**

The Committee received the item and noted that an interim report had been considered by the Committee on 16 November 2021. It was reported that losses and special payments were items that the Welsh Government would not have contemplated when they passed legislation or agreed funds for the NHS; such payments also included any ex gratia payments made by the health board. By their nature they are items which should be avoidable and should not arise. Therefore, they are subject to special control procedures and are included within a separate note within the health board's annual accounts. It was noted that these payments fell into four key areas:

- Clinical Negligence and Personal Injury;
- Redress (Putting Things Right);
- GP Indemnity; and
- Other Special Payments

The Committee discussed a review of the presentation and content of future reports to include more meaningful supporting information such as trend analysis. The Head of Finance would liaise with colleagues to consider potential format and content of future reports. The Committee NOTED the annual report for 2021/22 and NOTED that the payments been approved in line with the Scheme of Delegation on losses and special payments within the health board.

-----

## **INTERNAL AUDIT PROGRESS REPORT 2022-23**

The Committee received the item which provided an overview of the progress against the 2022-23 Internal Audit Plan to date. It was noted that this was the first report of 2022-23 and the following matters were highlighted for the Committee's attention:

- two Internal Audit Reports had been finalised since the last meeting of the Committee; both were from the 2021-22 Plan and had been rated 'Reasonable Assurance'. These had been included within the Head of Internal Audit Opinion for 2021-22 however were not able to be published in readiness for the 13 June 2022 Committee;
- three audits from the 2022-23 plan were at work in progress stage, and 8 were at planning stage;
- the plan that was agreed by the Committee in April 2022 included details of the proposed quarters in which each of the identified audits would be undertaken. Following a more detailed review of the availability of Internal Audit resources and discussions with relevant lead contacts, adjustments have since been proposed to the planned timings for the following audits:
  - North Powys Wellbeing Programme – Move from Q1 to Q2

Patterson, Liz  
26/09/2022 16:23:59

- Review of a service area within the PC&MH Directorate – Move from Q1 to Q2
- Staff Rostering – Move from Q3 to Q2
- Temporary Staffing Department – Move from Q1 to Q3
- Professional Governance Structure – Move from Q4 to Q3

It had also been agreed to add an audit of Site Co-ordination. This audit was deferred from the 2021/22 plan after the 2022/23 plan had been agreed by the Committee and has therefore been added to the current plan.

The Committee DISCUSSED and NOTED the update and AGREED the proposed changes to the 2022-23 Internal Audit Plan.

-----

#### **INTERNAL AUDIT REPORTS:**

- a) **Risk Management and Assurance (Reasonable Assurance)**
- b) **Breathe Well Programme (Reasonable Assurance)**

The Committee RECEIVED and NOTED the Internal Audit Reports

-----

#### **EXTERNAL AUDIT PROGRESS REPORT 2022-23**

The Committee received the item which provided an update in relation to current and planned audit work, including completed work presented to the Audit Committee; work that was currently underway; and planned work not yet started or revised. An update was also provided in relation to the Auditor General's wider programme of national value-for-money examinations and the work of our Good Practice Exchange (GPX).

The Committee DISCUSSED and NOTED the Report.

-----

#### **COUNTER FRAUD UPDATE**

The Head of Local Counter Fraud Services presented the item which provided an update on key areas of work undertaken by the Local Counter Fraud Specialists during 2022/23. An overview was provided of the work undertaken in relation to:

- Strategic Governance;
- Inform and Evolve;
- Prevent and Deter; and
- Hold to Account

Patterson, Liz  
26/09/2022 16:23:59

The Committee DISCUSSED and NOTED the Report

-----

### **ANNUAL GOVERNANCE PROGRAMME REPORTING**

The Committee received the item which provided an update in relation to the progress made against the Annual Governance Programme, it was highlighted that work in relation to Policies Management had gathered momentum as a result of the implementation of SharePoint.

The Committee DISCUSSED and NOTED the Report.

-----

### **AUDIT RECOMMENDATION TRACKING**

The Committee received the item which provided an update in relation to the implementation of Audit Recommendations, arising from reviews undertaken by Internal Audit, External Audit (Audit Wales) and Local Counter Fraud Services. It was noted that all recommendations arising from 2018/19 had now been implemented and it was highlighted that the next update to the Committee would incorporate final deadlines for those recommendations affected by the COVID-19 pandemic (2017-2020).

The Committee DISCUSSED and NOTED the Report.

-----

### **WELSH HEALTH CIRCULAR TRACKING**

The Committee received the item which provided an overview of the position relating to the implementation of Welsh Health Circulars (WHCs) as of 31 May 2022.

The Committee DISCUSSED and NOTED the Report.

-----

### **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.

<b>NEXT MEETING</b>
The next meeting of Audit, Risk and Assurance Committee will be held on 27 September 2022.

Patterson Liz  
26/09/2022 16:23:59



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

Reporting Committee:	<b>Delivery &amp; Performance Committee</b>
Committee Chair	Mark Taylor
Date of last meeting:	12 September 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 12 September 2022.

The Board is asked to note that the following matters were discussed at Delivery & Performance Committee on 12 September 2022:

- Financial Performance Overview: Month 4. Financial Position and Exception Reporting
- Integrated Performance Report
- Children and Young People (Renewal Portfolio) Highlight Report
- Innovative Environments Overview Report
- Response to Audit Wales Report on Tackling the Planned Care Backlog
- Update on Screening Programmes
- Committee Risk Register
- Committee Work Programme

A summary of the key issues discussed at the meeting is provided below.

-----  
**Monday 12 September 2022**  
-----

#### **COMMITTEE ACTION LOG**

The Committee received and noted the Committee Action log.

-----

#### **FINANCIAL PERFORMANCE OVERVIEW : MONTH 4.FINANCIAL POSITION AND EXCEPTION REPORTING**

The Committee received the report, and it was highlighted that based on the month 4 position, the organisation is at £2m overspend with month 5 at £2.8m overspend. The key pressure areas include continuing growth and spend in terms of complex care, renewal and recovery and an increase within variable pay. As a result of the lack of progress on the key deliverables, the organisation has reported a £7.5m forecast deficit to Welsh Government. The organisation would have a significant underlying deficit based on the forecast outturn position that is being worked through.

The forecast deficit impact on the organisations underlying position continues to be monitored to aid the necessary actions to reduce pressures into the forthcoming year. The trend analysis across Continuing Health Care outturn conveys a significant increase in demand. This remains a key focus for the organisation should the growth continue.

The Committee DISCUSSED and NOTED the Report.

## ----- **INTEGRATED PERFORMANCE REPORT**

The Committee received the latest performance update against the 2022/23 NHS Wales Performance Framework. It was raised that the organisations performance remains challenging against the new integrated performance framework and the emergency flow and access to acute care settings. The revised metrics of the framework are used to assess improvements towards 'A Healthier Wales' ambitions.

The health board is supporting and maximising repatriation of patients to improve acute flows and has placed further focus on increased management input into the organisations bed flow in a bid to maximise provider beds supporting demand. It was noted that this would reduce repatriation delays to a minimum.

The organisation continues to work with insource contracts for surgical and diagnostic capacity across south and mid Powys, in addition to ongoing national workstreams to provide regional solutions of care.

The Committee DISCUSSED and NOTED the Integrated Performance Report.

## ----- **CHILDREN AND YOUNG PEOPLE (RENEWAL PORTFOLIO) HIGHLIGHT REPORT**

The Committee received the report which highlighted the progress to date to ensure recovery and renewal of health services for children and young people. It was noted that the key measures indicating the extent of recovery and the focus of the work going forwards are:



- Continuing to seek to understand what matters most for children in terms of health and wellbeing, ensuring that the voice of children and young people is heard.
- Participating in the Mental Health Strategic Review
- Ensuring the recovery of key healthy development indicators
- Urgent and emergency care (including clarity about 111 pathways for children in Powys and alternative pathways for lower risk needs)
- Transforming planned care for children, including outpatient transformation.

The committee DISCUSSED and APPROVED the Children and Young People Renewal Programme.

-----

### **INNOVATIVE ENVIRONMENTS OVERVIEW REPORT**

The report provided committee members with a detailed overview of the established major projects that are in development across the organisation. The majority of schemes from 2021/2022 are now completed with a number of handover items required to be closed.

It was highlighted that recruitment remains a challenge across the Estates team and risks in terms of comparable pay within other sectors is evident. Further revenue challenges remain across the health board with the EFAB funding being suspended for 2021/2022.

The Committee RECEIVED and NOTED the Innovative Environments Overview Report.

-----

### **RESPONSE TO AUDIT WALES REPORT ON TACKLING THE PLANNED CARE BACKLOG**

The report provided committee members with an update on Powys Teaching Health Board (PTHB) response to an Audit Wales request report upon 'Tackling the Planned Care Backlog'. The report included a number of recommendations for Welsh Government in the context of their national recovery plan, these recommendations have been accepted by Welsh Government.

The health board' provided a response that set out how the organisation plans to address the issues identified and to centralise the challenges set out in the report.

Paterson, Liz  
26/09/2022 16:23:59

The Committee RECEIVED the Response to Audit Wales on Tackling the Planned Care Backlog.

-----

### **UPDATE ON SCREENING PROGRAMMES**

The committee received an update on the National screening programmes for the period April 2020 to March 2021. It was highlighted that although Welsh Government agreed the Public Health Wales recommendations to temporarily pause national screening programmes, alongside all healthcare services which were impacted by the Covid-19 pandemic response, it was noted that the New-born Hearing Screening, New-born Bloodspot Screening, and the Antenatal Screening programmes continued throughout the pandemic and were not paused at any point.

It was noted that Public Health Wales statistical reports for each of the individual screening programmes would resume for 2021/22.

The Committee DISCUSSED and NOTED the report.

-----

### **COMMITTEE RIAK REGISTER**

The Committee were made aware that the report provides a summary of the significant risks associated to the delivery of the health board's strategic objectives which was provided to Board in July 2022.

The need for 'Cyber Delivery' was highlighted to be incorporated into the Work Programme with the individual directorate risks sustaining a relatively stable position. It was noted that a development session has taken place to review Risk identification to provide any emissions or development required from the Board's perspective. The management and mitigation process for departmental emerging risks would be reviewed to ensure a clear process of escalation points are transparent.

The Committee Risk Register was DISCUSSED and NOTED.

-----

### **COMMITTEE WORK PROGRAMME**

The report was presented, and Committee members were made aware of the principles within the Committee Work Programme aim to align to the objectives set against the balance of quality reporting. The Corporate Governance team are programming the additional agenda items requested in order to provide a current schedule of work. The programme provides flexibility to respond to risks, issues and escalations as required.



The Committee RECEIVED and NOTED the Committee Work Programme.

-----

### **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 27 October 2022.

Patterson, Liz  
26/09/2022 16:23:59



Reporting Committee:	<b>Patient Experience, Quality and Safety Committee</b>
Committee Chair	Kirsty Williams
Date of last meetings:	13 September 2022
Paper prepared by:	Interim Head of Corporate Governance
<b>KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE</b>	
<p>The last meeting of the Patient Experience, Quality and Safety Committee took place on 13 September 2022.</p> <p>The Board is asked to note that the following matters were discussed at the Patient Experience, Quality and Safety Committee on 13 September 2022:</p> <ul style="list-style-type: none"><li>• Integrated Quality Report</li><li>• Clinical Quality Framework Update</li><li>• Maternity Services Assurances Framework Report</li><li>• Committee based Risk Register</li></ul> <p>The Board is asked to note that the following matters were discussed at the Patient Experience, Quality and Safety In-Committee on 13 September 2022:</p> <ul style="list-style-type: none"><li>• Mental Health Services Update</li></ul> <p>A summary of the key issues discussed at the meetings is provided below.</p> <p><b>COMMITTEE ACTION LOG</b></p> <p>The Committee received and discussed the Committee Action Log.</p> <p>-----</p> <p><b>INTEGRATED QUALITY REPORT</b></p>	



The Committee received the report noting that there had been a focus on closing overdue Nationally Reportable Incidents with open cases now at a more manageable level. Investigation training will commence in September 2022. The review of nosocomial transmission was continuing as planned with no cases of severe harm or death identified to date. A deep dive in to Concerns Management had identified an administrative error which had resulted in the identification of additional Nationally Reportable Incidents. This has been corrected. There has been a rise in complaints to the Public Services Ombudsman for Wales as a result of closing complaints with an extended response time. The Healthcare Inspectorate Wales Inspection of the Brecon Minor Injuries Unit was received.

The Committee also received a presentation on Putting Things Right which outlined the progress made since the Public Services Ombudsman for Wales report in 2021. The current position was set out along and next steps identified.

-----

## **CLINICAL QUALITY FRAMEWORK**

The Committee received the report outlining progress in implementing the Clinical Quality Framework including an assessment of the national context since the publication of the National Clinical Framework (March 2021), Quality and Safety Framework (September 2021), and the Health and Social Care (Quality and Engagement) (Wales) Act 2020 (coming into force March 2023).

-----

## **MATERNITY SERVICES ASSURANCE FRAMEWORK REPORT**

The Committee received the report which outlined that the current local escalation arrangements remain in place. Since the last meeting a further Nationally Reportable Incident has occurred which will be investigated in the same way as the three earlier incidents. The service are working with the Perinatal Institute to improve detection of Small for Gestational Age babies both in data collection and analysis, and working with local District General Hospital Obstetric Units to ensure that the provider service is not changed which can skew the data.

-----

## **WHSSC QUALITY AND PATIENT SAFETY COMMITTEE CHAIR'S REPORT**



The Chair's Report for June and August 2022 were received.

-----

## WORK PROGRAMME

The Committee Work Programme amended to take into account any changes to reporting was received.

-----

## ITEMS TO BE ESCALATED TO THE BOARD

There were no items to be escalated to Board, recognising the ongoing oversight being applied by the Committee to maternity services.

## NEXT MEETING

The next meeting of the Patient Experience, Quality and Safety Committee will be held on 25 October 2022.

Under Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960 the following motion was passed:

*Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.*

## PATIENT EXPERIENCE, QUALITY AND SAFETY IN-COMMITTEE MEETING

## MENTAL HEALTH SERVICES

A detailed briefing was given to Committee Members on Mental Health Services.

Patterson, Liz  
26/09/2022 16:23:59



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

Reporting Committee:	<b>Planning, Partnerships and Population Health Committee</b>
Committee Chair	Rhobert Lewis
Date of last meeting:	14 July 2022
Paper prepared by:	Interim Corporate Governance Business Officer

### **KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE**

The last meeting of the new Planning, Partnerships and Population Health Committee took place on 14 July 2022.

The Board is asked to note that the following matters were discussed at Planning, Partnerships and Population Health Committee on 14 July 2022:

- Healthy Wales Whole System Approach to Obesity Prevention.
- COVID-19 Vaccination Programme 2022/23:
  - Review of Phase 3 Delivery 2021/22
  - Review of Q1 Delivery 2022/23
  - Forward Look to Q2-Q4 2022/23
- Overview of Strategic Renewal Priorities and Arrangements
- Primary Care Cluster Plans
- Delivery of Multi Agency Plan for Additional Learning Needs (ALN) and Education Tribunal (Wales) Act (2018)
- Regional Integrated Fund Update
- Powys Regional Partnership Board Market Stability
- Committee based Risks on the Corporate Risk Register
- Development of Committee Annual Programme of Business

A summary of the key issues discussed at the meeting is provided below.

-----  
**14 July 2022**  
-----

### **COMMITTEE ACTION LOG**

The Committee received and noted the action log.



## **HEALTHY WALES WHOLE SYSTEM APPROACH TO OBESITY PREVENTION**

The Committee received the report, and an overview was provided of the approach to Obesity prevention introduced by Welsh Government in 2021/2022. It was highlighted that a national systems leadership programme is in place to support the development of local Obesity systems and plans using system working methodology. The important component of the national approach is critical for Executive-level support across a number of local partnerships for implementation. A workshop has been arranged to map the local approach of the obesity system in September 2022 and to develop an action plan in taking obesity prevention forward.

It was noted that the report has received Executive Committee approval on 26 June 2022. Committee members were sighted on the proposed approach for Powys and oversight of the new programme. The objectives and outcomes are difficult to identify, and it was recommended that further consideration to explore opportunities to support Obesity improvement to be integrated across the whole system.

The Committee APPROVED the Healthy Wales Whole System Approach to Obesity Prevention.

-----

## **COVID-19 VACCINATION PROGRAMME 2022/2023: Review of phase 3 Delivery 2021/22, Review of Q1 Delivery 2022/23, Forward look to Q2-Q4 2022/23.**

The Committee were provided with an overview of the delivery of the Covid-19 vaccination programme.

Committee members were advised that the Health Board has led the way in Wales since the commencement of the vaccination programme, seeing the highest uptake rates of all Health Boards and setting the pace for the whole of the country. Maintaining this pace will be challenging alongside the vital programme of recovery and renewal. It was noted that it remains essential that Powys have the vaccination workforce and wider infrastructure in place to respond to known requirements, expected requirements (e.g., planning for an autumn booster) as well as unknowns (e.g., potential for further expansion of spring boosters as well as surge response).

The Committee DISCUSSED and NOTED the reports.





## OVERVIEW OF STRATEGIC RENEWAL PRIORITIES AND ARRANGEMENTS

The report was presented to Committee members and an overview of the progress being made by a portfolio of programmes driving forward recovery and longer-term service 'renewal' was provided.

During the first quarter of the financial year 2022/2023 the following highlights and key issues were reported:

- £284k has been secured (non-recurrently) from the Wales Cardiac Network to assist with the implementation of the community cardiology service for Powys. However, the tight time scales for implementation, including clinical posts, is a significant challenge.
- 972 "FIT" tests were provided across Powys between November 2021 and April 2022 in response to symptoms of bowel cancer to help identify it at an earlier more treatable stage. (189 of the tests were positive).
- The use of temporary insourcing has enabled patients to be diagnosed and treated more quickly.
- A Wet Macular Degeneration service has been extended into mid Powys and a nurse eye care injector is in place.
- The Breathe Well Programme has been subject to an internal audit receiving "reasonable assurance" overall, with 4 areas found to have substantial assurance and one reasonable.
- Recruitment of staff remains challenging, but funding such as that secured for community cardiology should increase clinical capacity.

The Committee DISCUSSED and NOTED the report.

## PRIMARY CARE CLUSTER PLANS

The Committee received an update on the process of how Clusters worked to develop their Cluster Integrated Medium Term plan (IMTP) and their priorities.

It was highlighted that Accelerated Cluster Development programme (ACD) was introduced from April 2022 and was seen as a 'transition year' for clusters and the Health Board moves towards the Pan Cluster Planning arrangements and the full implementation of the ACD model.

The cluster plans have focused on projects that were representative of the Welsh Government Ministerial priorities and cluster IMTPs (Integrated Medium-Term Plan) have continued to explore alternative ways to maximise the delivery of services across both Primary and Secondary care.

The Committee NOTED and welcomed the report.

### **DELIVERY OF MULTI AGENCY PLAN FOR ADDITIONAL LEARNING NEEDS (ALN) AND EDUCATION TRIBUNAL (WALES) ACT (2018)**

The report was presented to committee members, providing key focus on the implementation of key activity to date, multi-agency planning and anticipated demand and capacity challenges. It was reported that the ALN Act is now 'live,' with a phased programme for implementation over the period to summer 2024.

It was highlighted to committee members that the Act has been enacted with no additional funding from Welsh Government which has resulted in reconfiguration of services and utilising current staff to support the implementation of the Act.

The Committee DISCUSSED and NOTED the Delivery of Multi Agency plan for additional Learning Needs and Educational tribunal (Wales) act (2018).

### **REGIONAL INTEGRATED CARE FUND (ICF) UPDATE**

The report was presented and highlighted that the Welsh Government's ICF ceased in 2021/22, and is being replaced by the Regional Integration Fund, which consolidates the ICF and other Transformation funding streams into one core Regional Integration Fund. The RPB is in the process of finalising the 22/23 projects that will access this funding.

To access the fund there is a requirement from partners to Match-fund this from core funding. Whilst 2022/23 is a transition year in this respect, this will present organisations with an increasing financial risk in future years as projects transition from new models to becoming embedded, which will need to be considered in the planning cycle.



The Committee DISCUSSED and RECEIVED THE Regional Integrated Care Fund Update.

-----

## **POWYS REGIONAL PARTNERSHIP BOARD MARKET STABILITY REPORT**

The Committee received the report which informed developments in Children's and Adults Social Services, commissioned provider services and community services since 2017, identifying challenges in the market and proposals for actions to be taken in future years via the Area Plan and Commissioning strategies going forward.

-----

## **COMMITTEE BASED RISKS ON THE CORPORATE RISK REGISTER**

The Committee received the report and it was raised that risk management improvements continue to be worked through following the exercise undertaken from a recent Board Development session. These include Partnership working and red risks to mitigate the actions through a targeted approach.

It was advised that the Partnership working risk rating would need to be reconsidered as a significant risk due to the complexity of current Partnership working arrangements. It was confirmed that this would form part of the Board Development exercise of the risk management review.

The Committee RECEIVED the Committee Risk Register.

-----

## **DEVELOPMENT OF COMMITTEE ANNUAL PROGRAMME OF BUSINESS**

The Committee NOTED the Annual Programme of Business.

## **ANY OTHER URGENT BUSINESS**

There was no other urgent business.

## **ITEMS TO BE ESCALATED TO THE BOARD**

There were no items noted.



## NEXT MEETING

The next meeting of the Planning, Partnerships and Population Health Committee will be held on 20 October 2022.

Patterson Liz  
26/09/2022 16:23:59

**AGENDA ITEM: 3.6b**

BOARD MEETING		DATE OF MEETING: 28 SEPTEMBER 2022	
Subject :	SUMMARY OF JOINT COMMITTEE ACTIVITY		
Approved and Presented by:	Carol Shillabeer, Chief Executive		
Prepared by:	Corporate Governance Business Officer		
Considered by Executive Committee on:	Various aspects covered in Executive Committee business		
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"><li>▪ Welsh Health Specialised Services Committee (WHSSC); and</li><li>▪ Emergency Ambulance Service Committee (EASC); and</li></ul> <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"><li>▪ NOTES the updates contained in this report in respect of the matters discussed and agreed at recent Joint Committee meetings.</li></ul>			
Approval/Ratification/Decision	Discussion	Information	
x	✓	x	

Patterson, Liz  
26/09/2022 16:30:18

## 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 and 6 September 2022. The papers for the meeting are available at: **2022/2023 Meeting Papers - Welsh Health Specialised Services Committee (nhs.wales)**

A copy of the briefings are attached at **Appendix A and Ai**.

### **Emergency Ambulance Services Joint Committee (EASC)**

A meeting of the EASC took place on the 6 September 2022. The papers for the meeting are available at: **Meetings and Papers - Emergency Ambulance Services Committee (nhs.wales)**

A copy of the Assurance Reports for 12 July 2022 and 6 September 2022 are attached at **Appendix B.**

### **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 the 27 June 2022. The papers for this meeting are available at: **Mid Wales Joint Committee 27th June 2022 - Mid Wales Joint Committee (nhs.wales)**

A copy of the update report from this meeting is attached at **Appendix C.**

### **NEXT STEPS:**

Updates will continue to be brought to each scheduled meeting the Board.

Patterson, Liz  
26/09/2022 16:30:18

## **WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 12 JULY 2022**

The Welsh Health Specialised Services Committee held its latest public meeting on the 12 July 2022. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/>

### **1. Minutes of Previous Meetings**

The minutes of the meeting held on the 10 May 2022 were **approved** as a true and accurate record of the meeting.

### **2. Action log & matters arising**

Members **noted** the progress on the actions outlined on the action log.

### **3. Recovery Trajectories across NHS Wales**

Members received informative presentations on the recovery trajectories across Wales from the NHS Wales Delivery Unit, Betsi Cadwaladr UHB (BCUHB), Swansea Bay UHB (SBUHB) and Cardiff & Vale (CVUHB).

Members **noted** the presentations and requested that an update on the trajectories for paediatric recovery be brought to the next meeting.

### **4. Chair's Report**

Members received the Chair's Report and **noted**:

- No chairs actions had been taken since the last meeting,
- An update on the letter issued to NHS Chairs requesting support in appointing an interim HB chair for a 6 month period from amongst their Independent Members (IM's) to ensure business continuity,
- An update on plans for the recruitment process to fill the WHSSC IM vacancy,
- Attendance at the Integrated Governance Committee (IGC) meetings on the 7 June 2022; and
- Attendance key meetings.

Members **noted** the report.

Patterson, Liz  
26/09/2022 16:23:59



## 5. Managing Director's Report

Members received the Managing Director's Report and **noted** the following updates:

- Discussions with Welsh Government (WG) concerning the All Wales Individual Patient Funding Request (IPFR) Panel and the authority of the Joint Committee to update and approve the panel's Terms Of Reference (ToR), the governance process for updating the All Wales IPFR policy, the briefings given to the Board Secretaries on the 10 June 2022, and to the All Wales Medical Directors Group on the 1 July 2022 and that a letter confirming next steps was awaited from WG,
- The revised timeline for the draft Mental Health Specialised Services Strategy 2022-2028 engagement process,
- The funding for Cell Path Labs to meet the growing demand for commissioned WHSCC cancer genomic testing; and
- The designation of SBUHB as a provider of Stereotactic Ablative Radiotherapy (SABR).

Members **noted** the report.

## 6. Neonatal Transport – Update from the Delivery Assurance Group (DAG)

Members received a report providing an update from the Neonatal Transport Delivery Assurance Group (DAG) meeting held on 21 June 2022.

Members (1) **Noted** the report, (2) **Received** assurance that the Neonatal Transport was being scrutinised by the Delivery Assurance Group (DAG), (3) **Noted** that further work was being undertaken by the transport service on the reporting to strengthen the assurance; and (4) **Noted** the update on the implementation of the Neonatal Transport Operational Delivery Network (ODN).

## 7. Draft Specialised Paediatric Services 5 year Commissioning Strategy

Members received a report presenting the Draft Specialised Paediatric Services 5 year Commissioning Strategy for information and which sought support to share the strategy through a 6 week engagement process to obtain stakeholder feedback.

Members (1) **Noted** the contents of the draft Specialised Paediatric Services 5 year Commissioning Strategy; and (2) **Supported** that the Strategy will be issued for a 6 week engagement process to obtain stakeholder feedback, prior to the final version being presented to the Joint for Committee for approval in September 2022.

## 8. South Wales Cochlear Implant and BAHA Hearing Implant Device Service

Members received a report presenting the process and outcome of a

recent review of tertiary auditory services and the planned next steps for the South Wales Cochlear Implant and BAHA Hearing Implant Device Service.

Members discussed the preferred commissioning option and SBUHB advised they were unable to support the proposal until additional discussions had been undertaken on the method of engagement and the commissioning model. Members agreed that WHSSC would liaise with SBUHB, and that the report be updated and be taken to the next Management Group meeting for consideration prior to being brought back to the Joint Committee in September 2022.

Members (1) **Noted** the report, (2) **Noted** and **received assurance** on the assessment process inclusive of a) clinical options appraisal, b) external review against standards and c) financial option appraisal, (3) **Noted** the outcome of the clinical options appraisal for the south Wales centres, the external hearing implant centre and the financial appraisal, (4) **Noted** the preferred commissioning option as the basis of engagement/consultation; and agreed to enter into further discussion on this through the Management Group meeting on the 28 July 2022; and (5) **Agreed** to receive the required engagement/consultation documentation and process at the September meeting of the Joint Committee.

## **9. Hepato-Pancreato-Biliary (HPB) Services for Wales**

Members received a report providing a summary on the Hepato-Pancreato-Biliary (HPB) surgery project for South and West Wales, and which sought support for the proposed arrangements to provide assurance to the WHSSC Joint Committee as the future commissioners for the service.

Members (1) **Noted** the report, (2) **Supported** the Hepato-Pancreato-Biliary (HPB) surgery Project Initiation Document (PID) and Action Plan Tracker; and (3) **Supported** the proposals to receive assurance that the outputs of the Hepato-Pancreato-Biliary (HPB) project align with the WHSSC strategic objectives and commissioning intentions.

## **10. Policy for Policies & EQIA Policy**

Members received a report presenting feedback from the stakeholder consultation on the revised WHSSC 'Policy for Policies' Policy and the new Equality Impact Assessment (EQIA) policy, and which sought approval for publishing both documents.

Members (1) **Noted** the report, (2) **Supported** the rationale and process that has been applied when updating the WHSSC 'Policy for Policies' Policy and developing the new EQIA policy; and (3) **Approved** the request to publish the WHSSC 'Policy for Policies' Policy and EQIA Policy following stakeholder consultation.

### **11. Policy Position for the Commissioning of Drugs and Treatments for Patients aged between 16 and 18 years of age**

Members received a report seeking support from the Joint Committee on the preferred policy position for the commissioning of drugs and treatments for patients aged between 16 and 18 years of age.

Members (1) **Noted** the report; and (2) **Supported** the preferred option identified within the report.

### **12. Supporting Ukrainian Refugees with Complex Health Needs**

Members received a report setting out a proposal for managing the complex health needs of Ukrainian refugees arriving in Wales and seeking approval to manage the excess costs (>£20k per annum) within the current funding baselines in year, offsetting against non-recurrent slippage and reserves.

Members (1) **Noted** the report; and (2) **Approved** the proposal to manage the excess costs within the current funding baselines in year, offsetting against non-recurrent slippage and reserves.

### **13. Name Change Welsh Renal Clinical Network (WRCN)**

Members received a report informing the Joint Committee of the outcome of the engagement process to consider a change of the name of the Welsh Renal Clinical Network (WRCN) and to ratify the decision of the WRCN Board to change the name to the Welsh Kidney Network.

Members (1) **Noted** the outcome of the engagement process to seek views to change the name of the Welsh Renal Clinical Network (WRCN); and (2) **Ratified** the decision of the WRCN Board to change the name of the WRCN to the "Welsh Kidney Network".

### **14. Results of the Annual Committee Effectiveness Self-Assessment 2021 -2022 & Joint Committee Development Plan**

Members received a report presenting an update on the actions from the annual Committee Effectiveness Self-Assessment undertaken in 2020-2021 and to present the results of the annual committee effectiveness self-assessment 2021-2022.

Members (1) **Noted** the completed actions made against the Annual Committee Effectiveness Survey 2020-2021 action plan, (2) **Noted** the results from the Annual Committee Effectiveness Survey for 2021-2022, (3) **Noted** that the findings were considered by the Integrated Governance Committee (IGC) on the 7 June 2022, (4) **Noted** that the feedback will contribute to the development of a Joint Committee Development plan to map out a forward plan of development activities for the Joint Committee and its sub committees for 2022-2023; and (5) **Noted** the additional sources of assurance considered to obtain a broad view of the Committee's effectiveness.

## **15. Corporate Risk Assurance Framework (CRAF)**

Members received a report presenting the updated Corporate Risk Assurance Framework (CRAF) and outlining the risks scoring 15 or above on the commissioning teams and directorate risk registers.

Members (1) **Noted** the updated Corporate Risk Assurance Framework (CRAF) as at 31 May 2022, (2) **Approved** the Corporate Risk Assurance Framework (CRAF); and (3) **Noted** that a follow up risk management workshop was planned for the 20 September 2022 to review how the Risk management process is working, and to consider risk appetite and tolerance levels across the organisation.

## **16. All Wales IPFR Panel Sub-Committee Annual Report 2021-2022**

Members received a report presenting the All Wales IPFR Panel Annual Report 2021-2022.

Members **noted** the All Wales IPFR Panel Annual Report 2021-2022.

## **17. COVID-19 Period Activity Report for Month 1 2022-2023 COVID-19 Period**

Members received a report that highlighted the scale of the decrease in activity levels during the peak COVID-19 period and whether there were any signs of recovery in specialised services activity.

Members **noted** the report.

## **18. Financial Performance Report – Month 2 2022-2023**

Members received the financial performance report setting out the financial position for WHSSC for month 2 2022-2023. The financial position was reported against the 2022-2023 baselines following approval of the 202-2023 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2022.

The financial position reported at Month 2 for WHSSC was a year-end outturn forecast under spend of £515k.

Members **noted** the report.

## **19. Corporate Governance Matters**

Members received a report providing an update on corporate governance matters that had arisen since the previous meeting.

Members **noted** the report.

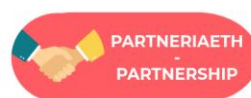
## **20. Other reports**

Members also **noted** update reports from the following joint Sub-committees and Advisory Groups:

- Audit & Risk Committee (ARC),
- Management Group (MG),
- Quality & Patient Safety Committee (QPSC),
- Integrated Governance Committee (IGC),
- All Wales Individual Patient Funding Request (IPFR) Panel; and
- Welsh Renal Clinical Network (WRCN).

## 21. AOB

- **WHSSC Specialised Services Strategy** – Members noted that work had commenced to plan the engagement process for developing the WHSSC Specialised Services Strategy and that a workshop would be held at the Joint Committee on the 6 September 2022.



Patterson, Liz  
26/09/2022 16:23:59

## **WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 6 SEPTEMBER 2022**

The Welsh Health Specialised Services Committee held its latest public meeting on the 6 September 2022. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/>

### **1. Minutes of Previous Meetings**

The minutes of the meeting held on the 12 July 2022 were **approved** as a true and accurate record of the meeting.

### **2. Action log & matters arising**

Members **noted** the progress on the actions outlined on the action log.

### **3. Major Trauma Presentation**

Members received an informative presentation on the South Wales major trauma network, which was launched in September 2020. Members noted the comprehensive evaluation process which was underway to review the effectiveness of the network over the last 18 Months.

Members **noted** the progress made.

### **4. Specialised Services Strategy Presentation and Report**

Members received a report and a presentation on the planned development of a ten year strategy for specialised services for the residents of Wales, and to describe the proposed approach to communication and engagement with key stakeholders to support its development.

Members **approved** the overall approach to developing a ten year strategy for specialised services and provide feedback on the key documents presented.

### **5. Recovery Update Paediatrics – Presentation**

Members received a presentation providing an update on recovery trajectories for paediatric services across NHS Wales, following a request from the JC on the 12 July 2022.

Members **noted** the presentation.

## 6. Chair's Report

Members received the Chair's Report and **noted**:

- Chair's Action taken to appoint James Hehir, Independent Member (IM), CTMUHB as the Interim Chair of the All Wales Individual Patient Funding Request (IPFR) Panel,
- The recruitment process to appoint two new WHSSC IM's,
- Attendance at the Integrated Governance Committee 9 August 2022; and
- Key meetings attended.

Members (1) **noted** the report; and (2) **Ratified** the Chairs action taken.

## 7. Managing Director's Report

Members received the Managing Director's Report and **noted** the following updates on:

- The Integrated Commissioning Plan (ICP) 2022-2025 being accepted by the Minister for Health & Social Services,
- A letter received from Welsh Government concerning a review of Secure Services and consideration of a Single Commissioner for Mental Health Services,
- the Managing Director of WHSSC being designated as the Senior Responsible Officer (SRO) for an All-Wales Molecular Radiotherapy (MRT) Programme,
- That feedback on the Mental Health Specialised Services Strategy for Wales 2022-2028 will be presented to the Joint Committee in November 2022,
- WHSSC receiving approval through the Value in Healthcare Bid – for an Advanced Therapy Medicinal product (ATMP) and for the Welsh Kidney Network (WKN) to provide an all Wales Pre-habilitation Programme to support kidney patients to choose and commence the treatment that offers them the best outcomes,
- Work being undertaken to monitor TAVI (Transcatheter aortic valve implantation) activity increases; and
- The appointment of an interim Director of Mental Health & Vulnerable Groups.

Members **noted** the report.

## 8. Neonatal Transport – Update from the Delivery Assurance Group (DAG)

Members received a report providing an update from the Neonatal Transport Delivery Assurance Group (DAG).

Members (1) **Noted** the report, (2) **Noted** the update on the progress of the implementation of the Neonatal Transport Operational Delivery Network (ODN); and (3) **Received assurance** that the Neonatal

Transport service delivery and outcomes is being scrutinised by the Delivery Assurance Group (DAG).

### **9. Specialised Paediatric Services 5 year Commissioning Strategy**

Members received a report providing an update on the Specialised Paediatric Services 5 year Commissioning Strategy which was recently issued for a stakeholder feedback for a period of 4 weeks. The Joint Committee were requested to note the comments received, the WHSSC responses and the updated strategy for final publication.

Members (1) **Noted** the report, (2) **Approved** the proposed final version of the strategy; and (3) **Supported** the proposed next steps.

### **10. South Wales Cochlear Implant and BAHA Hearing Implant Device Service**

Members received a report presenting an update on discussions with the Management Group regarding the process and outcome of a recent review of the South Wales Cochlear Implant and BAHA Hearing Implant Device Service. The report also presented the proposed next steps including a period of targeted engagement on the future configuration of the Service.

Members noted that on the 28 July 2022 the Management Group discussed the preferred commissioning options as the basis of engagement/consultation and had supported the preferred commissioning option of a single implantable device hub for Cochlear and BAHA for both children and adults with an outreach support model.

Members noted that a report would need to be submitted to HB Board meeting in September 2022 to seek support from Boards on engagement with Health Board residents (each report will include CHC views from the relevant HB area).

Members (1) **Supported** the management group recommendation, (2) **Agreed** the process to be followed (as advised by the Board of CHCs), (3) **Agreed** the content of the engagement materials as the basis of targeted engagement, (4) **Advised** on processes for individual Health Boards; and (5) **Noted** the EQIA.

### **11. Designation of Provider Framework**

Members received a report seeking approval to adopt the Designation of Provider Framework as the WHSS team methodology for evaluating the appropriateness of Health Care Providers to become a designated provider of Highly Specialised and Specialised Services.

Members noted that the Designation of a Provider of Specialised Services Framework had been developed as part of the WHSSC Commissioning Assurance Framework (CAF).



Members (1) **Noted** the report and (2) **Approved** the Designation of Provider Framework as the WHSS team methodology for evaluating the appropriateness of health care providers.

## **12. Individual Patient Funding Requests (IPFR) Governance Update**

Members received a report providing an update on discussions with Welsh Government (WG) regarding the All Wales Independent Patient Funding Requests (IPFR) Policy and the work undertaken to update the terms of reference (ToR) of the WHSSC IPFR Panel. The report asked for support to undertake an engagement process on updating the ToR and a specific and limited review of the All Wales IPFR policy.

Members (1) **Noted** that Welsh Government (WG) had confirmed that as the All Wales Independent Patient Funding Requests (IPFR) Panel is a sub-committee of the WHSSC Joint Committee, it is within its authority to update and approve the terms of reference (ToR), (2) **Noted** that Welsh Government had confirmed that WHSSC could embark on an engagement process with key stakeholders to update the WHSSC IPFR Panel Terms of Reference (ToR) and to engage on a specific and limited review of the All Wales IPFR Policy, (3) **Approved** the proposal for WHSSC to embark on an engagement process with key stakeholders, including the All Wales Therapeutics and Toxicology Centre, IPFR Quality Assurance Advisory Group (AWTTC QAG), the Medical Directors, Directors of Public Health and the Board Secretaries of each of the Health Boards (HBs) and Velindre University NHS Trust (VUNT), to update the WHSSC IPFR Panel Terms of Reference (ToR) and on the specific and limited review of the All Wales IPFR Policy; and (4) **Noted** that the revised documents will need to be supported by the Joint Committee prior to referral to the Health Boards for final approval; and as requested in the letter of 28th July the revised documents will be shared with Welsh Government.

## **13. WHSSC Annual Report 2021-2022**

Members received the WHSSC Annual Report 2021-2022.

Members **approved** the WHSSC Annual Report 2021-2022.

## **14. COVID-19 Period Activity Report for Month 3 2022-2023 COVID-19 Period**

Members received a report that highlighted the scale of the decrease in activity levels during the peak COVID-19 period and whether there were any signs of recovery in specialised services activity.

Members **noted** the report.

## **15. Financial Performance Report – Month 4 2022-2023**

Members received the financial performance report setting out the financial position for WHSSC for month 4 2022-2023. The financial position was reported against the 2022-2023 baselines following approval

of the 202-2023 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2022.

The financial position reported at Month 4 for WHSSC was a year-end outturn forecast under spend of £12,693k.

Members **noted** the current financial position and forecast year-end position.

## 16. Corporate Governance Matters

Members received a report providing an update on corporate governance matters that had arisen since the previous meeting.

Members **noted** the report.

## 17. Other reports

Members also **noted** update reports from the following joint Sub-committees and Advisory Groups:

- Audit & Risk Committee (ARC),
- Management Group (MG),
- Quality & Patient Safety Committee (QPSC),
- Integrated Governance Committee (IGC),
- All Wales Individual Patient Funding Request (IPFR) Panel.



GIG  
CYMRU  
NHS  
WALES

Tim Gwasanaethau Iechyd  
Arbenigol Cymru  
Welsh Health Specialised  
Services Team



Patterson, Liz  
26/09/2022 16:23:59



Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	<a href="mailto:Gwenan.roberts@wales.nhs.uk">Gwenan.roberts@wales.nhs.uk</a>
Date of last meeting	12 July 2022

**Summary of key matters including achievements and progress considered by the Committee and any related decisions made.**

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link: <https://easc.nhs.wales/the-committee/meetings-and-papers/july-2022/>. The minutes of the EASC meeting held on 10 May 2022 were approved.

**CHAIR'S REPORT**

Members noted:

- the recent meetings attended by the Chair including the Appraisal with the Minister for Health and Social Services on 30 May 2022. The Chair confirmed that it would require a collaborative effort working with the Committee, Welsh Ambulance Services NHS Trust (WAST) and health boards (HBs) to deliver the objectives relating to reductions in handover delays.
- the meeting with the Chief Ambulance Services Commissioner (CASC), WAST Chair and Chief Executive and WAST Sub-Committee Chairs on 1 July 2022. Both the Chair and Jason Killens reported that all present at the meeting felt this was a useful session with all able to share their concerns in relation to quality, safety and patient experience.
- the meeting with Judith Paget, Chairs and Chief Executives on 8 June 2022. Members were aware that the Chairs and Chief Executives had made a commitment to improve immediate release requests.

**'FOCUS ON' PERFORMANCE REPORT**

The significant challenge in the provision of timely ambulance services at present was noted and the actions being taken and opportunities to drive improvement were discussed in the Focus on session which included:

**Recent high-level outputs from the Performance Report**

- Red performance remained extremely challenging (at approximately 50%) with some variation noted
- Increasing median response times (approximately 7minutes 50seconds) and the implications in terms of the response for patients and outcomes
- Median response times for Amber 1 patients (over 2 hours)
- Increasing lost hours (baseline last October of approximately 74 minutes with current average handovers of approximately 2 hours)
- 4 hour waits for patients continue to be significant with in excess of 100 x10 hour plus waiting times.

## **EASC Action Plan**

It was noted that the EASC Team has been asked via the Welsh Government (WG) Integrated Quality, Planning and Delivery (IQPD) meeting to enhance the existing EASC Action Plan to provide one overall comprehensive plan with the focus on the improvement priorities and actions for the remainder of 2022-23.

The work undertaken, led by the CASC working with WAST and health board teams as part of the fortnightly handover improvement plan meetings, was noted including:

- the agreement of trajectories against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours
- the undertaking of an annual review at the end of September 2022 against the trajectories
- the number of core actions being undertaken across each health board
- an element of variation in some of the other actions being undertaken by health boards
- the impact that these actions would have on the trajectories and in ensuring the required progress was made.

The EASC Action Plan would continue to be developed to reflect the discussions with Chief Operating Officers (COOs) and WAST and reported via the existing EASC governance arrangements, via the NHS Wales Leadership Board and also through the WG IQPD process.

Members commented that:

- the weekly WAST Performance Dashboard (of management information) circulated by the EASC Team was very helpful and provided up to date live information that health board teams could relate to the previous week, month and 3 monthly trend
- information relating to immediate release was not as transparent and it was requested that it could be added to the dashboard as a weekly metric. It was agreed that the EASC Team would work with WAST to provide this information as soon as practicable. A live PowerBI dashboard for Immediate Release Directions (previously red release requests) would be available to all NHS Wales colleagues from week commencing 25 July 2022 as a screen in the current WAST health board view of the Operational Delivery Unit PowerBI data set
- the focus should be on the actions with the highest impact
- there was a need as individual Chief Executives to take responsibility for communicating decisions and agreements made to their respective Boards thus ensuring the required openness and transparency. This would ensure that Boards had oversight of the actions individual HBs were committed to and would ensure that Executives and Independent Members were clear on the actions being taken locally and nationally to improve system safety and the patient experience.
- The EASC Action Plan would be shared at the NHS Wales Leadership Board.

## **Handover Delays**

- An update was provided on the local fortnightly meetings being held between the CASC, COOs and WAST. This included the development of handover improvement plans for each health board, agreed trajectories for each organisation against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours, core actions being taken across the system and an element of variation in some of the other actions being undertaken.

Members noted a number of core actions to avoid conveyance including:

- the advanced paramedic practitioner and its navigator role (SBUHB)
- the need to explore the impact on the number of conveyances into emergency departments (EDs) and continuing to link in with flow centres, community hubs and primary care clusters to maximise the opportunities
- the potential for WAST access to urgent primary care centres
- the increased use of 111
- the likely impact of same day emergency care services (SDEC) following the immediate success of the Hywel Dda UHB pilot, although the likely staffing challenges were noted
- 111 press 2 for Mental Health (MH) and its likely impact due to the number of MH calls to WAST.

It was agreed that the next version of the EASC Action Plan would focus on the increasing number of long wait handovers.

The principle of the importance of immediate red release was agreed, there was a concern about its viability at the present time. A proposal for maximising the impact of this was therefore made relating to compliance (of immediate release) when approaching the 4-hour deadline and the significant impact that this could have in terms of freeing up ambulance resources. Members noted that this would require the right conversation at the time between the hospital and ambulance control to ensure risks are balanced in the moment.

Members noted issues relating to the lack of social care input (and ambulance services) and a proposal was made to consider the inclusion of a social care practitioner in the WAST control room to ensure that the social care requirements were identified to avoid ambulance conveyance to EDs; this could also be extended to provide an advice line for care homes. Other opportunities, such as having a national maternity line, would be explored further with the WAST Team, COOs and the EASC Management Group as appropriate.

### **Red Demand and Variation**

- Variation in terms of red performance was noted and an acceptance that this variation needed to be reduced.
- It was agreed that further work would be undertaken with Optima with a view to facilitating a presentation at a future meeting of the Committee to broaden colleagues understanding of the drivers of variation in red performance.

### **Performance Reporting**

- Members noted exciting work relating to the linking of system wide data with Digital Health Care Wales which described and tracked the patient's journey through the system and how this could present opportunities for improving the design of services.
- Members noted that the most important aspect currently being looked at was the application of the WAST Clinical Safety Plan, in particular understanding the impact of higher levels of CSP on patients waiting in the community. The risk and harm that patients could be exposed to, and also quantifying the impact of the non-attendance of an ambulance, would be areas to be focused on next.

- Members queried whether there was any evidence to suggest that escalation of the WAST CSP impacted on the numbers of patients attending ED by their own means; and also, the impact that this had on those waiting outside in an ambulance. Members noted that progress was slow as this was a complex and extensive data set and work to retrospectively track patients following 'can't send' and other touch points with health services were expected to provide clarity in relation to levels of harm and the impact of prioritisation.

Members were asked to note that the two commitments (25% reduction on the minutes lost per arrival and no handover delays over 4 hours) had been referred to by the Minister for Health and Social Services as part of the update on the Six Goals for Urgent and Emergency Care Programme on the 19 May 2022 and were the subject of recommendations by the Health and Social Care Committee in their recent report on Hospital discharge and its impact on patient flow through hospitals.

Members noted the information contained within the latest version of the Ambulance Service Quality Indicators (April & May 2022) and are available at this link <https://easc.nhs.wales/asi/> .

Following discussion, Members **RESOLVED** to:

- **NOTE** the content of the report.
- **NOTE** the Ambulance Services Quality Indicators
- **ENDORSE** the EASC Action Plan
- **ENDORSE** the handover improvement trajectories
- **NOTE** the performance reporting information submissions.

## **QUALITY AND SAFETY REPORT**

The Quality and Safety Report provided Members with an update on quality and safety matters for commissioned services. The following areas were highlighted:

- the work of the Healthcare Improvement Wales (HIW) Task & Finish Group established to coordinate and lead the work in response to the recommendations made as part of the HIW Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover
- progress of the NHS Wales Delivery Unit on Appendix B Task & Finish Group which will be established to review the process related to serious incident joint investigation framework; working between WAST and health board and make recommendations for improvement
- the general growth in the demand and focus on quality and safety issues closely linked to the deteriorating performance position.

Members **RESOLVED** to:

- **NOTE** the content of the report
- **NOTE** the impact of deteriorating performance and the resulting challenges in commissioning the provision of safe, effective and timely emergency ambulance services
- **NOTE** the provision of Quality and Safety Reports relating to commissioned services at all future meetings.

## PROVIDER ISSUES

Jason Killens, Chief Executive at the Welsh Ambulance Services NHS Trust (WAST) gave an overview of key matters including:

- the seasonal forecasting and modelling undertaken by WAST as a matter of routine and the concerning modelled results
- WAST had updated its tactical Performance Improvement Plan with specific action for the summer months
- WAST was currently at escalation level 3 (maximum 4)
- in the last 3 months, 33 patient safety incidents had been shared with health boards as part of the joint investigation framework (known as Appendix B).
- lost hours in relation to handover delays for May totalled 22,080 hours (18% of WAST's total capacity or 25% of total conveying capacity)
- WAST has recently introduced a new Managing Attendance Plan with seven work-streams and improvement trajectories. The Plan was being reported to the Executive Management Team every two weeks
- Post-production Lost Hours (PPLHs) amounting to 5,835 hours were lost in May-22 for a range of reasons e.g. vehicle defect, trauma stand down, police interview, etc. Members noted these could not be viewed as areas for potential efficiencies.
- detailed the significant programme of work relating to the Non-Emergency Patient Transport Service (NEPTS) including to further assess the benefits of the all Wales business case and the transfers of work from HBs. Members noted that a roster review to maximise efficiency would be undertaken with implementation expected in 2023-24.

Members noted that the 4-stage process to develop rosters had been completed, with the new rosters implemented from September 2022 starting with Hywel Dda University Health Board. It was confirmed that the roster review roll-out would continue as follows:

- Cardiff and Vale UHB in late September
- Swansea Bay UHB in early October
- Aneurin Bevan UHB during mid-October
- Cwm Taf Morgannwg UHB in late October
- Betsi Cadwaladr UHB in early November and
- Powys mid-November 2022.

Members noted that each health board would benefit from growth in terms of total numbers of staff and a commitment was made to ensure that there would be no reduction in emergency ambulance cover in West Wales. However, there would be changes in the mix of the fleet including less single staffed cars and an increase in double staffed resources. It was agreed that more information would be provided by WAST on a health board by health board basis.

Stephen Harrhy updated Members in relation to the ongoing work WAST to ensure the required progress was made against key elements of work within the report including:

- the roster review programme equated to approximately 70 additional WTEs
- supporting the constructive discussions with the staff side representatives regarding working practices – it was noted that indicative timescales would be helpful and would be provided in the next report
- the improvement trajectories for sickness as part of the new Managing Attendance Plan

- the role that first responders could take to supplement ambulance services, although not at the expense of the core ambulance service.

### **Immediate red release**

The Immediate Release Protocol developed by WAST was considered and discussed with a view to agreeing the next steps. It was noted that the protocol had been considered by Chief Operating Officers and set out the national process relating to Red and Amber 1 immediate release requirements.

A conversation was held on the implications of classifying each episode where an immediate release direction was declined as a 'never event' (this was specific terminology used within the Welsh Health Circular WHC / 2018 / 12

<https://gov.wales/sites/default/files/publications/2019-07/never-events-list-2018-and-assurance-review-process.pdf> which did not include immediate release of ambulances). It was agreed that the protocol needed to emphasise the requirement to improve and enhance the escalation process; all were keen not to over complicate the process and there was agreement that WAST would amend the language used and circulate a further version. Once received, Members recognised that each organisation would be responsible for taking the revised protocol through their local governance processes.

Members **RESOLVED** to:

- **NOTE** the WAST Provider Report
- **NOTE** the actions required for the immediate red release protocol.

### **CHIEF AMBULANCE SERVICES COMMISSIONER'S (CASC) REPORT**

Stephen Harrhy presented the report and highlighted the following:

- Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) and the Wales Air Ambulance Charity had undertaken a strategic review of the service and confirmed that the existing model of four aircraft would be retained for the population of Wales. Members noted that a strategic review of air bases was also being considered in order to maximise coverage. It was noted that this could impact on the location of the existing bases in North Wales. Jason Killens suggested that there could be opportunities to explore efficiencies in co-locating services for EMRTS and WAST and agreed to make contact to discuss potential options
- Temporary funding (£3m non-recurrent funding) for additional ambulance capacity had been secured from Welsh Government to fund additional front-line staff (approximately 100 additional staff members) to support WAST services during these unprecedented system wide pressures. The progress of recruitment, utilisation and impact would be reported via the EASC Management Group and an update on progress provided at the next Committee meeting.

Members **RESOLVED** to: **NOTE** the report.

### **EMERGENCY AMBULANCE SERVICES COMMISSIONING FRAMEWORK**

Members noted that the approach taken in the development of the Framework had been adapted to provide clarity on the commissioning of core services alongside services considered to be 'transformational,' but optional, within the commissioning arrangements.



Members received a draft of the Framework as an appendix to the report and it included the high-level expectations of the ambulance service and proposed the opportunity to develop local Integrated Commissioning Action Plans (ICAPs). The process would involve more joint working with WAST and health boards to develop plans at a local level. Members noted the process would also provide the foundation for development of the Commissioning Intentions for emergency ambulance services.

In addition to recognising opportunities for national transformation, the local ICAPs would capture the local transformation programmes and their implications for ambulance services, identifying opportunities and developing and tracking resource requirements for delivery. The key principles and content of the draft Framework were endorsed, it was confirmed that the existing Framework would remain extant until the final version was presented and approved.

Following discussion Members **RESOLVED** to:

- **NOTE** the progress made in developing the new Emergency Ambulance Services Commissioning Framework
- **ENDORSE** the content of the Framework and the ongoing plans for development.

### **EASC COMMISSIONING UPDATE**

Members noted that formal confirmation was awaited from Welsh Government regarding the status of the EASC Integrated Medium Term Plan and that a quarterly update with regard progress made against the IMTP would be provided at the next meeting. An update against the Commissioning Intentions (Emergency Ambulance Services, Non-Emergency Patient Transport Services and Emergency Medical Retrieval and Transfer Services) would be provided to EASC Management Group at the August meeting.

### **FINANCE REPORT**

The EASC Finance Report was received and the purpose of the report was to set out the estimated financial position for EASC for the 2<sup>nd</sup> month of 2022/23 together with any corrective action required. No corrective action was required.

### **EASC SUB GROUPS**

The confirmed minutes from the following EASC sub-groups were **APPROVED**:

- Chair's Summary EASC Management Group – 16 June 2022
- EASC Management Group – 21 April 2022
- NEPTS Delivery Assurance Group – 3 May 2022
- EMRTS Delivery Assurance Group – 29 March 2022.

### **EASC GOVERNANCE INCLUDING THE RISK REGISTER**

The report on EASC Governance was received. Governance documentation is available at <https://easc.nhs.wales/the-committee/governance/>

Members **RESOLVED** to:

- **ENDORSE** the risk register
- **NOTE** the progress with the actions to complete the requirements of the EASC Standing Orders
- **APPROVE** the EMRTS DAG Annual Report 2021-2022
- **APPROVE** the EASC Communications and Engagement Plan
- **APPROVE** the EASC Assurance Framework

- **APPROVE** the completion of the Internal Audit on EASC Governance
- **NOTE** the information within the EASC Key Organisational Contacts.

### Key risks and issues/matters of concern and any mitigating actions

- Red and amber performance
- Handover delays (and the development of handover improvement plans in HBs with trajectories)
- Community care capacity

### Matters requiring Board level consideration

- Consider and oversee the implications of the commitment made at the meeting with Judith Paget by Chairs and Chief Executives improve immediate release requests on 8 June 2022.
- To acknowledge the significant risks for patients in relation to handover delays and the need for health boards to implement the local handover improvement plan and identified trajectories) for every emergency department against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours
- Note that a live PowerBI dashboard for Immediate Release Directions (previously red release requests) would be available to all NHS Wales colleagues from week commencing 25 July 2022 as a screen in the current WAST health board view of the Operational Delivery Unit PowerBI data set
- Note the roll out of roster reviews for each area before the end of November 2022
- From the Performance Report
  - Red performance remains extremely challenging (at approximately 50%)
  - Increasing median response times (approximately 7minutes 50seconds) and the implications in terms of the response for patients and outcomes
  - Median response times for Amber 1 patients (over 2 hours)
  - Increasing lost hours (baseline last October of approximately 74 minutes with current average handovers of approximately 2 hours)
  - 4 hour waits for patients continue to be significant with in excess of 100 x10 hour plus waiting times.

### Forward Work Programme

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
<b>Date of next meeting</b>	<b>6 September 2022</b>			

Patterson, Liz  
26/09/2022 16:23:59



Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	<a href="mailto:Gwenan.roberts@wales.nhs.uk">Gwenan.roberts@wales.nhs.uk</a>
Date of last meeting	6 September 2022

**Summary of key matters including achievements and progress considered by the Committee and any related decisions made.**

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link:

<https://easc.nhs.wales/the-committee/meetings-and-papers/september-2022/>.

The minutes of the EASC meeting held on 12 July were approved.

**CHAIR'S REPORT**

Members noted:

- the meeting with the Minister, Chief Ambulance Services Commissioner (CASC) and Welsh Ambulance Services NHS Trust (WAST) Chair and CEO on 20 July
- the meeting with CASC and Audit Wales re Emergency Care on 26 August
- the meeting with CASC and the Chair and Managing Director of the Welsh Health Specialised Services Committee (WHSSC) on 10 August
- the meeting of the Chairs' Peer Group on 16 August
- the induction meeting with Director of Nursing and Quality at WAST on 1 September
- the Chair's Objectives as set by the Minister and the request to focus more generally on its key role within the Six Goals for Urgent and Emergency Care Programme
- the relevance of the 'Focus on' session relating to the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru).

**PERFORMANCE REPORT**

The significant challenge in the provision of timely ambulance services at present was noted and it was explained that data had been used from July (Ambulance Service Indicators) and August in the preparation of this report:

**Ambulance Service Indicators (July data)**

- The improving outcomes and numbers of patients managed via 'hear and treat'
- Incidents receiving a response were reduced, possible impact of the Clinical Safety Plan
- Conveyance has reduced, although it is important to consider this in light of a reduction in attendance in response to escalation decisions relating to the clinical safety plan
- Ongoing work on post production lost hours and now included in the EASC Action Plan
- All-Wales red 8 minute performance was 52% (target 65%)
- Handover lost hours – over 24,000 in July (and subsequently 22,000 in August)

- Weekly performance dashboard now circulated widely within health boards and Welsh Government.

Members raised important points including:

- Relentless demand across Wales, and hours lost, would remain a challenge
- The significant numbers of patients within the system that were 'fit for discharge'
- Concerns regarding the trajectory for the winter and the need for effective partnership working
- That the volume of demand at the front door is likely to increase
- Useful ideas that have been identified within the fortnightly handover improvement meetings, including the measurement of the total wait from dialling 999 to the definitive point of care and development of an evening transport system
- Support for the use of the EASC mechanisms to feed ideas back into the system, for example using the CEO group meetings.

The Chair noted the good work being undertaken and the challenges being encountered, emphasising the need to coordinate efforts and to work together over coming months.

### **Immediate Release**

- WAST had presented the protocols to manage immediate release at the last meeting
- Amber release increased from 31% to 44% with WAST and health boards working together.

### **Handover delays**

- Fortnightly Handover Improvement Plan meetings continue with a focus on working towards the 2 trajectories
- Improvements in both areas across Wales during the last 3 months with the number of patients waiting over 4 hours reducing
- Overall lost hours remain very high.

### **EASC Action Plan**

It was noted that the latest version of the plan had been submitted to Welsh Government on 5 September and that small improvements and positive signs with good local actions were evident. In addition, discussion had taken place at the Directors of Planning meeting regarding the need to link the actions to the integrated medium term plan (IMTP) process.

Members noted that the EASC Action plan was being well received and that it is important that any further actions were captured and included as necessary.

Following discussion, Members **RESOLVED** to:

- **NOTE** the content of the report.
- **NOTE** the Ambulance Services Quality Indicators
- **ENDORSE** the EASC Action Plan
- **ENDORSE** the handover improvement trajectories
- **NOTE** the performance reporting information submissions.

### **QUALITY AND SAFETY REPORT**

The Quality and Safety Report on commissioned services was received and Members were reminded that an increased focus on quality and safety matters was a priority within the EASC Integrated Medium Term Plan (IMTP).

Members noted:

- The work of the Healthcare Improvement Wales (HIW) Task & Finish Group (convened by the EASC Team) with work undertaken with stakeholders to develop a position update, this would now be discussed with HIW with a view to closing some recommendations. Further update to be provided at the next meeting
- An update on progress of the NHS Wales Delivery Unit on Appendix B Task & Finish Group (convened by the EASC Team). The group consists of representatives of health boards (Directors of Nursing and Assistant Directors of Quality and Safety), WAST, the EASC Team and the NHS Wales Delivery Unit. The meeting had been well attended by a mixed group of. Members noted that the next meeting would take place on 8 September 2022 with the aim of agreeing a consistent approach to joint investigations. Progress to be reported back to the EASC Management Group
- The general growth in the number of adverse incidents and the renewed focus on quality and safety issues which were closely linked to the deteriorating performance position
- That this report would be strengthened to include other commissioned services such as non-emergency patient transport services and emergency medical retrieval and transfer services.

The Chair thanked the EASC Team for the report and highlighted the importance of considering the performance report and the quality and safety report together at meetings as they were both fundamental to the effectiveness of the Committee as a commissioning body.

Members **RESOLVED** to:

- **NOTE** the content of the report and the progress made by both Task and Finish Groups
- **NOTE** the content of the discussion in the Appendix B Task and Finish Group and the agreed next steps
- **NOTE** the impact of deteriorating performance and the resulting challenges in commissioning the provision of safe, effective and timely emergency ambulance services
- **NOTE** the provision of Quality and Safety Reports relating to commissioned services at all future meetings.

### **FOCUS ON' EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU)**

The Chair introduced the session referencing the recent media coverage of proposals by the Wales Air Ambulance charity to rationalise its operational bases, within a context of a procurement exercise for new aircraft. It was agreed that the session was timely and would provide Members with a greater understanding as a starting point of the process for assessing viability of the high-level proposal both as a partner organisation and also from a commissioning perspective.

As EMRTS National Director, David Lockey led a presentation which gave an overview of the EMRTS Cymru service which included:

- The journey in the development of EMRTS Cymru since becoming operational in 2015 and the service changes made over recent years
- The service continues to work closely with the Wales Air Ambulance Charity (the Charity)

- Use of the CAREMORE Quality and Delivery Framework
- 2021/22 data: 3,247 incidents; 46% by road; 54% by air; 68% conveyance to hospital; 9 calls per day; 8 trauma desk calls per night; 16% air stand down (compared to industry average of c. 25%); 141 sedations; 119 blood transfusions; 561 intubations and 412 anaesthetics
- Longitudinal view of the service from 2016 to present; seeing an increase in activity
- An overview of EMRTS Commissioning Intentions for 2022/23
- A presentation by Dr Michael Slattery covering the first year of the newly established ACCTS service including the strong relationship with the Welsh Critical Care Network, work undertaken with NHS England and activity 22% higher than forecasted and continuing to grow
- A focus on the Strategic Review undertaken by the Charity System to determine “the optimal operational configuration and physical footprint for our lifesaving services that brings greatest benefit to all the people of Wales” ahead of a forthcoming commercial aviation procurement process.

Members noted that the review had included consideration of base activity data since establishment of the service in 2015, service reviews already undertaken including the EMRTS Service Evaluation (undertaken with Swansea University) and comprehensive demand and capacity modelling. It was confirmed that this analysis has been undertaken at a health board and regional level in order to understand the demand and current unmet need.

Key headlines from the Strategic Review included under-utilisation and unmet (geographic, overnight and hours of darkness). The robust analysis and modelling indicated the need for extended hours of operation and changes to optimise base location.

Members noted recent challenges due to a media leak ahead of the finalisation of the data analysis and the subsequent planned stakeholder engagement process. A strong reaction was reported and a perception of a loss of a service in Powys.

The key headlines of a proposal to optimise the operational configuration and physical footprint with a view to bringing the greatest benefit to the population of Wales (within existing resources) included:

- attending an additional 583 patients
- improved average response times (on average 11 minutes quicker) and
- achieving 88% of the total demand compared with the existing model that meets 72% (within the same resource envelope).

The Chair thanked the team for their work to date and the clarity provided by the presentation in terms of the service provided but also the potential for an enhanced service in the future.

Members raised:

- The need to have follow up conversations related to the Powys health board area and the Powys related data
- Carol Shillabeer recognised the importance of embracing the opportunity for change and the need to celebrate the excellent service developed to date but also emphasised the need to be sensitive about this as an all-Wales service and the importance of equity of access (particularly for people in rural Wales and representing the views of people in mid Wales)

- Members noted that Powys had disproportionately benefited from the service but on the other hand it was important in terms of the use of 'Cardiff' within the slides providing the impression of a south Wales centric service – important therefore to see the all-Wales view
- It would be helpful to map out and present the changing demand and the service changes over the years
- The ability of the expanded service to reach more people and the usefulness of the graphics in demonstrating this
- The importance of clarifying the distinctive roles of the ambulance service and EMRTS
- Future opportunities for the ACCTS service and other transfer services like neonatal
- The emotional ties of communities to the Wales Air Ambulance Charity (particularly to bases) and the impact of any change
- Carol Shillabeer raised the issue related to the role of EASC as the commissioners in progressing this matter. It was agreed that this is a commissioning issue for the committee
- The question regarding who would lead on the ongoing work to ensure a robust, appropriate and managed process ensuring the required engagement; it was agreed that further discussions would take place at the next EMRTS Delivery Assurance Group (to be held 12 September) and the CASC also undertook to consult with CEOs
- That a briefing session has been planned with the Minister week commencing 12 September to consider the press leak
- That it is important to recognise the current level of service and how it was delivered as an all Wales service and that 65% of the Welshpool based air ambulance activity provided services outside Powys; at night the only service was provided from Cardiff but the proposed changes may widen this provision
- The importance of ensuring an all-Wales view during the consideration process, for example, David Lockey explained the impact that the expanded day shift in Cardiff had in ensuring that the aircraft in West Wales was available to support rural areas
- Stephen Harrhy suggested the importance of using the commissioning resource envelope, aligned to health board strategies, to meet the needs of the population of Wales
- The desire to support the system to get this right and it was agreed that further consultation with CEOs would help to better understand the information and the local nuances
- That the presentation was compelling but that this is an emotive subject and there is a need for wide engagement
- Important to consider the impact on the Charity
- The importance of ensuring the approach is fair and balanced in terms of service change and the potential impact on WAST in terms of their roster changes The variety of transfer services would need to be scoped out and with a report back to the next meeting (Action Log)
- Next steps and the need for a structured approach including clear project plan, clear governance and decision-making framework (including decision timelines) and a clear engagement (or consultation) / handling plan with clarity in relation to whether this is significant service change.

(Teri Jansma joined the meeting)

The Chair thanked members for their contribution to this important discussion, confirming that Members were receiving the information as a starting point of the engagement process. Members were advised that a structured and considered approach would be undertaken in line with the discussion held.

Members **RESOLVED** to:

- **NOTE** the presentation
- **RECEIVE** formally the Strategic Service Review at a future meeting
- **AGREE** in the meantime to develop a structured approach including a project plan, to include a detailed engagement plan, to clarify the next steps.

### **WELSH AMBULANCE SERVICES NHS TRUST (WAST) UPDATE**

The Welsh Ambulance Services NHS Trust update report was received. In presenting the report, Jason Killens highlighted the following areas:

- The link to the performance and quality & safety reports (already received)
- Clinical outcomes implementation of electronic patient clinical record (EPCR) which went live nationally in March 2022. Members noted that there was more to come in this area and would be received in future meetings
- Capacity – good progress had been made on recruiting the additional 100 front line staff (by January 2023) and confident of recruitment
- Immediate release and the latest compliance report had been shared with week on week improvement.

### **Red Demand and Variation**

Tef Jansma gave a presentation 'Variables affecting Red Performance'. It was highlighted that there was an inverse relationship between Red performance and vehicle utilisation and that red underperformance was not the result of a single issue and therefore required a multi-faceted approach.

A further presentation by WAST 'Actions being undertaken to reduce variation and improve red performance' was provided which highlighted:

- The number of responded incidents (WAST expansion of clinical support desk; ECNS patient triage and streaming and implementation of forecasting and modelling; in Health boards roll out PTAS in all areas)
- Red performance varies significantly from one day to the next and is the result of many correlations
- Number of hours produced with key actions identified
- Capacity and utilisation including hours produced
- Re-rostering and Cymru High Acuity Response Unit (CHARU)
- Travel durations and mobilisation (time spent on scene; deep dive into clinical contact centre analysis and modelling on community first responders)
- Duration at hospital including alternatives.

The Chief Ambulance Services Commissioner explained that he had expected that if an improvement had been seen in amber performance there would also be an improvement in red performance. The CASC wanted to understand why this was not the case and how additional capacity could be deployed to improve red performance.

The CASC raised that significant variation was occurring on a day-by-day basis and there was a need to undertake more analysis to explain this. Members noted that Amber performance did not chase seconds but this would make a big difference in red call performance times. It was agreed to consider this at the next EASC Management Group meeting to ensure the most effective use of the additional capacity being progressed within the service and improve red performance, this would then need to be reported back to Committee.



## **Clinical Response Model and the Categorisation of the Medical Priority Dispatch System Codes within the Dispatch Cross Reference Table**

Jason Killens presented the report on the Clinical Response model and the Dispatch Cross Reference Table. Members noted the variation with red, amber and green categories used in Wales, conversely categories 1 to 5 were used in England. The Clinical Priority and Assessment Software (CPAS) Group in Wales regularly review the Dispatch Cross Reference Table and usually any changes were minor and were managed internally. However, the changes proposed were significant and were driven by patient safety concerns.

Members noted:

- Changes to patients fitting and the poor outcomes for this group of patients
- Codes for haemorrhage proposed to change from Amber 1 to Red
- As a consequence of the changes to be made this would impact on the movement of patients and would lead to a marginal positive impact (improvement) but would have a noticeable impact on Amber 1. Although a strong clinical outcome it was likely to see a slight improvement in red but a negative impact on Amber performance
- The proposition to move to the changes from the 1<sup>st</sup> Monday in October in line with the clinical recommendation.

Following discussion it was agreed that this would be formally taken through the WAST Board at the end of September and the CASC offered to work with WAST to discuss appropriate engagement regarding the changes, also offering to inform the Welsh Government regarding this matter so that they were aware of the impact.

Members **RESOLVED** to:

- **NOTE** the WAST Provider Report
- **NOTE** the actions around the engagement required for Clinical Response Model and the Categorisation of the Medical Priority Dispatch System Codes within the Dispatch Cross Reference Table

## **CHIEF AMBULANCE SERVICES COMMISSIONER'S (CASC) REPORT**

The Chief Ambulance Services Commissioner's report was received.

Stephen HARRY presented the report and highlighted that for the remainder of the financial year the additional commissioning allocation agreed as part of the EASC IMTP would be targeted at additional transfer and discharge services and targeted outcomes to support performance and mitigating clinical risk. The escalation policy that was previously agreed by the NHS Leadership Board would be introduced following agreement of an implementation plan with COOs. Members **RESOLVED** to: **NOTE** the report.

## **AMBULANCE SERVICES COMMISSIONING FRAMEWORK**

The report on the Emergency Ambulance Services Commissioning Framework was received. The following areas were highlighted:

- Enhanced commissioning framework as a key element of the collaborative commissioning approach
- Frameworks designed to support system leaders to work in a collaborative way, encouraging open and transparent discussions between commissioners and providers

- Discussions regarding the framework and the approach to commissioning emergency ambulance services going forward have been held at EASC Committee and EASC Management Group meetings over many months
- At the EASC Management Group meeting in April it was agreed to work together to develop local plans that respond to the needs of the local population and the challenges being faced by each health board in the short and longer term. It was felt that this local approach would help to identify the actions already being undertaken (by health boards, by WAST or jointly by HBs and WAST), identify opportunities for service re-design and ensure that evidence-based commissioning decisions were made
- The development of local Integrated Commissioning Action Plans (ICAPs) for each individual health board, in collaboration with WAST, has been the focus at subsequent meetings
- The key principles and content of the draft framework agreement were endorsed by Committee members at the July 2022 meeting of EASC. The draft agreement has now been formatted and finalised to include comments received from Members
- The key principles of an implementation plan were noted, this plan would:
  - ensure that local ICAPs were developed and signed off as required
  - inform the development of commissioning intentions for 2023-24
  - inform the IMTP section relating to EASC and emergency ambulance services for each organisation.
- As a new element of the commissioning frameworks, the EASC Team would continue to develop and adapt the approach relating to ICAPs ahead of any future refreshes. Members noted the need to align the development of ICAPs with the IMTP planning process and the requirements of the Six Goals for Urgent and Emergency Care.

Following discussion Members **RESOLVED** to:

- **NOTE** the collaborative approach undertaken to refresh and enhance the emergency ambulance services commissioning framework
- **NOTE** the development of local Integrated Commissioning Action Plans that respond to the needs of the local population
- **NOTE** the key principles of the implementation plan and next steps as described above
- **APPROVE** the Collaborative Commissioning Framework Agreement.

### **EASC COMMISSIONING UPDATE**

The report on the EASC Commissioning Update was received. Members noted updates against:

- **EASC Integrated Medium Term Plan (IMTP)**

It was reported that confirmation had been received from Welsh Government that the EASC IMTP was acceptable and that the correspondence included certain accountability conditions, including the need for a greater emphasis on risk and quality.

Members also noted the expectation within the accountability letter that progress against the plan must be monitored effectively and therefore received the detailed EASC IMTP Quarter 1 Update. Further quarterly updates would be provided to EASC Management Group and the EASC Committee going forward.

### • **EASC Commissioning Intentions**

Members were reminded that commissioning intentions were worked up with health boards for each of the commissioned services to provide a clear indication of the strategic priorities of the Committee for the next financial year.

The EASC Management Group, on behalf of EASC, continue to hold responsibility for the development, monitoring and reporting of progress against intentions to ensure the strategic intent was achieved. The agreement of the EASC commissioning cycle in 2021-22 has already ensured increased engagement and a more timely approach to the agreement of commissioning intentions for 2022-23.

Members received the detailed Quarter 1 update against the EASC Commissioning Intentions (Emergency Ambulance Services, Non-Emergency Patient Transport Services and the Emergency Medical Retrieval and Transfer Service). This update highlighted key areas of progress for each commissioned service with many already discussed at length during the Committee meeting.

Key progress relating to the NEPTS service was noted by Members including:

- The Quality Management Framework - including 3Qs (Quality Assurance, Quality Control and the Quality Award)
- Increasing the number of providers in line with the NEPTS business case and the plurality model
- Early work in relation to re-rostering with the Project Initiation Document anticipated for October.

Further quarterly updates would be provided to EASC Management Group and the EASC Committee going forward.

Members **RESOLVED** to:

- **NOTE** the collaborative commissioning approach in place
- **APPROVE** the progress made against the EASC IMTP in Quarter 1 as set out in the update provided
- **NOTE** the Quarter 1 update against the commissioning intentions for each of the commissioned services.

### **FINANCE REPORT MONTH 4**

The Month 4 EASC Finance Report was received and the purpose of the report was to set out the estimated financial position for EASC for the 4<sup>th</sup> month of 2022/23 together with any corrective action required. No corrective action was required.

Members **RESOLVED** to: **NOTE** the report.

### **EASC SUB-GROUPS CONFIRMED MINUTES**

The confirmed minutes from the following EASC sub-groups were **APPROVED**:

- Chair's Summary EASC Management Group – 18 August 2022
- EASC Management Group – 16 June 2022
- NEPTS Delivery Assurance Group – 6 June 2022.

### **EASC GOVERNANCE**

The report on EASC Governance was received. Governance documentation is available at <https://easc.nhs.wales/the-committee/governance/>

Members **RESOLVED** to:

- **APPROVE** the risk register
- **APPROVE** the EASC Assurance Framework
- **NOTE** the information within the EASC Key Organisational Contacts

#### **Key risks and issues/matters of concern and any mitigating actions**

- Red and amber performance
- Handover delays (and the development of handover improvement plans in HBs with trajectories)
- Structured approach relating to the engagement process for the proposal by the Wales Air Ambulance Charity

#### **Matters requiring Board level consideration**

- To acknowledge the significant risks for patients in relation to handover delays and the need for health boards to implement the local handover improvement plans and identified trajectories) for every emergency department against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours
- Note the roll out of WAST roster reviews for each area before the end of November 2022
- From the Performance Report
  - Red performance remained extremely challenging (52%)
  - Handover lost hours consistently in excess of 20,000 hours
- To acknowledge the key headlines from the Strategic Review undertaken by the Wales Air Ambulance Charity and the proposal to optimise the operational configuration and physical footprint with a view to bringing the greatest benefit to the population of Wales, improving average response times and meeting 88% of demand (compared to the existing 72%). This information was received as the starting point of the engagement process and a structured approach would now be developed including a detailed engagement plan
- To approve the Collaborative Commissioning Framework Agreement for Emergency Ambulance Services, including the development of local Integrated Commissioning Action Plans (ICAPs) for each individual health board, in collaboration with WAST as a key enhancement of the commissioning framework.

#### **Forward Work Programme**

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
<b>Date of next meeting</b>	<b>8 November 2022</b>			

Patterson, Liz  
26/09/2022 16:23:59

## MID WALES JOINT COMMITTEE FOR HEALTH AND CARE

### UPDATE REPORT – JULY 2022

#### 1. Introduction

The Mid Wales Joint Committee met virtually via Zoom on 27<sup>th</sup> June 2022 with members of the public offered the opportunity to join the 'live' meeting to observe and ask any questions / raise any concerns during the Listening to You session. The main focus of the Joint Committee's business was to discuss the priorities and delivery plan for 2022/23, ensure organisational Annual / COVID-19 Recovery plans consider the needs of the Mid Wales population and the future arrangements for the Joint Committee.

#### 2. Mid Wales Priorities and Delivery Plan 2021/22

The work of the Mid Wales Joint Committee is co-ordinated by the Mid Wales Planning & Delivery Executive Group which is led by the Chief Executive of Hywel Dda University Health Board in his role as Lead Chief Executive of the Mid Wales Joint Committee. The main focus of the group's work is to oversee the development and implementation of the Mid Wales Priorities and Delivery Plan which is considered alongside individual organisational plans together with the consideration of any other emerging matters which require a collaborative discussion and regional approach.

The Joint Committee priorities 2022/23 for joint working across Mid Wales have been based on the clinical priorities developed by the Mid Wales Clinical Advisory Group and the key actions within organisational Covid-19 recovery plans and IMTPs in order to support the Welsh Government's expectation for Health Boards to work together to deliver regional solutions to meet the demand of both COVID-19 and non COVID-19 pathways and work together, across organisational boundaries, to plan and deliver on a regional basis. Priorities for 2022/23 are as follows:

- **Urology** – Development of a programme of renewal for Urology pathways across Mid Wales.
- **Ophthalmology** – Develop a regional and whole system pathway approach to the provision of Ophthalmology services across Mid Wales supported through the establishment of links between Hywel Dda UHB, Powys THB and Shrewsbury and Telford NHS Trust. Recruitment to the Mid Wales Ophthalmology leadership role to lead on the MDT approach to Ophthalmology services across Mid Wales.
- **Cancer**- Pathways for community based oncology services will continue to be reviewed to identify opportunities for increasing provision across Mid Wales community sites. Establishment of the new Chemotherapy Day Unit at Bronglais General Hospital together with the development of a plan for a Mid Wales approach to chemotherapy services in the community.
- **Respiratory** – Continuation on the development of the Mid Wales Respiratory Plan outlining the service model for the provision of Respiratory services across Mid Wales with a focus on delivering care closer to home and the creation of a networked pathway across secondary and tertiary services.
- **Digital** – Continuation of the development of a clinically agreed plan for future digital developments for implementation across Mid Wales.
- **Dental** – Resumption of oral surgery for extractions and scoping endodontic service for the feasibility of an integrated service for endodontic services together with the feasibility of an integrated service for joint General Anaesthetic list at Bronglais

General Hospital using existing facilities not fully utilised. Also identify what improvements could be made to general NHS Dental services provision across Mid Wales.

- **Clinical Strategy for Hospital Based Care and Treatment and regional solutions**  
On-going implementation of the Bronglais General Hospital 10 year Clinical Strategy which will support the on-going development of regional and cross border solutions. This will include the establishment of the Mid Wales Bronglais General Hospital Advisory Board, which will be made up of health expert members of the public, to ensure there is on-going involvement and engagement with stakeholders on the implementation of the strategy.
- **Cross Border Workforce arrangements** - On-going development of solutions to establish cross border workforce arrangements across Mid Wales including joint training, apprenticeship and leadership development programmes, development of new and enhanced roles, development of a Mid Wales recruitment campaign and continued support for the Aberystwyth University School of Nursing including the provision of placements in a range of rural community settings across health and social care. Support the development of links between the South Gwynedd, North Ceredigion and North Powys clusters to explore what areas of good work can be rolled out across Mid Wales.
- **Rehabilitation** – Continuation of the work on the development of a Mid Wales Rehabilitation Service plan for inpatient, outpatient and community rehabilitation services and exploring the development of an MDT approach across Mid Wales.

### 3. Mid Wales Clinical Advisory Group

The Mid Wales Clinical Advisory Group, whose role is to provide clinical advice and make clinically based recommendations, meets bi-monthly. For this reporting period the main focus of work had been on agreeing its top 3 clinical priorities 1. Urology, 2. Palliative Care and 3. Rheumatology with the main objective being the development of a programme of renewal for pathways for pathways across Mid Wales.

A Mid Wales GP Cluster Leads meeting was established in November 2021 in order to start discussions on opportunities within the primary care workforce including GP portfolio and rotation and sharing of cluster plans. Members of the group include Cluster Leads and Locality/Cluster Managers for South Gwynedd, North Ceredigion, and North Powys with members of the MWJC team in attendance to facilitate the session. Those in attendance agreed that it was hugely beneficial to share each other's plans and the learning including the use of cluster funds for pilots to consider rolling out more widely across the region. Key priorities were identified by the group, which included palliative care, and these were fed back to the Mid Wales Clinical Advisory Group for informing its clinical priority development work. Updates on current developments across respective clusters were also shared. The group met again in April 2022 and plan to meet twice a year to maintain those links which have been established- April to discuss plans for the upcoming year and October to discuss progress on plans and to share learning.

The group also received updates on the Mid Wales Priorities and Delivery Plan, Bronglais General Hospital Strategy Implementation Plan and the North Powys Wellbeing programme.

The last two meetings of the group have had to be postponed due to low attendance resulting in meetings not being quorate. The Chair of the Mid Wales Clinical Advisory

Group has written to Medical Directors for the Health Boards and Welsh Ambulance Services NHS Trust outlining the importance of the group to ensure clinical engagement and networks are maintained across Mid Wales to support the delivery of the priorities for the Mid Wales Joint Committee. Feedback has also been requested on whether it is an opportune time to revise the membership and terms of reference in order to ensure organisations have the right representation and that those nominated representatives have the time to contribute to the work of the group.

#### **4. Future arrangements for the Mid Wales Joint Committee**

Following a post COVID-19 review of the Joint Committee, detailed proposals are now being developed on the future arrangements for the Mid Wales Joint Committee which include:

- Review of Joint Committee's meeting frequency and exploring the option of replacing quarterly meetings with an annual conference
- Development and delivery of Mid Wales Joint Committee priorities and delivery plan to led by the main Joint Committee sub-groups - Mid Wales Planning and Delivery Group and Mid Wales Clinical Advisory Group.
- Bi-annual Mid Wales plans/reports to be reported to Health Boards and Local Authorities for monitoring and scrutinising.
- Establishment of a Mid Wales Social Care group in order to strengthen the focus on Social Care and the alignment of plans for social care services across Mid Wales. The Head of Commissioning - Adults and Children's Services for Powys County Council has agreed to lead on the establishment of such a group.
- Existing engagement and involvement mechanisms for Health Boards and Local Authorities to be used as the main tools for MW engagement and involvement.

The detailed proposals will be presented to the next meeting of the Mid Wales Planning and Delivery Executive Group and the Mid Wales Clinical Advisory Group prior to being subject to review and approval by the Mid Wales Joint Committee.

#### **4. Recovery plans for Mid Wales**

At the Mid Wales Planning and Executive Delivery Group on 25<sup>th</sup> April 2022 it was noted that there was public interest in the alignment of recovery planning across Mid Wales and the restarting of services, in particular around scheduled care and waiting lists. Health Board plans submitted to Welsh Government were very detailed and a process was needed to clarify how all organisational plans supported the needs of the Mid Wales population. Also a mechanism was required to quantify recovery and progress. The following proposed staged approach for recovery planning across Mid Wales has been agreed:

##### **i) Overall position for Health Boards and Local Authorities** **Health**

As part of their Annual Plan/Integrated Medium Term Plan submissions to Welsh Government, Health Boards are required to submit Minimum Data Set annex and as such consistent information is available across Health Boards although this information is Health Board specific and not Mid Wales specific. The total view from Health Boards areas to be considered initially. The Hywel Dda UHB focus to be on Bronglais General Hospital whilst being mindful that residents from Mid Wales also receive treatment at other sites outside of the Mid Wales catchment area.

## **Social Care**

The Mid Wales Social Group will be asked to provide the overall position for each of the Local Authorities.

### **ii) Mid Wales position**

#### **Health**

The Mid Wales specific information to be extracted from the overall position reported to Welsh Government. Health Board Informatics leads to be asked to establish a mechanism for drawing out Mid Wales specific information.

#### **Social Care**

The Mid Wales Social Care Group to be asked to provide the Mid Wales position.

## **5. Mid Wales Strategic Commissioning Group**

A Mid Wales Strategic Commissioning Group has been established for the three Mid Wales Health Boards to fulfil their commissioning role collaboratively, in the development and implementation of equitable, accessible, evidence-based, safe, effective and sustainable services for the residents of Mid Wales. The Group have met twice and the key actions being progressed by the group are as follows:

- Hywel Dda University Health Board developing an outline of where additional capacity can be provided to its commissioners.
- Betsi Cadwaladr University Health Board and Powys Teaching Health Board outline of their additional capacity requirements.

## **6. Membership of the Joint Committee**

There have been a number of changes to membership of the Joint Committee due to changes in elected representatives following the Local Authority elections in May 2022, changes in Directors of Social Services for Powys and Gwynedd Councils, a change in the Chair for Powys Community Health Council and a change in the Director for Planning and Performance. In addition the Planning Director for the Health Strategy and Planning Division will no longer be attending Joint Committee meetings as the Welsh Government has now stood down its attendance at Regional Planning Committees. However, the Welsh Government have advised that this remains a key Ministerial priority and should continue to be reflected as core business via the Health Boards' respective Integrated Medium Term Plans.

## **7. Update on Key Programmes across Mid Wales**

### **North Powys Wellbeing programme**

The North Powys Wellbeing Programme was established in May 2019 by the Powys Regional Partnership Board as a partnership between Powys Teaching Health Board and Powys County Council with support from the voluntary sector. To date the Regional Partnership Board has received £4.3m from the Welsh Government to invest in new ways of delivering health and social care services in north Powys and supporting the multi-agency wellbeing campus development. The programme aims to focus on wellbeing; promote early help and support by being able to provide technology that helps people to live at home; tackle the biggest causes of ill health and poor wellbeing; and ensure joined up care involving neighbourhood teams and communities working together, ensuring a more seamless service when it's needed.



The North Powys Wellbeing Programme Business Case was submitted to Welsh Government in November 2020. On 15th March 2022, the First Minister announced the Programme Business Case had received ministerial endorsement to proceed to the next phase. The Programme Board has changed its approach from the development of two separate Strategic Outline Cases (Health and Care and Infrastructure) to one combined business case to cover all aspects. The Strategic Outline Case has been taken to a Strategic Outline Case+ stage, to reflect Welsh Government's priorities in better understanding the proposed site fit and the potential for development.

Following further engagement, service specifications have been developed for the Rural Regional Diagnostic and Treatment Centre, Integrated Health and Care Centre, Learning, Innovation and Community Hub and Supported Living. Demand and Capacity Modelling has been undertaken based on a 10 year time-horizon, from Year 0 (2021) to Year 10 (2031) and uses detailed activity datasets as far as these were available. The following areas have been included in the modelling work to support with the Strategic Outline Case:

- Community inpatient care
- Supported living accommodation
- Short stay assessment and diagnostics, ambulatory care, urgent care
- Day Case and outpatient surgical and medical procedures
- Outpatient consultations
- Maternity

Work is now being undertaken on the Outline Business Case and engagement with other health and social care providers now needed to be focused on.

### **Hywel Dda University Health Board: A Healthier Mid and West Wales Programme Business Case - Detail on Bronglais General Hospital**

The delivery phase of the Hywel Dda University Health Board's (HDdUHB) strategic vision, "A Healthier Mid and West Wales: Our Future Generations Living Well" strategy, required the production of a clinical strategy for the future services at Bronglais General Hospital. Following a clinically led development process, the Bronglais General Hospital clinical strategy 'Bronglais General Hospital: Delivering Excellent Rural Acute Care', was approved and a Strategy Implementation plan for 2021-24 developed and agreed.

The implementation of the Bronglais strategy is one of Hywel Dda UHB's Planning Objectives. 'Planning Objective 5F: Fully implement the Bronglais Hospital Strategy over the coming three years as agreed at Board in November 2019, taking into account the learning from the COVID-19 pandemic.'

The Programme Business Case Hywel Dda University Health Board's A Healthier Mid and West Wales: Our Future Generations Living Well was submitted to the Welsh Government in January 2022. The Business Case supports the delivery of the strategy for Bronglais General Hospital and summary of the key principles from the Programme Business Case of relevance to Bronglais Hospital was reported to the Joint Committee.

### **8. Rural Health and Care Wales**

Following the success of Rural Health and Care Wales's first Webinar held in July 2021, a second Webinar was held on 25<sup>th</sup> January 2022 with around 40 people in attendance. The presentations for the second webinar were Community Cardiology Diagnostic Vehicle and NHS Screening – Working Together. A third webinar will be held on 12<sup>th</sup> July 2022 with the

presentations to be provided on Understanding the recruitment and retention challenges of nurses in rural Mid Wales and Social Prescribing to Outdoor Health.

The two-day Rural Health and Care Wales Conference will be held on 8<sup>th</sup> and 9<sup>th</sup> November 2022 and will once again staged as a hybrid event, with a smaller in-person audience and live streaming for online access. m end of September.

#### **9. Mid Wales Joint Scrutiny Working Group**

The Mid Wales Scrutiny Group, whose membership comprises members of the Scrutiny Committee for Ceredigion and Gwynedd Councils, have not met as the scrutiny membership is still being firmed up due to changes in elected representatives following the Local Authority elections in early May 2022. The Mid Wales Programme Director has written to Powys County Council asking whether they wish to re-engage with the joint scrutiny group.

Patterson, Liz  
26/09/2022 16:23:59

## AGENDA ITEM: 3.7

BOARD MEETING		DATE OF MEETING: 28 SEPTEMBER 2022
<b>Subject :</b>	<b>SUMMARY OF PARTNERSHIP BOARD ACTIVITY</b>	
<b>Approved and Presented by:</b>	Carol Shillabeer, Chief Executive	
<b>Prepared by:</b>	Corporate Governance Business Officer	
<b>Considered by Executive Committee on:</b>	Various aspects covered in Executive Committee business	
<b>Other Committees and meetings considered at:</b>	Information contained in the papers appended to this report have been considered by the relevant partnership board.	

### PURPOSE:

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent partnership board meetings, including the following:

- NHS Wales Shared Services Partnership Committee (NWSSPC).
- Powys Public Services Board (PSB);
- Regional Partnership Board (RPB);
- Joint Partnership Board (JPB).

### RECOMMENDATION(S):

It is recommended that the Board DISCUSSES and NOTES the updates contained in this report in respect of the matters discussed and agreed at recent partnership board meetings.

Ratification	Discussion	Information
x	✓	x

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

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

**BACKGROUND AND ASSESSMENT:**

Powys Teaching Health Board is a member of the following partnership boards. This report provides an update in relation to the work of these Partnership Boards.

NHS Wales Shared Services Partnership Committee (NWSSPC): established under Velindre NHS Trust which is responsible for exercising shared services functions including the management and provision of Shared Services to the NHS in Wales.

A meeting of the Shared Services Partnership Committee was held 21 July 2022. [Committee Schedule and Papers - NHS Wales Shared Services Partnership.](#)

This meeting considered the following matters:

- Chair's update
- Managing Director Update
- Laundry Outline Business Case
- Patient Medical Record Accommodation Business Case
- Annual Review 2021/22
- Audit Committee Terms of Reference
- Finance Report
- IMTP Q1 Progress Report
- Performance Report
- People and Organisational Development Report

- Corporate Risk Register

A copy of the Assurance Report from 21 July 2022 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 29 July 2022. This meeting considered the PSB Terms of Reference, the Annual Performance Plan and the Powys County Council Annual Self-Assessment Report. The papers for this meeting can be found at: [Agenda for Public Service Board on Friday, 29th July, 2022, 10.00 am Cyngor Sir Powys County Council \(moderngov.co.uk\)](https://www.moderngov.co.uk/Agenda-for-Public-Service-Board-on-Friday-29th-July-2022-10.00-am-Cyngor-Sir-Powys-County-Council)

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.

At last meeting of the RPB which took place on 19 May 2022 the following items were considered:

- Chair's update,
- changes to membership,
- key RPB updates and horizon scanning,
- Winter Reflections/Learning and System Pressures,
- Workforce Futures Update, and
- Market Stability and Capital Funding.

The meeting of the RPB scheduled for 1 September 2022 had been cancelled. The next meeting is scheduled for 13 October 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 Joint Partnership Board has not met since the July meeting of Board. The next meeting is scheduled for 24 October 2022.

#### **NEXT STEPS:**

Updates will continue to be brought to the Board and where necessary, specific decision-making matters will be scheduled.

Patterson, Liz  
26/09/2022 16:23:55

## ASSURANCE REPORT

### NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
<b>Chaired by</b>	Tracy Myhill, NWSSP Chair
<b>Lead Executive</b>	Neil Frow, Managing Director, NWSSP
<b>Author and contact details.</b>	Peter Stephenson, Head of Finance and Business Development
<b>Date of meeting</b>	21 July 2022
<b>Summary of key matters including achievements and progress considered by the Committee and any related decisions made.</b>	
<b><u>Matters Arising – Procurement Update</u></b>	
<p>Jonathan Irvine, Director, Procurement Services, provided an update on the New Operating Model for Procurement. This built on an initial presentation given to the Committee in January of this year, and particularly focused on the perspective of NHS Wales organisations as customers of the service.</p> <p>The objectives for the new model include greater exploitation of opportunities for regional and all-Wales procurement; ensuring support for national initiatives such as decarbonisation, the foundational economy and social value, and utilising expert procurement resource more effectively. Progress will be monitored through a revised suite of KPIs.</p> <p>The Committee <b>NOTED</b> the update.</p>	
<b><u>Matters Arising – Recruitment Update</u></b>	
<p>Gareth Hardacre, Director of People, Organisational Development and Employment Services, gave a verbal overview on progress with the modernisation plan for Recruitment. There has been effective dialogue with Workforce Directors, leading to the establishment of a Programme Board to oversee the development of the plan. Moves to implement technology to facilitate more effective checking of ID is still on track for August and is awaiting final Government sign-off.</p> <p>The Committee <b>NOTED</b> the presentation.</p>	
<b><u>Chair's Report</u></b>	
<p>The Chair updated the Committee on the activities that she had been involved with since the May meeting. These have included:</p> <ul style="list-style-type: none"> <li>• Attending a development session with the Velindre Trust Board on 28 June</li> </ul>	

to update Board members on recent developments within NWSSP and to assess how the Trust and NWSSP can work more effectively together;

- Continuing to meet with NWSSP Directors and undertaking a further visit to IP5; and
- Attending the Audit Committee and the Welsh Risk Pool Committee during July.

The Chair also had two papers as part of her presentation as follows:

- The first related to the re-negotiation of the contract for the Microsoft Licences for NHS Wales where the work had been led by DHCW. This included the financial allocations for all NHS Wales organisations, and due to the need to agree this by the end of May, the paper had been approved previously via a Chair's Action. The Committee ratified the action taken and endorsed the paper;
- The second paper concerned the proposal for the Committee to have a development session(s) in the autumn to provide time for Committee members to debate how it can be more effective in its role for the benefit of all NHS Wales organisations. The paper suggested the option of either a full-day session or a number of half-day sessions. There was universal support for the session(s) but mixed views on which option to select. It was hoped that the sessions would be in person and further work would be undertaken outside the meeting to progress this.

The Committee **NOTED** the update and **Endorsed** the Chair's Action.

### **Managing Director Update**

The Managing Director presented his report, which included the following updates on key issues:

- The recent Joint Executive Team meeting with Welsh Government was very constructive with positive feedback provided on progress to date and future plans;
- The proposal for Welsh Government to take back the revenue savings resulting from the purchase of Matrix House did however come as a surprise and will adversely impact the NWSSP financial position;
- The risk-sharing agreement on the Welsh Risk Pool will be invoked again this year and is forecast to be £25m;
- We continue to work with the Chief Pharmacists Peer Group to develop the product ranges being developed through the Medicines Unit in IP5. The validation of the new automated filling equipment is going well and should become available for use in the next few weeks; and
- The expansion of SMTL services within IP5 is also going well, with the new equipment being validated and an expectation that additional testing facilities and methodology will be in place by August.

The Committee **NOTED** the update.



## Items Requiring SSPC Approval/Endorsement

### Laundry Outline Business Case

The Programme Business Case for the Laundry Service concluded that a total of three units would be required in the future to serve Wales as follows:

- A new build facility in South-West Wales to replace the laundries at Glangwili Hospital and Llansamlet;
- A new build facility in North Wales to replace Glan Clwyd Laundry;
- A refurbishment of Green Vale to upgrade the existing laundry facility and to allow closure of Church Village Laundry.

Following feedback the Welsh Government required the new facilities in South-West Wales and North Wales to proceed as Outline Business Cases, whereas the refurbishment at Green Vale is subject to a separate Business Justification Case.

The paper presented to the Committee concerned only the Outline Business Cases for South-West and North Wales. Governance of the Transformation Programme is through the Laundry Programme Board who approved these outline business cases on the 22<sup>nd</sup> of June. The outline business cases have also been subject to two Gateway reviews and an assessment by Internal Audit.

The main benefits in taking over the Laundries was to ensure that the Laundries were compliant with relevant standards and legislation and not to deliver a cheaper service although efficiencies would be made. There has been a lack of investment in Laundry services for a very long time and the three business cases require capital investment of £77m. NHS Wales is hugely dependent on the laundries – as an example the two current sites in South-West Wales process over 9m items per annum. The outline business cases, whilst undoubtedly requiring capital investment, do make sound economic sense and they tick all the environmental boxes, and provide the workforce with much better working conditions. The All-Wales capital position may mean that Welsh Government may not be able to afford to fund the business cases concurrently, so NWSSP will need to explore the options with them.

The Committee **APPROVED** the Outline Business Cases to proceed to Full Business Cases to enable formal requests for funding from Welsh Government to be submitted.

### Patient Medical Record Accommodation Business Case

The Patient Medical Records Store in Brecon House, Mamhilad, has now reached maximum capacity and consequently no additional records are able to be accommodated without additional space being procured. In practice this means that not only will no additional GP practices be able to take advantage of this service, which frees up space for additional clinical services, but NWSSP will also be unable to take additional medical records from GP Practices who already use the service, from deceased patients, patient movements or practice mergers for example.

A number of options for expansion of the scheme have been explored in the business case but the preferred option is the acquisition of a further warehouse on a 10-year lease providing a further 75,000 square feet of storage space. Whilst this acquisition provides some funding challenges, these will be met through the generation of additional income; savings resulting from moving PPE from commercial storage facilities to this new warehouse (until capacity is reached on the PMR scheme) and internal savings on the Primary Care budget.

Questions were raised by Committee members as to whether future plans should focus more on digitisation rather than acquiring more space to store paper records. AB confirmed that this is the aspiration for the longer-term, but for the time being GP Practices are requesting that paper records continue to be stored, and the costs of digitisation are very substantial.

The Committee **APPROVED** the Business Case.

### **Annual Review 2021/22**

The Annual Review for the 2021/22 financial year was reviewed by Committee members who commented favourably on both the content and presentation and suggested that this should be shared more widely where possible.

The Committee **APPROVED** the Annual Review.

### **Audit Committee Terms of Reference**

The Audit Committee Terms of reference were reviewed and approved by the Partnership Committee.

The Committee **APPROVED** the Terms of Reference.

### **Finance, Performance, People, Programme and Governance Updates**

**Finance** – The Month 3 financial position is a cumulative non-recurrent underspend of £1.338m after anticipating £0.943m of WG funding for the 1.25% NI increase, Covid recovery support costs and energy pressures. This funding can only be anticipated at risk at present – the financial position would have been £0.395m underspent without the assumption of this funding or any utilisation of centrally held reserves. The year-to-date position includes a number of non-recurrent savings that will not continue at the same level during the financial year. The position also does not reflect the claw back of £176k of funding from WG in respect of Matrix House, notified in July 2022. Directorates are currently reviewing budgets with a view to accelerating initiatives to generate further benefits and savings to NHS Wales. The forecast outturn remains at break-even with the assumption of exceptional pressures funding from Welsh Government. £10.277m Welsh Risk Pool expenditure has been incurred to 30<sup>th</sup> June 2022. A high-level review of cases due to settle in 2022/23 indicates that the £134.8m included in our IMTP remains within the forecast range, requiring £25.3m to be funded under the Risk Share Agreement in 2022/23. The 2022/23 risk share apportionment has been revised to reflect the updated cost driver information

from the 2021/22 outturn position. This has resulted in some changes to the contributions from organisations as a result of movements in the actual 2021/22 data. The updated shares are being reported to the Welsh Risk Pool Committee on 20<sup>th</sup> July 2022 and will be subsequently shared with Directors of Finance. Our current Capital Expenditure Limit for 2022/23 is £1.473m. The NWSSP discretionary allocation for 2022/23 has been reduced by Welsh Government to £0.457m from £0.6m and the IP5 discretionary allocation reduced from £0.25m to £0.19m. Capital expenditure to Month 3 is £0.297m. A review of all discretionary capital funding requests is being undertaken which includes any capital funding requirements identified in the IMTP and any new requests flagged by our Services. Since the transfer of the All-Wales Laundry Service in 2021/22 there is increased pressure on the discretionary capital allocation as this was not increased following the transfer of the new Service. Attached to the report were the Audit Wales Management Letter and review of Nationally Hosted Systems that both provided positive opinions on the integrity of NWSSP systems and procedures.

**IMTP Q1 Update** – The first formal quarterly update against the IMTP was presented to the Committee. 2022/23 is a year of transition as new measures of performance are developed. The update looks at how NWSSP adds value in terms of quality and socio-economic benefit alongside cost reductions and savings. At the end of Quarter 1, 1% of divisional objectives have been 'completed and closed', 76% of objectives are 'on track' to be completed, 15% are 'at risk of being off track', 4% are 'off track for delivery' and 4% have 'not yet started'. The Committee were also asked to feedback on the content and format of the report.

**Performance** – 34 KPIs are reported of which 31 are rated as green and three as amber. Two of these relate to the number of calls handled which should be at 95% but this is not being met in either Payroll (73%) or Student Awards Services (92%). The remaining amber indicator is in Recruitment where the average time to create an unconditional offer from first creating the vacancy should be no more than 71 days and this is currently measuring 91 days. Work is on-going to address all these areas and improvements are already being noted. The report also included an assessment of Professional Influence Benefits to NHS Wales which are calculated at £35m for the first quarter of the financial year.

**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. NWSSP are currently undertaking a procurement exercise to source a replacement system

**People & OD Update** – The report is in a new dashboard format which was commented on favourably by Committee members. Sickiness absence rates continue to be very low, but improvement is needed in the timeliness of reporting absence. PADR rates continue to improve but still require more work – a particular focus recently has been on Laundry Services where compliance was initially very low but is now at 73%. Headcount is now nearly at 5,300 following

the transfer of the final cohorts of the Single Lead Employer Scheme. Questions were asked on how NWSSP can undertake research to look at better facilitation of apprenticeships and new ways of working to make NHS Wales an attractive employer in the future. This is something that will be considered going forward.

**Corporate Risk Register** – there remains one red risk relating to the inflationary impact on goods and services, particularly relating to energy. This continues to be mitigated as far as possible through the actions of the Energy Price Risk Management Group. There is one new risk that has been added relating to the reputational risks associated with NWSSP's role in helping to establish the Citizens' Voice Body. The risks associated with the replacement of the GP Payments system in Primary Care Services, and the upgrade of CLERIC in Health Courier Systems, have both been removed from the Corporate Risk Register as the new systems are working successfully in both cases.

**Declarations of Interest** – the Committee reviewed a report summarising the recent declarations of interest exercise within NWSSP. This has now been extended to all staff on the basis that they complete a lifetime declaration which only needs updating if circumstances change. However, Directors and Independent Members will be required to continue to provide an annual Declaration and an appendix containing details of their most recent declarations was included in the report.

#### **Papers for Information**

The following items were provided for information only:

- Decarbonisation Action Plan;
- Annual Governance Statement 2021/22;
- Health & Safety Annual Report 2021/22
- Finance Monitoring Returns (Months 2 and 3)

#### **AOB**

**N/a**

#### **Matters requiring Board/Committee level consideration and/or approval**

- 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**

22 September 2022

Patterson, Liz  
28/09/2022 16:23:59