Board

Wed 30 November 2022, 10:00 - 15:00

Teams

Agenda

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1. PRELIMINARY MATTERS

📄 Board_Agenda_30Nov22.pdf (3 pages)

1.1. Welcome and apologies for absence

1.2. Declarations of interest

1.3. Minutes of previous meeting of 28 September 2022 (for approval)

📄 Board_Item_1.3_PTHB Board Minutes Unconfirmed 28-09-2022.pdf (14 pages)

1.4. Matters arising from the minutes of previous meeting

1.5. Patient Experience Story

📄 Board_Item_1.5_Patient Story.pdf (2 pages)

1.6. Board Action Log

📄 Board_Item_1.6_PTHB_Action_Log_Nov22.pdf (1 pages)

1.7. Update Reports of the

1.7.1. Chair

📄 Board_Item_1.7a_Chairs Report November 2022.pdf (4 pages)

1.7.2. Vice-Chair

📄 Board_Item_1.7b_Vice Chair's report Board November 2022.pdf (3 pages)

1.7.3. Chief Executive

📄 Board-Item_1.7c_CEO Board paper Nov 2022.pdf (6 pages)

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2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

2.1. Charitable Funds Strategy

📄 Board_Item_2.1_Charity Strategy.pdf (20 pages)

2.2. Management of Policies, Procedures and Written Control Documents

📄 Board_Item_2.2_Policy Management Framework_Nov22.pdf (3 pages)
📄 Board_Item_2.2a_Nov22 Revised CGP 004 Policies Procedures and Written Control Document Management for

Board.pdf (27 pages)

2.3. Risk Management Framework and Risk Appetite Statement

📄 Board_Item_2.3_Risk Management_Nov22.pdf (4 pages)
📄 Board_Item_2.3a_Appendix 1 - Revised_PTHB_Risk_Management_Framework_Nov22 (002).pdf (20 pages)
📄 Board_Item_2.3b_Appendix_2_Risk_Appetite_Statement_Nov22_.pdf (4 pages)

10:00 - 10:00
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3. ITEMS FOR DISCUSSION

3.1. Performance Matters

3.1.1. Integrated Performance Report

📄 Board_Item_3.1 IPR Board Paper Cover Sheet 30 Nov 2022.pdf (2 pages)
📄 Board_Item_3.1a IPR_October 22 revised.pdf (94 pages)

3.1.2. Q2 IMTP Performance

📄 Board_Item_3.1b_ Q2 IMTP Delivery Plan_Cover Paper.pdf (13 pages)
📄 Board_Item_3.1bi_IMTP Delivery Plan 22-25_Q2.pdf (48 pages)

3.2. Financial Matters

3.2.1. Financial Recovery Approach

📄 Board_Item_3.2a_Financial Recovery Plan 2022-23.pdf (7 pages)

3.2.2. Financial Performance Month 6

📄 Board_Item_3.2b_Financial Performance Report Mth 06.pdf (19 pages)

3.2.3. Financial Position Flash Report Month 7

📄 Board_Item_3.2c_Financial Position Flash Report Month 7 2022-23.pdf (10 pages)

3.3. Health Inequalities Report

To Follow

📄 Board_Item_3.3_ Health Inequalities 251122.pdf (13 pages)

3.4. Digital First Overview Report

📄 Board_Item_3.4_Digital First Update Nov 2022 241122.pdf (11 pages)
📄 Board_Item_3.4a_Appendix 1 Digital Strategy.pdf (5 pages)

3.5. Corporate Risk Register

📄 Board_Item_3.5_Corporate Risk Report_Nov22_.pdf (3 pages)
📄 Board_Item_3.5a_Appendix1_Corporate Risk Register_Nov22.pdf (30 pages)

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

📄 Board_Item_3.6_CHC CO Report November 2022.pdf (10 pages)

3.7. Assurance Reports of the Board's Committees

3.7.1. PTHB Committees

- Board_Item_3.7a_Committee Chair Reports_Nov_2022.pdf (3 pages)
- Board_Item_3.7ai_Appendix A_Executive Committee Chair's Assurance Report_Nov22.pdf (13 pages)
- Board_Item_3.7aii_Appendix_B_ARA_Committee Chair's Assurance Report_Sep-Nov22.pdf (7 pages)
- Board_Item_3.7aiii_Appendix_C_Delivery & Performance Chairs Assurance Report_Nov2022.pdf (5 pages)
- Board_Item_3.7aiv_Appendix_D_Charitable Funds Report September 2022.pdf (5 pages)
- Board_Item_3.7av_Appendix E_PPPH_Committee _Committee Chairs Assurance Report_20Oct2022.pdf (6 pages)
- Board_Item_3.7avi_Appendix F_W&C Cttee Chairs Assurance Report 20 Sept 2022.pdf (3 pages)

3.7.2. Joint Committees

- Board_Item_3.7b_Joint Committee Reports_Nov2022.pdf (3 pages)
- Board_Item_3.7bi_Appendix_A_WHSCC Joint Committee Briefing (Public) 8 November 2022.pdf (6 pages)
- Board_Item_3.7bii_Appendix_B_Chair's EASC Summary from 8 November 2022 Final.pdf (11 pages)
- Board_ITem_3.7biii_Appendix_C_MWJC update report.pdf (6 pages)

3.8. Assurance Report of the Board's Partnership Arrangments

- Board_Item_3.8_Summary of Partnership Board Activity.pdf (3 pages)
- Board_Item_3.8a_Appendix_A_ SSPC Assurance Report 22 September 2022.pdf (8 pages)

3.9. Assurance Report of the Board's Local Partnership Forum

- Board_Item_3.9_Report of the Board's Local Partnership Forum_Nov 2022.pdf (2 pages)
- Board_Item_3.9a_Appendix_A_Advisory Group_LPF Report Nov 2022.pdf (2 pages)

10:00 - 10:00
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4. OTHER MATTERS

4.1. Any other urgent business

4.2. Date of next meeting:

25 January 2023 via Microsoft Teams

4.3. Motion to exclude the public from this part of the meeting

4.4. Section 28A Agreement update

4.5. Covid-19 Public Inquiry

POWYS TEACHING HEALTH BOARD
BOARD MEETING
WEDNESDAY 30 NOVEMBER 2022
10:00 – 15:00
TO BE HELD VIA MICROSOFT TEAMS

GIG CYMRU NHS WALES | Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Time	Item	Title	Attached / Oral	Presenter
AGENDA				
1: PRELIMINARY MATTERS				
10.00	**1.1**	Welcome and Apologies for Absence	Oral	Chair
	1.2	Declarations of Interest	Oral	All
	1.3	Minutes of Previous Meeting: 28 September 2022 (for approval)	Attached	Chair
	1.4	Matters Arising from the Minutes of the Previous Meeting	Oral	Chair
	1.5	Patient Experience Story	Attached	Director of Therapies and Health Sciences
	1.6	Board Action Log	Attached	Chair
	1.7	Update from the: a) Chair b) Vice Chair c) Chief Executive	Attached Attached Attached	Chair Vice Chair Chief Executive
2: ITEMS FOR APPROVAL/RATIFICATION/DECISION				
10:30	**2.1**	Charitable Funds Strategy	Attached	Interim Board Secretary
10:40	**2.2**	Management of Policies, Procedures and other Written Control Documents	Attached	Interim Board Secretary
10:50	**2.3**	Risk Management Framework and Risk Appetite Statement	Attached	Interim Board Secretary
3: ITEMS FOR DISCUSSION				
11:00	**3.1**	Performance Matters: ▪ Integrated Performance Report ▪ Q2 IMTP Performance	Attached	Director of Planning and Performance
11:25		**COMFORT BREAK**		
11:40	**3.2**	Financial Matters: ▪ Financial Recovery Approach	Attached	Director of Finance and IT

		▪ Financial Performance Month 6 ▪ Financial Position Flash Report Month 7		
12:00	**3.3**	Health Inequalities Report	To Follow	Director of Public Health
12:10	**3.4**	Digital First Overview Report	Attached	Director of Finance and IT
12:20	**3.5**	Corporate Risk Register October 2022	Attached	Interim Board Secretary
12:30	**3.6**	Report of the Chief Officer of the Community Health Council	Attached	Chief Officer of CHC
12:40	**3.7**	Assurance Reports of the Board's Committees a) PTHB Committees b) Joint Committees	Attached	Committee Chairs Chief Executive
12:50	**3.8**	Assurance Report of the Board's Partnership Arrangements	Attached	Chief Executive
12:55	**3.9**	Report of the Board's Local Partnership Forum	Attached	Director of Workforce & OD
		4: OTHER MATTERS		
	4.1	Any Other Urgent Business	Oral	Chair
13:00	4.2	Date of the Next Meeting: ▪ 25 January 2023 Via Microsoft Teams		

4.3 The Chair, with advice from the Board Secretary, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting:

Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960

"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"

14:00	4.4	Section 28A Agreement update	Attached	Director of Finance and IT
14:30	4.5	Covid-19 Public Inquiry	Presentation	Interim Board Secretary
15:00		Close		

Patterson Liz
25/11/2022 14:21:59

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	■■■■■

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POWYS TEACHING HEALTH BOARD

UNCONFIRMED

MINUTES OF THE MEETING OF THE BOARD

HELD ON WEDNESDAY 28 SEPTEMBER 2022

VIA TEAMS

Present

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

In Attendance

James Quance	Interim Board Secretary
Jamie Marchant	Director of Environment
Mark McIntyre	Deputy Director of Workforce
Dr Richard Stratton	Assistant Medical Director
David Collington	Community Health Council
Katie Blackburn	Community Health Council
Liz Patterson	Interim Head of Corporate Governance
Stella Parry	Interim Corporate Governance Manager

Apologies for absence

Ronnie Alexander	Independent Member (General)
Tony Thomas	Independent Member (Finance)
Dr Kate Wright	Medical Director

	PRELIMINARY MATTERS
	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. The meeting was live-streamed and uploaded to the website after the meeting for viewing on demand.
PTHB/22/52	**WELCOME AND APOLOGIES FOR ABSENCE** The Chair welcomed all participants to the meeting. Apologies for absence were noted as recorded above.
PTHB/22/53	**DECLARATIONS OF INTEREST** There were no declarations of interest.
PTHB/22/54	**MINUTES OF MEETINGS HELD ON 27 JULY 2022** The minutes of the meeting held on 27 July 2022 were approved as a true and accurate record subject to the following amendments: • Mererid Bowley was in attendance. • PTHB/22/XX: 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 delivery of ~~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 vaccination delivery was also being reviewed and co-delivery of vaccines was due to be trialled in 2022-23 as a transitional year.
PTHB/22/55	**MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING** There were no matters arising.
PTHB/22/56	**BOARD ACTION LOG** The Board RECEIVED and NOTED the Board Action Log.
PTHB/22/57	**PATIENT EXPERIENCE STORY**

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	The Director of Therapies and Health Sciences presented Sheila's Story, who had provided an overview of her experience with rheumatology, audiology and occupational therapy services in Powys and the way in which the support provided had enabled Sheila to feel empowered to live independently. The Board welcomed the presentation and wished to express their thanks to Sheila for sharing her story.
PTHB/22/58	**UPDATE FROM THE CHAIR** The Chair presented the report and provided an overview of the following matters: • The Chair welcomed 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. • It was confirmed that Jennifer Owen Adams had been newly appointed as the health board's Independent Member for Third Sector. Jennifer is Chair of Cricket Wales and Chair of the Impelo dance organisation based in Llandrindod Wells. • Interviews for the vacancy of Independent Member for the Local Authority were held on 20th September. The interview panel have submitted their report to the Minister for the next stage of this appointment. • The Chair had represented Powys Teaching Health Board, along with the Chief Executive and other public service leaders in Wales, at a very moving service of Prayer and Reflection for the life of Her Majesty Queen Elizabeth II of in Llandaff Cathedral in the presence of His Majesty King Charles III and the Queen Consort. • The Chair also highlighted that the meeting would be her final Board meeting as she steps down after eight years in role as Chair of Powys Teaching Health Board. Thanks were expressed to all colleagues and partners for their friendship and support over the years, particularly the Independent Members and Executive Team members, past and present. **UPDATE FROM THE VICE CHAIR** The Vice Chair presented the report and highlighted the following matters for the Board's attention: • Royal Welsh Show 2022; • Corporate Induction;

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- Power of Discharge Committee; and
- Visits to Ystradgynlais and Brecon Hospitals Therapy Services.

UPDATE FROM THE CHIEF EXECUTIVE OFFICER

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

- The Chief Executive wished to publicly express her thanks to the Chair on behalf of the Executive Team for her leadership, challenge and support over the past 8 years and commended the progress made since the Chair commenced in post in 2014.
- The system continued to experience significant pressures with patients experiencing delays during their pathway of care at several junctures. The response times for emergency ambulances continues to be below the national standard; delays at Emergency Departments of patients in ambulances and arriving by other means with no secondary care provider currently meeting the required national standard; and significant numbers of patients experiencing delayed discharge or transfer of care, thus spending excessive time in hospital.
- Significant concern remained regarding the speed of 'catch-up' in services provided to Powys residents by other providers. Approximately 680 Powys patients are waiting over 104 weeks for treatment in Wales and 22 patients in England. A proposal for developing and implementing alternative arrangements is being drawn up for decision by the Board. There is a significant risk that extreme winter pressures on urgent and emergency care could further impact the rate of recovery relating to planned care. Work to understand contingency plans in both Welsh and English providers is being undertaken.
- The finance report is detailed on the agenda, however in headline terms the health board is experiencing significant difficulty in managing services within the resources allocated. An overspend position is reported with a further deterioration in month of approximately £700k, taking the in-year position to a deficit of £2.8M and a forecast deficit of £7.5M at year end.
  This is a significant position given the health board has managed a balanced financial position each year

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	since 2015. A number of steps have been taken by the Chief Executive in response to the situation. The Board RECEIVED and NOTED the Reports of the Chair, Vice Chair and Chief Executive.
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
PTHB/22/59	**ANNUAL REPORT ON CIVIL CONTINGENCIES 2021-22** The Director of Public Health presented 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. Members emphasised the importance of the report and highlighted the key operational purpose of business continuity arrangements, particularly in light of the current global concerns in relation to cyber security. The Board APPROVED the Civil Contingencies Annual Report 2021-22.
PTHB/22/60	**INTEGRATED PERFORMANCE FRAMEWORK** The Director of Planning and Performance presented the item and noted that the Improving Performance Framework and Commissioning Assurance Framework (CAF) documents were reviewed at a Board development session on the 28th June 2022. Building on the feedback from the Board development session, a subsequent Informal Executive Committee meeting was held on the 17th 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 suggested revisions were presented as follows:- • That the current Improving Performance Framework is renamed to that of an Integrated Performance Framework. • 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.

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	• 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. Independent Members sought assurance by asking the following questions: *How was feedback gathered from sources, including patients, and operationalised?* The Director of Planning and Performance reported that feedback was collected through a variety of modes and mediums, and it was highlighted that the Civica Patient Experience System was under procurement. This system would allow for real time feedback from both provided and commissioned services. *Was it felt that the health board had balanced forecasting and reporting metrics, or was it felt that further forecasting indicators would be beneficial?* The Director of Planning and Performance noted the importance of reporting indicators and agreed that forecasting indicators, which supported the planning functions were of equal importance. It was suggested that in some areas there was an intention to increase the prevalence of forecasting indicators. The Board APPROVED the revised Integrated Performance Framework and RECOMMENDED its adoption and implementation within the health board. The Chair welcomed the framework and recognized that further work would be undertaken in relation to implementation.
	ITEMS FOR DISCUSSION
PTHB/22/61	**INTEGRATED PERFORMANCE REPORT, MONTH 4** The Director of Planning and Performance presented 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 the: • NHS Wales Performance Framework; • National Outcomes Framework: Performance Scorecard; • Quadruple Aims; and

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- Operational Measures

It was suggested that following the approval of the Integrated Performance Framework (PTHB/22/60) future iterations of the report would seek to provide a more exception-based approach to reporting.

Independent Members sought assurance by asking the following questions:

GP in-hour access was reported as 100%. However, does this include patients' perspective in relation to the ease of getting an appointment?

The Director of Planning and Performance confirmed that the metric measures against the access standard, not first-hand patient experience. It was noted that availability and the ability to respond to patient convenience was highly complex and it was suggested that a more detailed analysis of this issue, beyond the Integrated Performance Report would be discussed at a committee level.

Was it anticipated that the rise in demand for Mental Health Services was temporary or sustained?

The Director of Primary, Community Care and Mental Health noted that discussions had been held with front-line clinicians and it was anticipated that increased demand would continue, alongside the increased complexity of cases presenting to services. Service level actions were in place to improve systems and processes and there had been investment in Tiers 0 and 1 support.

What steps had been implemented to improve ambulance performance in Powys?

The Chief Executive noted that an update in relation to ambulance performance was included in the forthcoming Winter Plan. It was reported that handover delays remained a key area of concern for Welsh Ambulance Services Trust (WAST) and that a suite of preventative measures would be deployed for the winter period. All Wales Chief Executives had also committed to reduce handover delays and increase immediate release. It was highlighted that handover delays were directly linked to hospital discharge and that work across Wales to increase the number of community beds was designed to enable greater flows through the system to ease the pressure on ambulance services. The Board also noted

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	that for Powys there would be particular focus on Maternity Services due to the rurality of the county.
	Had any consideration been given to the use of monetary incentives to reward good performance?
	The Director of Planning and Performance confirmed that the Welsh system operated a block contract and tolerance approach. A whole system review of the mechanisms in place would be required to enable incentive payments however it was confirmed that this would be considered and discussed in more detail following the meeting.
	The Board DISCUSSED and NOTED the Integrated Performance Report, and the Chair of the Delivery and Performance Committee reported the intention of the Committee to focus further on forecasting performance metrics.
PTHB/22/62	**FINANCIAL PERFORMANCE REPORT, MONTH 5**
	The Director of Finance and IT presented the item which provided an overview of the financial position as at Month 5. It was highlighted that as of Month 5 the health board has reported an overspend of £2.809M. As a result of the Month 5 position a reported a £7.5m forecast deficit for the financial year 2022/23 had been reported to Welsh Government. Letters had been issued to all Executive Directors escalating the organisation into Financial Recovery status and a Finance and Performance sub-group of the Executive Committee had been established. A number of operational pressures against the financial position remained in relation to continuing health care (CHC), commissioned services and nursing variable pay in response to which immediate recovery action in relation to the identification and delivery of recurrent cash releasing savings schemes and further opportunities including exit strategies for current COVID response cost drivers was due to be undertaken.
	The Chief Executive noted that planning for the forthcoming three years would be undertaken during quarter three and that it would be necessary to consider the wider economic challenges which would affect all public services in both the short and medium term. It was highlighted that the Board would need to balance its responsibilities and ensure that the health board was as efficient as possible prior to enacting any potentially difficult decisions.

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		The Board DISCUSSED and NOTED the Report and recognised that the Board's focus over the coming months would be the identification of barriers as well as the realisation of opportunities were possible.
PTHB/22/63		**WINTER PLANNING**
		The Director of Planning and Performance presented the item which was produced in response to a request received by All Wales Directors of Planning. The plan intended to build on System Resilience Arrangements put in place in 2021-22, which in turn is set in the context of 'A Healthy Caring Powys' - the shared Health and Care Strategy for Powys. It was highlighted that engagement had been held with partner organisations and there was a shared commitment to work on further improvements to address pressures in the system, to be prepared for Winter, and ensure Powys residents are supported. The plan also highlighted: • principles of good practice and expected benefits; • the latest system performance positions; • system priorities; • mobilisation; and • key dates Independent Members sought assurance by asking the following questions: *Had the health board considered any workforce actions, such as a health board pool to support Primary Care absence rates?* The Director of Primary, Community Care and Mental Health highlighted that the high variance of numbers was in part in relation to the small numbers of staff within Powys. It was noted that there were no plans in place for a health board supplied pool, however significant work was underway in relation to supporting recruitment for all opportunities, including Primary Care. Further work was also underway at a cluster level to review workforce models in Primary Care, with a greater focus on a partnership approach. The Board also noted the Primary Care Health and Care Academy which would strengthen opportunities in relation to education and training for Primary Care staff. *What were the financial implications of the plan?* The Chief Executive confirmed that for 2022-23 there would be no Welsh Government funding for winter plans. However, it was anticipated that the Regional Partnership Board (RPB)

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		Regional Investment Fund (RIF) would release funding to support the Winter Plan.
		Was there any preliminary anecdotal evidence that there had been an increase in vaccine hesitancy ahead of winter 2022-23?
		The Director of Public Health noted that staff uptake had been lower in the previous two years. However, plans had been implemented for 2022-23 to ensure that all staff were systematically invited for both COVID-19 and flu vaccines at the Powys Mass Vaccination Centres. This would then be followed by mobile teams. Early indicators suggested that COVID-19 and flu vaccination uptake was good, this would continue to be monitored closely throughout the winter period.
		Had consideration been given to the potential impact on the plan should nurses take industrial action?
		The Chief Executive confirmed that the Royal College of Nursing (RCN) had provided the health board with notification that members would be balloted and work was underway at a national level to work through potential scenarios should industrial action occur. It was noted that the impact of action from other unions would also need to be carefully considered.
		The Committee DISCUSSED and NOTED the Winter Plan.
PTHB/22/64		**RISK AND ASSURANCE: CORPORATE RISK REGISTER, SEPTEMBER 2022**
		The Board Secretary presented the item and noted that focused work had been undertaken alongside Executive Directors to review and update the Corporate Risk Register to ensure it consistently reflected the health board's latest position. Key themes arising from the revised Register included:
		• 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;

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	- 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. Independent Members sought assurance by asking the following questions: *Had sufficient consideration been given to the magnitude of the risk in relation to the lack of integrated care record in Powys?* The Chief Executive noted that Register was a live document and was under continuous review. It was highlighted that a Board Development session was due to be held in October in relation Digital First and it was suggested that this provided a pertinent opportunity to further explore the risk in relation to records management. The Board REVIEWED and DISCUSSED the September 2022 version of the Corporate Risk Register.
PTHB/22/65	**REPORT OF THE CHIEF OFFICER OF THE COMMUNITY HEALTH COUNCIL (CHC)** The Chief Officer of the CHC presented the item which provided an overview of the following matters: - Current Powys CHC Surveys; - Gathering Public and Patient Feedback; - Service change and patient engagement; and - Advocacy The Chief Officer also wished to express her thanks to the Chair for her ongoing commitment to the population of Powys over the past 8 years. The Board RECEIVED an NOTED the Chief Officer's Report.
PTHB/22/66	**ASSURANCE REPORTS OF THE BOARD'S COMMITTEES** • **PTHB COMMITTEES** The following Chair's Assurance Reports were received: Executive Committee

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The Committee Chair presented the item which provided an overview of matters considered by the Executive Committee on 13th July, 3rd August, 10th August, 24th August, 5th September, 14th September 2022 and 22nd September.

The Committee Chair wished to escalate the following matters to the Board:

- It was requested that the Board ENDORSE the steps taken to limit the impact of the cybersecurity incident on the Adastra system and monitor progress (5th September 2022, Item 1).
- It was 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 (14th September 2022, Item 3).
- It was 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 (14th September 2022, Item 10).
- It is requested that the Board ENDORSE the Executive Committee's agreement to provide inflationary uplift for continuing healthcare of up to 8%, noting the impact financially (22nd September 2022, Item 4).

The Board ENDORSED the escalated matters and NOTED the report.

Audit, Risk and Assurance Committee

The Committee Chair presented the item which provided an overview of matters considered by the Audit, Risk and Assurance Committee on 18 July 2022.

The Board NOTED the report.

Delivery and Performance Committee

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	The Committee Chair presented the item which provided an overview of matters considered by the Delivery and Performance Committee on 12 September 2022. The Board NOTED the report. 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 13 September 2022. The Board NOTED the report. Planning, Partnerships and Population Health Committee The Committee Chair presented the item which provided an overview of matters considered by the Planning, Partnerships and Population Health Committee on 14 July 2022. The Board NOTED the report. **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/22/67	**ASSURANCE REPORT OF THE BOARD'S PARTNERSHIP ARRANGEMENTS** 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:

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	• NHS Wales Shared Services Partnership Committee (NWSSPC); • Powys Public Services Board (PSB); • Regional Partnership Board (RPB); and • Joint Partnership Board (JPB). The Board DISCUSSED and NOTED the updates contained in the report in respect of the matters discussed and agreed at recent partnership board meetings.
PTHB/22/68	**REPORT OF THE BOARD'S LOCAL PARTNERSHIP FORUM** The Chief Executive and Independent Member, Trade Union presented the item which provided an update on the work of the Board's Local Partnership Forum since the last meeting of the Board. The Board DISCUSSED and NOTED the Report of the Board's Local Partnership Forum.
OTHER MATTERS	
PTHB/22/69	**ANY OTHER URGENT BUSINESS** No other urgent business was declared.
PTHB/22/70	**DATE OF THE NEXT MEETING:** 30th November 2022, 10am, via Microsoft Teams

Patterson Liz
25/11/2022 14:21:59

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Status: CONFIRMED

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Y 'Simmer' a'r Comôd'

Ffarwel sgwter, cadair glyd.

Dau ffrind a rodd i'm newydd fyd,

Cadair a pot o dan y sêt,

A ffrâm yn help i gerdded, grêt!

Trwy ddamwain ddaeth y ddau i'm rhan,

Yn anrhegion pwrpasol i helpu'r gwan,

Trwy wasanaethau therapi,

Sydd wedi newid cwrs fy mywyd i.

Adran yw hon o iechyd gwlad,

Sydd ar ein glaw ni yn rhâd,

Sydd drysor ac i bawb ar gael,

Â chymorth mawr I'r gwan a'r gwael.

Y Ffrâm yn mynd a fi o le i le,

A'r comôd at alw alwad gref,

Sydd mor gyfleus mewn cyrraedd llaw,

I ateb rhyw argyfwng ddaw!

Heb os, daeth ymateb parod yr OT,

A hyder nôl i'm mywyd i,

Nid oes ei thebyg drwy'r holl fyd,

At eich gwasanaeth, reit o'r crud.

Gyda diolch, 'Emyr ap Erddan

The Zimmer and Commode

Goodbye Scooter, Goodbye easy chair.
My new found friends are always there,
My me 'Commode' is what I need,
In crucial times to do my deed,
Oh, what freedom they both give,
And change the way of how I live.
When on commode, I'll sit and stare
At my new friend who's always there,

And my new found friends from the O.T,
Have been so very kind to me,
For with commode an zimmer frame
My life will never be the same,
With frame to help me get around,
And 'Commode' so solid on the ground,
What a great service are O.T,
To meet the needs of folks like me.

Their prompt reaction to my plea,
Is a great credit to O.T,
Only on the morn they got the call,
And by mid-noon had settled all,
What a gift to us is the N.H.S,
And always there for all of us,
It is a jewel in our crown,
And will never let us down.

With special thanks 'Emyr ap Erddan,
Langadfan.

Key:

Action Complete
Not yet due
Due
Overdue
Transferred

BOARD ACTION LOG (Updated November 2022)

Board Minute	Board Date	Action	Responsible	Progress at 17/11/2022	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 and committee risk registers are being routinely reported to each committee meeting.	

Patterson,Liz
25/11/2022 14:21:59

Board Action Log

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Board Meeting
30 November 2022
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GIG CYMRU NHS WALES

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

BOARD MEETING	Date of Meeting: 30th November 2022
Subject:	**CHAIR'S REPORT**
Approved and Presented by:	Carl Cooper, Chair
Prepared by:	Carl Cooper, Chair
Other Committees and meetings considered at:	None

PURPOSE:
To bring to the Board's attention key points for awareness from the Chair of Powys Teaching Health Board, since the previous Board meeting in September 2022.
RECOMMENDATION:
It is recommended that the Board NOTES this report.

Approval/Ratification/Decision	Discussion	Information
✖	✔	✖

Chair's Report

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Board Meeting
30 November 2022
Agenda Item:1.7

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THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	1. Provide Early Help and Support	✔
	2. Tackle the Big Four	✔
	3. Enable Joined up Care	✔
	4. Develop Workforce Futures	✔
	5. Promote Innovative Environments	✔
	6. Put Digital First	✔
	7. Transforming in Partnership	✔
Health and Care Standards:	1. Staying Healthy	
	2. Safe Care	
	3. Effective Care	
	4. Dignified Care	
	5. Timely Care	
	6. Individual Care	
	7. Staff and Resources	
	8. Governance, Leadership & Accountability	✔

CHAIR'S REPORT:

First Impressions

At the time of writing, I am 5 weeks into my new role as Chair of the health board. My overwhelming first impression is of an organisation in good heart and in good shape, notwithstanding the significant challenges and complexities that we currently face. I have experienced almost palpable kindness, generosity of spirit and ready support. We often speak rhetorically about compassionate leadership and the importance of a healthy culture. If my initial experiences are characteristic of the organisation more generally, I am very encouraged.

Induction

Much of my time so far has been spent in introductory meetings with key personnel and partners. This has been with fellow Independent Members and Executive Directors and has importantly included other Health Board Chairs and Chairs of key Health Organisations such as HEIW, DHCW and WAST. It has been affirming to hear of the level of cooperation between health leaders across Wales. I have learned a lot in these conversations and look forward to sharing early reflections with board colleagues in due course.

A number of Independent Members from Powys have also attended the recent NHS Wales Induction Programme for Independent Members. This has been very informative and useful, and covered areas such as finance and the duty of quality & candour.

Chairs' Peer Group

I attended my first Health Board Chairs' Peer Group. Items of discussion included:

- governance arrangements for Accelerated Cluster Developments;
- the role of the Welsh Risk Pool;
- the importance of working with local authorities in relation to the challenges in the social care system;
- emergency and urgent care; and
- the development of the NHS Collaborative and the NHS Executive.

Joint Board Meeting – Powys Teaching Health Board & Powys Community Health Council (CHC)

It was a privilege to chair my first joint meeting of our two boards, alongside the CHC Chair. We discussed the significant and increasing pressures on our health & care system, together with the plans in place regarding the new Citizens Voice Body, that will replace CHCs across Wales. I was struck by the mutual respect between the two organisations, the effective cooperation and the spirit of openness and candour about the difficult issues we often need to address. The person / patient was at the heart of all we discussed.

Powys Teaching Health Board & Powys County Council

The importance of our partnership with the Local Authority cannot be overstated and I was pleased to attend my first meeting with the Powys County Council Leader & Chief Executive, alongside our Chief Executive. Clearly, both organisations are needing to manage a very challenging financial outlook. However, there is a strong commitment to bring our respective resources to bear on nurturing a single system approach within Powys that delivers the best possible services with our population.

NHS Confederation Conference

Together with our Chief Executive, I attended the NHS Confederation Conference – the first face-to-face conference in 3 years. Attendees were clearly delighted to have the opportunity, once again, to meet, converse, network & learn together. I found the conference informative, helpful & even inspiring. There was much emphasis on the importance of significant change in our health and care system. Mention was made of the need for a new social movement, a new 'Aneurin Bevan moment' and a sense of urgency. Members of the Welsh Youth Parliament contributed powerfully to the conference as they shared their enthusiasm for the NHS, together with their concerns & frustrations. Conference was uplifted by a performance by Choir for Good, demonstrating the hugely positive impact singing and the arts generally has on our wellbeing.

Realistic Optimism

In all of my conversations and meetings no-one has sought to play down the huge problems we face and significant difficulties we need to manage. Constant themes include workforce, budgets, patient flow and home support.

However, I have also experienced a dedication, diligence and motivation, together with a sense of 'team' that addresses such matters with positivity and creativity.

BOARD MEETING	Date of Meeting: 30 November 2022
Subject:	VICE CHAIR'S REPORT
Approved and Presented by:	Kirsty Williams, PTHB Vice Chair
Prepared by:	Kirsty Williams, PTHB Vice Chair
Other Committees and meetings considered at:	None

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

RECOMMENDATION(S):
It is recommended that the Board NOTES this report.

Approval/Ratification/Decision	Discussion	Information
✗	✓	✗

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	1. Provide Early Help and Support	
	2. Tackle the Big Four	
	3. Enable Joined up Care	
	4. Develop Workforce Futures	
	5. Promote Innovative Environments	
	6. Put Digital First	
	7. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	
	2. Safe Care	
	3. Effective Care	
	4. Dignified Care	
	5. Timely Care	
	6. Individual Care	
	7. Staff and Resources	
	8. Governance, Leadership & Accountability	✓

VICE CHAIR'S REPORT:

Visit to the Vaccination Centres
It was a pleasure to visit two of our Vaccination Centres at Bronllys and Llandrindod Wells, on Monday 19th September 2022. I was able to personally thank the staff on behalf of the Chair and the Board and pass on our appreciation to keep the centres open and continue to run the vaccination service on the extra Bank Holiday.

Healthy Weight Healthy Powys
I was delighted to be invited to chair the 'Whole System Approach to Healthy Weight' strategic engagement event recently at the Royal Welsh Showground. It was really encouraging to see colleagues from a number of agencies and organisations coming together to commit to working in partnership in this crucial area.

Thank you to our Director of Public Health, Mererid Bowley and other members of her team for all their hard work in organising the event and I look forward to next steps in the New Year.

Regional Partnership Board
I am currently acting as the Interim Chair of the Powys RPB and attended the Ministerial Meeting with other Chairs. Agenda items included reviewing current partnership arrangements, issues around staffing, Regional Investment Fund and removing profit from the Children's Care sector were also discussed.

3 Dads Walking
Myself, Joy Garfitt, Assistant Director of Mental Health and Jan Roberts, Powys Co-ordinator for Suicide and Self Harm joined the 3 Dads Walking in October, when their route took them through Powys.

Together with PAPYRUS Prevention of Young Suicide, the 3 Dads have been raising awareness and campaigning form suicide prevention being included in the school curriculum on their walks round the UK.

We were fortunate to have the opportunity to meet them in Talgarth along with a Powys mother bereaved by suicide, to listen to their story and discuss service developments in Powys. Jan then joined them the next day on their walk from Talgarth to Tredegar demonstrating Powys Teaching Health Board's commitment to this agenda.

All Wales Quality & Safety Committee
As Chair of the Patient, Experience Quality & Safety Committee, I attend the Chairs of Quality & Safety Committee to discuss best practice, receive briefings and share information with other Health Boards. This group was stood down during the pandemic but has resumed it's work and I hope my involvement will be of value to the Board going forward.

NHS Confederation Dinner
The NHS Confederation Dinner took place on Monday 31st October and provided a useful networking opportunity to discuss social care with senior WLGA Councillors.

Vice Chair Peer Group
The group met with the Minister and Deputy Minister in October. We were asked to account for our progress on CAHMS and mental health measures, the roll out of 111 Press 2 and Accelerated Cluster Working.

The Advancing Health Care Awards
I was very proud to accompany Claire Madson to the Advancing Health Care Awards in Cardiff. Claire had been shortlisted for the Welsh Government's Award for Compassionate and Outstanding Leadership. Claire was highly commended by the judges for her ground-breaking leadership in establishing All Wales Standards for Long Covid Services.

BOARD MEETING	DATE OF MEETING: 30th November 2022
Subject:	**CHIEF EXECUTIVE REPORT**
Approved and Presented by:	Carol Shillabeer, Chief Executive
Prepared by:	Carol Shillabeer, Chief Executive
Other Committees and meetings considered at:	Elements of this report may have been considered at various committees or meetings prior to being presented.

PURPOSE:
This report is intended to keep the Board up to date with key developments at a national and local level. It sets out for the Board areas of work being progressed and achievements that are being made, which may not be subject to consideration by a Committee of the Board or may not be directly reported to the Board through Board reports. The report specifically covers: - **Sustainability and Service Redesign** - **EMRTS – Emergency Medical Retrieval and Transfer Service** - **Key engagement activity**
RECOMMENDATION:
The Board is asked to DISCUSS any key issues relating to the report.

Approval/Ratification/Decision[1]	Discussion	Information
	✓	

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

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

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

EXECUTIVE SUMMARY:

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

- **System and operational performance and outlook for 2023/24 and beyond**
- **Health and Safety Executive**
- **Staff Excellence**
- **Engagement activity**

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

DETAILED BACKGROUND AND ASSESSMENT:

System and organisational performance and outlook for 2023/24 and beyond

There are items on the Board agenda that support the current organisational and system performance position. There are however some broader elements to draw out more specifically:

- In relation to public sector finance, the implications of the Autumn Statement from the UK Government Chancellor continues to be worked through. Given the hugely significant inflationary pressures, it would appear that any funding settlement is unlikely to be at levels that can cover inflation. The essence of this could result in a real terms cut to public sector allocations. Welsh Government is due to publish its draft budget on 13th December and allocation letters to health board are expected a couple of weeks following that.
- There are particular, although largely well known, sustainability challenges in the health and care system currently. These are being further tested during this winter period and are likely to get progressively more challenging in the coming months. This largely relates to the flow of patients through the urgent, emergency and community care system. Significant deficits in community care capacity as well as delays regarding assessment and other process matters are the core features driving unsustainability.
- The sustainability and wellbeing of the workforce is key. Whilst the health board is extremely fortunate to have such motivated and engaged staff, the difficulties of the economic position and the challenges regarding service pressures are very much at the fore. Whilst a broad range of positive and proactive approaches are in place and being further strengthened (such as Wellbeing Roadshows, extended Staff Support etc), it is clear that seeking to enable services to be more sustainable in regard to models of care and staffing complements are key.
- Trades Unions are currently balloting members for industrial action. The Royal College of Nursing is the largest union at this stage to have reached the outcome of the ballot, with the vast majority of areas across the UK voting to strike. It is recognised as a particularly challenging period for staff and the whole system and the series of disputes could extend for some time. Work is underway to plan for and manage the strike period in the best way possible and further briefings will be provided to Board members on this aspect.

It is with this background of significant financial impacts, increasing service pressures and concerns about sustainability (including quality and effectiveness of care), and the sustainability and wellbeing of the workforce that planning into 2023 and beyond sits. There is a need to review how services are designed and delivered in order to ensure they are sustainable

moving forward. Further Board development sessions will examine and shape this in more detail.

Health and Safety Executive

The Board will be aware of the matter relating to a failure of the system to adequately protect staff potentially exposed to hand arm vibration syndrome (HAVS). Detailed work several years ago and an investigation of the Health and Safety Executive identified a significant lack of effective systems. In recognising the historic difficulties of the Estates function, some dating back to 2005, including a significant fraud which led to prosecution and conviction; the new team formed from 2015 onward has had to work through a range of issues. In working through these matters, it became clear that some staff have been harmed by ineffective surveillance and risk assessment processes.

As the Accountable Officer for the Board a public apology has been made for these failings. The Health and Safety Executive on examining current practice and the improvements put in place by the Health Board recognises the steps taken to ensure current compliance with requirements. The Court case relating to these historic issues was held on 22nd November 2022. The Health Board had already pleaded guilty and sought to demonstrate to the Court the significant improvement made by the Board across this and other matters relating to estates. The Court, in recognising the seriousness of the failures and also the nature of the health boards business/purpose, fined the Board £160,000 plus costs.

Staff Excellence

Powys colleagues are receiving recognition nationally both in Wales and the UK for their innovative practice. This represents just some of the talent in Powys and for the recipients of this recognition is very much deserved.

- Rafael Baptista: Finalist in the NHS Wales Awards for "Improving the impact of pharmacy interventions towards better patient care, health outcomes and prescribing practice" – 20 October 2022
  [Powys Teaching Health Board - Improving the impact of pharmacy interventions towards better patient care, health outcomes and prescribing practice - Public Health Wales (nhs.wales)](#)
- Jennifer Walsh: WINNER in the Nursing Times 2022 UK awards in the "Promoting Patient Self-Management" category for "Use of MOPEE-C in supporting children and young people to self-manage bladder and bowel dysfunction" – 26 October 2022
- Louise Hymers: Finalist in the RCN Wales Community Nursing Award for her work on the Cariad programme which supports the training of lay carers to administer injectable medication for common symptoms at end of life

- Judith Jamieson: Finalist in the RCN Wales Award Advanced and Specialist Nursing Award for her work on outpatient development
- Claire Madsen: Finalist in the Advancing Healthcare Cymru Compassionate Leadership Award – 18 November 2022

Engagement activity

A number of key engagement activities have been undertaken since the last reporting period, including:

- Staff, public and MS/MP briefings on key topics and areas of particular interest to the participants. In the staff briefing a pulse survey was undertaking focusing on wellbeing. This provided key insight and is a range of activity being undertaken over the coming weeks and months.
- Certificate of Appreciation Event held that recognises the efforts of staff across the organisation, stemming from nominations from colleagues. In addition, there is a growing number of staff colleagues whose achievements in their learning are being recognised, many connected to the development of the Health and Care Academy.
- Meeting up with the newly transferred Public Health Team, following the formal transfer from Public Health Wales to Powys Teaching Health Board. The session brought together for the first time since the pandemic the whole public health team, to re-connect and to discuss the key priorities moving forward. It was an ideal opportunity to reiterate the organisations commitment and focus on wellbeing and the significant agenda ahead on issues such as health inequalities, health protection and healthcare public health.
- Meeting with the Police and Crime Commissioner to discuss the issue of suicide and self-harm and in particular to share the work that is being undertaken in partnership between the health board and Dyfed Powys Police. Given the challenges facing the country, a commitment was made to continue a strong relationship in working on emotional and mental health issues.
- The opening of the Health and Care Academy by the Minster for Health and Social Services on 13th October 2022, provided an opportunity to welcome colleagues to the Basil Webb Hall and Magpies Bungalow to demonstrate the commitment to developing the broad health and care workforce in Powys. Young people from two schools in Powys joined the event as part of their participation in the Schools, Health and Care project.
- Participation in the Welsh NHS Confederation Conference, providing a Panel Member view of the challenges and opportunities regarding social care. The session sought to draw out the fundamental nature of social care – that provided both the statutory sector but also the voluntary and community sector in support of people, friends and families. The session drew from the work undertaken by the NHS Confederation in highlighting the need for action to support the sector.

- Visit to the Mass Vaccination Centre at Spa Road in Llandrindod Wells. The centre had relocated from the Royal Welsh Showground into the centre of Llandrindod Wells and was, during the visit, being well utilised by people taking up their COVID vaccination offer.
- Presentation at the Digital Transformation Conference hosted by the University of South Wales as part of the Intensive Learning Academy. Sharing the platform with the former Chair of Digital Health and Care Wales (and former CEO of Powys Teaching Health Board), the session focused on the history of service change and transformation in the NHS and a 'birds' eye view' from today's Health Board.
- Participation in the NHS Wales Peer Groups Learning Session with Professor Pat Oakley. Executive Directors from across Wales came together to consider the key challenges and developments ahead, discussing the opportunities with 'big data', precision medicine and advances in science. This is the first in a series of Peer Group learning events to be run over the next year.

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

Patterson Liz
25/11/2022 14:21:59

Board Meeting	DATE OF MEETING: 30 November 2022
Subject :	**Powys Teaching Health Board Charity Strategy**
Approved and Presented by:	Interim Board Secretary
Prepared by:	Charity Manager
Considered by Executive Committee on:	9 November 2022
Other Committees and meetings considered at:	Board Development Session – 13 May 2022 Charitable Funds Committee – 23 September 2022

PURPOSE:
To outline the proposed PTHB Charity strategy for approval.
RECOMMENDATION(S):
The Board is requested to review and **APPROVE** the Powys Teaching Health Board Charity Strategy 2022-25.

Approval/Ratification/Decision[1]	Discussion	Information
✓	x	x

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

Strategic

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

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	✔

EXECUTIVE SUMMARY:

The Powys Teaching Health Board Charity Strategy 2022-25 outlines key strategic priorities for the Charity across the next three to four years in line with the objectives of the Health Board's IMTP and the overall vision and values of the Charity. It will help to shape the planned activity and focus areas for the Charity during the period, its funding priorities and the measurables by which the Charity will be evaluated.

Section five (page 12) is perhaps the most critical section for review, as it outlines the strategic priorities and key deliverables. The strategic priorities have been divided into four themes with accompanying deliverables: *Demonstrating Responsible Leadership*, *Upholding our Civic Mission*, *Enhancing NHS Services*, *Establishing a Culture of Collaboration*.

Included as part of the strategy at Appendix 1a is an accompanying risk register of the key strategic and operational risks identified in the development of the strategy. These risks will be monitored by the Charitable Funds Committee with relevant or significant risks also being escalated to the appropriate Corporate Risk Register.

Once the strategy has been finalised and approved by the Board, the Charity team will produce an Annual Delivery Plan to map out the KPIs and resources required to implement and deliver the strategy.

DETAILED BACKGROUND AND ASSESSMENT:

The Charity has developed its new three-year strategy which is presented here for review and approval prior to seeking approval from the Board.

The Charity team has developed the medium-term strategy to help guide the direction of charitable funds activity over the next three years.

The strategy has been developed to link together with the key objectives of the Health Board's recently approved Integrated Medium-Term Plan (IMTP) 2022-2025 and created utilising the input of Board members and the Charity's other key stakeholders.

A Board Development session in May 2022 and early consultation with Charity stakeholders (fundraisers, project leads and beneficiaries, Staff Charity ambassadors) helped to outline the initial framework for the strategic priorities deemed most important, with the deliverables being refined over the subsequent three months.

A draft of the strategy was then circulated for Board members to review and provide additional feedback in late August/early September 2022.

An abridged draft of the strategy was also circulated more widely for PTHB staff to provide feedback and comment through an online survey in September 2022.

Following this consultation period, the Charitable Funds Committee most recently reviewed and approved the latest draft of the strategy on 23 September 2022.

The Strategy was reviewed and approved by the Executive Committee on the 9 November 2022.

The full strategy can be found at Appendix 1.

NEXT STEPS:

Once the strategy has been finalised and approved by the Board, the Charity team will produce an Annual Delivery Plan to map out the KPIs and resources required to deliver the strategy. The progress of this plan will be monitored by the Charitable Funds Committee.

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

IMPACT ASSESSMENT

Equality Act 2010, Protected Characteristics:

	No impact	Adverse	Differential	Positive	Statement *Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken*
Age	✓				
Disability	✓				
Gender reassignment	✓				
Pregnancy and maternity	✓				
Race	✓				
Religion/ Belief	✓				
Sex	✓				
Sexual Orientation	✓				
Marriage and civil partnership	✓				
Welsh Language	✓				

Risk Assessment:

	Level of risk identified				Statement *Please provide supporting narrative for any risks identified that may occur if a decision is taken*
	None	**Low**	**Moderate**	**High**	
Clinical	✓				
Financial	✓				
Corporate	✓				
Operational	✓				
Reputational	✓				

Patterson Liz
25/11/2022 14:21:59

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PTHB
CHARITY STRATEGY
2022-2025

November 2022

1. Background

Powys Teaching Local Health Board Charitable Fund was formally created on the 28th May 2004 by a 'Deed of Arrangement' and replaced the Powys Health Care NHS Trust Charitable Fund, which had been in existence since 26th July 1996, following the transfer of charitable funds from Dyfed Powys Health Authority. The Charity has an umbrella charity registration under which funds are registered together under a single 'main' registration number (charity no 1057902).

Charitable funds donated to the Charity are accepted, held and administered as funds and property held on trust for purposes relating to the health service in accordance with the National Health Service Act 1977 and the National Health Service and Community Care Act 1990.

The Powys Teaching Local Health Board is the Corporate Trustee of the Charitable Funds governed by the law applicable to Local Health Boards, principally the Trustee Act 2000 and also the law applicable to Charities, which is governed by the Charities Act 2006. The Board devolves responsibility for the on-going management of the Charity to the Charitable Funds committee, who administer the funds on behalf of the Corporate Trustee.

Charitable funds in the NHS originate from a variety of different sources including donations, legacies and through fundraising and may be for a specific or general purpose. To be deemed charitable, funds held by the Health Board must have purposes which are for the general public good. The Health Board Deed for Powys Teaching Local Health Board Charitable Fund also allows charitable monies to be applied for purposes relating to the National Health Service and therefore, funds are used for the benefit of patients and staff.

There are three main types of charitable funds recognised in law, including: -

(a) Endowment Funds – where the 'lump sum' donation remains the same and only the interest is available for use;
(b) Restricted Funds – where the donation has been made for a specific purpose, and
(c) Unrestricted Funds – where the donation was general and as such is available for any charitable purpose.

Charitable funds are typically used for, but are not limited to, the following purposes:

Patients Expenditure: Purchase of items of equipment, provision of services facilities not normally purchased or paid for by or in addition to the normal NHS provision.

Staff Expenditure: a) Motivation of staff by improving staff facilities and by providing services that improve staff wellbeing;
b) Education of staff by providing education over and above what would normally be provided by the NHS.

As laid down within Charity Commission Guidance all expenditure must fulfil a 'public benefit' criterion i.e. should provide benefit to as wide a group of people as possible.

Principles that Apply

Charitable funds must be applied for the purposes set out in the Health Board
Deed as highlighted above and for no other purposes. The following principles apply:

(a) the income and property of the Charity must be applied with fairness and to persons who are properly qualified to benefit from it;
(b) the Trustee must act reasonably and prudently in all matters relating to the charity and must always bear in mind the interests of the Charity;
(c) personal views or prejudices must not affect conduct;
(d) the same degree of care in dealing with the administration of the Charity should be exercised as would be exercised in managing Health Board's other affairs.

Changes to the Charity

The Corporate Trustee and/or its representatives have a legal duty to notify the Charity Commission of any changes in the registered particulars of the umbrella charity.

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2. The Charity's role in improving the health and wellbeing of Powys

The remit and scope of PTHB Charity has increased dramatically since appointing its first dedicated full-time staff member in early 2020. The Charity team has continued to expand along with its presence and reach amongst NHS staff and the public throughout the pandemic. Being the official NHS charity for Powys during this challenging time saw an increased relevance for its work. The Charity will, therefore, build upon this moving forward as it implements its new strategy.

As an NHS charity, PTHB Charity can help to develop new partnerships between the public health sector and the voluntary health sector. The Charity can be a catalyst for partnership projects and programmes that help reduce the number of people who get ill and need statutory health intervention and help improve the health and wellness of those with long-term health conditions.

The NHS workforce provides the foundation for health care in Powys. By supporting and providing for a better working environment and better outcomes for NHS staff, the Charity can help ensure better outcomes for NHS patients and their families. This has been a vital area for the Charity in the past and will continue to remain a significant priority for support following the impact of COVID-19.

Where possible, the Charity will look to learn from the most influential and impactful third sector organisations from across the UK, particularly those in the field of healthcare and medical support and leading grant giving charities. More locally, the Charity will also look to work with other health board charities in Wales on relevant issues and to coordinate campaigns and communications for the widest possible impact.

The support network that has been created and maintained by NHS Charities Together across the last two years has allowed for greater collaboration between NHS charities. Maintaining a strong relationship and open dialogue, particularly with Welsh NHS and third sector colleagues, can ensure the Charity is as knowledgeable, responsive and effective as possible within its field.

3. Fundraising and investment

Investment Strategy

The overall aim in investing the Health Board's charitable funds is to maximise total return whilst balancing risks and the requirement for income. The first priority, however, must be the use of funds for the benefit

of the health and wellbeing of Powys. The Charity will continue to annually review the investment strategy, taking advice as appropriate.

The Health Board's charitable funds can be invested in a number of different forms and the balance between each will depend on the following, although cash holdings will usually be preferred for short term commitments:

(a) the anticipated expenditure flows and therefore the need for liquidity;

(b) the forecast returns from different investment instruments as advised by the Health Board's investment advisers in the light of current stock market trends;

(c) other requirements such as the ethical policy and;

(d) the need to balance the interests of present and future beneficiaries.

The Charity has a responsibility to ensure that it has sufficient monies held to meet all its commitments and obligations. Although the intention of the Charity is to utilise funds in a timely manner there are instances where balances can be accumulated, and it is important that these balances are considered for placement on capital investment to ensure the best income return for the monies. All balances in investment and short-term accounts will be monitored by the Charity.

Ethical Policy

The Charity and its Corporate Trustee, Powys Teaching Health Board, in line with the ethos of patient care, will attempt to consider that all investments are ethically and environmentally sound and are not opposed to the purpose of the Charity. The Charity will continue to monitor and review its ethical policy on a regular basis to ensure it reflects the values and the expectations of its audiences and stakeholders.

Attitude to Risk

The Charity's objectives are to achieve a balanced return between income and capital, adopting a medium risk approach and complying with the Trustee Investment Acts. The Charity's investment portfolio management is led by its appointed investment managers, Brewin Dolphin.

Investment portfolio objectives are to be achieved using the following considerations:

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Expected return: The Charity recognises that the average long run (15 year) anticipated total return from a Brewin Dolphin Risk Category 6 portfolio is 7.5% per annum.

Operational risk: The Charity is a going concern without input from its investment funds. The operational risk of the funds is linked to the amount of income payable to the beneficiaries. Consequently, inflation is the principal operational risk.

Timescale: The Charity considers the funds to be long-term investment funds.

Diversification: The Charity recognises that financial assets are volatile and that their value can go down as well as up. The investment manager's risk measures for a Category 6 portfolio falls between 9% and 15%.

Income: Income yield is to be targeted at circa 3% per annum.

Cashflows: The Charity does not anticipate any cashflow requirements in the short-term or near future.

Fundraising

With growing scope and ambition, the Charity has a view to building on its current fundraising strengths and addressing known areas of weakness. The Charity saw an increased focus and attention as a result of the COVID-19 pandemic in 2020, which positively impacted fundraising and income generation. Annual income almost doubled from £208k to £392k with income streams also diversifying to incorporate community donations, national fundraising appeals in partnership with other charities, and accessing grant funding, in addition to legacy donations.

Moving forwards, the challenge for PTHB Charity is to maintain this increased level and diversity of income and ensure it retains sustainable levels of income and expenditure in the medium to long term.

Key fundraising aims for the Charity include:

- to develop both internal and external perceptions about PTHB Charity;
- to mainstream a commitment to promoting PTHB Charity as a key charity in Powys, with clear charitable objectives, and;

- to provide focus for activities and clarity of purpose and direction for staff, volunteers, and community members.

To achieve the above, the Charity will attempt to maximise the potential of its new brand in engaging new audiences whilst ensuring it retains its existing invested supporters. The Charity has expanded its core staff team in line with its increased resources and ambitious aims. It will continue to seek opportunities to sustainably scale up which will also allow it to generate additional income to secure its long-term sustainability and viability.

4. The Charity's vision and values

Wherever possible, the Charity will strive to support the health and wellbeing of the people of Powys in the following ways:

Accessible
- Ensure that wherever possible the Charity's investment in local health care brings benefit to the community, the wider NHS and beyond.

Collaborative
- Look to support health improvement projects and cultivate partnerships which enable people to live healthy lives.

Inclusive
- Embrace equality and diversity by ensuring the Charity is of, by, and for, the people of Powys.

Innovative
- Play a key role in the development of greatly improved health care for Powys.

Sustainable
- Utilise the Charity's existing and future assets to strengthen its strategic priorities and deliver positive long-term impacts for Powys.

5. Strategic priorities and key deliverables

The following priorities and objectives will outline a clear and consistent identity for the Charity. They will help to build its profile and increase the impact of its work through greater engagement and strategic investment. This strategy will ensure PTHB Charity remains relevant and sustainable for the next three years and beyond.

The priorities for this strategy have been identified through consultation with the Charity's stakeholders, which includes PTHB staff and Board members, third sector partners, patients and their families, as well as members of the community. They reflect our stakeholders' expectations of what Powys' Health Board Charity can deliver and are linked to the strategic objectives of Powys Teaching Health Board's Integrated Medium-Term Plan (IMTP) 2022-2025.

Demonstrating Responsible Leadership	
What our Stakeholders said:	What we will deliver:
Ensure the Health Board's Charitable Funds are managed responsibly to deliver sustained health and wellbeing improvements for many years to come in Powys.	- A commitment to swift and responsive decision making whilst maintaining high standards of good governance. - An increase in the scale of Charity operations which ensures long-term sustainability and viability. - New grant funding programmes to respond to emerging health and wellbeing priorities in a timely manner. - Additional guidance which allows PTHB staff and independent members to navigate and work alongside the Charity with ease. - Annual reviews of existing governance and bidding arrangements, audit for vulnerabilities and implementation of operational efficiencies. - A clear long-term investment strategy which adopts a responsible and balanced approach to risk and ethical imperative.

	- A clear long-term fundraising strategy to diversify income streams and maintain financial sustainability. - A robust programme of evaluation for all Charity projects and activity to measure the impact, influence and effectiveness of Charitable Funds within Powys.

Linked PTHB IMTP Objectives:

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

Upholding Our Civic Mission

What our Stakeholders said:	What we will deliver:
There is a vital civic leadership role that the Health Board and the Charity has within the community, which needs to be a key priority.	- Better outcomes for communities struggling with socio economic deprivation in Powys (lack of access to services, a lack of adequate digital infrastructure or geographic disparity). - Increased accessibility and more equitable opportunities for foundational economy training, support, and careers in Powys. - A commitment to embed proactive environment and sustainability initiatives in all Charity activity. - Collaboration with existing PTHB services to ensure they are sustainable.

Linked PTHB IMTP Objectives:

1. Take action to reduce health inequalities and improve population health.
17. Enhance the health board's role in partnership and citizenship, maximising opportunities for volunteering and healthcare careers.
20. Implement ambitious commitments to carbon reduction, biodiversity enhancement and environmental wellbeing

Enhancing NHS Services

What our Stakeholders said:	What we will deliver:
The Charity can provide transformational opportunities for learning, training and initiatives that can greatly improve the working environment for staff and enhance patient experience.	- An enhanced patient experience, particularly for those undergoing long stays in community hospitals. - More digitally enabled NHS services through the provision of additional kit and equipment. - New pilot schemes which encourage innovation in healthcare. - An additional programme of support for NHS staff wellbeing. - Bursary schemes across multiple Health Board service areas for Powys community members which provide beneficiaries the opportunity to learn as they work. - A commitment to equitable support and investment for all services and service areas. - A dedicated digital resource hub to help NHS staff and patients to find project funding in Powys.

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Linked PTHB IMTP Objectives:

4. Improve access to high quality sustainable primary care.
6. Improve access to high quality, equitable prevention and early intervention services for children, young people, and their families.
12. Support improved access to and outcomes from specialised services.
16. Enhance access to high quality education and training across all disciplines, specifically focusing on 'grow our own'/apprenticeships.
18. Implement clinical digital systems that directly enable improved care, including cross border clinical records sharing, clinical service priorities (nursing, eye care, prescribing), and telecare.
21. Implement capital, estate and facilities improvements that enhance services to patients/public and wellbeing/experience of staff.
24. Implement value-based healthcare, to deliver improved outcomes and experience, effective deployment and management of resources.

Establishing a Culture of Collaboration

What our Stakeholders said:	What we will deliver:
Through strong partnerships with other local organisations and projects, the Charity can help ensure greater joined up planning across health services. The Charity is also uniquely poised to support cross sector collaborations between the public and voluntary sectors.	- A strong and successful brand for PTHB Charity which is of, by, and for our stakeholders (staff, service users, volunteers, Powys residents and third sector partners). - Smarter and more effective use of combined resources through new collaborations with public and voluntary sector partners in the community. - Greater fundraising presence in the community with more resources and opportunities for those who want to raise funds for their local NHS services. - An established development pathway for the Charity, which includes a new volunteering network for those who want a more active role in shaping the Charity's future.

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	- Engaging campaigns to widen PTHB Charity's reach to new audiences by sharing and celebrating the impact of charitable funds projects. - Improved project coordination across service areas and hospitals by building upon existing regional partnerships with stakeholders such as Powys' Leagues of Friends. - An innovative approach to health and wellbeing engagement by leveraging the expertise of the STEAM (science, technology, engineering, arts, mathematics) sector to engage staff and patients.

Linked PTHB IMTP Objectives:

15. Deliver improvements to staff wellbeing and engagement, working closely with Trade Unions in Social Partnership on key joint priorities.
23. Develop and implement key actions to enhance integrated/partnership system working in Wales and England.

6. Delivery and Monitoring

This strategy, along with the accompanying risk register will be kept under regular review as and when needed by the Charity in order to inform decision making and future developments. Any updates will be noted accordingly.

Delivery of this strategy will be led by the Charity team and overseen by the Charitable Funds Committee and the Powys Teaching Health Board.

Appendix 1a – PTHB Charity Strategy Risk Assessment

RISK DESCRIPTION	Mitigation	Score
Disruption to the Charity's operations due to poor governance	- Board agreed Committee structure and Risk Management Framework. - Assurance Framework – Board agreed principles and approach. - Policies related to – gifts and hospitality, donations, use of charitable funds, legal fees, concerns etc. - Regular internal audit arrangements in place and focused on risk areas. - Annual external audit arrangements in place following review from Audit Wales (2022). - Annual Governance Programme has been agreed by the Board. - Self-assessment against ICO 12-steps undertaken. - Health Board Electronic Information Asset Register developed, piloted and populated with pilot services assets. - Mandatory IG e-learning training updated to reflect GDPR for all service areas across the HB. - Updated Intranet and Internet GDPR pages with fair processing / privacy notices (patients and staff). - Appointment of a Charity Manager to more closely manage policy and governance.	Likelihood = 2 Impact = 4 Risk rating = 8
Mismanagement of charitable funds	- Financial control measures are in place to ensure there are appropriate levels of delegation and authority with regards to the funds (approval and procurement). - An Annual Charity Workplan has been created, with detailed actions to review and improve governance and strategy which has been approved by the Board and CF Committee. - Appointment of a Charity Manager to more closely manage policy and governance. - Up to date Charitable Funds policy and guidance (FCP) for staff.	Likelihood = 2 Impact = 4 Risk rating = 8
Providing funding for services or projects which should fall under the 'core' provision of the NHS/Health Board.	- Financial control measures are in place to ensure there are appropriate levels of delegation and authority with regards to the funds (approval and procurement). - Appointment of a Charity Manager to more closely manage policy and governance.	Likelihood = 2 Impact = 4 Risk rating = 8

RISK DESCRIPTION	Mitigation	Score
	• A clear has been created, with detailed actions to review and improve governance and strategy which has been approved by the Board and CF Committee. • Regular review of the Charity's terms of reference and governing documents to ensure its ongoing compliance with legal and regulator requirements. • Ongoing dialogue with internal and external auditors with regards to decision making processes. • Participation in all-Wales and all-NHS discussion regarding funding criteria and decision making and channels to disseminate communications to Board members. • Regular guidance and training for new and existing Board members with regards to the definition of core and non-core expenditure.	
Brand / reputational damage to the Charity and or Health Board	• Creation of a comprehensive Charity strategy and accompanying action plan, to establish an appropriate and engaging Charity brand as well as developing stronger relationships with key stakeholders. • Investment fund managers (Brewin Dolphin) appointed with a clear remit to manage investment of the Charity's funds responsibly and cautiously, which is regularly monitored. • Generation of positive news coverage through newly established social channels and press releases. • Collaboration with third sector partners to develop a more effective response to emerging health priorities, such as COVID-19 response and recovery.	Likelihood = 2 Impact = 4 Risk rating = 8
Inability to fulfil criteria of designated funding	• Creation of bespoke delivery plans for harder to access and restricted funds. • Clear guidance provided for donors and staff members to clarify the legal remit of charitable funds. • Control measures in place to ensure donor details and declarations are recorded at the point of donation. • Supporting information on legacy donations and appropriate Health Board contacts available from the Health Board website.	Likelihood = 3 Impact = 2 Risk rating = 6

RISK DESCRIPTION	Mitigation	Score
Charity becomes unsustainable	• Appointment of Investment Managers to responsibly manage the investment of Charitable Funds. • Implementation of a sound investment strategy with an appropriate level of risk, which is regularly reviewed. • Development of a comprehensive Fundraising strategy to maximise income generation opportunities for the Charity and develop stronger relationships with stakeholders.	Likelihood = 2 Impact = 5 Risk rating = 10
Beneficiaries are unable to access funding	• Development of clear strategies/management plans for restricted/designated funds, particularly those that are inactive for longer than 12 months. • Ensure thorough guidance on charitable funds is always available to staff and beneficiaries through the PTHB website, and relevant Microsoft SharePoint pages. • Appointment of designated Charity ambassadors for service areas and community hospitals to support the equitable use and implementation of charitable funds. • Maintain regular communication with staff through the Charity's communication channels (internal and external newsletters, Microsoft SharePoint, social media channels).	Likelihood = 2 Impact = 3 Risk rating = 6
Funding projects that duplicate existing work / or that impact Health board plans	• An application process for projects which incorporates input from relevant service managers/leads and review by the Executive Committee prior to approval. • Implementation of Digital Governance Board requirements for all projects which involve electronic/digital systems or which process personal information/data, prior to procurement.	Likelihood = 3 Impact = 3 Risk rating = 9
New Charity brand fails to engage stakeholders	• Ensure the views of key stakeholders influence the creation and refinement of the Charity brand throughout the development process. • Seek ongoing feedback on the brand and its communication from stakeholders through regular audience evaluation surveys. • Retain the ability to adapt and develop the voice, tone and messaging of the Charity as needed.	Likelihood = 2 Impact = 4 Risk rating = 8

RISK DESCRIPTION	Mitigation	Score
	• Development of a long-term stakeholder engagement strategy to retain and expand the Charity's key audiences.	
Charity alienates existing Powys third sector organisations	• Development of a long-term stakeholder engagement strategy to retain and expand the Charity's key audiences. • Encourage a wide variety of local and specific charitable donation options (including other third sector organisations) at a service or facility level as an option for patients, staff and their families – even if they do not provide a direct benefit to the Charity. This can and should be curated regularly at a local level to maintain relevance for the above audiences.	Likelihood = 2 Impact = 3 Risk rating = 6

Board	Date of Meeting: 30 November 2022
Subject:	**REVISED POLICY CGP 004 MANAGEMENT OF POLICIES, PROCEDURES AND OTHER WRITTEN CONTROL DOCUMENTS**
Approved and Presented by:	Interim Board Secretary
Prepared by:	Interim Board Secretary
Other Committees and meetings considered at:	Executive Committee held on 16th November 2022

PURPOSE:
The purpose of this paper is to provide the Board with the attached revised CGP 004 Management of Policies, Procedures and Other Written Control Documents Policy.

RECOMMENDATION(S):
The Board is asked to APPROVE the revised CGP 004 Management of Policies, Procedures and Other Written Control Documents Policy for publication.

Approval/Ratification/Decision	**Discussion**	**Information**
✓	✗	✗

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	1. Focus on Wellbeing	
	2. Provide Early Help and Support	
	3. Tackle the Big Four	
	4. Enable Joined up Care	
	5. Develop Workforce Futures	

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

BACKGROUND AND ASSESSMENT:

The aim of CGP 004 Management of Policies, Procedures and Other Written Control Documents is to provide a structure and process for the development or review, approval, dissemination and management of policies ensuring that they are in line with current legislation, guidance and evidence.

The development of the Policy was delayed due to the Covid-19 Pandemic and the existing Policy has been overdue for review and update for some time. There are a number of long-standing internal audit recommendations from 2017-18 that relate to the need for this Policy to be revised and its application enforced.

The Policy has been reviewed and updated, with reference to good practice, with changes from the existing Policy highlighted in red text for ease of review.

The following changes should be noted in particular:

- the proposed introduction of a Policy Group to assist with the development and revision of policies;
- the proposed introduction of the category of 'reasonable amendments' for changes to policies in order to ensure that approvals are expedient and at an appropriate level; and
- clearer distinction between the process for policies, plans and strategic frameworks and other written control documents in order to ensure processes are proportionate.

The revised Policy continues to reference toolkit documents that have been previously been developed and are currently available to the organisation. These will require updating to reflect the revised Policy.

NEXT STEPS:

Following approval, the updated Policy will be communicated to the organisation together with updated toolkit documents and its implementation will be overseen by the Corporate Governance Team.

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** ***Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken***
Age	X				
Disability	X				
Gender reassignment	X				
Pregnancy and maternity	X				
Race	X				
Religion/ Belief	X				
Sex	X				
Sexual Orientation	X				
Marriage and civil partnership	X				
Welsh Language	X				

Risk Assessment:					
	Level of risk identified				
	None	**Low**	**Moderate**	**High**	Low risk associated with the Policy itself. Risks are associated with non-compliance.
Clinical		x			
Financial		x			
Corporate		x			
Operational		x			
Reputational		x			

MANAGEMENT OF POLICIES, PROCEDURES AND OTHER WRITTEN CONTROL DOCUMENTS

Document Reference No:	PtHB / CGP 004
Version No:	8
Issue Date:	To be confirmed
Review Date:	November 2022
Expiry Date:	November 2025
Author:	Corporate Governance Officer
Document Owner:	Head of Corporate Governance
Accountable Executive:	Board Secretary
Approved By:	Powys Teaching Health Board
Approval Date:	
Document Type:	Corporate Policy and Procedure
Scope:	All health board employees

To ensure that you are always using the latest version please refer to the online issue.

Disclaimer

Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board

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Version Control:

Version	Summary of Changes/Amendments	Issue Date
1	Initial Issue	Oct 2003
2	Reviewed following change from Trust to Local Health Board	Jan 2004
3	Reviewed and updated following Organisational changes	Jun 2009
4	Reviewed and further minor updates made following departmental changes	Aug 2010
5	Interim adjustments pending confirmation of organisation restructure	Aug 2013
6	Full review and update undertaken to meet Internal Audit recommendations and organisational restructure. Clarification of responsibilities and approval routes.	Dec 2014
7	Recoded CGP 004 (Previously CP 012)	Dec 2017
8	Full review and update	Nov 2022

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Engagement & Consultation

Key Individuals/Groups Involved in developing this document

Role / Designation
Corporate Governance Officer
Head of Governance

Circulated to the following for consultation

Date	Role / Designation
15/11/22	Executive Team

Evidence Base
Please list any National Guidelines, Legislation or Standards for Health Services in Wales relating to this subject area?
This Policy has taken into consideration all national guidance and legislation.
This Policy takes account of the Standards for Health Services in Wales and underpins Standard 1 Governance and Accountability.

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Impact Assessment Summary

Equality Impact Assessment Summary					
	No impact	**Adverse**	**Differential**	**Positive**	**Statement** This document been developed to support PtHB employees in the development and implementation of policies, procedures and other written control documents. It has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, gender, sexual orientation, race, religion / belief or human rights. PtHB does not routinely translate all its policies and other written control documents into Welsh, there is therefore an impact on staff for whom, Welsh is the first language. A redacted version will be uploaded to the internet in Welsh and English. The procedural sections apply to staff not the general public.
Age	X				
Disability	X				
Gender	X				
Race	X				
Religion/ Belief	X				
Sexual Orientation	X				
Welsh Language		X			
Human Rights	X				

Risk Assessment Summary
Have you identified any risks arising from the implementation of this policy / procedure / written control document? No. This policy and procedure have been developed to reduce / manage risks to the organisation, by ensuring that there is a robust system in place for Powys teaching Health Board to deliver its aims, objectives, responsibilities and legal requirements transparently and consistently. Developing and describing its "ways of working" in policies, procedures, guidelines and other written control documents
Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document? No information governance issues have been identified from the implementation of this policy and procedure.
Have you identified any training and / or resource implications as a result of implementing this? No specific staff training is required to implement this procedure. Advice and support with the process is provided within the supporting Toolkit and via the Corporate Governance Department. Increased involvement of the Corporate Governance Department for central management, overview, support/advice, database maintenance and the publication of documents to the health board's intranet and internet. Increased involvement of health board Professional / Service Groups and Committees in the consultation and/or approval of policies, procedures and other written control documents.

Management of Policies, Procedures and other Written Control Documents

1. Policy Statement

To ensure Powys teaching Health Board (the health board) delivers its aims, objectives, responsibilities and legal requirements transparently and consistently. The health board will develop and describe its "ways of working" in policies, procedures, guidelines and other written control documents.

Our documents will be written in plain language so that all staff, stakeholders and where appropriate, our patients and the people we serve are clear about what is expected. Our documents will be aligned to the values and behaviours of the organisation, contribute to staff engagement and meet the characteristics of being a teaching health board.

It will be possible to find these documents easily on our internal SharePoint site or Internet sites.

2. Scope

This policy applies to all staff employed by the health board who have the responsibility for the development or review, approval, dissemination and management of policy documents and describes the processes to be followed.

3. Aim

The aim of this policy is to provide a structure and process for the development or review, approval, dissemination and management of policies ensuring that they are in line with current legislation, guidance and evidence.

4. Objective

To ensure consistency in the format, consultation, approval, dissemination and application of the organisation's written control documents so that they are:

- aligned with the values and behaviours of the health board and contribute to promoting staff engagement;
- aligned with the characteristics of being a teaching Health Board;
- developed and reviewed when required and in a timely manner;
- owned – each document will have an Owner - a Senior Manager or Lead, who has responsibility for making sure that it is regularly reviewed and kept up to date;
- written in plain language so that they can be understood and people are clear on what is expected;
- subject to Equality and Health Impact Assessments where required;

- recorded, stored and archived in accordance with the health board policy and procedure (*IG 005 Policy and Procedure for the Destruction of Records*);
- appropriately consulted on and co-produced where required;
- considered and approved by the appropriate Forum/Senior Officer with delegated powers;
- shared with staff and stakeholders as needed;
- supported by appropriate learning, education and development where required; and
- available to the public in line with Freedom of Information Act requirements and our Publication Scheme

5. Definitions

5.1 Written Control Documents.

This is a group name used in reference to any of the document types defined below.

5.1.1 Guidelines

Give general advice and recommendations for dealing with specific circumstances. They differ from procedures and protocols by giving options of how something might be carried out. They are used in conjunction with the knowledge and expertise of the individual using them.

Guidelines are not prescriptive. However, whilst guidelines are not mandatory, it could prove difficult to defend a case where agreed guidelines had not been followed and the rationale for this has not been justified.

5.1.2 National Clinical Guidelines

The National Institute for Health and Clinical Excellence (NICE) defines guidelines as:

"Systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances. Research has shown that if properly developed, disseminated and implemented, guidelines can lead to improved patient care" (NICE 1999).

5.1.3 Policy

A written statement of intent, describing the broad approach or course of action that the health board is taking with a particular issue. Policies may be underpinned by evidence-based procedures and guidelines and are mandatory.

The formulation of policies allows the heath board to produce formal agreements, which clearly define the commitment of the Organisation and the obligations of individual staff to meet the Organisation's strategic goals.

5.1.4 Procedure

A standardised method of performing clinical or non-clinical tasks by providing series of actions to be conducted in an agreed and consistent way, to achieve a safe, effective outcome.

This will ensure all concerned undertake the task in an agreed and consistent way. Procedures are often the documents detailing how a policy is to be achieved. Procedures are considered mandatory in the health board.

5.1.5 Protocol

Protocols are different from policies as they lack the mandatory element and, by allowing professional judgement, individual cases and competency play a role. They are flexible working documents.

Within a protocol it must be clear by whose authority it is being implemented and what the scope of the protocol is. If a protocol is not to be followed, it is necessary to record the alternative action that is to be taken and the rationale for this.

In the case of clinical protocols, clinicians must be advised in every document that it is for their guidance only and that the advice should not supersede their own clinical judgement.

5.1.6 Standards

The Royal College of Nursing definition is:

".. to provide a record of service or representation of care which people are entitled to experience, either as a basic minimum or for use as a measure of excellence"

Standard Statements are accompanied by a description of the structure and process needed to attain specified observable outcomes.

Standards are not generally prescriptive however it could prove difficult to defend a case if a standard is not adhered to.

5.1.7 Strategy

A long-term plan designed to achieve particular goals or objectives.

A strategy is often a broad statement of an approach to accomplishing these desired goals or objectives and can be supported by policies and procedures.

The above definitions are taken from a range of sources. There is no single legal definition and the terms can mean different things to different organisations.

5.2 Classification of Written Control Documents

5.2.1 Clinical

Clinical policies relate to the care and treatment of patients and offer an evidence-based approach to making a series of clinical decisions for patients.

5.2.2 Corporate

Corporate policies relate to the management of the organisation and formulation of a response to known situations and circumstances.

5.2.3 Employment

Employment policies relate specifically to the management of employees (however defined) within the organisation and are a written source of guidance on how a wide range of issues should be handled within an employing organisation, incorporating a description of principles, rights and responsibilities for managers and employees.

6. Roles and Responsibilities

In addition to the responsibilities detailed below, all health board employees have a responsibility for making sure that they meet the requirements of their role profiles and any other responsibilities delegated to them.

6.1 Chief Executive

The Chief Executive, as Accountable Officer, has overall responsibility for ensuring the health board has appropriate policies in place to ensure the organisation works to best practice and complies with all relevant legislation.

6.2 Board Secretary

The Board Secretary is responsible for the effective management of, and compliance with, this policy. This includes ensuring that:

- a database of policies and procedures is maintained;
- policies are approved as part of the Governance Framework at the appropriate level in the organisation;
- the documents are accessible to all relevant staff;
- documents are cascaded appropriately across the organization; and
- all policies are reviewed in a timely manner.

6.3 Executive Directors

The Executive Directors are responsible for the effective management of and compliance with this policy. They are responsible for ensuring that all policies within their remit are maintained and updated by liaising with the appropriate policy leads. They are responsible for ensuring that the appropriate advice and assistance is provided to authors and that consideration is given to any training and resources implications that are defined. Each Director will appoint a Policy Lead for their Directorate. Specifically, each Director is responsible for:

- ensuring each Service / Department under their portfolio has an identified Document Owner;
- ensuring the Corporate Governance Department is notified of Document Owner changes; and
- ensuring / agreeing transfer of policies or other written control document ownership when changes occur to Director's portfolios or when there are questions raised regarding ownership.

6.4 Document Owners *(Service Leads / Department Heads / Responsible Managers)*

A Document Owner (Owner) is responsible for:

- ensuring the service or department has the appropriate policies, procedures, guidelines or other written control documents in place and for the ongoing management of those documents;
- maintaining a list of the departmental/service policies, procedures, guidelines and other written control documents and making sure that these documents are up to date and reviewed in line with the review date or as a result of changes to practice, organisational restructure or legislation;
- ensuring their staff have read, understood and implement all policies, procedures, guidelines and other written control documents applicable to their roles;
- undertaking, or identifying a document author, to develop, review or update the departmental documents when needed (including re-allocating responsibility if the author leaves or moves to another role);
- confirming that consultation has taken place and equality/risk/health impact assessments have been undertaken where necessary;
- making sure that any training requirements specific to the document have been referenced;
- making sure that where a process of audit &/or review has been agreed that this is maintained and reported on;
- checking the final document for accuracy of content / referenced material prior to approval submission;
- making sure there are arrangements in place to capture, respond to and review documents when external organisations such as the Health and Safety Executive, Royal Colleges and so forth publish new and updated information which requires action by the health board;

- ensuring development and review of departmental written control documents is a standing agenda item in Team / Professional groups or committees;

If an Owner leaves the health board or takes up another post, the responsibilities are taken up by their replacement. Where no direct role replacement is appointed, the responsibility for assigning a new Owner reverts to the Director.

6.5 Document Authors

Authors are employees who have been given the task of writing or reviewing the department / services' written control documents or requested to co-produce a multi organisation/ joint service document for the health board.

Authors are responsible for:

- ensuring compliance with this Policy and with the organisational style when developing and/or reviewing written control documents;
- undertaking and documenting any necessary equality, health and/or risk assessments during development, liaising with the Document Owner and making sure appropriate action has been taken in response;
- liaising with the Document Owner to ensure that appropriate engagement and consultation takes place with the relevant individuals or groups and that feedback is incorporated / actioned;
- identifying any learning, education or development needs and resource implications which must be considered before approval can take place;
- proof reading the document in liaison with the Document Owner prior to approval submission;
- presenting the final document to the approving Committee; and
- ensuring, in liaison with the Document Owner, that policies and written control documents are implemented appropriately and where necessary, that compliance with these documents is formally audited.

.
Note: Employment written control documents should always have at least 2 authors i.e. a management representative and a staff representative.

6.6 Corporate Governance Department

The Corporate Governance Department has responsibility for:

- ensuring up to date guidance and documentation regarding the policy process is accessible;
- managing the maintenance of the health board's central policy tracker and database (including a record of equality impact assessments);
- facilitation of the health board internal policy group;
- ensuring an appropriate "toolkit" is available to support the Document Owners / Authors in the development, review and management of said documents;

- Final Quality Check and confirmation of approval pathway
- Maintenance of the health board's website policy pages including publication of approved documents to the health board's SharePoint and internet sites as required and in line with the Publication Scheme and removal of expired written control documents; and
- notifying Document Owners of pending review dates.

6.7 Line Managers

Are responsible for:

- ensuring that new members of staff that join the health board are made aware of the policy control system at local induction, and how to access health board wide and local policy documents specific to their area;
- understanding the policy process and their role in supporting best practice;
- working with staff without access to the intranet to ensure they have access to relevant documentation;
- ensuring that local arrangements are established to monitor the receipt and understanding of all relevant health board documents; thus reducing the risk of misuse of misinterpretation; and
- ensuring that the staff for whom they are responsible are aware of and adhere to this document.

This includes ensuring that:
- copies of health board policies are readily available and accessible to all staff;
- information is disseminated on a regular basis, to ensure staff have read and understood the relevant documents and are aware of any new guidance or revisions;
- the identification of specific staff training needs on the implementation of new or updated documents; and
- systems exist to enable the review, audit and compliance testing of all relevant departmental policies as required.

6.8 All staff

Are responsible for ensuring that:

- they comply with the provision of this policy and where requested to demonstrate such compliance. Failure to comply will be dealt with under the health board's disciplinary processes as appropriate;
- information regarding failure to comply with the policy, for example, lack of training, inadequate equipment, is reported to their line manager and that the incident reporting system is used where appropriate;
- their practice is in line with policies in use across the health board and specific to their area of work; and

- information regarding any changes in practice, organisational structure or legislation that would require an urgent review of documents is immediately reported to their line manager.

7. Policy Register

A central Policy database is in place within the health board which includes details of all policies which have been approved and published or are currently in the process of development or review.

All policies will be subject to version control as well as issued with a unique policy identification number.

Where a policy has been superseded, the archived copy will be held on file by the Corporate Governance Team but will no longer be available via the internet. Each Directorate that develops or reviews policies shall set up their own system to ensure ownership and responsibility for their delegated areas. This shall hold all current and out of date policies. All out of date policies must be kept for a period of 30 years in line with the WHC (2000) 071 For the Record. These will be audited annually, and cross referenced with the main health board Policy Register to ensure consistency.

All policies shall include a specific reference to records retention as detailed above with mention of the health board Records Management policy.

8. Process for Developing/Reviewing a Policy

The full process for developing or reviewing a policy shall apply to any policy which has never been considered by the Policy Group or Workforce Policy Review Group and to all policies which require *significant* changes since the last review. A flowchart describing this process is detailed in Appendix 1 and should be referred to prior to commencement of the process.

The process for reviewing policies which have previously been considered by the Policy Group or Workforce Policy Review Group and only require *reasonable* or *minor* changes since the last review is set out in paragraph 12.1.

8.1 Identifying the Need for Developing/Reviewing a Policy

Drivers for reviewing or developing new policies include:
- Legislation
- National guidance
- External reviews
- Audits
- Improving working practice
- Mitigating an identified risk
- Adopting an all-Wales policy

8.2 Responsibilities and Partnership Working

Managers, staff or functions are responsible for recognising when a policy is required to minimise risk to patients, staff or the organisation. Once the need for a policy has been identified, the responsible Executive Director will identify a Policy Lead to work with an identified Trade Union Lead to review or develop the document. The Policy Lead shall contact the Trade Union Chair or Secretary to request a nominated Trade Union Lead to work with. The Policy Lead shall liaise with the TU Lead to agree the process for drafting the Policy.

8.3 Central Policy Register

The Policy Lead should contact the Corporate Governance Team in the first instance to check the policy database to ensure that there is not a policy already in existence on the same or similar subject, thus avoiding duplication of effort.

8.4 Policy Registration Form

The first step in the development or review of a policy is the completion of the Policy Registration Form (PRF).

The PRF shall also be completed for all Wales or jointly developed policies. A department only document which is a local procedure or guideline, setting out the requirements for staff in a discrete department or professional group, and one which does not have wider implications outside of this, will not require a PRF. Further clarity can be sought from the Corporate Governance Team.

The overarching rationale for completion of the PRF is to aid the Policy Group or Workforce Policy Review Group in being clear about the reason for the policy, the potential impacts of it as well as the support required to facilitate implementation of it. It is best practice to consider these prior to developing or reviewing all policies.

The PRF specifically aims to ensure that:-

- the right type of document is developed (see Definitions in section 5);
- that a policy is developed/reviewed within the context of existing policies;
- there is a plan for appropriate involvement of the Policy Group or Workforce Policy Review Group as well as interested parties who will be essential to the implementation of the policy; and
- consideration is given to the possible wider implications of the policy within the health board.

Consideration of the above at the outset will help to ensure that the development/review process is robust and efficient and will also enable the Corporate Governance Team to keep track of all policies which are under development or review.

The completed PRF shall be signed off by the Executive Director who owns the policy and forwarded to the Corporate Governance Team for processing in order to ensure that the document is entered into the health board's database and is submitted to either the Policy Group or Workforce Policy Review Group for support and guidance through the whole process.

8.5 Policy Group and Workforce Policy Review Group

The Policy Group is responsible for all Clinical and Corporate policies and the Employment Sub-group is responsible for all Employment policies.

Both groups are responsible for providing guidance and support to each of the nominated Policy/Clinical Leads and Trade Union Leads to undertake the process of reviewing existing or developing new policies and ensuring that the process outlined in this policy is adhered to.

The groups will:

- ensure that the development/review is undertaken in a timely manner;
- ensure that the relevant knowledge and expertise is accessible within the group's membership and co-opted members specific to the review or development of each policy;
- ensure that the developmental process has been robust and in line with this policy;
- ensure that the language is consistent and the policy content is described in a concise and succinct manner;
- ensure that the final version of the policy is in line with current legislation, guidance and evidence and can be implemented;
- ensure that appropriate engagement with all relevant and interested parties is undertaken dependent on the scope of the document and that they have an opportunity to agree their contribution to the development or review; and
- ensure that the final draft document along with supporting SBAR is submitted to the relevant groups for consideration and to the approving body for formal adoption and publication.

In the event of any queries raised which are addressed to Policy Group members please contact the Corporate Governance Team in the first instance or the Workforce Lead for any queries for direction to the Workforce Policy Review Group members.

8.6 Fast Track Process

An exceptional route is available for a policy to progress through the system should an urgent situation arise. The Policy Group will consider each fast track request on a case by case basis and make a decision based on specific criteria. It may be necessary to convene a separate meeting dependent upon the

urgency and the Health & Safety Lead should be in attendance. The policy must be accompanied by a Risk Assessment including the reasons for the fast track request.

8.7 Impact Assessments

Policies will not be approved without an Equality Impact Assessment (EqIA) or a Welsh Language Impact Assessment being considered and completed as appropriate as this process has been developed to help promote fair and equal treatment in the delivery of services. It is the responsibility of the Policy Lead to ensure that relevant impact assessments are undertaken during development or review of a policy.

8.7.1 Equality Impact Assessment

In accordance with the Equality Act 2010, all policies shall be subject to an EqIA. This enables resources to be targeted effectively and can help to reduce inequalities. The EqIA is process to find out whether a policy will affect people differently on the basis of their 'protected characteristics': age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion, sex or sexual orientation and if it will affect their human rights.

Evidence gathered at the initial stages, by undertaking an initial screening, will determine the relevance of policies and how they affect people as service users, members of the public and as employees of the health board and indicate whether or not a full EqIA is required.

Where a procedure or other written control document has been developed in support of a policy it may not be necessary to undertake a further EqIA.

Support and advice for undertaking an EqIA is available via The Service Improvement Manager: Welsh Language & Equality, the health board intranet site and within *PtHB/HR 075 Equality Impact Assessment Policy*. Completed EqIAs are submitted to the Service Improvement Manager: Welsh Language & Equalities and are available to staff for reference.

A summary of your findings must be recorded within the document.

Equality Impact Assessment forms and procedures for completion as part of policy development are available on the health board's intranet Policy page. Further information on the development and value of EqIAs can be found on the health board's Intranet site and via the following link:
www.eiapractice.wales.nhs.uk/home.

All finalised policies shall include reference to the EqIA which has been undertaken.

8.7.2 Welsh Language Impact Assessment

The health board is required under the The Welsh Language (Wales) Measure 2011, when formulating new policies or reviewing or revising existing policies, to assess what effect a policy decision would have on opportunities for persons to use the Welsh language and on treating the Welsh language no less favourably than the English language.

8.7.3 Environmental Standards and Impact Assessment

All policies shall be considered as to whether they have any environmental impact during the review/development process. For those policies that are deemed to have no environmental impact it will be sufficient to include the following paragraph:

This policy will put the relevant requirements in place (such as waste management plan, reduction of CO_2 emissions & reduction of carbon footprint) in order to ensure that the health board's ongoing commitment to reduce its impact on the environment is maintained and to become a more sustainable organisation.

However, the Policy Group or Workforce Policy Review Group will ensure that the Estates Team have had an opportunity to consider all policies within the process in order to establish whether an impact assessment, waste management plan, or CO_2 Reduction Plan is required.

8.8 Task and Finish Groups

Whilst accepting that it is not always appropriate, it is strongly recommended that, a Task and Finish group is established to help develop the policy in partnership involving relevant staff groups, services and departments.

8.9 Interested Parties

Interested parties are expected to contribute to the content of the policy and give explicit approval of the relevant sections by which they are affected or responsible for. Interested parties are also required to identify any barriers which could inhibit the implementation of and/or compliance with the policy once approved. These barriers must be resolved prior to the policy being presented for approval ensuring that it is fit for purpose and can be implemented and complied with by all the relevant interested parties.

In addition, members of the health board's Virtual Policy Group will review each policy in accordance with their area of expertise, for example; training, counter fraud, information governance, health and safety and records management etc.

8.9.1 Counter Fraud

All policies shall be reviewed by the health board's Counter Fraud team during the development/review process to ensure that the policy contains the correct counter fraud advice to deter fraud. For the majority of policies it will be acceptable to include the following paragraph; however, the Policy Group or Workforce Policy Review Group will ensure that the Counter Fraud Team have had an opportunity to consider all policies within the process.

Anti-Fraud and Corruption Concerns

Powys teaching Health Board is committed to taking all necessary steps to counter fraud, bribery and corruption within the health board. Staff should report suspected incidents of fraud and corruption to the health board Local Counter Fraud Specialist, who will be happy to discuss any issues or concerns. Alternatively, staff may contact the confidential NHS Counter Fraud Authority, Fraud and Corruption Reporting line on 0800 028 40 60; or the on-line reporting facility https://cfa.nhs.uk/reportfraud Fraud investigations may lead to disciplinary action and / or prosecution and civil recovery procedures.

8.9.2 Records Management

Policy Leads are asked to consider whether the policy being developed or reviewed requires the inclusion of the standard statement described below or a more in-depth statement as to how the records relating to the policy will be managed. Please refer to the health board's Records Management Policy as a guide.

The health board recognises the importance of sound records management arrangements for both clinical and corporate records. The health board's records are its corporate memory, providing evidence of actions and decisions and representing a vital asset to support daily functions and operations. Records support policy formation and managerial decision-making, protect the interests of the health board and the rights of patients, staff and members of the public.

8.9.3 Information Governance

Policy Leads shall consider information governance when developing or reviewing policies and establish whether inclusion of the paragraph below will suffice or whether a more in-depth statement is required as to how this will be addressed by the policy. Please refer to the health board's Information Governance Policy as a guide.

Information Governance (IG) is an overarching term used to describe all aspects of information management. The health board and its staff shall ensure that they provide satisfactory assurance to stakeholders as to how the organisation fulfils its statutory and organisational responsibilities in relation to the management of information. It will enable management and staff to make correct decisions, work

effectively and comply with relevant legislation and the organisations aims and objectives.

8.9.4 Training

All policies shall be considered as to whether they have any education or training requirements during the review/development process. For those policies that are deemed to have no education or training impact it will be sufficient to include the following paragraph:

Powys teaching Health Board is committed to providing high quality evidence based education to an engaged and skilled workforce operating within an organisational culture and framework that enables colleagues to work to the top of their skill set to deliver high quality care and services with competence and confidence.

Any policy specific training would need to be devised by the Policy Lead and subject matter expert.

9. Document Format

The correct template must be used when reviewing or developing a policy to ensure that the minimum information required is contained within it. Policies not following this format will not go out for consultation or proceed to the approval stage.

A Corporate Governance Document Toolkit (the Toolkit) has been developed, containing templates, forms, flowcharts and information to support the development, review and approval of health board policies and other written control documents.

The toolkit is available here: Written Control Document Toolkit (sharepoint.com)

All documentation must be in the agreed corporate format/style which is demonstrated within the Toolkit.

Where a document consists of, for example, a single flowchart, an alternative format is acceptable but the minimum principles listed below must still be followed:

- the document must have a clear heading;
- the scope and objective must be defined;
- the status/type of document must be defined e.g. guidance/mandatory requirement;
- instructions/guidance must be logically recorded;
- approval information noted (approved by & when);
- the review date noted;
- author (job title/department);

- page and number of total pages in the footer (e.g. page 1 of 2);
- forms should not be embedded within documents. Forms should be either automated or created and saved within a directorate's own communication site and a link to that communication site embedded within the document. Both options will enable the form to be available in an editable format.

Use plain language, short sentences and where possible, avoid technical terms. If technical terms are used they should be explained using a glossary or footnotes. Policies must be factual, evidence-based and concisely written; keeping content to brief and to the point.

The table below explains the terminology that shall be used in all policies.

Term	Meaning/Application
SHALL	*This term is used to state a **Mandatory** requirement of the policy*
SHOULD	*This term is used to state a **Recommended** requirement of the policy*
MAY	*This term is used to state an **Optional** requirement of the policy*

Policies, procedures and other written control documents are not routinely translated into other languages. Where the author / owner is aware that this may cause difficulty for staff, patients or their families, they will ensure that the content is explained by an interpreter or arrange written translation.

Policies that are to be published on the health board website have to be provided in English and Welsh. Translation of the policy can be arranged via the Service Improvement Manager: Welsh Language & Equalities.

In accordance with the requirements of the Data Protection Act 1998, the names of individuals will not be contained within policies and written control documents. Individuals with particular responsibilities will be identified by their job title only.

If the health board is adopting an externally approved document it will not require reformatting providing it meets the standards set above. These documents will be given a reference number, recorded and uploaded as if they were a Powys teaching Health Board document. Once adopted the responsibility for review falls to the Department/Service Lead (the Owner) if the original authors do not provide an update within the standard 3-year period.

10. Engagement and Consultation

Engagement and consultation on all new health board policies, procedures, guidelines and other written control documents should take place with the target audience including appropriate stakeholder, service user/carer, managerial, clinical and staff representation.

Where appropriate, documents should be co-produced with that target audience.

The Toolkit contains a consultation feedback form that can be used during this stage. The completed feedback forms should be retained by the author until the document has been approved.

When a final draft has been developed the formal consultation can start. The recommended consultation period should be a minimum of **14 days** including weekends but excluding bank holidays. This may be shortened in exceptional circumstances by agreement with the Policy Group or Workforce Policy Review Group.

The Document Author / Owner must provide assurance to the approving Committee/Group that consultation has been conducted thoroughly and that comments have been incorporated into the policy or written control document. The groups/individuals consulted must be recorded in the Engagement and Consultation section of the final document.

11. Approval Submission

The Board has overall responsibility for the approval of all strategy and policy documents. However, this responsibility will be delegated to an appropriate Committee for approval in accordance with the Scheme of Delegation and Standing Orders. This includes all policies written on an All-Wales basis, for formal adoption by the health board.

Each policy document requiring approval will be submitted to Trade Union Partners prior to recommendation for approval. The document will then be submitted to the Executive Director who will take the final document to Executive Committee for consideration. The policy can then be submitted to the approving body.

The final version of the document should be sent to the Corporate Governance Department who will undertake a quality check prior to publication.

A submission approval form is provided within the Toolkit and must accompany the document through these last steps (*Form reference CGD 005*).

11.1 Approval Routes

A map has been provided within the Toolkit (*Form reference CGD 006*) indicating the appropriate approving groups or committees. The group/committee will depend on the nature of the document and will be confirmed by the Corporate Governance Department as required.

It is recommended that the Document Owner or Author presents the document to the approving Committee where possible.

Policies, Plans and Strategic Frameworks. Executive Lead or Document Owner to take to Powys teaching Health Board or delegated Committee.

Procedures, Guidelines, Protocols & Standards. Document Author or Owner to present the written control document to the appropriate professional group / committee for approval.

All Wales Policies / Procedures / Guidelines. All Wales documents whether adopted or adapted for use by the health board must follow the approval routes indicated above.

Other Organisation or other Health Boards' Written Control Documents. Documents from other organisations or health boards may be adapted for use by the health board providing that:

- permission is granted, in writing, by the organisation to use or adapt for use;
- the source is clearly recorded in the reference section; and
- it follows the format, consultation and approval path as per Powys teaching Health Board documents.

The Committee or Group will contact the Corporate Governance Team within 5 working days of the meeting date to confirm the approval status. If approved the document will then be uploaded to the intranet and / or internet as indicated on the approval submission form.

12. Review of Existing Documents

The standard maximum review period for all health board policies and other written control documents is 3 years from the issue date. Some documents are routinely reviewed earlier. However, if changes occur that affect the document content e.g. new legislation, recommended best practice, change in equipment used etc. the document should be updated at the earliest opportunity (whether a review is due or not).

The Corporate Governance Department will notify the Document Owner that a review is due three months prior to the review date, which equates to four months prior to the document expiry date.

Document Owners are responsible for undertaking or arranging the review of their departmental / service documents.

If a review is incomplete by the document expiry date, the Document Owner must notify the Corporate Governance Department via email and a three month extension will be applied. If the review has still not been completed by the end of the extension period the appropriate Executive Director will be notified.

12.1 Approval of Reviewed Documents

- **If no changes are required** the document can be signed off by the Document Owner, using the submission and approval form provided in the Toolkit and the document will be validated for a further 3 years. Send the form to the Corporate Governance Department.

- **If minor changes are required** (e.g. Re-formatting to current corporate style) the document can be signed off by the Document Owner. Send the updated copy, with the submission and approval form, to the Corporate Governance Department.

- **If reasonable content changes are required** to bring the policy up to date then the Policy Lead is required to obtain approval from the Policy Group or Workforce Policy Review Group.

- **If significant content changes are required,** the reviewed document must follow the approval route as if it were a new document. The changes must be summarised / noted in the version control table within the document.

13. Archive and destruction

If a document is no longer needed, the Document Owner must notify the Corporate Governance Department via email and the central database can be updated. The document will then be removed and archived in electronic version as per health board IGP 005 Policy and Procedure for the destruction of records.

After the retention period the document will be permanently deleted.

14. Publication and Dissemination

The Corporate Governance Department will publish specified written control documents, in PDF format. They will notify Service / Department Leads when the upload is complete. The Service/Department Leads are then responsible for cascading the information to their staff (see section 6).

Policies, Plans and Strategic Frameworks. To be published on both the health board SharePoint and internet. The approval submission form includes a section

regarding publication to the internet as some documents may require redaction before internet publication.

It is the responsibility of the Policy Lead to ensure that a link established from the health board's central policy page to the Directorate pages and maintained to ensure that only the current and correct version of the policy is published online. Under no circumstances must any policies be directly uploaded onto any pages of the intranet.

In accordance with Freedom of Information legislation, all new and amended policies will be published on the health board's intranet site to ensure that staff can access the most up to date versions in one place.

Once a policy has been entered onto the database, approved and published on the internet, this should be regarded as the only official health board version for dissemination to and use by employees.

Procedures, Guidelines, Protocols & Standards. To be published on the health board's intranet site. The Corporate Governance Department will liaise with Service / Department Leads to confirm when upload is complete. The Service/Department Leads are then responsible for cascading the information to their staff.

15. Monitoring Compliance, Audit & Review

No policy, procedure, guideline or other written control document can be approved unless the processes set out in this Policy have been followed. All approved written control documents will be recorded in a Central Database maintained by the Corporate Governance Department.

Approved policies, plans and strategic frameworks can only be published to the internet / intranet by the Corporate Governance Department. If services wish to include guidelines, procedures or standards on their own pages this may only be done in consultation with the Corporate Governance Department in order to ensure each instance is appropriate and the Central Database is kept up to date.

Internal audit will assess the effectiveness of and compliance with this policy on a periodic basis.

This document will be reviewed every three years or earlier should audit results or changes to legislation / practice within the health board indicate otherwise.

16. References

- The Equalities Act 2010
- Welsh Language Standards
- PtHB Publication Scheme
- Doing Well, Doing Better – Healthcare Standards for Wales
- PtHB / CGP 009 Equality Impact Assessment Policy 2021
- PtHB / IGP 005 Policy and Procedure for the Destruction of Records
- PtHB / IGP 012 NHS Wales Information Governance Policy
- PtHB / IGP 008 Records Management Policy 2018
- PtHB / IGP 014 Records Management Framework
- WAST Policy for the Development, Review and Approval of Policies 2019

Appendix A

FLOWCHART

Identify Need & confirm Document Type

Check the central database to see if there is a similar document in existence. If there is and it meets your requirement there is no need to continue. If not, contact the author to look at adapting the existing document. If this is not viable continue with development

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Access the Corporate Governance Document Toolkit via the Intranet or via the Corporate Governance Department.

Undertake the appropriate level of Impact Assessments for your document and incorporate the findings/ update your draft document accordingly

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Proof read your document in preparation for the consultation stage

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Undertake consultation with appropriate groups / individuals. **Note: allow a minimum of 14 days** for the consultation period.

Email the final copy to Corporate Governance for Quality Check and confirmation of approval route

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Is it a PtHB or Directorate Wide document?

NO

YES

Strategy / Policy

Local / Departmental Procedure, Guidelines or other written control document

Executive Lead or Document Owner to take document to Board or delegated Committee for approval.

Author / Owner to take to appropriate group for approval

Policy/Written Control Document Approved

Corporate Governance Department publishes to intranet or internet

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Appendix B

Corporate Governance Written Control Document (WCD) Toolkit

The documents listed below are all contained in the Toolkit. Use of all of these documents is not mandatory with the exception of the formatting documents (CGD 003/003a or 003b) and the approval submission form (CGD 005) that are highlighted in green.

The remaining documents have been included for support or advice purposes.

Toolkit Contents

CGD 001   Process flowchart

CGD 002   PtHB Written control document definitions

CGD 003   PtHB Corporate style and format details

CGD 003a   PtHB Corporate skeleton document for policies and strategies

CGD 003b   PtHB Corporate skeleton document for procedures, protocols and guidelines

CGD 004   Consultation feedback record

CGD 005   Approval submission form

CGD 006   Approving committee structure – *this document may undergo further amendments following any structural change or if a Committee is stood down*

CGD 007   Staff sign off record – confirming they have read and understood a particular document

CGD 008   Author/ reviewer checklist

CGD 009   Useful contacts

CGD 010   Health Impact Assessment Tool from the Department of Health

PTHB BOARD	Date of Meeting: 30 November 2022
Subject:	**RISK MANAGEMENT FRAMEWORK**
Approved and Presented by:	Interim Board Secretary
Prepared by:	Interim Corporate Governance Manager
Other Committees and meetings considered at:	Executive Committee, 9 November 2022 Audit, Risk and Assurance Committee, 15 November 2022

PURPOSE:
The purpose of this paper is to provide the Board with the Revised Risk Management Framework, inclusive of the Risk Appetite Statement, for approval following annual review.

RECOMMENDATION(S):
It is recommended that the Board APPROVES the Risk Management Framework **(Appendix 1)**, inclusive of its Risk Appetite Statement **(Appendix 2)** ensuring that it provides a true reflection of the organisation's risk management arrangements.

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	

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	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:

The Board is committed to using a systematic and holistic approach to risk management and ensuring that effective risk management is an integral part of everyday management practices across the organisation.

This paper provides the Board with the:
- revised Risk Management Framework; and
- revised Risk Appetite Statement.

BACKGROUND AND ASSESSMENT:

Risk Management Framework
The Board approved its Risk Management Framework (RMF) in November 2021, which sets out the components that provide the foundation and organisational arrangements for supporting risk management processes across the organisation. The RMF identifies those individuals with responsibilities for the management of risk and sets out the health board's key risk management structures and processes.

The RMF is subject to annual review in order to ensure it fully reflects current arrangements for risk management processes across the organisation and remains fit for purpose. A Risk Management Toolkit has been developed, which provides guidance and templates to support services to actively manage their risks.

The revised RMF and supporting Toolkit will support a robust risk management culture across the health board, by setting out the approach and mechanisms by which the health board will: -
- Ensure that the principles, processes and procedures for risk management are consistent across the health board, and are fit for purpose;

- Ensure risks are identified and managed through robust risk management processes;
- Establish local risk reporting procedures to ensure an effective integrated risk management process across the health board's activities;
- Ensure strategic and operational decisions are informed by an understanding of risks and their likely impact;
- Ensure risks to the delivery of the health board's strategic objectives are eliminated, transferred or proactively managed;
- Manage the clinical and non-clinical risks facing the health board in a co-ordinated way; and
- Ensure the Board and its Committees are suitably informed of the significant risks facing the health board, and the associated plans in place to treat those risks.

The RMF will help build and sustain an organisational culture that encourages appropriate risk taking, to continuously improve the quality of the services provided and commissioned by the health board.

Following review, no fundamental changes to the Risk Management Framework are proposed. The revised Risk Management Framework is attached to this report as **Appendix 1**. For ease of reference, updates to the previous version are included within the document in red font.

Risk Appetite Statement
The Risk Appetite Statement (**Appendix 2**), sets out the Board's strategic approach to risk-taking by defining its risk appetite thresholds. It is a 'live' document that will be regularly reviewed and modified, so that any changes to the organisation's strategy, objectives or its capacity to manage risk are properly reflected. The Risk Appetite Statement is composed of two parts: a general written statement, supported by the cumulative risk appetite categories.

The Board recognises that risk is inherent in the provision and commissioning of healthcare services, and therefore a defined approach is necessary to articulate risk context, ensuring that the organisation understands and is aware of the risks it is prepared to accept in the pursuit of its aims and objectives.

The Risk Appetite Statement for 2021/22 was developed to reflect an increased appetite in relation to innovative and financial risks, which may be necessary to support achievement of the Board's ten-year strategy, 'A Healthy, Caring Powys'. In recognising the risks inherent in healthcare services, the proposed risk appetite statement starts at the basis of a low appetite. The Board's previous Statement stated that the Board had no appetite in a number of areas.

The proposed revised Statement recognises the changing nature of the external environment the health board operates in and the need for greater clarity and granularity to aid decision making and the treatment of risk. As for the RMF, changes from the existing Statement are shown in red text.

NEXT STEPS:

Subject to approval by the Board, the Risk Management Framework and Risk Appetite Statement will be published to the organisation.

Risk Management

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PTHB Board
30 November 2022
Agenda item: 2.3

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RISK MANAGEMENT FRAMEWORK NOVEMBER 2022

Document Number:	CGP005	Classification	Corporate

Version No:	Approved by:	Date of Approval:	Date of Issue:	Review Date:
V4.0	Board	November 2021	November 2021	November 2022

Brief Summary of Document:	This document aims to set out the components that provide the foundation and organisational arrangements for supporting risk management processes in Powys Teaching Health Board.

Scope:	This framework applies to Board members; all employees of the health board; agency staff; contractors brought in to undertake work on behalf of the health board, for example capital and estates works; students; locums; volunteers; individuals employed on honorary contracts; and, other third parties engaged in Powys Teaching Health Board business. It applies to all activities of the health board, including those related to the commissioning of services. Managers at all levels within the health board must take an active lead to ensure that risks are managed effectively and to support the development of a risk aware culture within the health board.

To be read in conjunction with:	• PTHB Assurance Principles • PTHB Strategic Commissioning Framework & Commissioning Assurance Framework • Health & Safety Policies

Owning Committee	Audit, Risk & Assurance Committee

Document Owner:	Board Secretary	Document Author:	Head of Risk & Assurance

Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
2.2	2017 Version Updated to reflect changes in risk management arrangements and organisational realignment	September 2019
3.0	2019 Version Updated to reflect changes in risk management arrangements and organisational realignment	November 2021
4.0	2021 Version Updated to reflect changes in risk management arrangements and organisational realignment	November 2022

Glossary of terms	
Term	**Definition**
Risk	The effect of uncertainty on objectives. An effect may be positive, negative, or a deviation from the expected. In addition, a risk is often described as an event; a change in circumstance; or, a consequence.
Risk management	The process which aims to help organisations understand, evaluate and take action on all their risks, with a view to increasing the probability of success and reducing the likelihood of failure.
Risk management framework	Set of components that provide the foundations and organisational arrangements for designing, implementing, monitoring, reviewing and continually improving risk management processes throughout the organisation.
Risk assessment	A systematic process of assessing the likelihood of something happening (frequency or probability) and the consequence if the risk actually happens (impact or magnitude).
Risk treatment	The development, selection and implementation of risk treatment strategies and controls.
Risk appetite	The amount of risk that an organisation is willing to pursue or retain.
Risk tolerance	The organisation's readiness to bear a risk after risk treatment, in order to achieve its objectives.
Risk owner	The person with the authority and accountability to make the decision to treat, or not to treat the risk.
Strategic risks	Risks that represent a threat to achieving the Health Board's strategic objectives or its continued existence. Strategic risks also include risks that are widespread beyond the local area and risks for which the cost of control is significantly beyond the scope of the local budget holder.

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| Operational risks | Risks that are by-products of the day-to-day running of the Health Board and include a broad spectrum of risks including clinical risk; financial risk (including fraud); legal risks (arising from employment law or health and safety regulation); regulatory risk; risk of loss or damage to assets or system failures; etc. Operational risks are managed by the department or directorate which is responsible for delivering services. |

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CONTENTS

1. The Board's Statement

The Board is committed to the principles of good governance and recognises the importance of effective risk management as a fundamental element of the health board's governance framework and system of internal controls.

The Board is committed to having a risk management culture that underpins and supports the business of the health board; providing and securing high quality care in a safe environment, that is complying with legal and regulatory requirements; meeting objectives; and, promoting its values.

The Board intends to demonstrate an ongoing commitment to improving the management of risk throughout the organisation by:

- Ensuring a dynamic approach to strategic risk management to support achievement of the health board's vision, aims, and strategic objectives;
- Promoting considered risk taking, within authorised and defined limits in-line with the Board's Appetite for Risk (see Risk Appetite Statement at Appendix A);
- Adopting an integrated approach to risk management that includes risks related to clinical care, health and safety, staff wellbeing, financial and business planning, workforce planning, corporate and information governance, performance management, project / programme management, research and development;
- Embedding effective risk management systems and processes within the organisation and promoting the ethos that risk management is everyone's business, with clearly defined roles and responsibilities;
- Creating an environment that is as safe as is reasonably practicable, by ensuring that risks are continuously identified, assessed and appropriately managed, i.e. where possible eliminate, transfer or treat risks to an acceptable level;
- Fostering an organisational culture of openness and willingness to report risks, incidents and near misses that is used for organisation-wide learning;
- Establishing clear and effective communication mechanisms that enable a comprehensive understanding of risks at all levels of the organisation by the use of directorate, specialist and organisational-wide risk registers; and
- Providing appropriate training to staff to ensure effective implementation of risk management arrangements.

2. Purpose of the Risk Management Framework

This document sets out the Health Board's vision for managing risk. Through the management of risk, the Health Board seeks to minimise, although not necessarily eliminate, threats, and maximise opportunities.

The Framework seeks to ensure:
- that the Health Board's risks in relation to the delivery of services (provided and commissioned) and care to patients are minimised;

- that the wellbeing of patients, staff and visitors is optimised;
- that the assets, business systems and finances of the Health Board are protected; and
- the implementation and ongoing management of a comprehensive, integrated (clinical and non-clinical) approach to the management of risk across the organisation.

3. Scope of the Risk Management Framework

This Framework applies to Board members; all employees of the health board; agency staff; contractors brought in to undertake work on behalf of the health board, for example capital and estates works; students; locums; volunteers; individuals employed on honorary contracts; and, other third parties engaged in Powys Teaching Health Board business. It applies to all activities of the health board, including those related to the commissioning of services.

Managers at all levels within the health board must take an active lead to ensure that risks are managed effectively and to support the development of a risk aware culture within the health board.

4. The Board's Appetite for Risk

The Board recognises that risk is inherent in the provision and commissioning of healthcare services, and therefore a defined approach is necessary to articulate risk context, ensuring that the organisation understands and is aware of the risks it is prepared to accept in the pursuit of its aims and objectives.

Risks throughout the organisation will be managed within the Board's risk appetite, or where this is exceeded, action will be taken to reduce the risk.

The Board is not open to risks that materially impact on the quality or safety of services the Health Board provides or commissions; or risks that could result in the organisation being non-compliant with UK law, healthcare legislation, or any of the applicable regulatory frameworks in which the health board operates.

The Board has greatest appetite to pursue innovation, and challenge current working practices and financial risk in terms of its willingness to take opportunities where positive gains can be anticipated, within the constraints of the regulatory environment.

The Board's Risk Appetite Statement, which is included at Appendix A, sets out the Board's strategic approach to risk-taking by defining its risk appetite thresholds. It is a live document that will be regularly reviewed and modified, so that any changes to the organisation's strategy, objectives, or, its capacity to manage risk, are properly reflected.
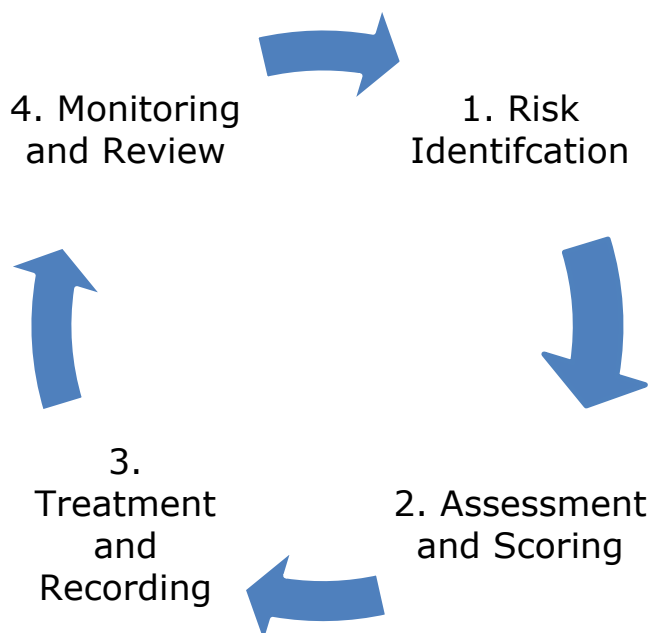
5. The Risk Management Process

Risk Management is the systematic application of management policies, practices and procedures to the task of identifying, analysing, assessing, treating and monitoring risk in a way that will enable organisations to minimise losses and maximise opportunities.

The aim of risk management is not to remove risk altogether, but to manage risk to an acceptable level, considering the cost of minimising the risk and reducing risk exposure (the level of risk that the organisation is exposed to, either in regard to an individual risk or the cumulative exposure to the risks faced by the organisation).

The Board has adopted a structured approach to risk management, whereby risks are identified, assessed and controlled, and if appropriate, escalated or de-escalated through the governance mechanisms of the organisation. The process is defined in four key steps:

4. Monitoring and Review

1. Risk Identifcation

3. Treatment and Recording

2. Assessment and Scoring

1. Risk Identification

The health board cannot manage risk effectively unless it knows what the risks are. Risk identification is therefore vital to the success of the organisation's risk management process, and ultimately the safe delivery of care.

2. Assessment and Scoring

Assessment and scoring of risk are used to determine the level of risk, using the health board's risk matrix to ensure a consistent approach is adopted across the organisation.

3. Treatment and Recording

Treatment is how the risk will be managed, and what the required actions are to achieve an acceptable level of risk. All risks are recorded on a risk

register, which is a formal record of the risks that the health board has identified.

4. Monitoring and Review

Part of managing risk is to continually review and update, and to capture the changes and progress of mitigation.

The health board's detailed guidance in support of the risk management process is included in the risk management toolkit on the staff intranet and includes guidelines to Identify, Assess, Treat and Monitor risks.

6.   Levels of Risk

The Risk Management Framework defines three levels of risk:

1. **Strategic Risks** – Risks that represent a threat to achieving the Health Board's strategic objectives or its continued existence. Strategic risks also include risks that are widespread beyond the local area, and risks for which the cost of control is significantly beyond the scope of the local budget holder.

2. **Operational Risks** – Risks that arise as a result of the day-to-day running of the health board and include a broad spectrum of risks comprising clinical risk (e.g. arising from incidents and complaints), financial risk (including fraud); legal risks (e.g. arising from employment law or health and safety regulation); regulatory risk; risk of loss or damage to assets or system failures; etc.

3. **Project Risks** – Risks that may impact on the delivery of a programme of work or project. All significant projects must be risk assessed before they are progressed, with each project required to have a separate risk register.

Powys Teaching Health Board is predominantly a commissioning organisation, buying services on behalf of the population from a wide range of providers including primary care contractors; independent sector care homes; ambulance services; district general hospitals; and, other specialist hospitals. The health board's **Integrated Performance Framework** helps to identify and escalate emerging patterns of poor performance and risk in health services used by Powys patients. Through this process, risks may be identified for recording in local or directorate risk registers or the Corporate Risk Register, dependent upon the level and type of risk.

7.   Risk Recording and Escalation

A risk register is a management tool that provides a comprehensive and dynamic understanding of an organisation's risk profile. Effectively used, a risk register will not only drive risk management but should be used to inform decision-making processes. Risk registers are also used to provide assurance that risks are being managed appropriately and effectively.

Recording of Strategic Risk

Strategic risks are recorded in the Board's Corporate Risk Register. The Corporate Risk Register provides an organisational-wide summary of significant risks that have been in the main escalated from Directorate Risk Registers. The criteria for a risk to be included in the Corporate Risk register are:

- The risk must represent an issue that has the potential to hinder achievement of one or more of the health board's strategic objectives;
- The risk 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).

The risks contained in the Corporate Risk Register are aligned to the Board Assurance Framework. The Board Assurance Framework provides a structure and process that enables the health board to focus on the key control gaps, assurance gaps and risks that may compromise the delivery of its strategic and annual objectives. It ensures that the assurance mechanisms operating across the health board are fully aligned to support the Chief Executive as the Accountable Officer, and the Board, to deliver the organisation's objectives. Further detail on the Board Assurance Framework is provided in the **Assurance Principles Document**.

The Corporate Risk register and Board Assurance Framework are reviewed by the Executive Committee in advance of presentation to the Board at each of its meetings.

Recording of Operational Risk

Operational risks, where they cannot be immediately addressed, are managed by the department or directorate that is responsible for delivering services, and are captured in local risk registers. If risks cannot be managed to a level that is acceptable at a local level, they are escalated to the relevant Directorate Risk Register. Each Directorate will maintain a comprehensive Directorate Risk Register, which will be informed by relevant local Risk Registers, and is formally reviewed at an appropriate Directorate meeting.

The Risk and Assurance Group will review Directorate Risk Registers bi-monthly to: consider risks that remain at a score of 12 or above after action to treat the risk is taken; and, highlight any new and emerging risks and present action plans for minimising and managing these risks. The Risk and Assurance Group will make recommendations to the Executive Committee on any risks that should be considered for inclusion in the Corporate Risk Register.

The hierarchy of risk registers used in the health board and the relationship between strategic and operational risks is provided below:
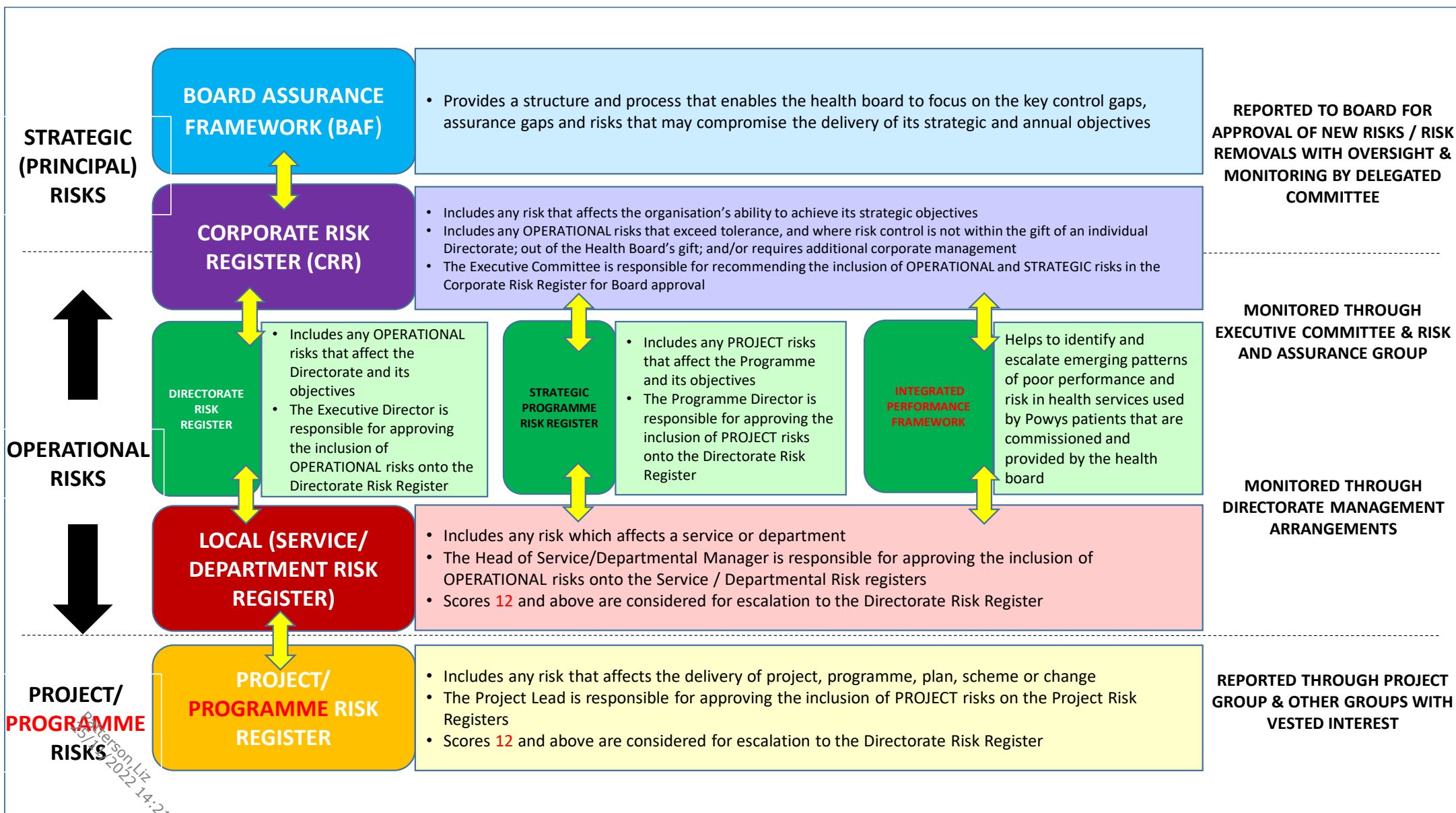
8.1 The Board

The Board (Executive Directors and Independent Members) have collective responsibility for the setting and ensuring delivery of strategic objectives. Key strategic risks are identified and monitored by the Board. The BAF and CRR provide a central record of risks to the delivery of its strategic objectives. It is the duty of the Board to discuss and advise on the format and content of the BAF. It is also the duty of the Board to appropriately monitor Powys THB's significant risks, associated controls and assurances.

The Board is also responsible for ensuring that the health board consistently follows the principles of good governance; ensuring that the systems, policies and people in place to manage risk are operating effectively, focused on key risks and driving the delivery of the health board's strategic objectives. This is the meaning of 'assurance' and is a fundamental principle of good management and accountability.

The workplans for the Board and each of its Committees will be aligned to the BAF and CRR, ensuring appropriate focus on areas of risk.

In the context of this Framework the Board will:
- demonstrate its continuing commitment to risk management through the endorsement of this Framework;
- ensure, through the Chief Executive, that the responsibilities for risk management outlined in this document are communicated, understood and maintained;
- take a lead role in 'horizon scanning' for emerging threats/risks to the delivery of the health board's strategic objectives, and ensuring that controls put in place in response, manage risks to an acceptable level;
- oversee and participate in the risk assurance process;
- ensure communication with partner organisations on problems of mutual concern including risks;
- ensure that appropriate structures are in place to implement effective risk management;
- commit financial, managerial, technological and educational resources necessary to adequately control identified risks;
- ensure that lessons are learned and disseminated into practice from complaints, claims and incidents, and other patient experience data; and
- receive reports from the committees of the Board in line with terms of reference and workplans of those committees.

The Terms of Reference for the Committees that report to the Board are included on the health board's website:
[Powys Teaching Health Board Committees - Powys Teaching Health Board (nhs.wales)](#)

8.2 Individual Responsibilities

All members of staff, and those working on behalf of the health board, have an individual responsibility for managing risk. They must understand and adhere to this Risk Management Framework.

The following individuals have specific responsibility, accountability and authority for risk management, as part of their existing roles:

Chief Executive Officer (CEO)

The CEO is the Accountable Officer of the health board and has overall accountability and responsibility for ensuring it meets its statutory and legal requirements, and adheres to guidance issued by the Welsh Government in respect of Governance. This responsibility encompasses risk management; health and safety; financial and organisational controls; and, governance. The CEO has overall accountability and responsibility for:

- ensuring the health board maintains an up-to-date Risk Management Framework endorsed by the Board;
- promoting a risk management culture throughout the health board;
- ensuring that there is a framework in place, which provides assurance to the Board in relation to the management of risk and internal control;
- ensuring that risk issues are considered at each level of business planning, from the corporate process to the setting of staff objectives;
- setting out their commitment to the risk management principles, which is a legal requirement under the Health and Safety at Work Act 1974.

The Welsh Government requires the Chief Executive to sign a Governance Statement annually on behalf of the Board. This outlines how risks are identified, evaluated and controlled, together with confirmation that the effectiveness of the system of internal control has been reviewed.

Board Secretary

The Board Secretary is the delegated lead for risk management in the health board, and is accountable for leading on the design, development and implementation of the integrated Board Assurance Framework and Risk Management Framework. The Board Secretary will:

- lead the embedding of an effective risk management culture throughout the health board;
- work closely with the Chair; Chief Executive; Chair of the Audit, Risk and Assurance Committee; and, Executive Directors, to implement and maintain an appropriate Risk Management Framework and related processes, ensuring that effective governance systems are in place;
- develop and communicate the Board's risk awareness, appetite and tolerance;
- lead and participate in risk management oversight at the highest level, covering all risks across the organisation on a health board basis;
- lead the development of, and Chair, the Risk and Assurance Group (established by the Executive Committee);

- work closely with the Chief Executive and Executive Directors to support the development and maintenance of Corporate and Directorate level risk registers;
- develop and oversee the effective execution of the health board's Assurance Framework;
- develop and implement the health board's Risk Management Framework; and
- produce the health board's Annual Governance Statement.

Head of Risk and Assurance

The Head of Risk and Assurance is accountable to the Board Secretary, and in relation to risk management will specifically:

- provide specialist advice in relation to controls and assurances for a range of functions at all levels in the organisation to support the effective management of clinical and non-clinical risk and governance;
- ensure a central system is in place to collate risk registers across the health board, which link to the health board's Assurance Framework;
- support the management and development of the health board's Assurance Framework and Risk Management Framework;
- work with directorates and Heads of Service to ensure risks are escalated in accordance with the Risk Management Framework;
- compile the Corporate Risk Register and Board Assurance Framework, for Executive Committee and Board;
- support the development and functioning of the Risk and Assurance Group; and
- provide training, information and advice to operational staff and corporate functions on risk management and risk registers, ensuring linkage to the Assurance Framework of the organisation.

Executive Directors

Executive Directors are accountable and responsible for ensuring that their respective directorates are implementing this Framework, and related policies/procedures. Each Director is accountable for the delivery of their particular area of responsibility, and will therefore ensure that the systems, policies and people are in place to manage, eliminate or transfer the key risks related to the health board's strategic objectives.

Specifically, they will:
- lead the embedding of an effective risk management culture throughout the health board;
- communicate to their directorate, the Board's strategic objectives; and, ensure that directorate, service and individual objectives and risk reporting are aligned to these;
- ensure that a forum for discussing risk and risk management is maintained within their area, which will encourage integration of risk management;

- co-ordinate the risk management processes which include: risk assessments; incident reporting; the investigation of incidents/near misses; and, the management of the risk register;
- ensure there is a system for monitoring the application of risk management within their area, and that risks are treated as required;
- provide reports to the appropriate committee of the Board that will contribute to the monitoring and auditing of risk;
- ensure staff attend relevant mandatory and local training programmes;
- ensure a system is maintained to facilitate feedback to staff on risk management issues and the outcome of reporting; and
- ensure the specific responsibilities of managers and staff in relation to risk management are identified within the job description for the post, and that those key objectives are reflected in the individual performance review/staff appraisal process.

In addition, **Clinical Executive Directors** (Medical Director, Director of Nursing & Midwifery, Director of Therapies & Health Sciences, and the Director of Public Health) have collective responsibility for clinical quality governance, which will include patient safety, incident management and patient experience, and will therefore have a responsibility to ensure that clinical risks are appropriately managed in-line with this Framework.

Independent Members
Independent Members have an important role in risk management. This role is restricted to seeking assurance on the robustness of processes and the effectiveness of controls through constructive, robust and effective challenge to Executive Directors and senior management. The role of Independent Members is not to manage individual risks, but to understand and question risk on an informed and ongoing basis.

Additionally, Independent Members chair Board level committees, and in line with the relevant committee Terms of Reference, should provide assurance to the Board that risks within its remit (determined by the CRR and BAF), are being managed effectively by the risk owners, and report any areas of concern to the Board.

Clinical Directors, Assistant Directors and Heads of Service
Clinical Directors, Assistant Directors and Heads of Service are responsible for implementation of the Risk Management Framework and relevant policies and procedures, which support the health board's risk management approach.

As Senior Managers of the organisation, Clinical Directors, Assistant Directors and Heads of Service take the lead on risk management, and set an example through visible leadership of their staff. These responsibilities include:
- Taking responsibility for managing risk;
- Ensuring that risks are assessed where they are:
  - Identified within the working activities carried out within their management control;

- o Identified within the environment within their control;
- o Reported from the staff within their management control.
- Identifying and managing risks that cut across delivery areas;
- Ensuring all incidents/accidents and near misses are reported;
- Monitoring mitigating actions and ensuring action owners are clear about their roles, and what they need to achieve;
- Discussing risks on a regular basis with staff, and through discussions at meetings to help improve knowledge about the risks faced; increasing the visibility of risk management and moving towards an action focussed approach;
- Ensuring risks are updated regularly and acted upon;
- Communicating downwards what the health board's strategic risks are;
- Using the risk management process to support prioritisation and decision making;
- Ensuring staff are suitably trained in risk management;
- Promoting a risk aware culture in which staff are encouraged to identify and escalate risk;
- Ensuring that risk management is included in appraisals and development plans where appropriate;
- Ensuring the adoption and operation of the risk management framework across their work area.

Line Managers

The identification and management of risk requires the active engagement and involvement of staff at all levels, as staff are best placed to understand the risks relevant to their areas of responsibility, and must be supported and enabled to manage these risks within a structured risk management framework. Managers at all levels of the organisation are therefore expected to take an active lead to ensure that risk management is embedded into the way their service/team/ward operates. Managers must ensure that their staff understand and implement this Framework and supporting processes, ensuring that staff are provided with the education and training to enable them to do so.

Managers must be fully conversant with the health board's approach to risk management and governance. They will support the application of this Framework and its related processes, and participate in the monitoring and auditing process.

All Staff

All staff will:
- accept personal responsibility for maintaining a safe environment, which includes being aware of their duty under legislation to take reasonable care of their own safety, and all others that may be affected by the health board's business;
- report all incidents/accidents and near misses;
- comply with the health board's incident and near miss reporting procedures;
- be responsible for attending mandatory and relevant education and training events;

- participate in the risk management system, including the risk assessments within their area of work, and the notification to their line manager of any perceived risk that may not have been assessed; and
- be aware of the health board's Risk Management Framework and processes, and the local strategy and procedures, and comply with them.

Contractors employed by the health board e.g. capital and estates specialists
It is the responsibility of each contractor employed by the health board to ensure that any staff working on their behalf is fully conversant with the risk management requirements for the activity for which they are engaged.

8.3 Internal Audit

The relationship between risk management and Internal Audit is critically important. Risk management is concerned with the assessment of risk and the identification of existing and additional controls, whereas Internal Audit's role is to evaluate these controls and test their efficiency and effectiveness. This is undertaken through the Internal Audit programme of work. Accordingly, the Head of Internal Audit will:

a. Provide an overall opinion each year to the Accountable Officer of the organisation's risk management, control and governance; to support the preparation of the Annual Governance Statement;

b. Focus the internal audit work on the significant risks as identified by management, and audit the risk management processes across the organisation;

c. Audit the organisation's risk management, control and governance through operational audit plans, in a way that affords suitable priority to the organisation's objectives and risks;

d. Provide assurance on the management of risk and improvement of the organisation's risk management, control and governance; by providing line management with recommendations arising from audit work.

8.4 Local Counter Fraud Services

The health board's nominated Local Counter Fraud Specialist (LCFS) provides assurance to the Board regarding risks relating to fraud and/or corruption. The health board's Annual Counter Fraud Work Plan, as agreed by the Audit, Risk and Assurance Committee, identifies the arrangements for managing and mitigating risks as a result of fraud and/or corruption. Where such issues are identified they are investigated by the LCFS, and then reported to the Audit, Risk and Assurance Committee as appropriate.
The LCFS works with the Chief Executive, Executive Directors and Board Secretary to review any fraud or corruption risks. Such risks are referred to the relevant risk register for the Directorate concerned, and are then escalated through the health board's escalation process.

8.5 Committee Duties & Responsibilities

Effective risk management requires a reporting and review structure to ensure that risks are effectively identified and assessed, and that appropriate controls and responses are in place.

The Audit, Risk and Assurance Committee

The Audit, Risk and Assurance Committee is responsible for overseeing risk management processes across the organisation, and will have a particular focus on seeking assurance that effective systems are in place to manage risk; that the organisation has an effective framework of internal controls to address strategic (principal) risks (those likely to directly impact on achieving strategic objectives); and, that the effectiveness of that framework is regularly reviewed.

The Committee is responsible for monitoring the assurance environment and challenging the levels of assurance in respect of key risks across the year, ensuring that the Internal Audit Plan is based on providing assurance that controls are in place and can be relied upon, and reviewing the internal audit plan in-year as the risk profiles change.

The Executive Committee

The Executive Committee has responsibility for ensuring implementation of the risk management process, and has responsibility for agreeing the risks on the CRR and the BAF, prior to consideration and approval by the Board.

The Executive Committee has the responsibility to discuss the BAF and any amendments, to ensure there is appropriate scrutiny and challenge of principal risks, the current controls and assurances in place and the actions to address any gaps in these, prior to the BAF being submitted to the Board for consideration and approval.

It is also the role of the Executive Committee to agree that risks are being managed to an acceptable level, balancing priorities, resources and the risk to the health board, and recommending the best course of action to manage the risks, to the Board. The Board must be provided with assurance that everything that can be done is being done to reduce the risk, and that there are effective plans and controls in place to manage the situation should the risk materialise. This will help limit damage, control loss and contain costs for the health board. Whilst a risk may be accepted by the Board, the risk owner must ensure that the current control measures will be regularly reviewed to ensure that they remain effective.

The Risk and Assurance Group

The Risk and Assurance Group is a management group of the Executive Committee. The Group reports to the Executive Committee and advises on any risk management issues, including all significant risks arising from activities within the organisation.

The Group is responsible for leading the implementation of the risk, control and assurance processes established within the organisation. The Group will review the processes and report on any weaknesses identified to ensure that the Board has in place effective systems for the reporting of risk, and the management of risk registers (local, directorate and corporate) and the Board's Assurance Framework.

Specifically, the Group is responsible for:
- Coordinating the achievement of the objectives of the Risk Management Framework through the organisation's directorates, by embedding risk management and establishing local risk reporting procedures to ensure the effective integrated management of risk and assurance;
- Coordinating all clinical and non-clinical risk management issues affecting the health board (scored 12 and above), making recommendations to, and advising the Executive Committee and Board accordingly;
- Reviewing, updating and monitoring the Corporate Risk Register (CRR), and maintaining clear links with the Assurance Framework;
- Recommending the escalation and de-escalation of risks from/to the CRR for Executive Committee approval, ensuring significant risks are appropriately prioritised;
- Reviewing proposed significant risks from risk leads, escalating to the Executive Committee for inclusion in the CRR where appropriate;
- Reviewing risks arising from the results of investigations into losses, untoward incidents, near misses and accidents;
- Reviewing high risk recommendations made by the Internal Audit Service, ensuring that where appropriate they are acted upon and recorded through risk registers and the assurance framework appropriately.

Directorate Risk Management Arrangements
All directorates must have the necessary arrangements in place for good governance, quality, safety and risk management.

Directorates, through management, have responsibility for risks to their services and for putting in place appropriate arrangements for the identification, assessment and management of risks. Directorates are also responsible for developing local arrangements for monitoring risk registers and communicating risk information.

9. Risk Management Toolkit

To support delivery of the Risk Management Framework, a toolkit is available for staff on the intranet. The toolkit is a means by which the Risk Management Framework is operationalised to put into effect the full range of activities outlined. The toolkit includes:
- Risk Management Process
- Risk Assessment Procedure

- Risk Scoring Matrix
- Risk Register Procedure
- Risk Register Template & Guidance

10. Risk Management Training

Knowledge of how to manage risk is essential to the successful embedding and maintenance of effective risk management. To support this, a programme of training will be delivered as follows:

Staff Group	Training Need	Frequency
Board Members	Risk Awareness Training & Review of Risk Appetite	Annual
Risk & Assurance Group / Senior Managers	Risk Awareness Training, including Risk Assessment and Risk Register Training	Every 3 Years
All Staff	Risk awareness training and an understanding of the role of risk management in the organisation	Every 2 Years
Service Managers / Risk Owners	Bespoke training delivered on a needs-based approach	Ad hoc / as required

11. Monitoring the Effectiveness of the Risk Management Framework

Compliance with this Framework is monitored by the Executive Committee and the Audit, Risk & Assurance Committee.

The Annual Governance Statement is signed by the CEO and sets out the organisational approach to internal control. This is produced at the end of the financial year and is scrutinised as part of the annual accounts process and presented to the Board with the accounts, as part of the Annual Accountability Report.

The Head of Internal Audit will also provide an opinion together with the summarised results of the internal audit work performed during the year. The health board's risk management arrangements are also subject to review annually, as part of the Audit Wales Structured Assessment process.

12. References

Airmic/Alarm/IRM (2010) A structured approach to Enterprise Risk Management (ERM) and the requirements of ISO 31000. London: Association of Risk Managers/Public Risk Management Association/Institute of Risk Management. Available at: https://www.theirm.org/media/886062/ISO3100doc.pdf.

IIA (2013) The Three Lines of Defence in Effective Risk Management and Control. Altamonte Springs: The Institute of Internal Auditors Inc. Available at: https://na.theiia.org/standards-guidance/Public%20Documents/PP%20The%20Three%20Lines%20of%20Defense%20in%20E ffective%20Risk%20Management%20and%20Control.pdf

Hopkins, P (2015) Fundamentals of Risk Management. 3rd Ed. London: Kogan Page Ltd.

Welsh NHS Confederation (2009) The Pocket Guide to Governance in NHS Wales. Good Governance Institute. Available at: http://www.wales.nhs.uk/sitesplus/documents/1064/NHS%20Wales%20Confed%20-%20Governance%20Pocket%20Book%20FINAL%5B1%5D.pdf.

RISK APPETITE STATEMENT – NOVEMBER 2022

The Board recognises that risk is inherent in the provision and commissioning of healthcare services, and therefore a defined approach is necessary to articulate risk context, ensuring that the organisation understands and is aware of the risks it is prepared to accept in the pursuit of its aims and objectives.

The Board places fundamental importance on the delivery of its strategic objectives and its relationships with its patients, the public and strategic partners in achieving delivery of the ten-year Health and Care Strategy: '*A Healthy, Caring Powys'*.

The health board should make a strategic choice about the style, shape and quality of risk management and should lead the assessment and management of opportunity and risk. The Board should determine and continuously assess the nature and extent of the principal risks that the organisation is exposed to and is willing to take to achieve its objectives - its risk appetite – and ensure that planning and decision-making reflects this assessment. Effective risk management should support informed decision-making in line with this risk appetite, ensure confidence in the response to risks and ensure transparency over the principal risks faced and how these are managed.

The Board has adopted the following Risk Appetite Matrix:

Risk Appetite	Description
Averse	Avoidance of risk and uncertainty in achievement of key deliverables or initiatives is key objective. Activities undertaken will only be those considered to carry virtually no inherent risk.
Minimal	Preference for very safe business delivery options that have a low degree of inherent risk with the potential for benefit/return not a key driver. Activities will only be undertaken where they have a low degree of inherent risk.
Cautious	Preference for safe options that have low degree of inherent risk and only limited potential for benefit. Willing to tolerate a degree of risk in selecting which activities to undertake to achieve key deliverables or initiatives, where we have identified scope to achieve significant benefit and/or realise an opportunity. Activities undertaken may carry a high degree of inherent risk that is deemed controllable to a large extent.
Open	Willing to consider all options and choose one most likely to result in successful delivery while providing an acceptable level of benefit. Seek to achieve a balance between a high likelihood of successful delivery and a high degree of benefit and value for money. Activities themselves may potentially carry, or contribute to, a high degree of residual risk.

Risk Appetite	Description
Eager	Eager to be innovative and to choose options based on maximising opportunities and potential higher benefit even if those activities carry a very high residual risk.

The Board is not open to risks that materially impact on the quality or safety of services the Health Board provides or commissions; or risks that could result in the organisation being non-compliant with UK law, healthcare legislation, or any of the applicable regulatory frameworks in which we operate.

The Board has greatest appetite to pursue innovation and challenge current working practices and financial risk in terms of its willingness to take opportunities where positive gains can be anticipated, within the constraints of the regulatory environment.

The health board's risk appetite has been defined following consideration of organisational risks, issues and consequences. Appetite levels will vary, in some areas our risk tolerance may be cautious in others we may be eager for risk and are willing to carry risk in the pursuit of important strategic objectives. The health board will always aim to operate organisational activities at the levels defined below. Where activities are projected to exceed the defined levels, this will be escalated through the appropriate governance mechanisms to the Board for ratification.

Risk Category	Description
APPETITE FOR RISK: Averse	
Safety	We consider the safety of patients and staff to be paramount and core to our ability to operate and carry out the day-to-day activities of the organisation. We have a low appetite to risks that result in, or are the cause of, incidents of avoidable harm to our patients or staff. We will not accept risks, nor any incidents or circumstances which may compromise the safety of any staff members and patients or contradict our values i.e., unprofessional conduct, underperformance, bullying or an individual's competence to perform roles or tasks safely nor any incident or circumstances which may compromise the safety of any staff members or group.
APPETITE FOR RISK: Minimal	
Quality	The provision of high-quality services is of the utmost importance for the health board. The Board acknowledges that in order to achieve individual patient care, treatment and therapeutic goals there may be occasions when a low level of risk must be accepted. Where such occasions arise, we will support our staff to work in collaboration with those who use our services, to develop appropriate and safe care plans. We therefore have a low appetite for risks which my compromise the quality of the care we deliver / could result in poor quality care, non-compliance with standards of clinical or professional practice or poor clinical interventions. Our service is underpinned by clinical and professional excellence and any risks which impact on quality could adversely affect outcomes and experiences of our patients, service users and communities.

Risk Category	Description
APPETITE FOR RISK: Cautious	
Regulation & Compliance	We are cautious when it comes to compliance and regulatory requirements. Where the laws, regulations and standards are about the delivery of safe, high quality care, or the health and safety of the staff and public, we will make every effort to meet regulator expectations and comply with laws, regulations and standards that those regulators have set, unless there is strong evidence or argument to challenge them.
Reputation & Public Confidence	We will maintain high standards of conduct, ethics and professionalism at all times, espousing our Values and Behaviours Framework, and will not accept risks or circumstances that could damage the public's confidence in the organisation.

Our reputation for integrity and competence should not be compromised with the people of Powys, Partners, Stakeholders and Welsh Government.

We have a moderate appetite for risks that may impact on the reputation of the health board when these arise as a result of the health board taking opportunities to improve the quality and safety of services, within the constraints of the regulatory environment. |
| **Performance and Service Sustainability** | We have a low-moderate risk appetite for risks which may affect our performance and service sustainability. We are prepared to accept managed risks to our portfolio of services if they are consistent with the achievement of patient/donor safety and quality improvements as long as patient/donor safety, quality care and effective outcomes are maintained. Whilst these will both be at the fore of our operations; we recognise there may be unprecedented challenges (such as Covid-19, workforce availability and limited resources) which may result in lower performance levels and unsustainable service delivery for a short period of time. |
| **Financial Sustainability** | We have been entrusted with public funds and must remain financially viable. We will make the best use of our resources for patients and staff. Risks associated with investment or increased expenditure will only be considered when linked to supporting innovation and strategic change.

We will not accept risks that leave us open to fraud or breaches of our Standing Financial Instructions. |
| **Workforce** | The Health Board is committed to recruit and retain staff that meet the high-quality standards of the organisation and will provide on-going development to ensure all staff reach their full potential. This key driver supports our values and objectives to maximize the potential of our staff to implement initiatives and procedures that seek to inspire staff and support transformational change whilst ensuring it remains a safe place to work. |

Risk Category	Description
APPETITE FOR RISK: Open	
Partnerships	The health board is committed to working with its stakeholder organisations to bring value and opportunity across current and future services through system-wide partnership. We are open to developing partnerships with organisations that are responsible and have the right set of values, maintaining the required level of compliance with our statutory duties. We therefore have a high risk appetite for partnerships which may support and benefit the patients in our care. For example, the health board has a high appetite for risks associated with innovation and partnership with the third sector, industry and academia in order to realise the provision of new models of care, new service delivery options, new technologies, efficiency gains and improvements in clinical practice. However, the health board will balance the opportunities with the capacity and capability to deliver such opportunities and is confident that there will be no adverse impact on the safety and quality of the services provided.
Innovation & Strategic Change	We wish to maximise opportunities for developing and growing our services by encouraging entrepreneurial activity and by being creative and pro-active in seeking new initiatives, consistent with the strategic direction set out in the Integrated Medium Term Plan, whilst respecting and abiding by our statutory obligations.

We will consider risks associated with innovation, research and development to enable the integration of care, development of new models of care and improvements in clinical practice that could support the delivery of our person and patient centred values and approach.

We will only take risks when we have the capacity and capability to manage them, and are confident that there will be no adverse impact on the safety and quality of the services we provide or commission. |

This Statement will be regularly reviewed and modified so that any changes to the organisation's strategy, objectives or our capacity to manage risk are properly reflected.
It will be communicated throughout the organisation in order to embed sound risk management and to ensure risks are properly identified and managed.

BOARD MEETING	Date of Meeting: 30th November 2022
Subject:	**Powys Teaching Health Board Integrated Performance Report – position as at month 6 (September) 2022/23.**
Approved and Presented by:	Director of Planning and Performance
Prepared by:	Performance Manager Assistant Director of Performance and Commissioning
Other Committees and meetings considered at:	Delivery & Performance Committee held on the 11th November 2022.

PURPOSE:
This report provides an update on the latest available performance position for Powys Teaching Health Board against national and local measures up until the end of September 2022 (month 6). It also contains the latest information around COVID-19 infections and vaccination progress.
RECOMMENDATION(S):
The Board are asked to DISCUSS and NOTE the content of this report.

Approval/Ratification/Decision	Discussion	Information
✘	✔	✔

Page **1** of **2**

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.

It includes data up until the end of month 6 (September 2022) and contains a high-level summary for Powys Teaching Health Board (PTHB) set against the National Outcome and Delivery Frameworks four aims, and their measures. Data provided within the dashboards is the latest 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.

A measures data's quality and completeness are flagged using RAG within each slide. Most measures are utilising national or validated data, some have known data quality challenges but are reported for completeness and to monitor improvement.

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.

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Powys Teaching Health Board

Integrated Performance Report

Month 6 – Updated 01/11/2022

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
25/11/2022 14:21:59

This integrated performance report (IPR) 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 6 (September 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 across key national metrics for month 6.

This snapshot continues to show maintained good performance within the provider service for most planned care and unscheduled care measures. But that service remains at significant risk with the fragility as a result of staffing pressures, primarily linked to sickness, and vacancies for both provider and in-reach consultant led services and staff. Planned care pathways are further reliant on acute care for tertiary complex pathways for diagnostics and treatment especially cancer.

As a resident of Powys timely care across commissioned services has significant geographical variation effecting equity of access. Patients accessing urgent care experience critical system challenge in ambulance response times, and acute care emergency unit waits including access to emergency admission beds. Those patients who wait on planned care treatment pathways (RTT) could expect up to a 12+ months difference for their treatment depending on specialty, and the provider (only 2% of all Powys residents wait over 2 years in English providers) when compared to Welsh. With Q3 now under way it is expected that the NHS will have further "Winter" pressures across England and Wales which will impact the ongoing backlog recovery.

To meet this challenge actions such as the COVID-19 Autumn booster campaign, and Influenza vaccination programme aim to reduce resident demand through proactive reduction in disease severity, this hopefully alleviating some urgent care demand of acute care centres. 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.
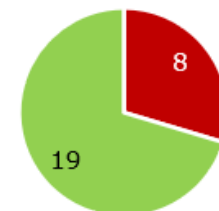
Compliance against NHS Delivery framework measures at month 6 by quadruple aim area.

Compliance against targets quadruple aim 1

8 | 8
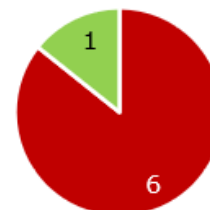
■ Not-compliant ■ Compliant

Compliance against quadruple aim 2

8 | 19

■ Not-compliant ■ Compliant

Compliance against quadruple aim 3

1 | 6

■ Not-compliant ■ Compliant

Compliance against quadruple aim 4

1 | 6
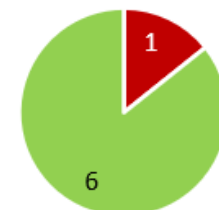
■ Not-compliant ■ Compliant

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).

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

Quadruple Aim 2
People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

A Healthier Wales Quadruple Aims

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

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

Patterson Liz
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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).
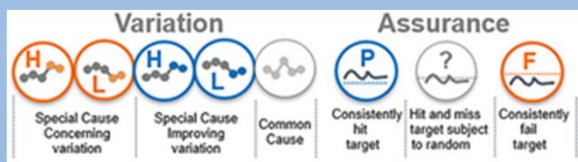
Work to integrate this approach into Powys Teaching Health Board performance reporting, and assurance will be ongoing and will mature throughout 2021/22.

Key for performance & data quality RAG ratings

Performance against measurable targets.		Data Quality	
Performance meeting set target		Data confidence is high	
Performance does not meet target		Data confidence is limited	
		Data confidence is poor or currently under investigation	
Measure not applicable or missing appropriate data		Data unavailable	

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

Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
				2022/23 Performance Framework Measures				Performance			Welsh Government Benchmarking (*in arrears)	
Weight Management	Director of Nursing	Head of Midwifery and Sexual Health	3	% Babies breastfed 10 days old	✓	Annual Improvement	2021/22	52.0%		56.5%	1st	36.7%
Smoking	Director of Public Health	Consultant in 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%
		Consultant in Public Health	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	Assistant Director of Primary Care	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		Assistant Director of Mental Health	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	Consultant in Public Health	11	'6 in 1' vaccine by age 1		95%	Q1 22/23	97.3%	93.8%	92.7%	6th	94.0%
			12	2 doses of the MMR vaccine by age 5		95%	Q1 22/23	91.7%	94.4%	93.6%	1st	90.7%
			13	Autumn 2022 COVID-19 Booster	✓	75%	25/10/2022			40.0%		
			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	Consultant in Public Health	15a	Coverage of cancer screening for: cervical		80%	2020/21	76.1%		72.7%	1st	69.5%
			15b	Coverage of cancer screening for: bowel		60%	2020/21	56.4%		68.3%	1st	67.1%
			15c	Coverage of cancer screening for: breast		70%	2021/22 (May)	74.6%		75.8%	1st	72.3%

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	Officer 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	Assistant 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	Senior Manager Unscheduled Care	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%	Sep-22	99.8%	100.0%	100.0%	1st	67.8%
			26	MIU patients who waited +12hrs		0	Sep-22	0	0	0	1st	10,230
			31	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes		65%	Sep-22	56.5%	41.8%	51.2%	3rd	50.0%
Elective Planned Care	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Assistant Director of Community Services	39	Number of diagnostic endoscopy breaches 8+ weeks	✓	Improvement trajectory towards 0 by Spring 2024	Sep-22	120	5	2	*1st	16,284
			40	Number of diagnostic breaches 8+ weeks		12 month reduction trend towards 0 by Spring 2024	Sep-22	242	71	78	*1st	44,489
			41	Number of therapy breaches 14+ weeks		12 month reduction trend towards 0 by Spring 2024	Sep-22	30	212	252	*1st	12,356
			42	Number of patients waiting >52 weeks for a new outpatient appointment	✓	Improvement trajectory towards 0 by 31/12/22	Sep-22	49	0	0	*1st	102,662
			43	Number of patient follow-up outpatient appointment delayed by over 100% - All specialties	✓	Improvement trajectory towards a reduction of 30% by March 2023 against a baseline of March 2021	Sep-22	No RAG available DQ challenge	Monthly data snapshot unavailable	4572		*213,845
			44	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)		95%	Sep-22	55.0%	64.6%	68.0%	*3rd	63.2%
			LM1	Percentage of patient pathways without a HRF factor		<= 2.0%	Sep-22	0.9%	1.0%	0.3%		
Elective Planned Care			45	RTT patients waiting more than 104 weeks	✓	Improvement trajectory towards 0 by 2024	Sep-22	3	0	0	*1st	*59350
			46	RTT patients waiting more than 36 weeks	✓	Improvement trajectory towards 0 by 2026	Sep-22	377	94	62	*1st	*271165
			47	RTT patients waiting less than 26 weeks	✓	Improvement trajectory towards 95% by 2026	Sep-22	79.9%	94.6%	94.7%	*1st	*54.8%

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National Outcomes Framework: Performance Scorecard

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

				2022/23 Performance Framework Measures				Performance			Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer 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	Aug-22	272	702	693		
			LM3	Commissioned RTT patients waiting more than 52 weeks (English & Welsh Providers)		Individual Targets	Aug-22	2,582	2,864	2,820		
			LM4	Commissioned RTT patients waiting more than 36 weeks (English & Welsh Providers)		Individual Targets	Aug-22	4,531	5,171	5,204		
			LM5	Commissioned RTT patients waiting less than 26 weeks (English & Welsh Providers)		Individual Targets	Aug-22	62.4%	60.8%	60.7%		
Mental Health	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Assistant Director of Mental Health	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%	Aug-22	51.1%	93.9%	100.0%	3rd	42.9%
			50	Assessments <28 days <18	✔	80%	Aug-22	55.9%	96.8%	93.9%	1st	54.0%
			51	Interventions <28 days <18	✔	80%	Aug-22	59.1%	71.0%	53.8%	1st	38.7%
			52	% residents with CTP <18	✔	90%	Aug-22	95.0%	100.0%	97.6%	3rd	64.9%
			53	Children/Young People neurodevelopmental waits	✔	80%	Sep-22	48.5%	80.8%	70.7%	*1st	36.5%
			55	% adults admitted to a psychiatric hospital 9am-9pm that have a CRHT gate keeping assessment prior to admission	✔	95%	Aug-22	100%	100%	100%	1st	100.0%
			56	% adults admitted without a CRHTS gate keeping assessment that receive a FU assessment within 24hrs of admission	✔	100%	Aug-22	100%	100%	100%	1st	100.0%
			57	Assessments <28 days 18+	✔	80%	Aug-22	98.1%	74.2%	80.2%	6th	90.0%
			58	Interventions <28 days 18+	✔	80%	Aug-22	76.3%	47.4%	50.3%	6th	72.1%
			59	Adult psychological therapy waiting < 26 weeks	✔	80%	Aug-22	96.2%	94.3%	92.0%	2nd	73.4%
			60	% residents with CTP 18+	✔	90%	Aug-22	87.8%	69.7%	81.4%	6th	86.0%
Hospital Infection Control	Director of Nursing	Deputy Director of Nursing	63	HCAI - Klebsiella sp and Aeruginosa cumulative number	✔	Local	Sep-22			2 cases	PTHB is not nationally benchmarked for infection rates	
			64	HCAI - E.coli, S.aureus bacteraemia's (MRSA and MSSA) and C.difficile	✔		Sep-22			6 cases		

National Outcomes Framework: Performance Scorecard

				2022/23 Performance Framework Measures					Performance			Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales	
Staff Resources	Director of Finance and ICT	TBC	67	Agency spend as a percentage of the total pay bill	✓	12m↓	Sep-22	0.9%	10.8%	8.0%	8th (Apr-22)	6% (Apr-22)
	Director of Workforce and OD	Head of Workforce	68	(R12) Sickness Absence	✓	12m↓	Sep-22	5.3%	5.9%	6.0%	3rd (Apr-22)	7.09% (Apr-22)
		Service Improvement Manager: Welsh Language & Equalities	69	% staff Welsh language listening/speaking skills level 2 (foundational level) and above	✓	Bi-annual improvement	Q4 2021/22	15.1%	15.8%	16.1%	5th	15.6%
Training & Development	Director of Workforce and OD	Head of Workforce	70	Core Skills Mandatory Training	✓	85%	Sep-22	82.0%	82.0%	82.0%	1st (Apr-22)	79.5% (Apr-22)
			71	Performance Appraisals (PADR)	✓	85%	Sep-22	71.0%	73.0%	70.0%	1st (Apr-22)	71.5% (Apr-22)
Staff Engagement	Director of Workforce and OD	Head of Workforce	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%

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

Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
				2022/23 Performance Framework Measures				**Performance**			**Welsh Government Benchmarking (*in arrears)**	
Decarbonisation	Director of Environment	Environment and Sustainability Manager	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	17,021		23,107	2nd*	1,001,378
New Ways of Working	Director of Finance and ICT	Lead Nurse for Informatics and Nurse Staffing	78	Number of risk assessments completed on the Welsh Nursing Clinical Record	✓	4 quarter improvement trend	Q2 2022/24	7236	28,438	30,865	5th	584,676
			79	Number of wards using the Welsh Nursing Clinical Record	✓	4 quarter improvement trend	Q1 22/23	2	7	8	5th	128
		Head of Information	80	Percentage of episodes clinically coded within one month post discharge end date		Maintain 95% target or demonstrate an improvement trend over 12 months	Jul-22	100.0%	100.0%	100%	1st	81.4%
Clinically Effective Prescribing	Medical Director	Chief Pharmacist	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
			83	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

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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.

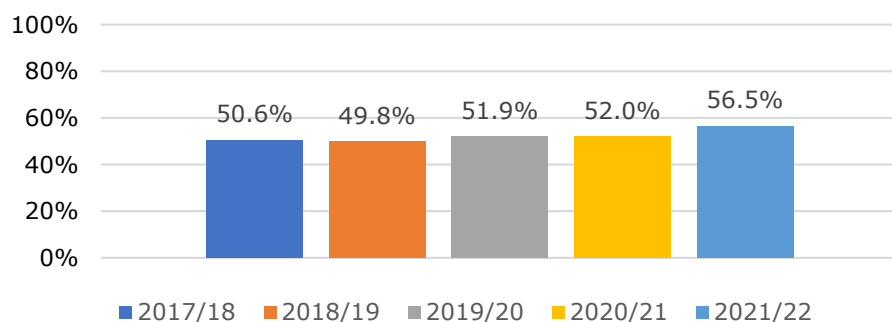|	Operational Measure	Target	Month	12 months Previous	Previous Period	Current Period
A.	Crude hospital mortality rate (74 years of age or less)	12 month reduction trend	Aug-22	2.63%	1.98%	1.99%
C.	Number of women of childbearing age prescribed valproate as a percentage of all women of child bearing age	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		35%	44%

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 – **Powys as a provider**

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

Percentage of babies who are exclusively breastfed at 10 days old

Bar chart values:
- 2017/18: 50.6%
- 2018/19: 49.8%
- 2019/20: 51.9%
- 2020/21: 52.0%
- 2021/22: 56.5%

Performance 2021/22	
Provider Performance	All Wales Benchmark
56.5%	1st (36.7%)
Variance Type	
N/A	
Target	
Annual Improvement	
Data Quality & Source	
Welsh Government Performance Team	

"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	Issues	Actions	Mitigations
2021/22 performance is the highest reported in the 6 available years. Powys consistently ranks 1st and benchmarks positively against the All Wales figure of 36.7% for 2021/22.	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. | 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. | 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.
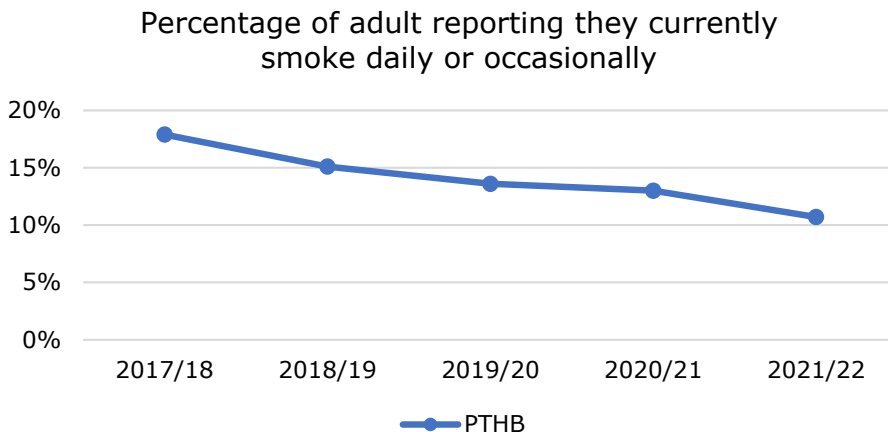
Powys volunteer breastfeeding groups have recommenced some face to face groups across Powys, increasing the support available to families. |

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Quadruple Aim 1

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 – **Powys as a provider**

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

Line chart showing PTHB values from 2017/18 (~18%) declining to 2021/22 (~10.7%).

Performance 2021/22	
Provider Performance	All Wales Benchmark
10.7%	1st (13.0%)
Variance Type	
N/A	
Target	
Annual Improvement	
Data Quality & 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."

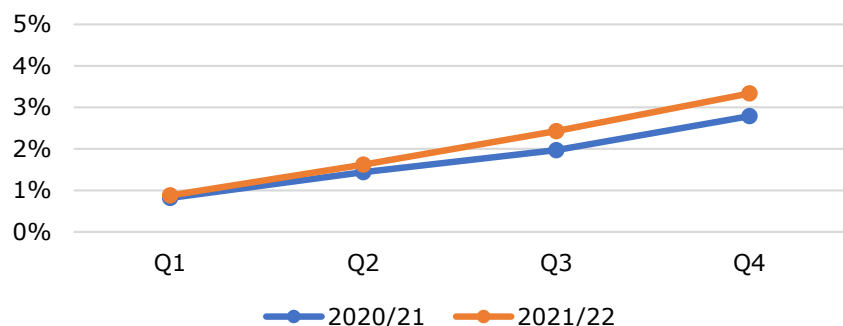| What the data tells us	Issues	Actions	Mitigations
The Health Board's reported adults smoking rate continues to decline year–on-year, with a further step change in the last 12 months from a rate of 13% to its current lowest reported rate of 10.7% for 2021/22. This is the lowest adult smoking prevalence rate for HBs across Wales, and well below the all Wales average of 13.0%	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.	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, in addition to the current telephone provision, as it's known to be the most effective provision of support.	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. Tobacco control

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 – **Powys as a provider**

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

Percentage of adult smokers who make a quit attempt

Legend: 2020/21, 2021/22

Performance Q4 2021/22	
Provider Performance	All Wales Benchmark
3.34%	6th (4.07%)
Variance Type	
N/A	
Target	
5% Annual Target	
Data Quality & Source	
Welsh Government Performance Team	

"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."

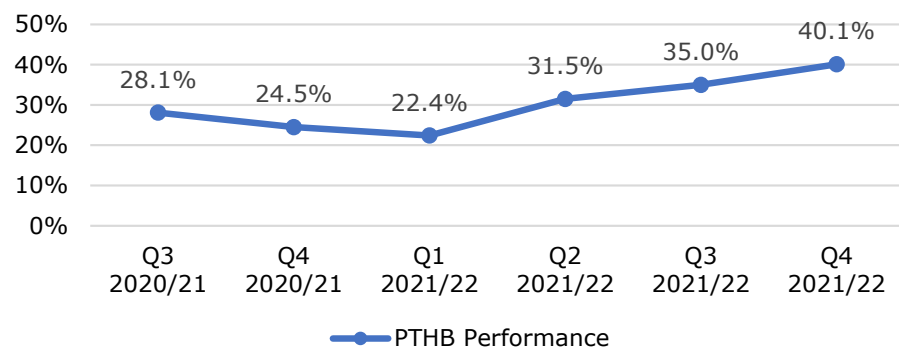| What the data tells us	Issues	Actions	Mitigations
Note: In 20/21, the National Survey was adapted due to COVID resulting in lower smoking estimates than previously reported. The lower estimates will result in an apparent higher proportion of smokers making a quit attempt during 2021/22 which may not 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.	One potential issue in the reduction in smoking quit attempts is the reduced access to support through level 3 pharmacy provision. 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. There is currently a vacancy in the Community smoking advisor team which will be recruited to. As the percentage of adults smokers in Powys falls it leaves remaining the group of smokers who find it most difficult to quit.	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.	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.

Quadruple Aim 1

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 – **Powys as a provider**

Executive Lead	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services
Officer Lead	TBC
Strategic Priority	2

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

Values: Q3 2020/21: 28.1%, Q4 2020/21: 24.5%, Q1 2021/22: 22.4%, Q2 2021/22: 31.5%, Q3 2021/22: 35.0%, Q4 2021/22: 40.1%

—●— PTHB Performance

Performance Q4 2021/22	
Provider Performance	All Wales Benchmark
40.1%	1st (28.4%)
Variance Type	
N/A	
Target	
Equal or greater than 27%	
Data Quality & Source	
Welsh Government Performance Team	

"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	Issues	Actions	Mitigations
Performance improved throughout 2021/22 to reach 40.1% in Q4 against the set 27% target. This benchmarks favourably against the All Wales average of 28.4% for the same period.			

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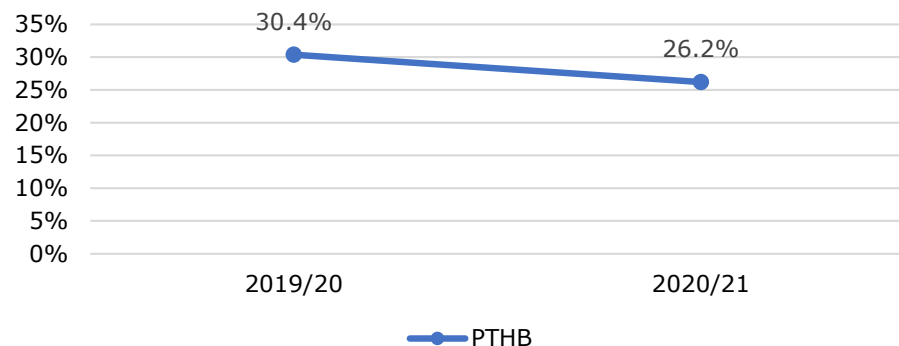25/11/2022 14:21:59

Quadruple Aim 1

New Measure

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 – **Powys as a provider**

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."

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

- 2019/20: 30.4%
- 2020/21: 26.2%

Legend: PTHB

Performance 2020/21	
Provider Performance	All Wales Benchmark
26.2%	4th (27.6%)
Variance Type	
N/A	
Target	
1% annual increase from baseline data 2020-21	
Data Quality & Source	
Welsh Government Performance Team	

| What the data tells us	Issues	Actions	Mitigations
Performance in 2020/21 deteriorated to 26.2%. This is not target compliant and falls slightly below the all Wales average of 27.6%. No health board achieved compliance during 2020/21.			

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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) **– Powys as a provider**

Alcohol attributed hospital admissions

- 2019/20
- 2020/21
- 2021/22
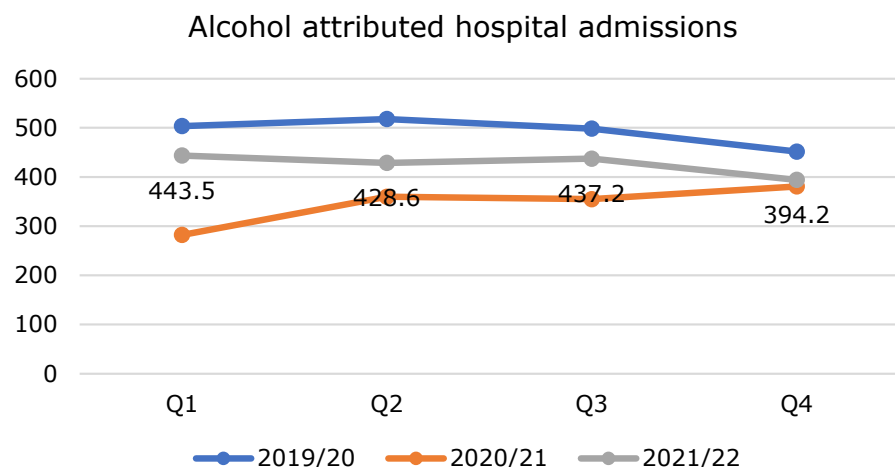
Performance Q4 2021/22	
Provider Performance	All Wales Benchmark
394.2	6th (373.9)
Variance Type	
N/A	
Target	
4 quarter reduction trend	
Data Quality & Source	
Welsh Government Performance Team	

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."

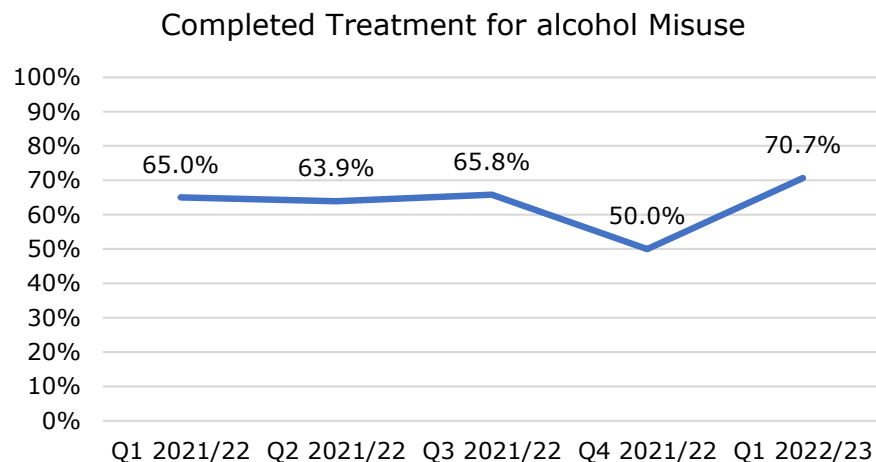| What the data tells us	Issues	Actions	Mitigations
Alcohol attributed hospital admissions have displayed a reduction trend across the 2021/22 financial year and fall below the pre-pandemic levels reported in 2019/20. However, reported rates in 2021/22 are higher than 2020/21 and local rates are above the national average, PTHB ranks 6th.	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	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.	To be confirmed once further action has been taken.

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 – **Powys as a provider**

Executive Lead	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services
Officer Lead	Assistant Director of Mental Health
Strategic Priority	2

Completed Treatment for alcohol Misuse

Chart: Q1 2021/22: 65.0%, Q2 2021/22: 63.9%, Q3 2021/22: 65.8%, Q4 2021/22: 50.0%, Q1 2022/23: 70.7%

Performance Q1 2022/23	
Provider Performance	All Wales Benchmark
70.7%	3rd (67.2%)
Variance Type	
N/A	
Target	
4 Quarter Improvement Trend	
Data Quality & Source	
Welsh Government Performance Team	

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

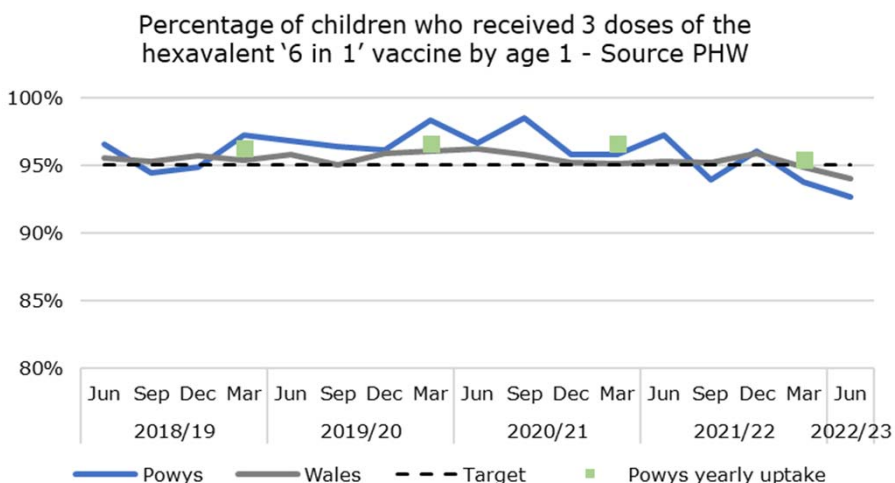| What the data tells us	Issues	Actions	Mitigations
Performance has much improved in the first quarter of 2022/23, allowing PTHB to meet the national target of 4 quarter improvement. The health board is ranked 3rd in Wales against the All Wales figure of 67.2%.	This target is very broad, and interpretation 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.	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.	Delivery of the 2022 Area Planning Board work plan focused on achieving client-centred goals and recovery including the development of recovery focused communities.

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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 – **Powys as a provider**

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

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."

Performance Q1 2022/23	
Provider Performance	All Wales Benchmark
92.7%	6th (94%)
Variance Type	
Common Cause	
Target	
95%	
Data Quality & Source	
PTHB Public Health	

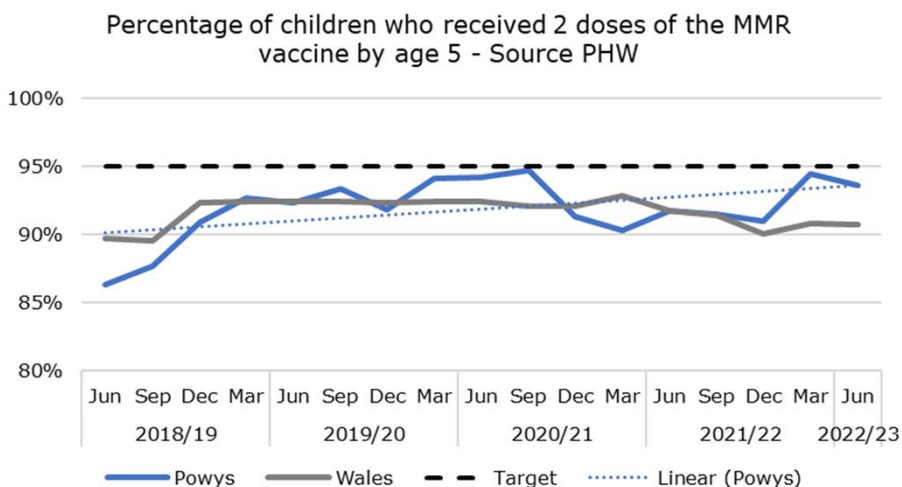| What the data tells us	Issues	Actions	Mitigations
Prior to this year PTHB has performed consistently above the 95% target for coverage of the 6 in 1 vaccinations. The latest Q1 2022/23, ending June 2022, has shown a further decrease in uptake from last quarter of 1.1%, taking the health board further below the uptake target of 95% and remaining 6th place amongst the Health Boards in Wales. This trend has been seen across Wales and England with the Wales average dropping from 94.9% in March 2022 to 94% in June 2022. The overall year uptake for PTHB, ending March 2022 still remains above the target at 95.4%.		This decrease in uptake will be discussed with individual practices to ensure that children are vaccinated in a timely manner. The public health team will also link with health visitors to identify any barriers or any additional communications that could be offered.	To be confirmed once further actions have been taken.

Quadruple Aim 1

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 – **Powys as a provider**

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

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

Performance Q1 2022/23	
Provider Performance	All Wales Benchmark
93.6%	1st (90.7%)
Variance Type	
Common Cause	
Target	
95%	
Data Quality & Source	
PTHB Public Health	

"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	Issues	Actions	Mitigations
The uptake of 2 doses of MMR by age 5 for Powys THB remains the highest in Wales at 93.6%. Performance has dropped by 0.8% but continues to be well above the all Wales average of 90.7% for Q1 2022/23 (April-June 2022).	.	Work will continue to promote uptake of MMR 2 with planning in place for data cleansing and offer of vaccination for those who have missed their vaccination.	To be confirmed once further actions have been taken.

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Quadruple Aim 1

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

COVID-19
Percentage uptake of autumn 2022 booster dose of the COVID-19 vaccination in all eligible Wales residents by health board – **Uptake snapshot 25/10/2022**

Executive Lead	Director of Public Health
Officer Lead	Assistant Director of Public Health & Clinical Programmes
Strategic Priority	2

Total Eligible	Had Autumn Booster	Currently Eligible	Percentage uptake Autumn Booster
78K	31K	76K	40%

Who is Eligible	Numerator	Denominator	Calculation
All individuals who have completed a primary course (whether they have had a booster or not) where: the latest dose is more than or equal to 91 from end of Autumn campaign (31/03/2023), and there is no date of death, and there is no opt out date	had annual booster within campaign dates 01/09/2022 to 31/03/2023	All individuals who are in the total eligible cohort and there is no suspense date or the suspense date is before the end of campaign.	Had Autumn booster/Total Eligible

Performance 2022/23

Target
75%

Data Quality & Source

PTHB Information Team

What the data tells us	Issues	Actions	Mitigations
• The rollout of the COVID-19 booster campaign started officially in Wales from September 1st to care home residents and staff. • PTHB has vaccinated **30,842** people with the booster, this is **40%** of the total eligible (**77,675**) as reported at 25/10/2022 08:38am, and is on-track to reach 75% target (from current data projections). • It should be noted that this is a cumulative measure and will not be RAG rated until end of campaign against the target.	• Increase in appointments being rearranged and residents not attending first appointments offered, also reports of individuals contracting covid infection during last few months delaying appointments. • Postal disruption due to strike action. • Significant reduced social, digital and media communication • Denominator for health and social care group	• Booking is running at 120% of appointments • Strengthening local communications • Reserved list operating for over 50s to maximise appointments/resource • Second offer appointments for MVC allocated residents underway. • Primary Care vaccinators have completed second and third offer • Letters are sent with sufficient notice, in manageable batches to minimise postal disruption • Emergency Surge Plan and action cards developed as part of business continuity plans is being tested at desk top exercise	• Cancellation rate is reviewed twice a week and at the Operational Delivery and Leaving No One Behind Group. • Take up is anticipated to increase as COVID rates and seasonal pressures increase with capacity identified.

Quadruple Aim 1

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. – **Powys as a provider**

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

Influenza vaccination uptake by group – source PHW

Legend: 65+, <65, Pregnant Women, Health Care Workers
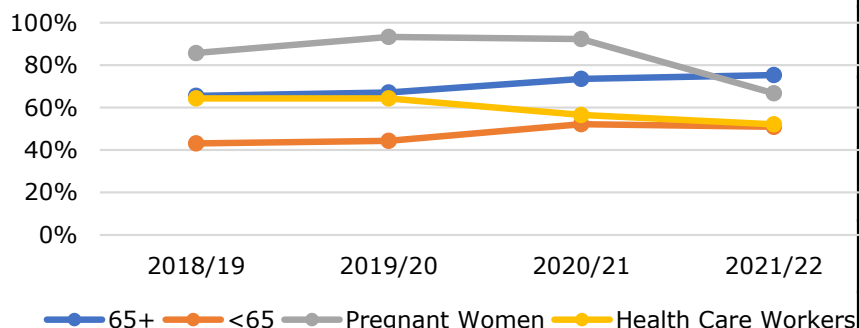
Performance 2021/22

Measure	Local	21/22 Target	All Wales
65+	75.3%	75%	7th (78.0%)
<65 at risk	50.9%	55%	3rd (48.2%)
Pregnant Women	66.7%	75%	6th (78.5%)
Health Care Workers	52.1%	60%	6th (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 COIVD19
- 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 being implemented to maximise resources, followed by targeted peer vaccinators model.

Performance 2021/22

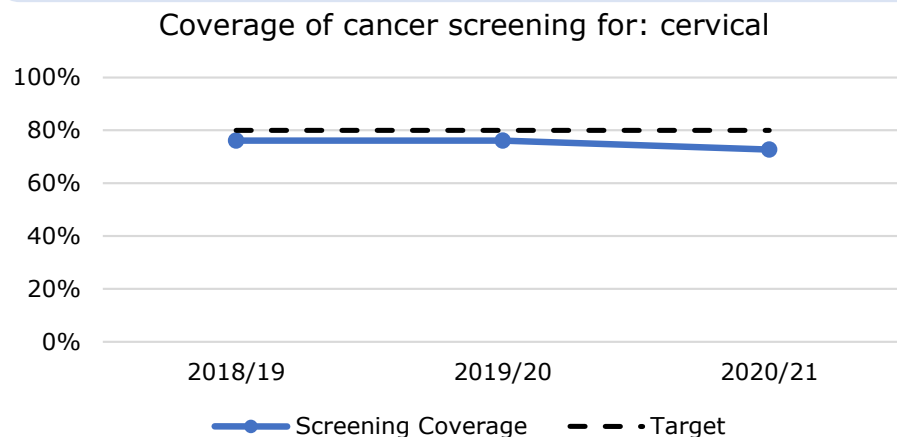| Group	Area	Immunised	Eligible	Uptake
Total *Excludes Pregnant Women*	PTHB	40,315	57103	**67.1%**
	Wales	804,368	1,229,692	**65.4%**
65+	PTHB	28,949	38,440	75.3%
	Wales	535,876	687,339	48.2%
<65 at risk	PTHB	8,889	17,467	50.9%
	Wales	215,332	446,772	78.0%
Pregnant Women	Not Available		66.7%
			78.5%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

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 – **Powys as a provider**

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

Coverage of cancer screening for: cervical

Legend: —●— Screening Coverage - - - Target

X-axis: 2018/19, 2019/20, 2020/21
Y-axis: 0% to 100%

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

"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."

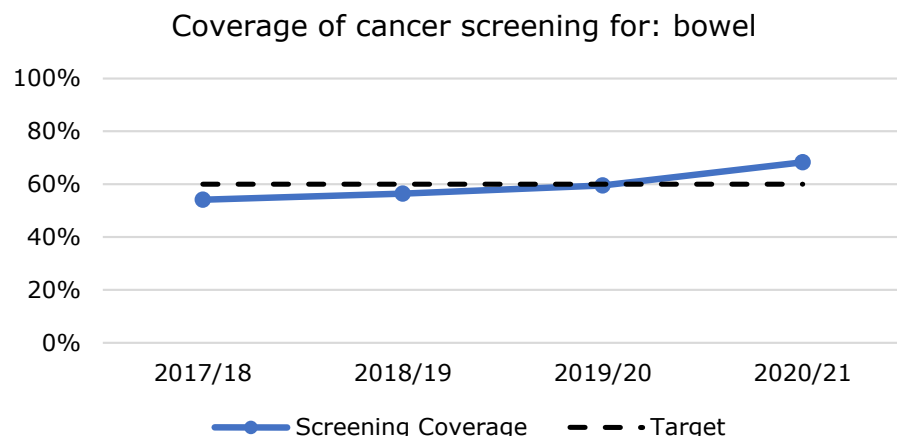| What the data tells us	Issues	Actions	Mitigations
Data prior to 2018/19 for cervical screening is not comparable due to a change in the age coverage. Since 2018/19 Powys has ranked as the highest achieving Health Board and remains ranked 1st with an uptake of 72.2% in 2020/21, which is above the Wales average of 69.5%, though below the 80% national target. There has be 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.	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. 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).	Action plans to catchup on delayed screening offers of appointment were implemented and screening has fully recovered from impact of pandemic during 2021/22.	

[Further details in appendix 2](#)

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 – **Powys as a provider**

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

Coverage of cancer screening for: bowel

Legend: —●— Screening Coverage — ● — Target

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

"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."

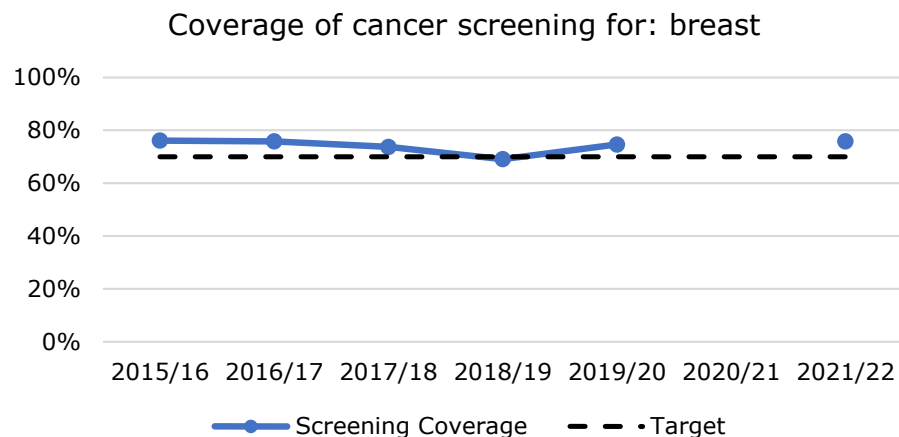| What the data tells us	Issues	Actions	Mitigations
Coverage for bowel screening has improved consistently for Powys, with uptake at 68.3%, up 6.6% from 2019/20 and achieving well above the 60% target. The Health Board has the highest uptake across Wales, with the Wales average being 67.1%. The GP clusters 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%	No issues with the reported compliance in 2020/21. From October 2022 an increase in demand estimated at circa 34.8% (PHW modelling) for screening is expected between October 2022 and September 2022 as the applicable age range for bowel screening is increased. This will have an impact on provider BSW colonoscopy demand and require increased capacity of service (not all residents will access PTHB screening e.g., alternative providers undertaking required procedures)	PTHB will continue to support the roll out and extension of the bowel screening programme.	None required

Quadruple Aim 1

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 – **Powys as a provider**

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

Coverage of cancer screening for: breast

Screening Coverage — — · Target

Performance May 2021/22	
Provider Performance	All Wales Benchmark
75.8%	1st (72.3%)
Variance Type	
N/A	
Target	
70%	
Data Quality & Source	
PTHB Public Health	

"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
Coverage for breast screening coverage improved again in 2021 to 75.8% from 74.6%, above the average for the past 5 years. PTHB is target compliant and benchmarks positively against the All Wales average of 72.3%.	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.	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.	

Patterson Liz
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[Further details in appendix 2](#)

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 – **Powys as a provider**

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

- 2019/20: 56.3%
- 2020/21: 93.8%
- 2021/22: 100.0%

■ Percentage of GP Practices
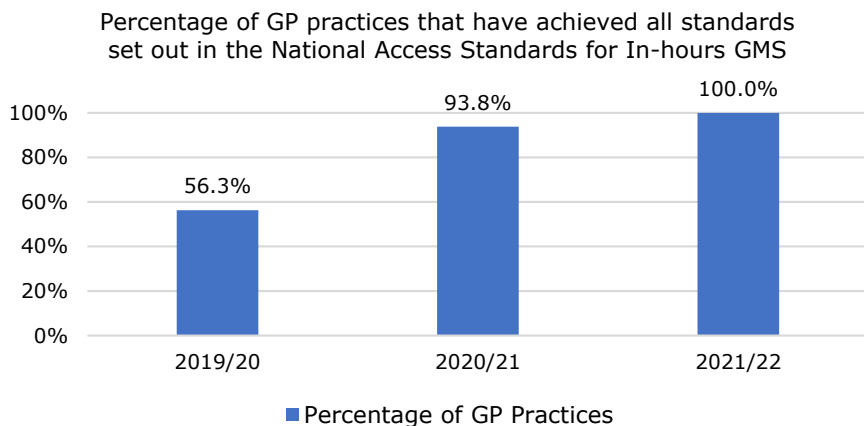
Performance 2021/22	
Provider Performance	All Wales Benchmark
100%	1st (88.6%)
Variance Type	
N/A	
Target	
100%	
Data Quality & Source	
Welsh Government Performance Team	

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."

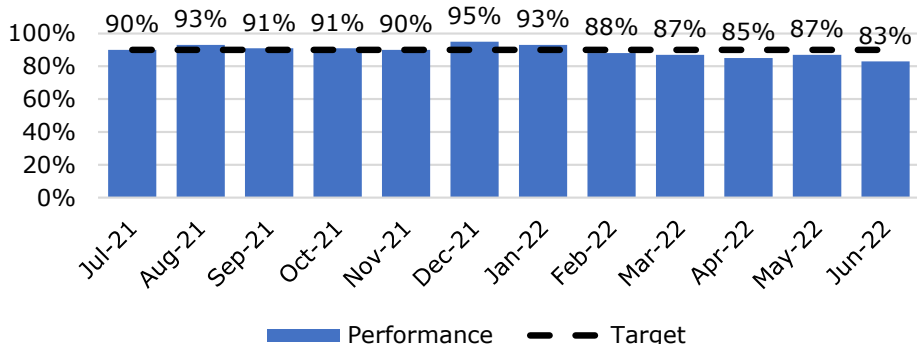| What the data tells us	Issues	Actions	Mitigations
The target of 100% performance has been met. This represents a significant improvement from 56.3% in 2019/20. PTHB performs above the All Wales average General Practice participation in meeting the Access Standards is not a mandatory contractual requirement and therefore practice participation is optional, however 100% of Powys practices are committed to aspire to achieve the Access Standards. Access Standard achievement is annual and year end performance data for 2022/2023 will be 31/03/22.			Practices are required to submit quarterly updates on their progress in meeting the standards. 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

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 – **Powys as a provider**

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

	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Performance	90%	93%	91%	91%	90%	95%	93%	88%	87%	85%	87%	83%

Legend: ▬ Performance ▬ ▬ Target

June 2022 Performance

Local Performance	All Wales Benchmark
83%	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	Issues	Actions	Mitigations
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 4th August until the challenge is resolved.	• Accurate Out Of Hours (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 2023. • On the 4th 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 Swansea Bay University Health Board (SBUHB) OOH service. Therefore no data is available for July, August and September. The reinstating of Adastra is currently being rolled out across NHS Wales with limited functionality as the Concentrator system which enables 111 Adastra to share information with Health Boards/Shropdoc Adastra is still not working and needs to be rebuilt • 111, Shropdoc and SBUHB continue to operate under BCI arrangements.		• In the absence of Adastra , the PTHB OOH Performance Management Group continue to seek assurance on the OOH service. • The Assistant Director of Primary Care attends the national daily Business Continuity & Incident calls

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Quadruple Aim 2
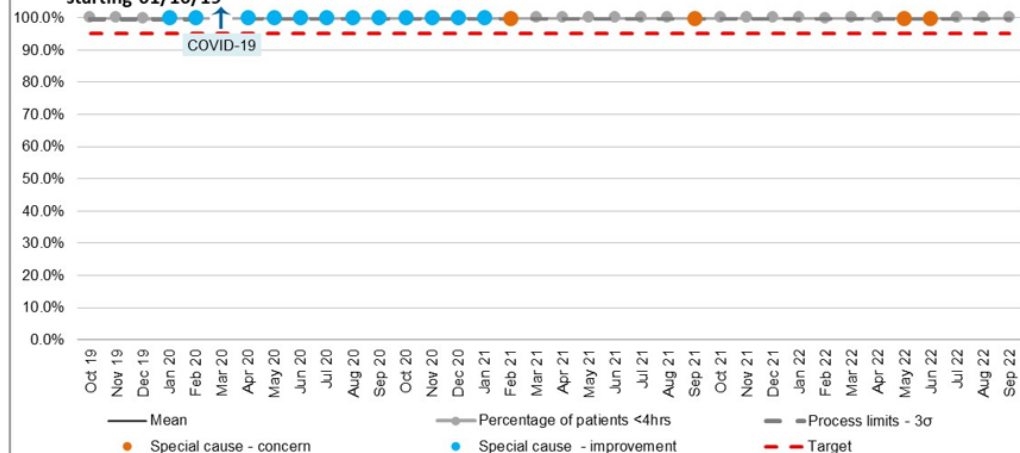
People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Conveyance
Percentage of total conveyances taken to a service other than a Type One Emergency Department – **PTHB responsible population**

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

Percentage of Conveyances taken to a Service Other than a Type 1 Emergency Departments
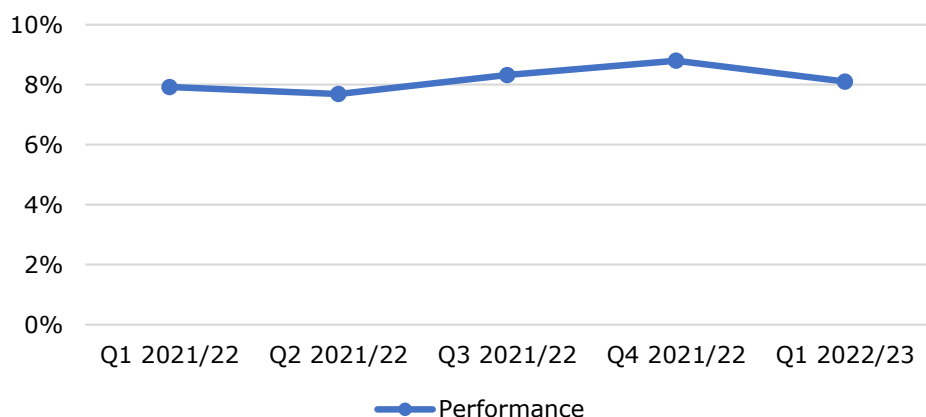
Q1 2022/23 Performance	
PTHB Responsible Performance	All Wales Benchmark
8.1%	5th (11.8%)
Variance Type	
N/A	
Target	
4 quarter improvement trend	
Data Quality & Source	
Welsh Government Performance Team	

"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."

What the data tells us	Issues	Actions	Mitigations
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 5th out of the Health Boards.			

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Minor Injury Unit (MIU) Performance
Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge – **Powys as a provider**

Percentage of patients who spend less than 4 hours in all major and minor emergency care -Source WPAS starting 01/10/19

Legend: Mean | Percentage of patients <4hrs | Process limits - 3σ | Special cause - concern | Special cause - improvement | Target

September 2022 Performance	
Provider Performance	All Wales Benchmark
100%	(1st 67.8%)
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."

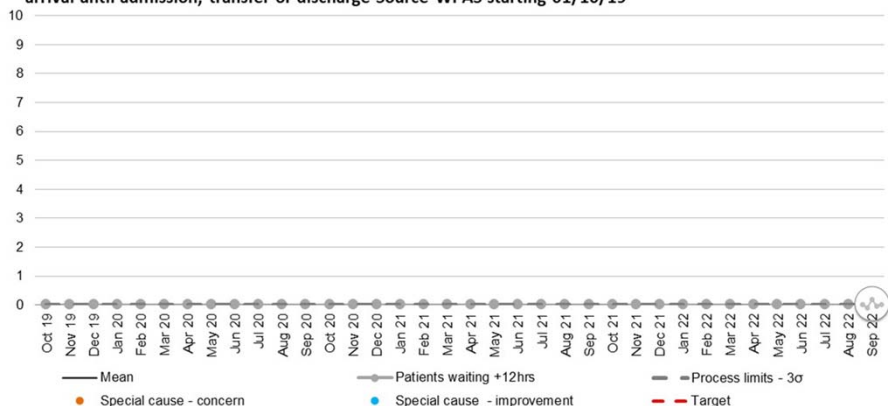| What the chart tells us	Issues	Actions	Mitigations
MIU performance against the access target remains excellent circa 99+% on a monthly basis. The All Wales average was 65.7%, this performance is non comparable due to the provider service types e.g., minor vs mixed units including tier 1 (A&E).	No issues 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.

Patterson Liz
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Minor Injury Unit (MIU) Performance
Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge – **Powys as a provider**

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

Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge-Source WPAS starting 01/10/19

— Mean   —Patients waiting +12hrs   —Process limits - 3σ
● Special cause - concern   ● Special cause - improvement   — Target

September 2022 Performance	
Provider Performance	All Wales Benchmark
0	(1st 10,230)
Variance Type	
Common Cause	
Target	
0	
Data Quality & Source	
EDDS	

"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	Issues	Actions	Mitigations
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 emergence care reported a reduction to 10,230. | 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. | 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 | Ensure maintenance of robust staffing in all MIU's for handovers and continuity of care for longer waits. |

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 01/10/19

- Mean
- Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes
- Process limits - 3σ
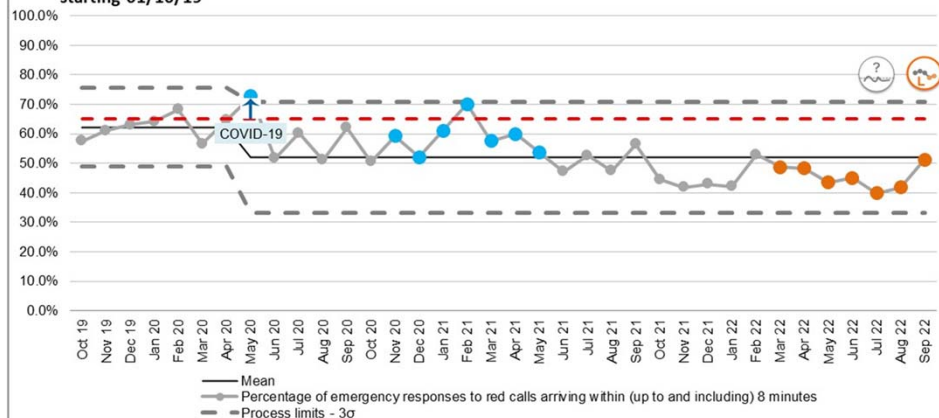
September 2022 Performance	
Local Performance	All Wales Benchmark
51.2%	3rd (50%)
Variance Type	
Special cause concern	
Target	
65%	
Data Quality & Source	
WAST	

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	Issues	Actions	Mitigations
Performance remains special cause concern but has improved over the last 2 months to near mean level. Powys ranks 3rd, above the All Wales average of 50%.	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 | 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 | Wider system calls being held daily with the aim to improve overall system flow. |

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

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'"

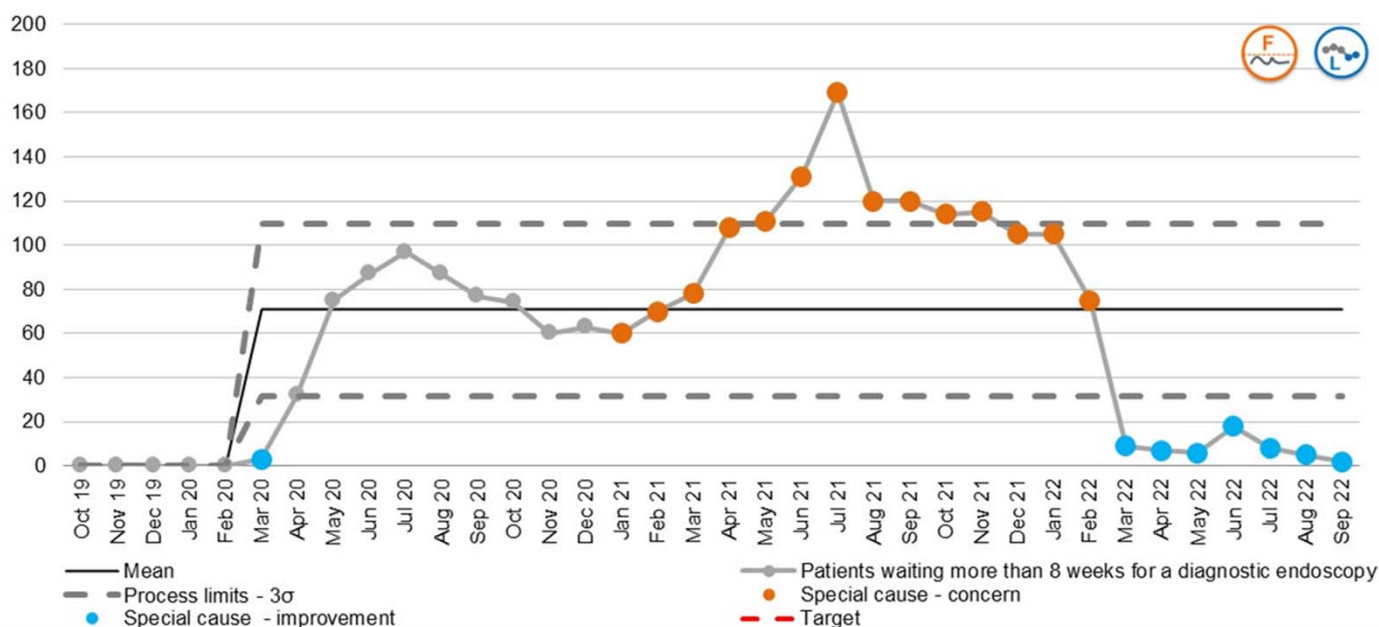| Issues	Actions	Mitigations
• PTHB does not directly provide any acute hospital beds, therefore all patients enter the D2RA process when stepped down from acute hospitals to a community hospital. As such, the HB reports 100% compliance to the Delivery Unit until DTOC is reinstated as the relevant measure. • Patients who go are admitted directly home (with support) from out of county acute hospital locations are recorded as receiving 'Home First' services, and are exempt from inclusion in the D2RA reporting. • To inform community development, all discharge pathways have been implemented for recording onto WPAS. Compliance in recording can be limited, including utilisation of Estimated Discharge Dates on WPAS by the wards. Mandating of some fields has not been implemented at this time, due to the likely change in national reporting due shortly.	• Report required & requested from informatics on non compliance. • Further reinforced within discharge training at ward level intended to improve compliance. • Additional workshop in place for W/c 14th November to continue to embed patient pathways	• Manual data collection continues & audit undertaken in 2021. • Collection and monitoring of D2RA data from acutes already collated by therapies.

Quadruple Aim 2

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 – **Powys as a provider**

Patients waiting more than 8 weeks for a Diagnostic Endoscopy- Source WPAS starting 01/10/19

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

September 2022 Performance	
Provider Performance	All Wales Benchmark
2	1st (16,284)*
Special Cause Improvement	
Target	
Improvement trajectory towards 0 by Spring 2024	
Data Quality & Source	
WPAS	

"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 7 months.

- Breaches reported for September are in Colonoscopy

Quadruple Aim 2

New Measure

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 – **Powys as a provider**

Issues	Actions	Mitigations
• 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 Cwm Taf Morgannwg University Health Board (CTUHB) & consultant team activity • 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 plus vacancy sessions nurse consultant • In reach fragility in General Surgery OP pathway, diagnostic & histology delays in DGHs	• 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 peer support 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 with recruitment to Planned Care Clinical Director post in Autumn 2022 • Working with PHW Bowel Screening Wales on regional solutions to service sustainability, CTMUHB specialist nurse post providing in reach into PTHB service. Successful recruitment to join bowel screening specialist nurse post with CTMUHB Oct 22 & successful recruitment to PTHB bowel screening post Oct 22 • Capacity support requested from health boards & NHS trust for lower endoscopy, currently no sessions forthcoming due to acute provider backlogs • Re escalated commissioning issues CTMUHB/Aneurin Bevan University Health Board (ABUHB) & service level agreement (SLA) concerns around fragility & long term agreement (LTA) pathology, histology delays. • Working closely with Wye Valley NHS Trust (WVT) to repatriate gastro back to LWH, ongoing work with ABUHB.	• Rolling programme of clinical and administrative waiting list validation. • Additional in-sourcing capacity to be provided to address routine backlog commenced in March 22 to November 22, but with provisional extension to March 23. • Working at Regional level to support service sustainability offering estate capacity endoscopy suite as part of regional solution mutual aid

Patterson Liz
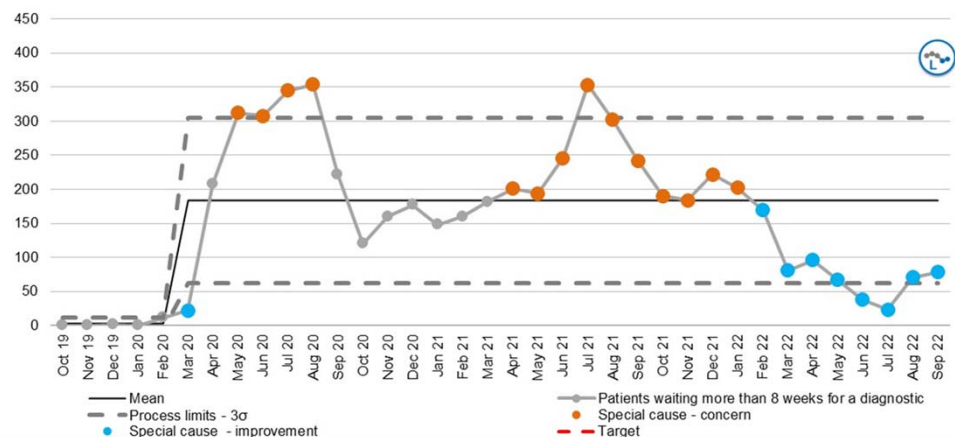25/11/2022 14:21:59

Quadruple Aim 2

New Target

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 – **Powys as a provider**

Patients waiting more than 8 weeks for a diagnostic - Source WPAS starting 01/10/19

Legend:
— Mean
-- Process limits - 3σ
• Special cause - improvement
—— Patients waiting more than 8 weeks for a diagnostic
• Special cause - concern
-- Target

September 2022 Performance	
Provider Performance	All Wales Benchmark
78	1st (44,489)*
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."*

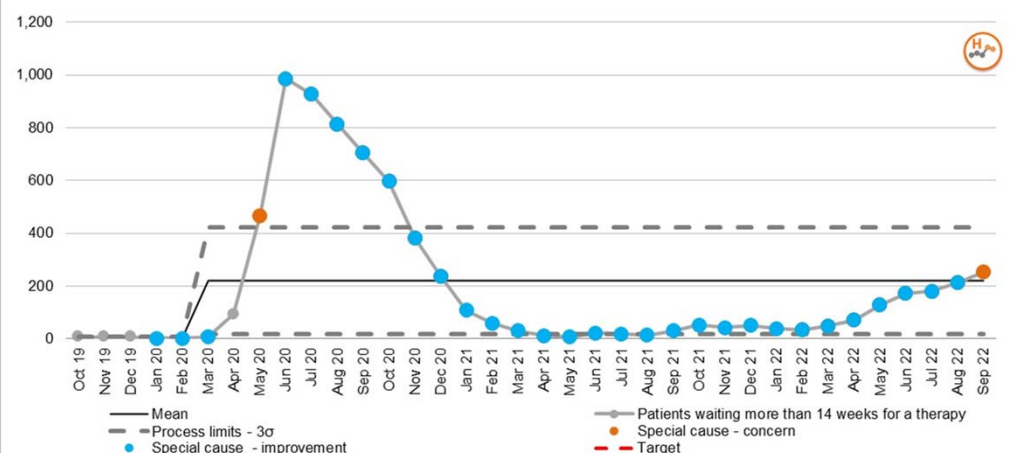| What the data tells us	Issues	Actions	Mitigations
This measure includes various diagnostic provisions, echo cardiograms, endoscopy, and non obstetric ultrasound. Performance and recovery remains fragile although showing special cause improvement for the last 8 months and meeting the national target of reduction over 12 months. 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 previous slide](#)	**Non Obstetric Ultrasound (NOUS)** • PTHB have appointed own Sonographers • Powys sonographers scope of practice does not currently include MSK. we have visiting radiologists who come once a month and therefore the risk is that the patients who need MSK ultrasound have to wait for that session, this is an ongoing issue that if the radiologists take leave those patients effected have to wait. This has been highlighted with our providers. **Cardiology** • In reach fragility echocardiology unavailable due to Sept Bank Holiday, this impacted on clinics but to mitigate PTHB out patient department staff & Senior Manager Planned Care worked the bank holiday to maintain patient services	**Non Obstetric Ultrasound (NOUS)** • Liaising with external providers to provide a plan **Cardiology** • Requesting backfill sessions from in reach provider via SLA	**Non Obstetric Ultrasound (NOUS)** Continuous monitoring of waiting list **Cardiology** As action

Quadruple Aim 2

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 **– Powys as a provider**

Patients waiting more than 14 weeks for a therapy - Source WPAS starting 01/10/19

Legend:
— Mean
– – Process limits - 3σ
● Special cause - improvement
—●— Patients waiting more than 14 weeks for a therapy
● Special cause - concern
– – Target

September 2022 Performance	
Provider Performance	All Wales Benchmark
252	1st (12,356)*
Variance Type	
Special Cause - Concern	
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."

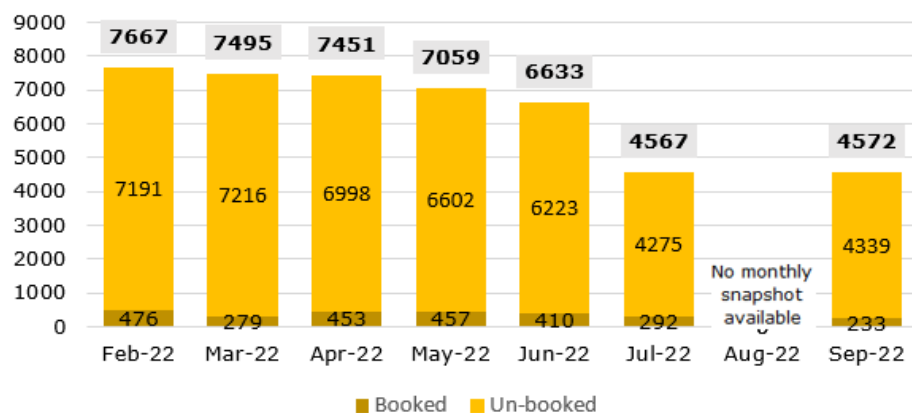| What the data tells us	Issues	Actions	Mitigations
Breaches in therapies have increased steadily since Q4 2021/22. 252 patients waiting longer than 14 weeks during September flagging special cause concern variance and rising above average since the pandemic in 2020 (218). Breach spec & longest wait; • Audiology – 25 weeks • Dietetics – 14 weeks • Physiotherapy – 33 weeks • Podiatry – 20 weeks • Adult Speech & Language Therapy – 36 weeks.	• 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. • North Powys particularly challenging for staffing fragility. • Podiatry currently 3 whole time equivalent (WTE) vacancies down on staffing capacity, no agency support available. • SALT – Long term sickness within voice and transgender service resulting in long waiting patients. Locum and Commissioned providers unable to provide support.	• Locums have been employed; however, the market is becoming limited. • Weekly management of waiting lists by Heads of Service. • MSK North Powys vacancy filled and starting November. • MSK Bank physiotherapy support starting from November in North Powys • Podiatry one WTE starting in November. • Head of service (clinical) increased sessions by 40% for wound care (high risk). • SALT – Head of service reviewing on weekly basis.	• To be confirmed if actions fail to resolve current performance shortfall

Quadruple Aim 2

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 01/10/19
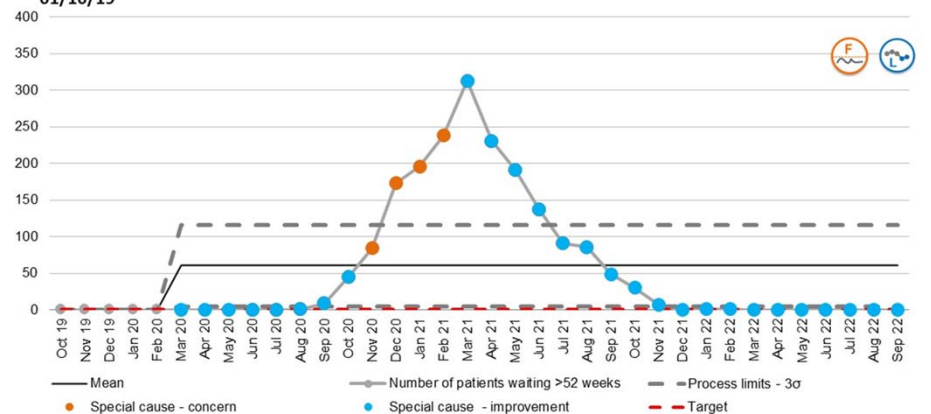
September 2022 Performance	
Local Performance	All Wales Benchmark
0	1st (102,662)*
Variance Type	
Special Cause - Improvement	
Target	
Improvement trajectory towards 0 by 31/12/22	
Data Quality & Source	
DHCW	

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	Issues	Actions	Mitigations
Powys as a care provider has no patients waiting greater than 52 weeks for a new out patient appointment. However, Powys residents breach the 52 week target within commissioned health care providers which will be covered in later slides.	• In reach services remain fragile across specialities • Increasing urgent/Urgent Suspected Cancer referrals displacing routines particularly in General & Oral Surgery specialties	• Significant Programme of outpatient (OP) improvement in progress	• 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 see on symptoms (SOS)/ patient initiated follow-ups (PIFU) across specialities. • Managing service level agreements for Planned Care via PTHB Commissioning assurance framework process with in reach providers.

Quadruple Aim 2

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Follow up outpatient (FUP)
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100% - **Powys as a provider**

Reported number of FUP's delayed by over 100%, all specialties including non-reportable, by booking status - Source PTHB IFOR

Month	Total	Un-booked	Booked
Feb-22	7667	7191	476
Mar-22	7495	7216	279
Apr-22	7451	6998	453
May-22	7059	6602	457
Jun-22	6633	6223	410
Jul-22	4567	4275	292
Aug-22	No monthly snapshot available		
Sep-22	4572	4339	233

Legend: ■ Booked ■ Un-booked

September 2022 Performance	
Provider Performance	All Wales Benchmark
4572	(213,845)*
Variance Type	
N/A	
Target	
Improvement trajectory towards a reduction of 30% by March 2023 against a baseline of March 2021	
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

"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	Issues	Actions	Mitigations
• PTHB is **not** reporting the revised position of FUPs nationally. Internal validation reports show 4572 patients are overdue 100%+ on a FUP pathways including non reportable specialties and those with booked appointments. However circa 50%+ of these pathways are assessed to be invalid or duplicates and await fixing on WPAS system. In context circa 2500 records have already been closed as incorrect following service validation work. • Nationally since December the position for Wales has worsened to 213,845 patients waiting over 100% for a FUP in August 2022.	• Phase 2 of the validation process is currently delaying completion as a result of capacity within Digital Transformation team to close invalid or duplicate pathways (some records require national assistance). • Some phase 1 validation remains outstanding especially in Mental Health where clinical work priority challenges historic system validation.	• Ongoing validation exercises with clinical and administration teams. • All pathways both those traditionally reportable and non reportable are being validated. • Engagement with Welsh Government for clinical support in correct utilisation of see on symptom pathways (SOS) and patient initiated follow up pathways (PIFU). • Director of Planning & Performance & Assistant Director of Digital Transformation lead on recovery work.	• Reportable waiting lists are clinically validated and risk stratified in addition to administrative waiting list validation.

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Ophthalmology

Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date – **Powys as a provider**

Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date- Source WPAS starting 01/10/19

Legend: Mean — % R1 — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

What the chart tells us

Performance for R1 appointments attended does not meet the 95% target (68.0%) in September. Performance remains common cause variation but has improved to above the post pandemic average. The health board is currently benchmarked 3rd in Wales against a national performance of 63.2%.

In the provider the percentage of patients without a HRF factor in September reported 0.3% which is excellent and below the 2% recommended maximum.

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

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

September 2022 Performance	
Local Performance	All Wales Benchmark
68.0%	*3rd (63.2%)
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
25/11/2022 14:21:59

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

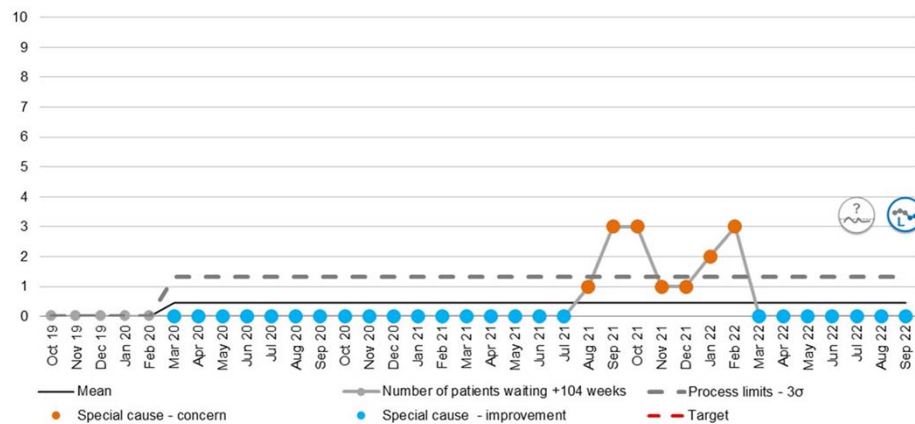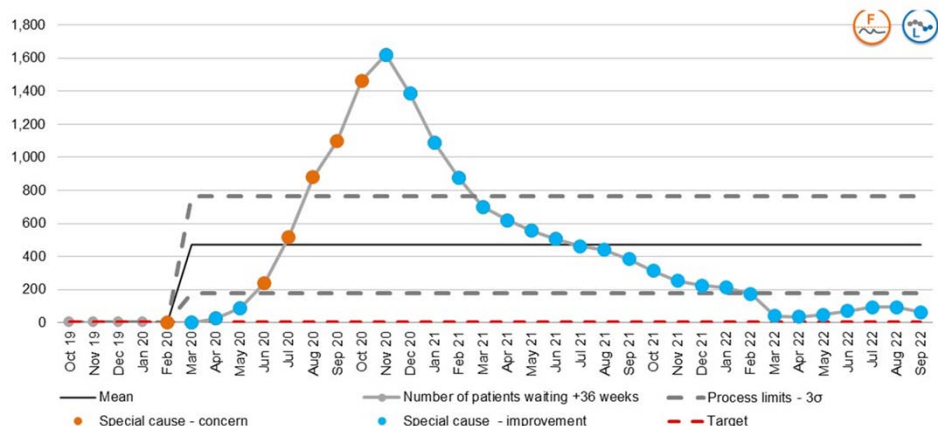| Issues	Actions	Mitigations
• Reporting for the measure is under review with PTHB Information Department with performance risk linked to follow up validation & reporting issues. • Fragility of in reach providers and DGH Covid-19 pressures, Covid-19 related absences. • Fragility of theatre staffing due to sickness absence, and vacancies • Digital Eye Care pilot continued delays May 2022 and National system & IG issues are flagged.	• Wet Age-related macular degeneration (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 2nd PTHB injector training (complete 2023/24). • 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. • 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 Hywel Dda University Health Board(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. • 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. • Local Safety Standard for Invasive Procedures (LOCSIPs) in place for Eye Care & other outpatient department specialities first HB in Wales. • Trainee Eye Care Nurse post job description has been developed by the Service & agreed by education, working closely with Rural Health Care Academy on career pathways for eye care in PTHB • Hydroxychloroquine Screening Service for eye care & 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. • 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. • MDT lead glaucoma management within Planned Care & Community Optometry – service open to referrals from Nov 22 • One stop shop cataracts biometrics pre assessment, consultant appointment pan Powys – Q3 2022/23. • Awaiting data from HDUHB North Road on PTHB numbers, meeting 5th Sept to progress. • Supporting Performance/Commissioning with repatriation plans for cataracts – awaiting PTL details. • Working with WVT & 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. • September 22 – no patients waiting over 52 weeks for Ophthalmology, 3 patients wait over 36 weeks for a new outpatient appointment. Patients waiting within clinical target date or <25% over target 86.7%, patients attended 68%. • National Digital Eye Care Programme ICT, IG, procurement, finance is currently being reviewed by DHCW outcome of review anticipated Nov 22	• Community optometry support to risk stratify long waits/overdue follow ups • Development of eye care MDT to support service sustainability • Corporate review of FU reporting performance and harm management • In reach SLA managed via PTHB CAF

Patterson Liz
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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 01/10/19

— Mean　　— Number of patients waiting +104 weeks　— Process limits - 3σ
● Special cause - concern　● Special cause - improvement　▬ ▬ Target

September 2022 Performance	
Provider Performance	All Wales Benchmark
0	1st (59350)*
Variance Type	
Special Cause Improvement	
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	Issues	Actions	Mitigations
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. – See commissioned services slides, and appendix for more details. | Fragility across all in reach services.

Particular issues with anaesthetics fragility

Impact of DGH pathology & diagnostic waits on RTT pathways | Escalating issues via CQPRM meetings | As previous |

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Referral to Treatment – Powys Teaching health board as a provider
Number of patients waiting more than 36 weeks for treatment

Patients Waiting +36 weeks Including D&T-Powys Teaching Health Board starting 01/10/19

Mean	
Special cause - concern	
Number of patients waiting +36 weeks	
Special cause - improvement	
Process limits - 3σ	
Target	

September 2022 Performance	
Provider Performance	All Wales Benchmark
62	1st (271,165)*
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
Since Q3 2020 the recovery of long waiters has reported special cause improvement. Fragility of service remains the largest risk to maintaining performance, it is predicted to show a worsening trend into the winter period (Q3) as a result of system pressure.

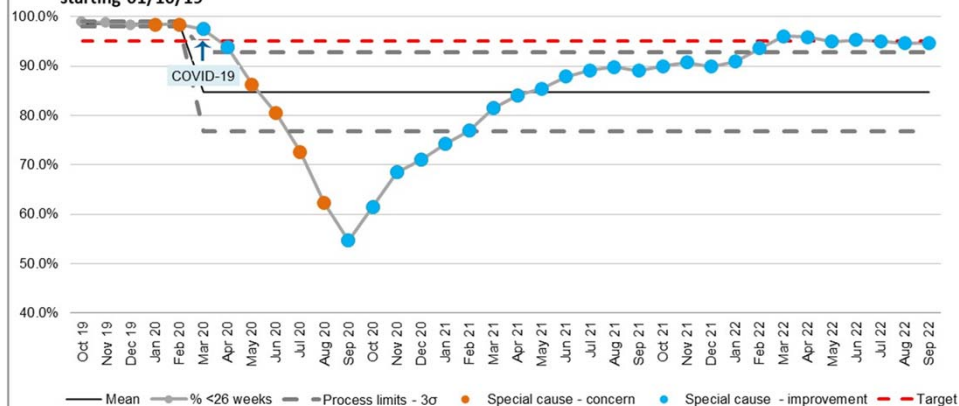| **Actions**	**Mitigations**
• Improvement work to manage waiting lists in line with the National Planned Care Programme Outpatient Transformation and Speciality Boards continues with activity levels closely monitored locally via the daily review of patient lists and weekly RTT meetings. • Waiting lists 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 Age-related macular degeneration (AMD) service has been extended into mid Powys, now available in Llandrindod and Brecon Hospitals. PTHB 1st nurse eye care injector trained. Excellent clinical outcomes above national average for wet AMD service. • MDT for eye care including ophthalmic scientist and hospital optometry developed. New one stop eye care clinic established in Llanidloes, patients no longer need to travel out of county to HDUHB Bronglais and face significant wait for eye care scans. General OP teams in North Powys received update training specific. Care closer to home for patients, instant diagnostics for decision making for clinicians and improved access times to support RTT management. • Embedded vascular "mega" clinic established in North Powys August 2021 vascular surgeon, ultrasonography, podiatry, district nursing – one stop clinic running successfully. • Recruitment to Clinical Director Planned Care new medical leadership post Autumn 22	• 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

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Referral to Treatment – Powys Teaching health board as a provider
Percentage of patients waiting less than 26 weeks for treatment

Percentage of patients waiting less than 26 weeks for treatment (Including D&T)-Powys Teaching Health Board starting 01/10/19

— Mean — % <26 weeks - - Process limits - 3σ ● Special cause - concern ● Special cause - improvement - - - Target

September 2022 Performance	
Provider Performance	All Wales Benchmark
94.7%	1st (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 pathways waits by specialty and band - September 2022 - Source DHCW

Main Specialty	% <26 weeks	0-25 Weeks	26-35 Weeks	36-52 Weeks	Total
100 - GENERAL SURGERY	93.1%	362	23	4	389
101 - UROLOGY	76.4%	97	19	11	127
110 - TRAUMA & ORTHOPAEDICS	91.1%	513	39	11	563
120 - ENT	93.0%	480	32	4	516
130 - OPHTHALMOLOGY	86.2%	834	120	14	968
140 - ORAL SURGERY	82.4%	187	29	11	227
143 - ORTHODONTICS	100.0%	22			22
191 - PAIN MANAGEMENT	100.0%	227			227
300 - GENERAL MEDICINE	97.4%	38	1		39
320 - CARDIOLOGY	83.7%	128	23	2	153
330 - DERMATOLOGY	98.9%	88		1	89
410 - RHEUMATOLOGY	82.5%	104	19	3	126
420 - PAEDIATRICS	100.0%	38			38
430 - GERIATRIC MEDICINE	100.0%	19			19
502 - GYNAECOLOGY	95.7%	242	11		253
998 - Diagnostic Services	96.1%	99	4		103
999 - Allied Health Professional Services	99.6%	3543	14	1	3558
Grand Total	**94.7%**	**7021**	**334**	**62**	**7417**

What the chart tells us	Issues
Powys provider planned care has continued to report special cause improvement since Q3 2020.	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.
The service in September reported 94.7% compliance, meeting the target set for 2026. The health board remains under pressure from increased demand and ongoing fragility of services.	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 Wye Valley Trust to resolve and develop forward plan, managed via PTHB commissioning performance and assurance processes

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Referral to Treatment (RTT) Commissioned
Performance of patient pathways within commissioned services against Welsh NHS targets

| Welsh Providers	Sep-22 % of Powys residents < 26 weeks for treatment (Target 95%)	Patients Waiting							No. long waits by cohort, with latest SPC variance		
		0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting	Over 36 wks (inc 52 and over 104)	over 52 wks (inc over 104)	Over 104 weeks
Aneurin Bevan Local Health Board	63.8%	1556	256	267	173	87	99	2438	626	359	99
Betsi Cadwaladr University Local Health Board	48.1%	314	68	68	78	63	62	653	271	203	62
Cardiff & Vale University Local Health Board	53.3%	212	45	42	33	25	41	398	141	99	41
Cwm Taf Morgannwg University Local Health Board	46.0%	264	62	71	63	37	77	574	248	177	77
Hywel Dda Local Health Board	54.4%	852	185	165	150	102	112	1566	529	364	112
Swansea Bay University Local Health Board	48.1%	965	203	247	206	123	262	2006	838	591	262
Total	**54.5%**	**4163**	**819**	**860**	**703**	**437**	**653**	**7635**	**2653**	**1793**	**653**

English Providers	Aug-22 % of Powys residents < 26 weeks for treatment (Target 95%)	Patients Waiting							No. long waits by cohort, with latest SPC variance		
		0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting	Over 36 wks (inc 52 and over 104)	over 52 wks (inc over 104)	Over 104 weeks
English Other	68.5%	207	38	41	13	3		302	57	16	0
Robert Jones & Agnes Hunt Orthopaedic & District Trust	59.4%	1721	277	464	311	109	15	2897	899	435	15
Shrewsbury & Telford Hospital NHS Trust	66.9%	2921	488	584	318	52	0	4363	954	370	0
Wye Valley NHS Trust	67.2%	2131	469	391	162	16		3169	569	178	0
Total	**65.0%**	**6980**	**1272**	**1480**	**804**	**180**	**15**	**10731**	**2479**	**999**	**15**

Data Quality & Source

DHCW

SPC variance is the latest position (month) calculated over a 36 month rolling period with intervention for COVID-19 shift in March 2020.

Detailed SPC's by provider in Appendix 1

What the data tells us

Welsh commissioned provider performance has seen no improvement (common cause variation) against the under 26 week position with a slight reduction to 54.5% reported in September. Patient pathways over 36 weeks have decreased to 2,653 but remains special cause for concern, patient pathways waiting over 1 year have reduced to 1793 (also remaining special cause for concern), and finally the extremely long patient pathways (104+ weeks) has seen a reduction trend since Mar-22 and report special cause improvement although it should be noted that this is being driven by improvements in ABUHB and not all providers.

English commissioned services reported a slight improvement to 65% for under 26 week pathways in Aug-22 although reported as special cause for concern. The number of pathways over 36 weeks have reduced to 2479 from the previous month (still special cause for concern), and patient pathways over 1 year also reduced to 999 (still also special cause for concern). The largest difference between Welsh and English commissioned services for Powys residents are in extremely long waits 104+, England report 15 (2% of all pathways over 104 weeks)

Patterson Liz 25/11/2022 12:23:59

Quadruple Aim 2

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Referral to Treatment (RTT) Commissioned continued…
Performance of patient pathways within commissioned services against Welsh NHS targets

Issues	Actions	Mitigations
• Recovery forecasts for waiting lists across all providers are particularly challenging with increased demand, and staffing fragility impacting through put. • Powys residents are being impacted by significant geographical equity for care, especially those who have waited and remain waiting over 2 years for treatment. Patients who can have their pathways within the Powys as a provider have the quickest reported care, and with English acute health trusts providing a better service for residents in the North & East of the county. Those residents who live within the south west health economy have the poorest access times for treatment and wait the longest. • Data access and quality provide ongoing challenges for waiting list review and engagement in a timely manner.	• 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. • Ongoing work with NHS Wales Delivery Unit around weekly Welsh waiting list provision including information on pathways such as staging, actual wait time, and identifiers to help with commissioned service engagement. • Ongoing repatriation scoping workstream for Powys residents who may be able to have treatment/care within the provider or alternative private service. • The health board continues to engage on a regular basis with all commissioned providers via commissioning, quality and performance meetings. These meetings are used to discuss challenges, and highlight key concerns but primarily to support the best possible care for Powys responsible patients within current health contracts.	• All patients waiting are being managed in accordance with clinical need, clinical surgical prioritisation and duration of wait. • SATH currently developing future capacity resilience which will help with patient flow including Powys residents.

Patterson Liz
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Insourcing/Outsourcing
Private Dermatology Outsourcing – Referral to Treatment

Private Dermatology Outsourcing – Referral to Treatment

Legend:
- Number of patients waiting 36 weeks or longer
- Percentage of Patients waiting less than 26 Weeks
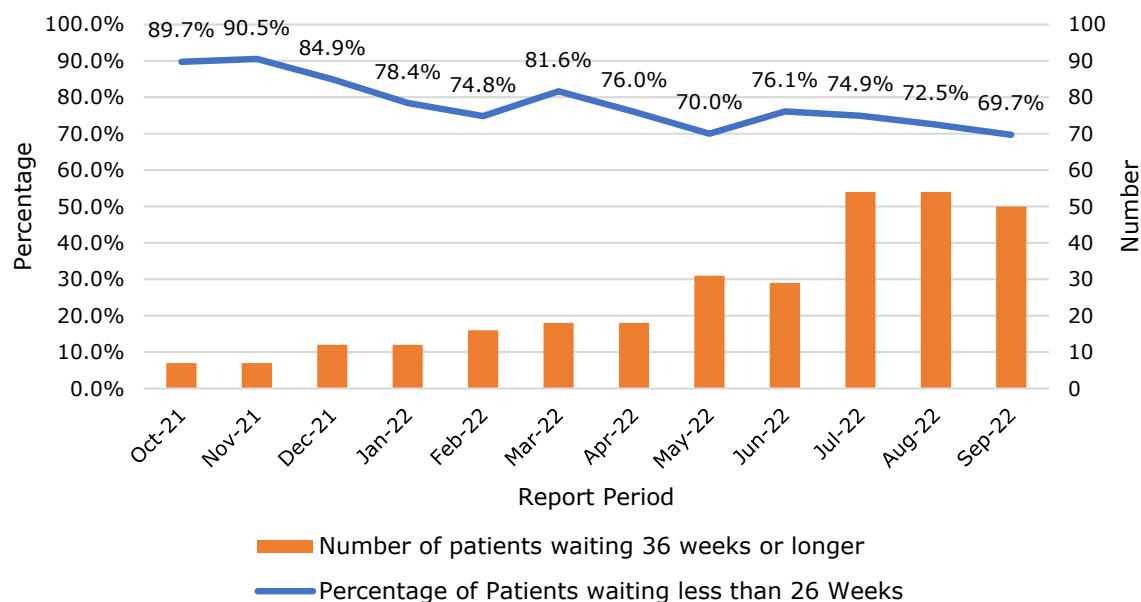
Source: Provider	% patients waiting under 26 weeks	Weeks Wait Bands				Total waiting
Month	weeks	Under 26	26 to 35	36 to 51	52+ Weeks	
Oct-21	89.7%	341	32	7	0	380
Nov-21	90.5%	354	30	7	0	391
Dec-21	84.9%	338	48	12	0	398
Jan-22	78.4%	338	81	11	1	431
Feb-22	74.8%	336	97	16	0	449
Mar-22	81.6%	338	58	18	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
Jul-22	74.9%	400	80	53	1	534
Aug-22	72.5%	407	100	52	2	561
Sep-22	69.7%	385	117	44	6	552

Data Quality & Source

Direct feed – private provider

| What the chart tells us	Actions	Mitigations
• Performance at the private providers has fallen since Jun-22 and is now reporting 69.7% in Sep-22. The total pathways waiting remains high with 552 reported. • This provider has 6 breaches over 52 weeks.	• 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.	• Review contract duration as part of 2022/23 planning. • Provider reviewing capacity to be able to see more new patients and reduce waiting times. • Underspend from 2021/22 - Health Board to review opportunity to utilise this to deliver additional activity this financial year.

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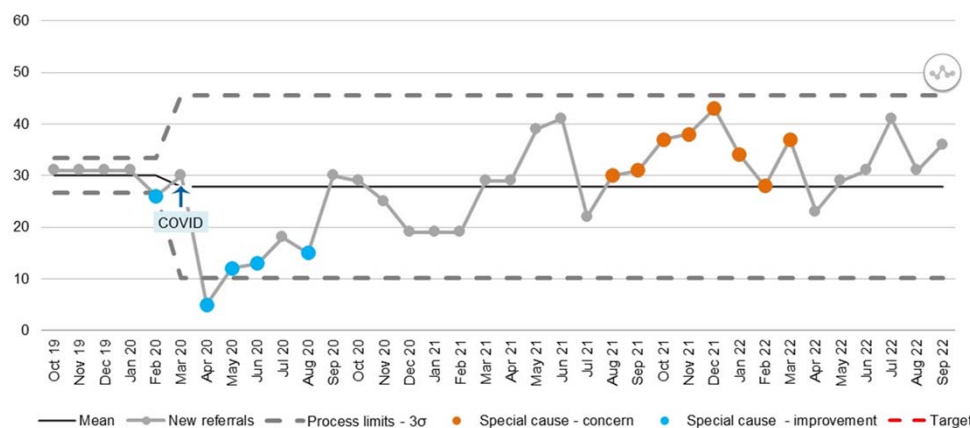## Provider Single Cancer Pathway (SCP) Reported Performance

Patient referrals and downgrade performance against 28 day best practice.

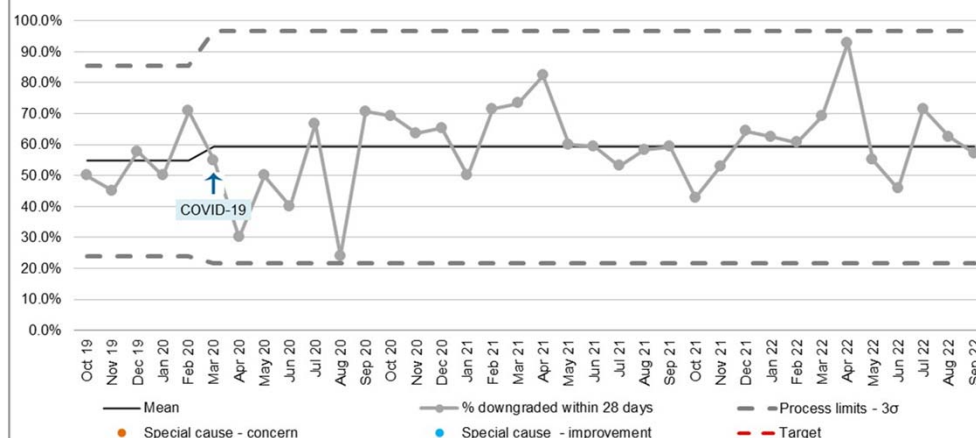|	
Executive Lead	Medical Director
Officer Lead	TBC
Strategic Priority	7

SCP referrals into Powys Provider - Source WPAS CWS starting 01/10/19

Single cancer pathway downgrades within 28 days best practice- Source WPAS CWS starting 01/10/19

What the data tells us	Issues	Actions	Mitigations
• During September 36 patients started an SCP pathway within provider, although common cause variance this figure continues the predominate trend of above mean referrals for the last 12 month. • The downgrade performance in September was 57.1% against the best practice guidance for those patients who **DO NOT** have cancer being told within 28 days. Performance remains common cause variance	• Limited referrals come via Powys as a provider, the majority flow direct into acute care centres. • Powys only submits official performance against downgrades, all patients diagnosed within the health board have their treatment pathway compliance reported by their treating health board. • Compliance against the component parts of cancer pathways is directly linked to service fragility as described in measure 39 and main RTT planned care measures 40, 45, 46, and 47. • Higher than average median to first OPA (25 days reported in August).	• Provider patient services teams work with in-reach clinical leads and DGH diagnostics to monitor patients on the WPAS cancer waits tracker. • 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.	
			Data Quality & Source
			WPAS CWT

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Cancer performance reporting, commissioned services

Welsh Single Cancer Pathway Performance Powys Residents "Percentage of patients who started treatment within target (62 days from point of suspicion)" target 75% - Source DHCW

Executive Lead n	Medical Director
Officer Lead	TBC
Strategic Priority	7

Provider	2021-10	2021-11	2021-12	2022-01	2022-02	2022-03	2022-04	2022-05	2022-06	2022-07	2022-08	2022-09
Aneurin Bevan Local Health Board	60%	78%	89%	56%	63%	57%	89%	80%	58%	73%	63%	61%
Betsi Cadwaladr University Local Health Board	100%		0%		100%		100%	0%		100%	100%	0%
Cardiff & Vale University Local Health Board					100%							50%
Cwm Taf Morgannwg University Local Health Board	50%	0%	50%	67%	40%	100%	33%	33%	67%	14%	25%	22%
Hywel Dda Local Health Board	50%	50%	43%	0%	83%	43%	80%	30%	40%	25%	33%	50%
Swansea Bay University Local Health Board	75%	45%	80%	67%	43%	75%	0%	50%	67%	25%	80%	67%
Total number treated within target (numerator)	18	18	16	13	18	14	14	14	17	12	18	20
Total pathways that started treatment (denominator)	29	34	24	25	29	22	20	28	31	27	29	46
Total monthly percentage compliance	62%	53%	67%	52%	62%	64%	70%	50%	55%	44%	62%	43%

Data Quality & Source

DHCW - Please note SCP data is not finalised until quarterly refresh is carried out by submitting health boards

Commissioned services key notes on performance

Welsh Providers

- Provisional data for September shows that 26 patients missed the 62 day cancer target (43% compliance), it should be noted that individual provider performance can be adversely affected by low numbers starting treatment in that month. It should also be noted that patients flowing into Cwm Taf Morgannwg could have initial diagnostics and outpatient appointments carried out by the Powys hosted in-reach services (PTHB has one of the highest median waits for first outpatients in Wales). Key challenges include service 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.

English Providers

- Shrewsbury and Telford hospital (SATH) NHS trust reported 13 breaches of their cancer pathway reported for August 2022, 6 patient were reported as waiting over 104 days, key breach tumour sites include colorectal, urology, and gynaecology. SATH reported increased demand for Q2 due to Dame Deborah James impact (circa 40% increase in referrals for Colorectal vs Q1) and also had a 35% increase in Urology referrals in Q2 compared to Q1. Demand on services is high and expected to increase during Q3.

- Wye Valley NHS Trust (WVT) – Key risk for Powys assurance as harm reviews have not been provided due to capacity challenges since Jan-22 (50% WVT MDT vacancies until recently). An update at the end of September is that they will complete all harm reviews up until July 22 and sent to us within circa 4 weeks timeline. The provider overall compliance (all patients) reported in July on the English rules 62 day pathway was 64.3% against the English 85% target and English 2 week wait target performance was 92.8% against the 93% English target (Powys residents are treated inline with English rules).

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Cancer performance reporting, commissioned services continued…

Executive Lead n	Medical Director
Officer Lead	TBC
Strategic Priority	7

Issues	Actions	Mitigations
• Commissioned services in England & Wales are showing increased demand pressures with increased referrals & later staging of patients. • Risk of increasing backlog of all patients (not just residents) waiting over 62 & 104 days in SATH. Capacity challenge includes increased referrals, radiology delays, complex cancer pathways. • Tumour site specific performance variation has been flagged across Welsh providers.	• Cancer breaches are part of the agenda for each Commissioning, Quality & Performance Review Meetings led by the Commissioning Team. • 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. • 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.	• Finalisation of the new business intelligence tool to enhance tracking is being undertaken prior to tool going live October 22. • Wales Cancer Network non recurrent funding will enable further refinement of the tool to take place October 22 – March 23. • The pilot of the temporary cancer tracker support will be evaluated. • Organisationally, through operational and commissioning routes, validation of waiting lists continues.

Patterson Liz
25/11/2022 14:21:59

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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 – Powys as a provider

Rate of hospital admissions with any mention of self-harm from children and young people per 1k
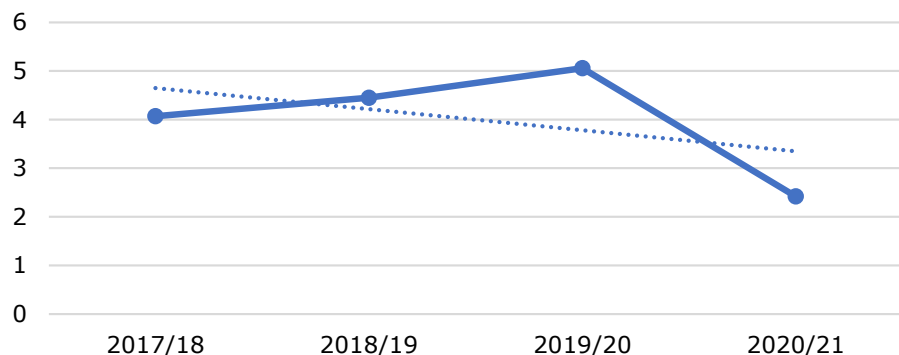
Performance 2020/21	
Provider Performance	All Wales Benchmark
2.42	2nd (3.54)
Variance Type	
N/A	
Target	
Annual Reduction	
Data Quality & Source	
Welsh Government Performance Team	

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."

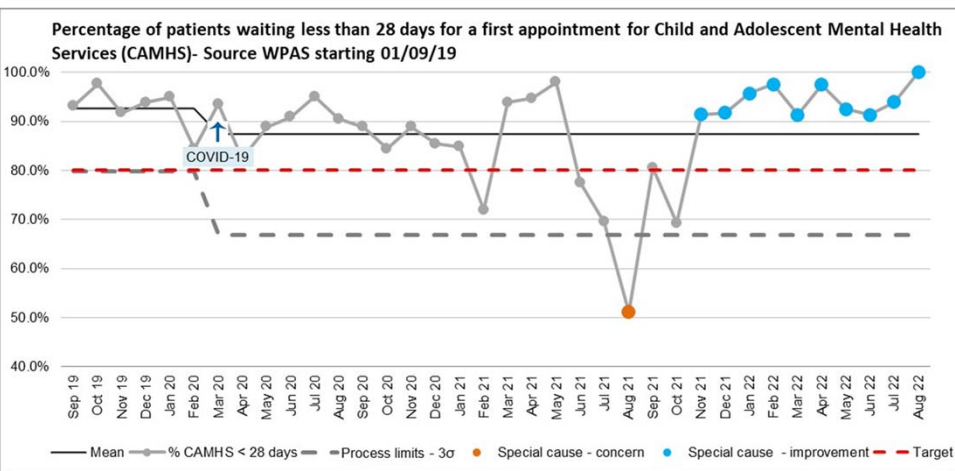| What the data tells us	Issues	Actions	Mitigations
Reported self harm rates within hospital admissions much reduced in 2020/21, thus meeting annual reduction target. PTHB performance in comparison to the All Wales average (3.54) is good with the health board ranking 2nd.	Presentations of self harm amongst Young people has increased during the pandemic, although incidents of self harm are amongst the lowest in Wales.	• Suicide and Self harm coordinator is leading an all age focused intervention to reduce the impact of harm. The CAMHS is included and involved in a working group as well as training opportunities for staff. • The Powys Forum for the Prevention of Suicide & Self Harm was officially launched on the 30th 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. They are providing straining and support	See actions.

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

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

Executive Lead	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services
Officer Lead	Assistant Director of Mental Health
Strategic Priority	10

Performance August 2022

Provider Performance	All Wales Benchmark
100%	1st (54%)
Variance Type	
Special Cause Improvement	
Target	
80%	
Data Quality & Source	
WPAS	

"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)."

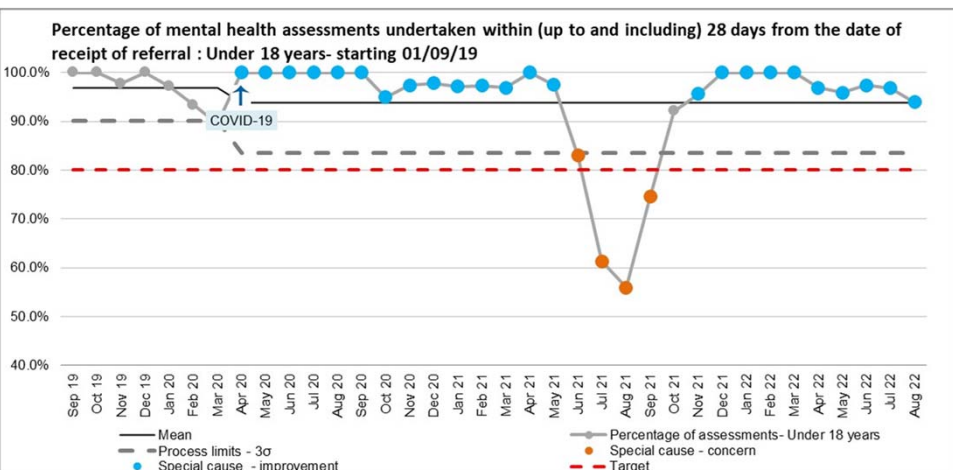| What the data tells us	Issues	Actions	Mitigations
Performance has reported special cause improvement for the last 10 months and achieves national targets. When compared to the All Wales benchmark the health board ranks first.	Performance would be further improved by; • Recruitment to vacant posts remains a significant challenge within CAMHS. We had recruited into vacant posts reported in the last quarter but subsequently, additional vacancies have arisen. Recently lost a staff member from SPOA. • All options to further skill mix are being considered.	New recruitment campaign is underway. Providing children and young people with a timely assessment is a priority Single Point of Access (SPOA) service has been operational since July. By offering a service dedicated to providing the majority of Part 1 assessments as well as screening and triaging all referrals into CAMHS, it has now given both Primary Mental Health and SCAMHS practitioners capacity to provide more timely intervention support.	See actions.

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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 – **Powys as a provider**

Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral : Under 18 years- starting 01/09/19

Legend:
— Mean
— Process limits - 3σ
— Special cause - improvement
— Percentage of assessments- Under 18 years
— Special cause - concern
— Target

Performance August 2022	
Provider Performance	All Wales
93.9%	1st (54%)
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."

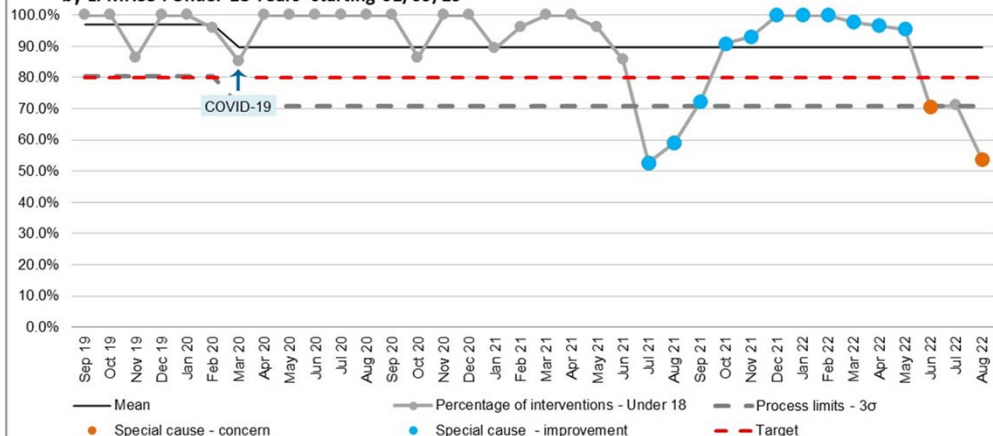| What the data tells us	Issues	Actions	Mitigations
Performance has reported 93.9% compliance. Powys performance is significantly higher than the All Wales benchmark for August ranking 1st.	• No specific issues with CAMHS Part 1 compliance, capacity can often be an issue when we have high staff turnover/ 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.	The introduction of Single Point Of Access (SPOA) team is instrumental in supporting the compliance with Part 1 Measure Awaiting appointment of new starters to support SPOA Awaiting appointment of intervention workers so that PMH can support SPOA when capacity increases	See actions

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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 - **Powys as a provider**

Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS : Under 18 Years- starting 01/09/19

Legend: Mean | Percentage of interventions - Under 18 | Process limits - 3σ | Special cause - concern | Special cause - improvement | Target

Executive Lead	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services
Officer Lead	Assistant Director of Mental Health
Strategic Priority	10

Performance August 2022	
Provider Performance	All Wales
53.8%	1st (38.7%)
Variance Type	
Special Cause Concern	
Target	
80%	
Data Quality & Source	
PTHB Mental Health Service	

"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	Issues	Actions	Mitigations
Performance is reporting 53.8% compliance in August. This is below target, below the lower control limit and a special cause concern. However, PTHB benchmarks favourably against the All Wales average of 38.7%.	• Performance in terms of interventions within 28 days dropped due to reorganisation of the Single Point Of Access (SPOA) • Staff sickness, vacant posts, annual leave within the team and demand outstripped capacity in the service. • CAMHS service, increased referral demand. • Data quality challenge including post submission revisions.	• 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 Local primary mental health support (LMPHS) and specialist child and adolescent mental health services (SCAMHS) to provide timely interventions. • Recruitment of an intervention worker to south Powys Primary Mental Health and further recruitment into the North Team will aid compliance to provide therapeutic assessments within 28 days.	See Actions

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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 - **Powys as a provider**
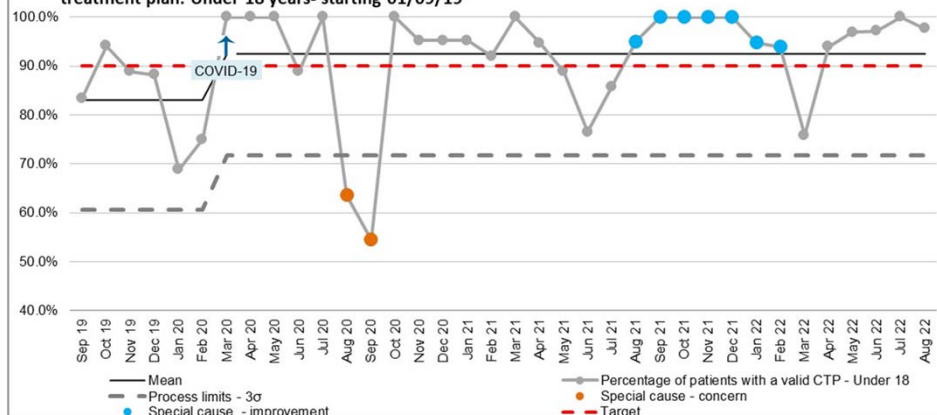
Performance August 2022	
Provider Performance	All Wales
97.6%	3rd (64.9%)
Variance Type	
Common Cause	
Target	
90%	
Data Quality & Source	
PTHB Mental Health Service	

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	Issues	Actions	Mitigations
Performance has improved throughout Q1 2022/23 and is now reporting at 100% (July).	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.	CTP compliance is a standing agenda item on caseload supervision.	

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Neurodevelopment (ND) Assessment
Percentage of children and young people waiting less than 26 weeks to start and ADHD or ASD neurodevelopment assessment - **Powys as a provider**

Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment - Source WPAS starting 01/10/19
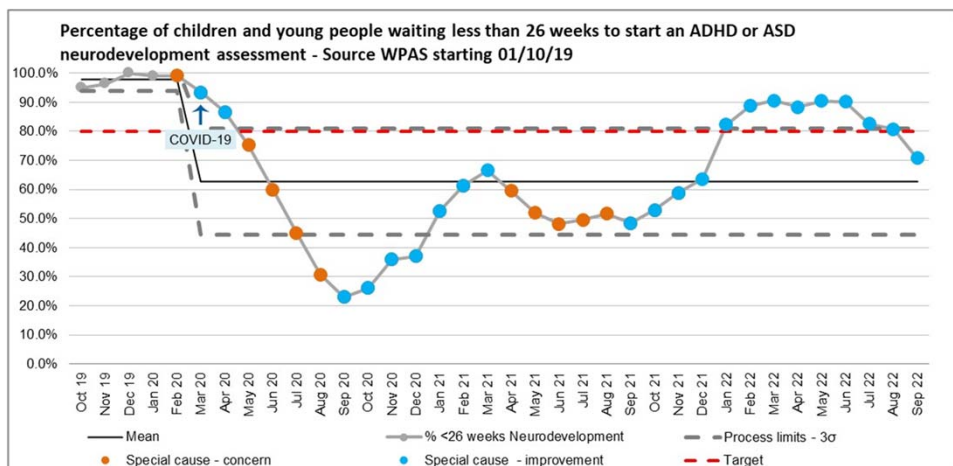
Performance September 2022	
Provider Performance	All Wales Benchmark
70.7%	1st (36.5%)*
Variance Type	
Special cause - Improvement	
Target	
80%	
Data Quality & Source	
WPAS	

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	Issues	Actions	Mitigations
Performance for neurodevelopmental assessment has shown special cause – improvement for the last 13 reported months. However the September snapshot shows performance below national target reporting 70.7% Powys compares favourably with All Wales reporting only 36.5% compliance (August).	• The referral demand has increased from an average of 20 per month pre COVID, to an average of 48 as at end Qtr2 2022/23 (based on 12 months leading up to September 2022). • Capacity remains insufficient to meet this ongoing demand, even with additional temporary renewal work force colleagues. • Latterly in Qtr2 there have been some temporary capacity issues which have impacted on performance. • The hidden waiting list (assessments in progress) backlog, is not reducing as anticipated due to the overwhelming referral demand. • Given the increase in referral demand, there is a risk that waiting lists will not be addressed to a satisfactory position by 31st December 2022. • Data quality challenge including post submission revisions.	• ND service capacity continues to be ratioed to enable both the Referral To Treatment (RTT) and 'hidden' waiting list to be addressed simultaneously. • Continued focus on the RTT waiting time target. • Work is well underway with Information colleagues to identify and respond to data quality issues.	• 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. • Grant funding streams have been sourced to extend the additional workforce until 31st March 2023. • 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.

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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 - **Powys as a provider**

Percentage of adults admitted to a psychiatric hospital 9am-9pm that have a CRHT gate keeping assessment prior to admission- starting 01/04/21

— Mean
—— Percentage of adults admitted to a psychiatric hospital 9am-9pm that have a CRHT gate keeping assessment prior to admission
— — Process limits - 3σ

Performance August 2022	
Provider Performance	All Wales Benchmark
100%	1st (100%)
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."

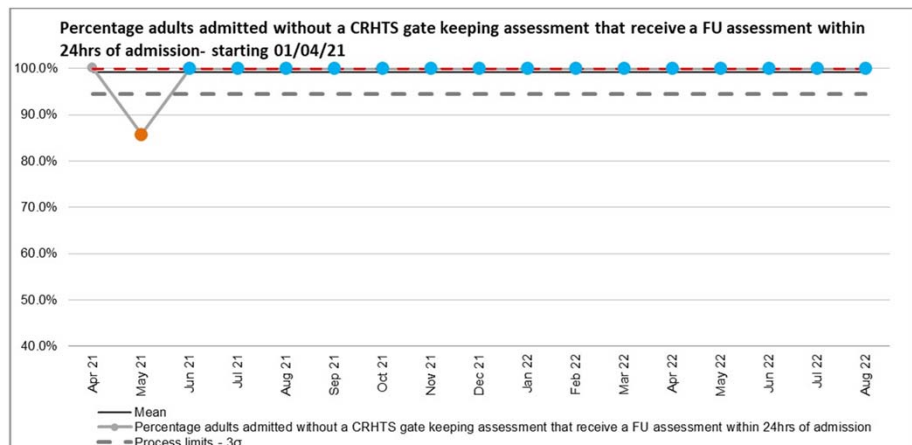| What the data tells us	Issues	Actions	Mitigations
Performance is 100% compliant with the national target.	• As this is a new measure, PTHB do not yet have a means of recording this data due to a variance in responsibility for gate keeping assessment in hours.	• Standardise gate keeping assessment responsibility for both North and South Powys. • Implement a means of recording this measure data.	

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Quadruple Aim 2

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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 - **Powys as a provider**

Percentage adults admitted without a CRHTS gate keeping assessment that receive a FU assessment within 24hrs of admission- starting 01/04/21

Legend:
— Mean
—•— Percentage adults admitted without a CRHTS gate keeping assessment that receive a FU assessment within 24hrs of admission
- - Process limits - 3σ

Performance August 2022

Provider Performance	All Wales Benchmark
100%	1st (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."

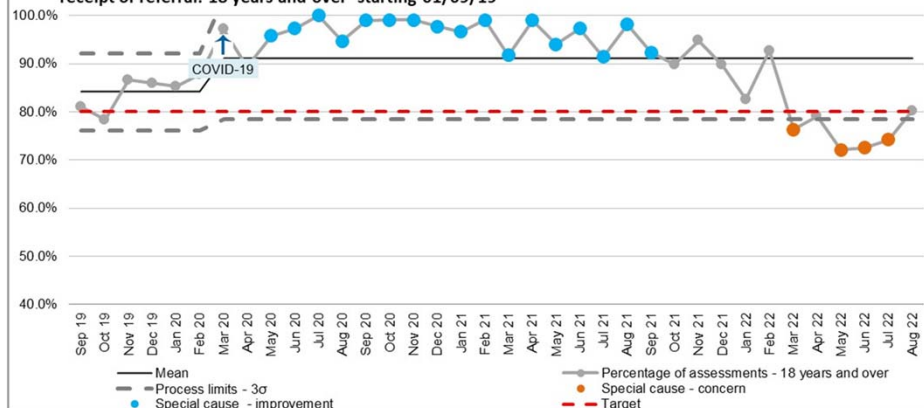| What the data tells us	Issues	Actions	Mitigations
Performance is reported at 100% for the last 15 months and compliant with the national target.	• There are no issues to report, PTHB are reporting 100%.	• Continue performance.	

Patterson Liz 25/11/2022 14:21:59

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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 - **Powys as a provider**

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 01/09/19

— Mean
– – Process limits -3σ
—•— Special cause - improvement
-•- Percentage of assessments - 18 years and over
● Special cause - concern
– – Target

Performance August 2022	
Provider Performance	All Wales Benchmark
80.2%	6th (90%)
Variance Type	
Common Cause	
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."

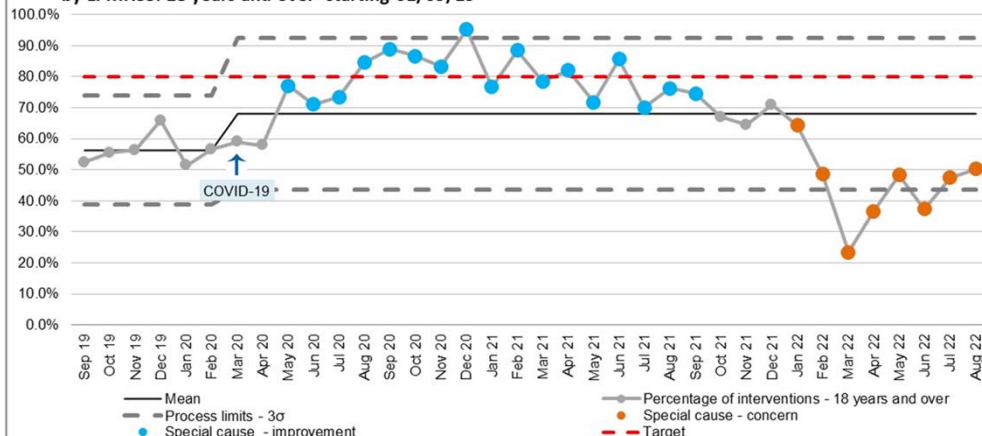| What the data tells us	Issues	Actions	Mitigations
Performance reported 80.2% in August meeting the national target. Powys benchmarks below the All Wales average of 90% ranking 6th in Wales.	Challenges with performance are a direct result of staffing sickness which continue to impact on the service, 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.	Additional resource for LPMHSS has been awarded by WG via the 2022 Service Improvement Fund and recruitment to implement additional capacity is underway.	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
25/11/2022 14:21:59

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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 - **Powys as a provider**

Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS: 18 years and over- starting 01/09/19

Legend:
— Mean
— Process limits - 3σ
● Special cause - improvement
—● Percentage of interventions - 18 years and over
● Special cause - concern
--- Target

Performance August 2022	
Provider Performance	All Wales Benchmark
50.3%	6th (72.1%)
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."

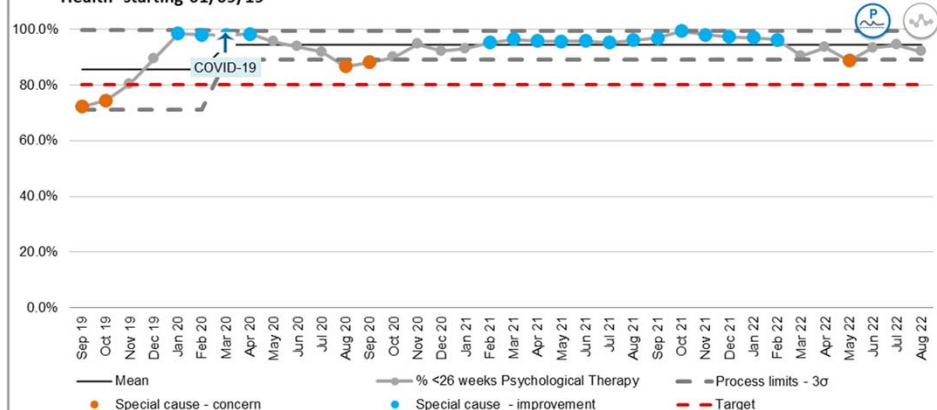| What the data tells us	Issues	Actions	Mitigations
Performance for therapeutic interventions in adult and older patients improved in August to 50.3%. However, performance remains a special cause of concern and below the 80% target. Powys ranked 6th during August at an All Wales comparative level.	Performance 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 e.g. Eye Movement Desensitization and Reprocessing (EMDR) and cognitive behavioural therapy (CBT). • Data quality challenge including post submission revisions.	Continued promotion of Silvercloud. Recruitment to unfilled posts. Additional resource for local primary mental health support (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).	See actions

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Psychological Therapy
Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health - **Powys as a provider**

Percentage of patients waiting less than 26 weeks to start a Psychological therapy in Specialist Adult Mental Health- starting 01/09/19

Mean — % <26 weeks Psychological Therapy — Process limits - 3σ
Special cause - concern — Special cause - improvement — Target

Performance August 2022	
Provider Performance	All Wales Benchmark
92.0%	2nd (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."

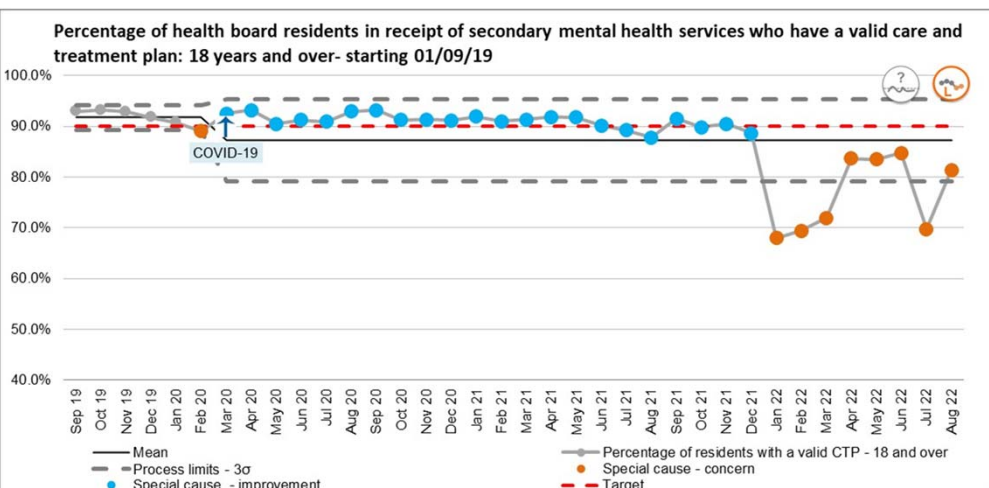| What the data tells us	Issues	Actions	Mitigations
Performance remains above target and is common cause variation The health board benchmarks positively (2nd) with All Wales performance reporting 73.7%	• Waiting list data is reviewed weekly to ensure that patients with a clinical condition of "Psychology - 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.	Head of Psychology to continue weekly validation of waiting lists to identify data anomalies and long waiters.	see actions

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25/11/2022 14:21:59

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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 – **Powys as a provider**

Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan: 18 years and over- starting 01/09/19

Legend:
- Mean
- Process limits - 3σ
- Special cause - improvement
- Percentage of residents with a valid CTP - 18 and over
- Special cause - concern
- Target

Performance August 2022	
Provider Performance	All Wales
81.4%	6th (86.0%)
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	Issues	Actions	Mitigations
Adult and older CTP compliance improved in August to 81.4%. The variance is reporting as special cause concern for the last 8 months and the 90% target has not been met. PTHB benchmarks unfavourably against the All Wales average of 86%.	• 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.	• 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.	• 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.

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Quadruple Aim 2

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HCAI

Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp, and Aeruginosa **Powys as a provider**

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

■2021/222 ■2022/23

Executive Lead	Director of Nursing
Officer Lead	Assistant Director of Quality and Safety Nursing
Strategic Priority	22
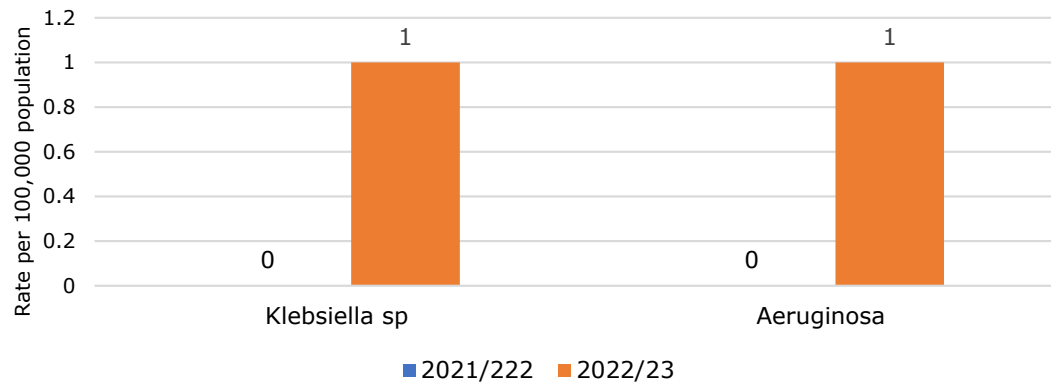
Performance September 2022/23	
Provider Performance No.	

Infection Type	Performance
Klebsiella sp	1
Aeruginosa	1
Target	
Local	
Data Quality & Source	
Workbook Wales	

"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."

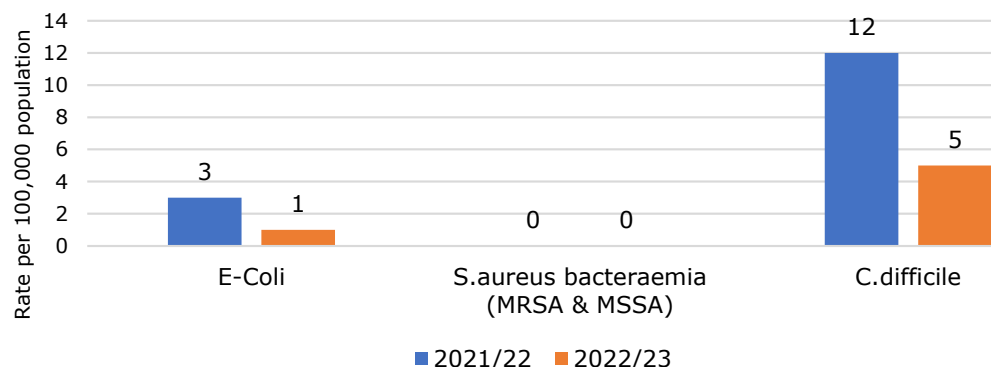| What the data tells us	Issues	Actions	Mitigations
Powys has had 1 inpatient specimen of Klebsiella.sp in July but none reported during August and September. Powys has had 1 inpatient specimen of Aeruginosa reported in September.	No issues to report	The health board remains vigilant with proactive management to maintain low infection rates, and high performance against all the national infection measures.	

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

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

September comparison snapshot of cumulative cases by bacteraemia type – source PHW

Legend: ■2021/22 ■2022/23

Performance August 2022/23

Provider Performance per 100k	
Infection Type	**Performance**
E-coli	1.5
S.Aureus (MRSA & MSSA)	0
C.Difficile	7.5
Target	
Local	
Data Quality & Source	
Workbook Wales	

"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
PTHB infection rates for the monitored and reported bacteraemia are very low and are not benchmarked with the other health boards.

E-coli cumulative rate for 2022/23 is 1.5 per 100k slightly below the rate for the same period in 2021/22. (1 case of inpatient infection)

Zero S.aureus infections have been reported in 2021/22 or 2022/23.

The C.difficile reported rate in September is equal to previous year at 7.5 per 100k (5 cases April to September reported) | 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. | |
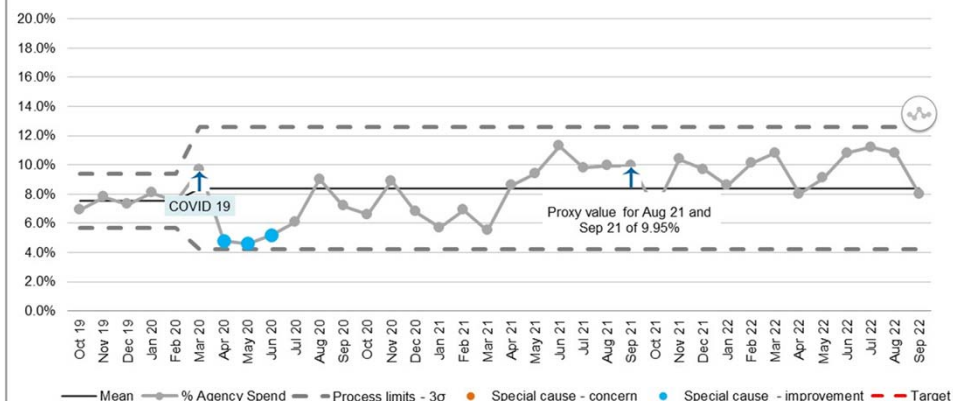
The health and social care workforce in Wales is motivated and sustainable

Agency Spend
Agency spend as a percentage of the total pay bill

Agency spend as a percentage of the total pay bill - starting 01/10/19

Performance September 2022	
Provider Performance	All Wales Benchmark
8%	8th 6% (Apr-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."

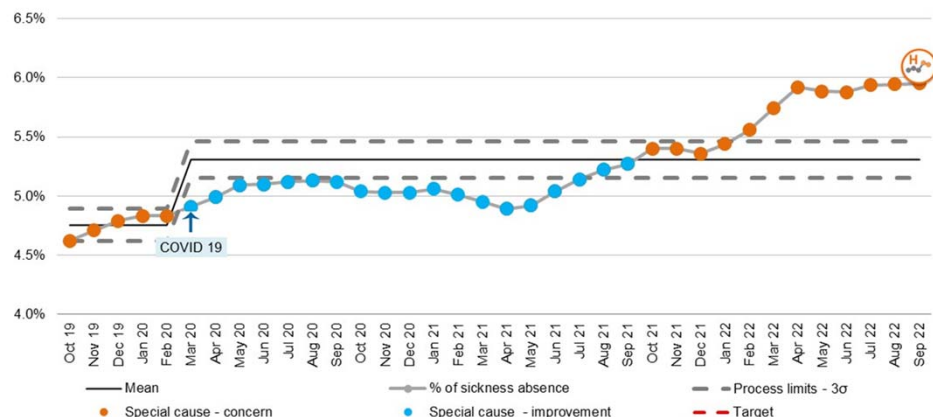| What the data tells us	Issues	Actions	Mitigations
The provider agency spend as a percentage of total pay bill varies as a response to demand. The 12-month target of reduction has not been met for September 22. However as noted by the finance team that the agency spend figure 0.9% for September is significantly 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.	• Changes in operational footprint including escalation • Limited substantive Professional workforce availability • Rurality • COVID & impacts of short term Sickness absence • Patient acuity & dependency	• Reviewing operational footprint to further reduce reliance on temporary staffing • Negotiating with on-contract agencies for additional recruitment and long-lining of staff • Implementation of actions from establishment review	• Further tightening of operational processes including; • Additional controls on high cost agency use • Earlier roster planning • Improved roster compliance and sign off • Targeting of Bank over agency • Targeted recruitment campaigns • Long lining of on contract agency • Establishment review

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

Sickness Absence (R12)
Percentage of sickness absence rate of staff – **Provider services**

Executive Lead	Director of Workforce and OD
Officer Lead	Head of Workforce
Strategic Priority	14

Percentage of sickness absence rate of staff - starting 01/10/19

Performance September 2022	
Provider Performance	All Wales Benchmark
6.0%	3rd 7.09% (Apr-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	Issues	Actions	Mitigations
• PTHB sickness performance remains as special cause of concern. The rolling 12 months performance is reported as 6% for September, monthly actual 5.47% which consists of 1.8% short term and 3.67% long term sickness. Although high when compared to pre-covid the health board is one of the lowest in Wales.	• 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.	• 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 1.4 whole time equivalent (WTE) clinical vacant posts in Occupational Health is underway. • New Counselling service provider due to be live week commencing the 5th September 2022.	• Managing Attendance at Work Policy • Training for managers on Managing Attendance at Work Policy. • Well being action plan • Staff counselling service • Online Cognitive behavioural therapy (CBT) • Long Covid Programme • Occupational Health Service offer

Quadruple Aim 3

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 – **Provider measure**

% Staff recording foundational Welsh Language Skills on ESR

	Q4 2020/21	Q2 2021/22	Q4 2021/22
	15%	16%	16%
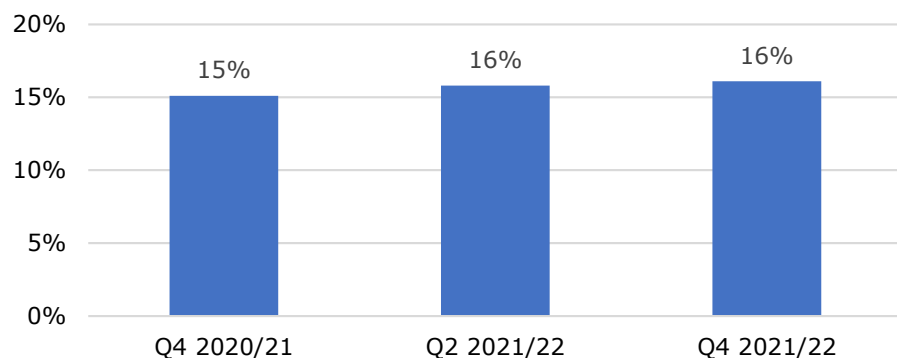
Performance	
Provider Performance	All Wales Benchmark
16.1%	15.6%
Variance Type	
N/A	
Target	
Bi annual Improvement	
Data Quality	
WG Performance Scorecard	

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."

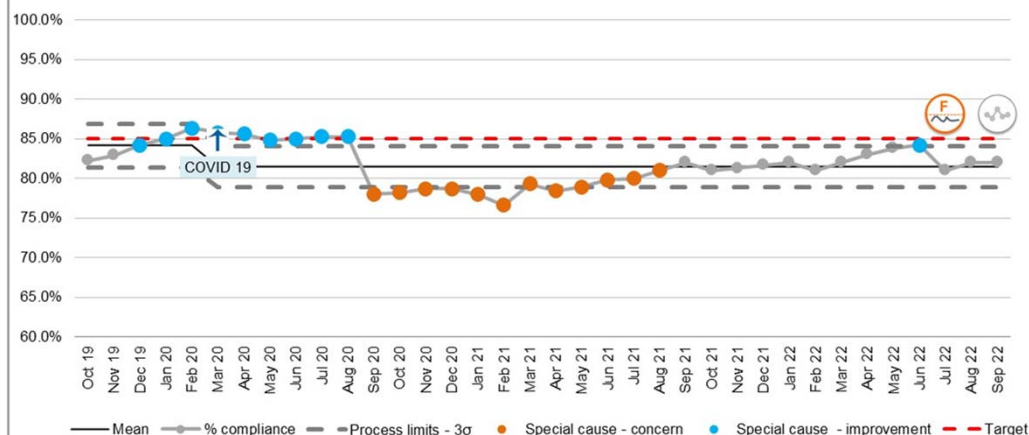| What the data tells us	Issues	Actions	Mitigations
PTHB is compliant with target. In Q4 2021/22, 16.1% of PTHB employees had recorded Welsh language speaking and listening skills at foundational level or above on electronic staff record (ESR), which compares favourably to the same period 12 months ago.	• 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. • 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. • Not all services across the health board have staff that can offer a service in Welsh to patients and their families.	• Confidence building courses available via Health Education Improvement Wales (HEIW) and Aberystwyth University and Work Welsh scheme will be promoted to all staff • Working Welsh resources promoted to staff on sharepoint via the Welsh language team • Encourage services to consider the Welsh skills needed for new posts and Welsh language team to support.	

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Quadruple Aim 3

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 – **Powys as a provider**

Executive Lead	Director of Workforce and OD
Officer Lead	Head of Workforce
Strategic Priority	14

Mandatory Training Compliance-Source PTHB WOD starting 01/10/19

Mean — % compliance - - Process limits - 3σ ● Special cause - concern ● Special cause - improvement - - Target

Performance September 2022	
Provider Performance	All Wales Benchmark
82%	1st 79.5% (Apr-22)
Variance Type	
Common Cause	
Target	
85%	
Data Quality	
PTHB WOD	

"The Core Skills Training Framework is the recognised minimum standard for statutory and mandatory training for all staff working for NHS Wales."

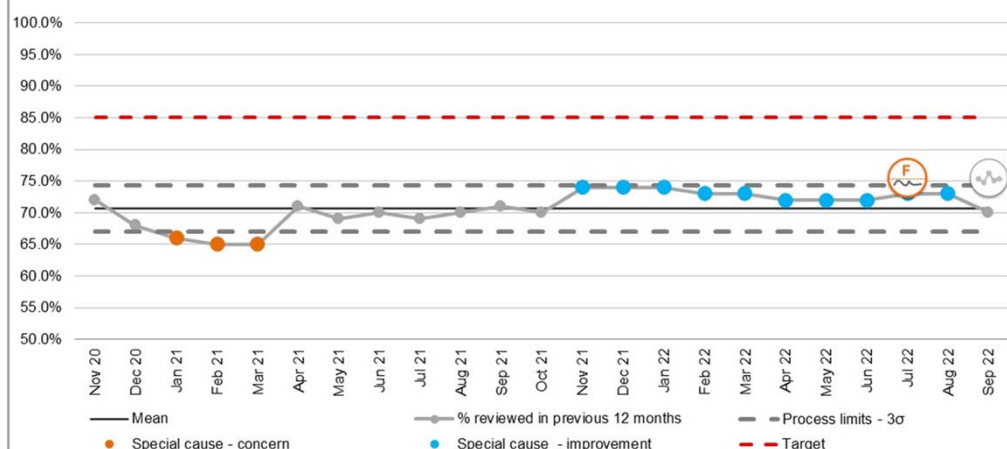| What the data tells us	Issues	Actions	Mitigations
Performance in September is reported as 82% and remains common cause variation. PTHB performs well against All Wales and often ranks 1st compared to other Welsh health boards.	• Increased service pressure due to COVID-19, staff absence and vacancies has caused challenges in completion of mandatory training since the beginning of the pandemic.	• Workforce & Organisational Directorate (WOD) HR Business Partners are discussing mandatory compliance at senior management groups within services. • Services have been asked to establish trajectories for improvement, to be agreed by their Exec Directors, for areas performing below the national target. • Ongoing performance relating to compliance will be addressed with directorates via directorate performance review meetings.	• Services have been asked to prioritise staff groups to undertake essential training relevant to role.

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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)

Executive Lead	Director of Workforce and OD
Officer Lead	Head of Workforce
Strategic Priority	14

PADR Compliance - Source PTHB WOD starting 01/11/20

Performance September 2022	
Provider Performance	All Wales Benchmark
70%	71.5% (Apr-22)
Variance Type	
Common Cause	
Target	
85%	
Data Quality	
PTHB WOD	

"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	Issues	Actions	Mitigations
PTHB PADR performance reported at 70% for September, which is below the 85% target and now common cause variance.	• 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 22. Systems have been introduced during the transitions phase to ensure that PADRs are undertaken for staff who are due for consideration of pay progression.	• WOD HR Business Partners are discussing PADR compliance at senior management groups within services. • Services have been asked to establish trajectories for improvement, to be agreed by their Exec Directors, for areas performing below the national target. • 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 and circulated.	• Regular conversations as normal management of staff being undertaken and supported within services.

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

Overall Staff Engagement Score

Staff Engagement Score

| 2018 | 2020 |
| 79% | 78% |

■ Percentage of Staff
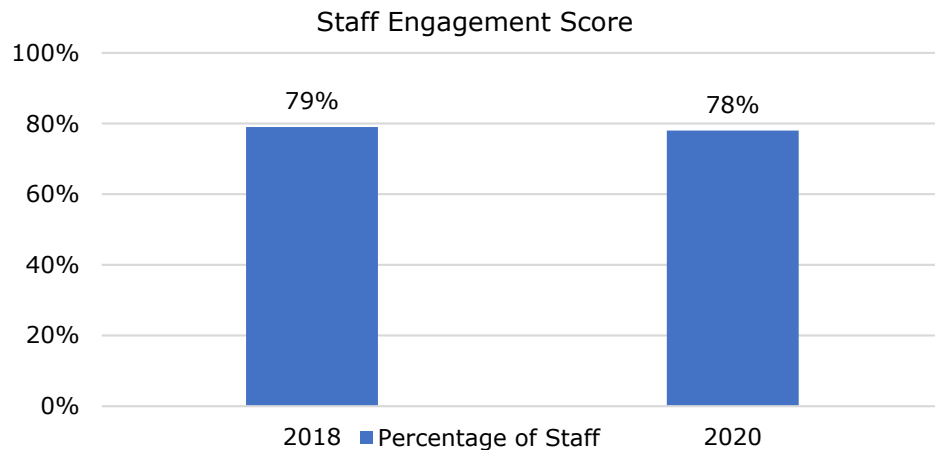
Performance 2020	
Local Performance	All Wales Benchmark
78%	1st (75%)
Variance Type	
N/A	
Target	
Annual Improvement	
Data Quality & Source	
Welsh Government Performance Team	

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
Performance is good when compared to the All Wales benchmark, the health board ranks 1st in Wales. However, PTHB has not met the improvement target when compared to the 2018 data point.	The engagement index score is provided out of the national staff survey and the next iteration is not due to be undertaken until 2023.		

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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

Executive Lead	Director of Workforce and OD
Officer Lead	Head of Workforce
Strategic Priority	15

Percentage of Staff reporting their line manager takes a positive interest in their health and wellbeing
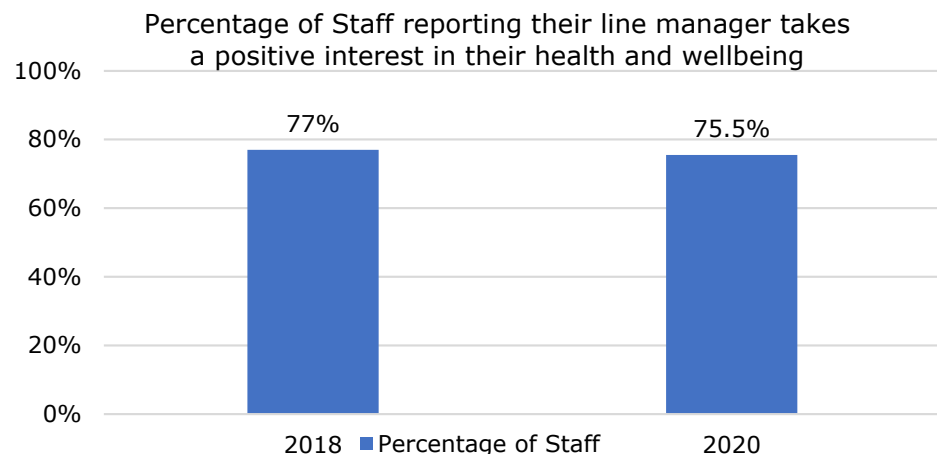
2020 Performance	
Local Performance	All Wales Benchmark
75.5%	2nd (65.9%)
Variance Type	
N/A	
Target	
Annual Improvement	
Data Quality & Source	
Welsh Government Scorecard	

"The workforce is the NHS' greatest asset and it is important that their health and well-being is prioritised and supported."
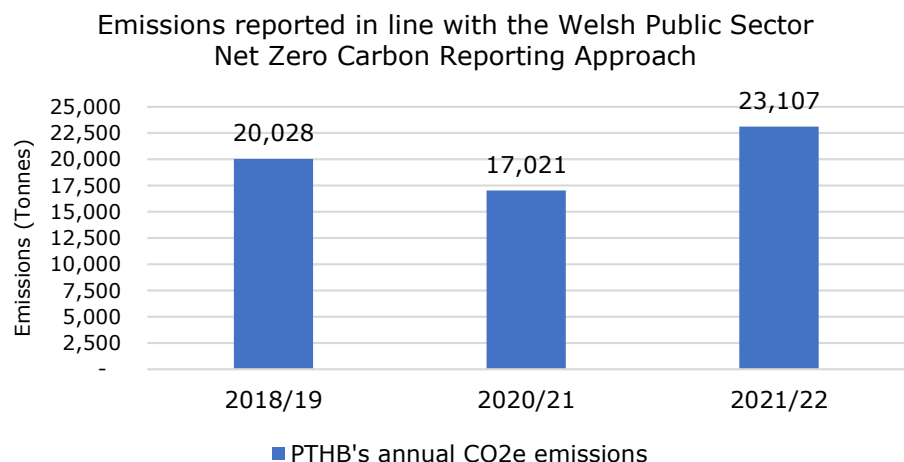
What the data tells us	Issues	Actions	Mitigations
Performance is good when compared to the All Wales benchmark, the health board ranks 2nd in Wales. However, PTHB has not met the improvement target when compared to the 2018 data point.	Sense of wellbeing overall in local survey was 4.15 out of 6. However, there is a difference between those working at home with an average score of 4.94, and those in the workplace (mainly clinicians) who scored 3.84.	All-Wales wellbeing conversation tool has been introduced and advertised. Wellbeing action plan being implemented.	Updated agile working policy. Continued focus on PADR.

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Quadruple Aim 4

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

Executive Lead	Director of Environment
Officer Lead	Environment and Sustainability Manager
Strategic Priority	20

Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach

"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."

Performance 2020/21	
Local Performance	All Wales Benchmark
23,107	2nd (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	

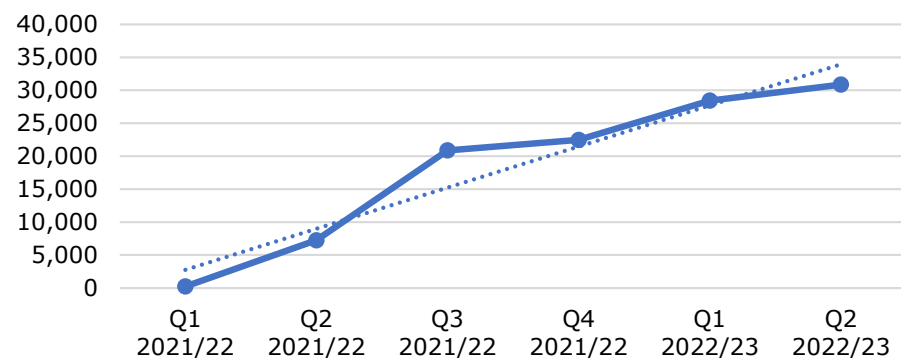| What the data tells usa	Issues	Actions	Mitigations
PTHB's target is to reduce the emissions to 16,823 tCO2e by 2025 - a reduction of 16% against 2018/19 baseline of 20,028 tCO2e. Patterson Liz 25/11/2022 14:21:59	Data reporting and sources of emissions nationally remain in a state of developing maturity. Data collection methods will need to be developed for particular measures. This increased data collection will likely lead to an increase in reported carbon output.	Annual quantitative carbon emissions report submitted to Welsh Government in September.	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. Data mining reveals that scope 3 emissions have been negatively impacted by RPI increase, major capital investment and increased commissioned inpatient care. Data accuracy is being reported and discussed within meetings and Programme Boards with WG and other public sector bodies.

Quadruple Aim 4

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 – **Powys as a provider**

Executive Lead	Director of Finance and ICT
Officer Lead	Lead Nurse for Informatics and Nurse Staffing
Strategic Priority	22

Number of risk assessments completed on the WNCR

(Chart: line graph showing values rising from ~0 at Q1 2021/22, ~7,000 at Q2 2021/22, ~21,000 at Q3 2021/22, ~22,000 at Q4 2021/22, ~28,000 at Q1 2022/23, ~31,000 at Q2 2022/23, with a dotted trend line)

Performance Q2 2022/23	
Provider Performance	All Wales Benchmark
30,865	5th (584,676)
Variance Type	
N/A	
Target	
4 quarter improvement trend	
Data Quality & Source	
Welsh Government Scorecard	

"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
Usage of the Welsh Nursing Clinical Record in Powys has increased to 30,865 assessments in Q2 2022/23, performance is target compliant.	• No issues identified		

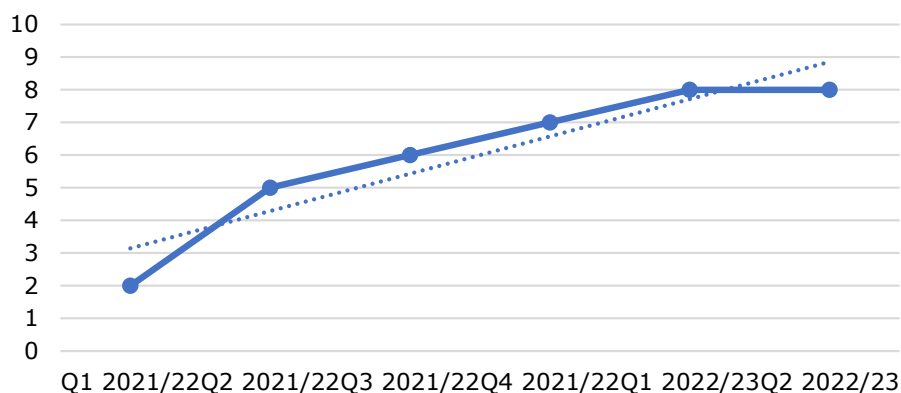Patterson, Liz
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Quadruple Aim 4

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 – **Powys as a provider**

Executive Lead	Director of Finance and ICT
Officer Lead	Lead Nurse for Informatics and Nurse Staffing
Strategic Priority	22

Number of wards using the WNCR

Performance Q2 2022/23	
Provider Performance	All Wales Benchmark
8	5th (149)
Variance Type	
N/A	
Target	
4 quarter improvement trend	
Data Quality & Source	
Welsh Government Scorecard	

"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."

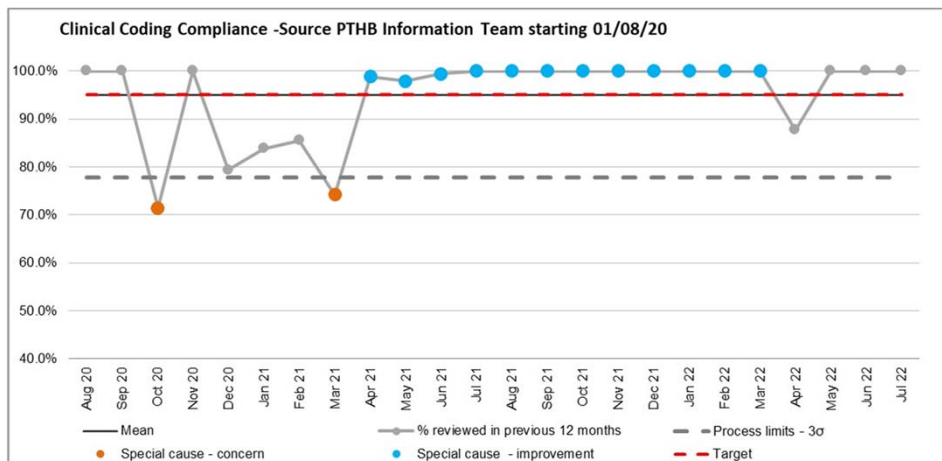| What the data tells us	Issues	Actions	Mitigations
The number of wards using the Welsh Nursing Clinical Record in Powys remains at 8 in Q2 2022/23, this meets the target of 4 quarter improvement trend.	• Pre-Go Live Wi-Fi survey at Bronllys completed 17/11/2021 identified the following issues: 　• Coverage was patchy and ranged from 0%-45% 　• FSEs were unable to find any Access Points 　• Potential asbestos in attic space limited investigations • Clinical Decision: Determined not clinically safe to Go Live with WNCR on Llewellyn ward (Bronllys) until Wi-Fi improvements completed • Jan 2022, IT investigated using additional access points - unsuccessful • April 2022 external suppliers reviewed infrastructure as part of wider survey to determine cabling improvement requirements across health board sites	• Project Manager appointed October 2022 to Digital Transformation Team to lead on Wi-Fi infrastructure improvements	• Infrastructure improvements required to deliver Wi-Fi solution that is 'fit for purpose' • Ward continue to use standardised All Wales documentation and risk assessments in paper format

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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

Executive Lead	Director of Finance and ICT
Officer Lead	Head of Information
Strategic Priority	22

Clinical Coding Compliance -Source PTHB Information Team starting 01/08/20

Performance July 2022	
Local Performance	All Wales Benchmark
100%	1st (81.4%)
Variance Type	
N/A	
Target	
95% or a 12 month improvement trend	
Data Quality & Source	
PTHB Information Team	

"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."

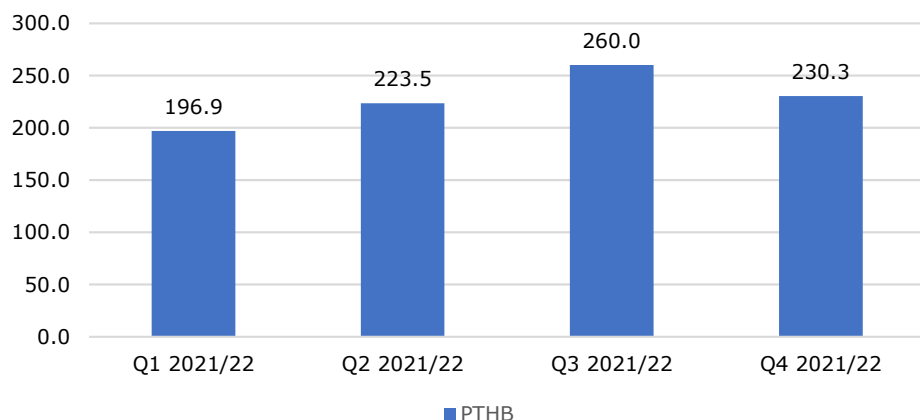| What the data tells us	Issues	Actions	Mitigations
PTHB performance is reporting 100% in July, it should be noted that performance in May was incorrectly reported and has been revised to 100% inline with DHCW reported compliance. The All Wales performance for May was 81.4%.	The challenge during April 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 July compliance returns to 100%.		

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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-PUs
Total antibacterial items per 1,000 specific therapeutic age-sex related prescribing units (STAR-PU) – **Powys as a provider**

Total Antibacterial Items per 1,000 STAR-PUs

Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22
196.9	223.5	260.0	230.3

■ PTHB

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
Strategic Priority	24

Q4 2021/22 Performance	
Provider Performance	All Wales Benchmark
230.3	1st (259.4)
Variance Type	
N/A	
Target	
247.6	
Data Quality & Source	
PTHB Pharmacy and Medicines Management	

"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
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. All health boards in Wales have met their derived target for Q4. Powys was the lowest prescriber (items/1000 STAR-PU) of antibacterial items.	• No antimicrobial stewardship pharmacist in post. • 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	• Antimicrobial Stewardship Group in place (meets quarterly) – reports to IPC Group. • Antimicrobial stewardship improvement plan in place. • Data analyst providing regular data on antimicrobial prescribing in primary care. • Antimicrobial prescribing discussed during practice meetings. • Antimicrobial KPIs included in Medicines Management Incentive Scheme and practice SLAs • Linking with antimicrobial stewardship pharmacists in England to support RCA of CDI cases (community acquired) • Investment benefits group (IBG) paper written to secure funding for AMS pharmacist – absence of dedicated antimicrobial pharmacist included in meds management risk register	See actions. Further mitigations not possible due to workforce challenges.

Quadruple Aim 4

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 – **Powys as a provider**

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
Strategic Priority	24

Number of patients age 65 years or over prescribed an antipsychotic

Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23
472	479	489	486
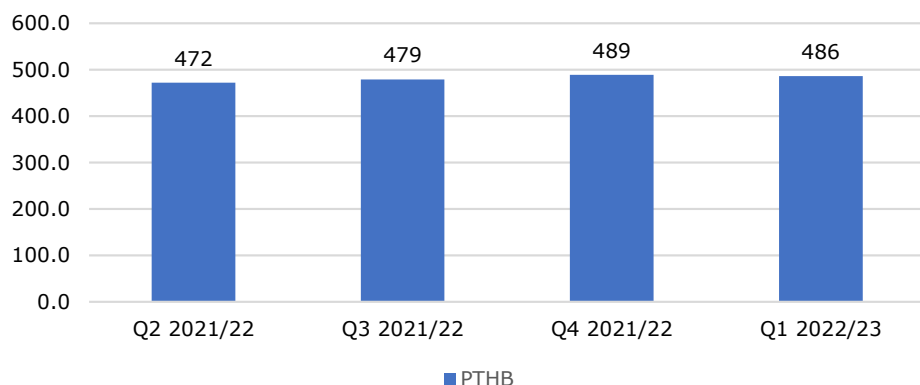
■ PTHB

Q1 2022/23 Performance	
Provider Performance	All Wales Benchmark
486	10,262*
Variance Type	
N/A	
Target	
Quarter on Quarter Reduction	
Data Quality & Source	
PTHB Pharmacy and Medicines Management	

"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
PTHB has 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%). PTHB has the lowest percentage of people aged 65 and over who are prescribed an antipsychotic (range 1.27%-1.80%) 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).		• Patients aged ≥ 65 prescribed an antipsychotic as a percentage of all patients aged ≥ 65' monitored through national medicines safety dashboard. • The national figure is 1.5%, our figure is 1.23%. Powys has the lowest level of prescribing in this area of all Welsh Health Boards.	• Regular monitoring • Risks associated with antipsychotic prescribing in elderly patients with dementia reiterated on a regular basis. • Plan to provide regular reports to primary care as soon as resource allows.

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 - **Powys as a provider**

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
Strategic Priority	24

Opioid average daily quantities per 1,000 patients

Chart values:
- Q1 2021/22: 4,060
- Q2 2021/22: 4,187
- Q3 2021/22: 4,222
- Q4 2021/22: 4,040

Legend: PTHB
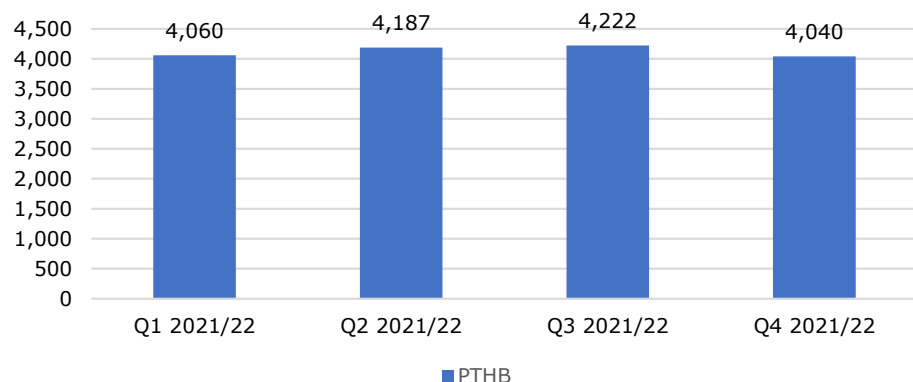
Q4 2021/22 Performance	
Provider Performance	All Wales Benchmark
4,040.1	2nd (4,329.4)
Variance Type	
N/A	
Target	
4 Quarter reduction trend	
Data Quality & Source	
PTHB Pharmacy and Medicines Management	

"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 2nd nationally against and All Wales figure of 4,329.4		• Raising awareness of the issues associated with opioid prescribing and the variation in prescribing practice across the health board with clinicians and health board executives. • Raising awareness of opioids aware resource for clinicians and patients. • Regular monitoring through the national indicators. • Regularly discussed during practice visits. • Regular provision of prescribing data • Introduction of prescribing analysis to identify 'excessive' prescribing • Inclusion of opioid prescribing in the Medicines Management Incentive Scheme (MMIS) • Access to the PrescQIPP training module on opioid prescribing commissioned and requirement to complete included in MMIS	See actions

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Operational Measures are not routinely reported nationally

Crude Hospital Mortality Rate (R12)
Crude hospital mortality rate (74 years of age or less) - **Powys as a provider**

Crude Mortality Rate-Source CHKS starting 01/10/19
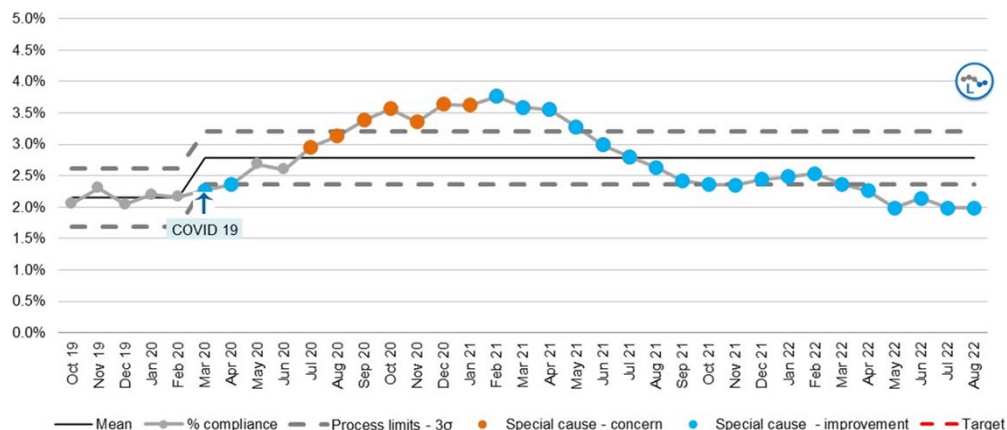
Performance August 2022	
Provider Performance	All Wales Benchmark
1.99%	N/A
Variance Type	
Special Cause - Improvement	
Target	
12 month reduction trend	
Data Quality & Source	
CHKS	

Executive Lead	Medical Director
Officer Lead	TBC
Strategic Priority	24

What the data tells us	Issues	Actions	Mitigations
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.	No issues actual monthly deaths within expected values.		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.

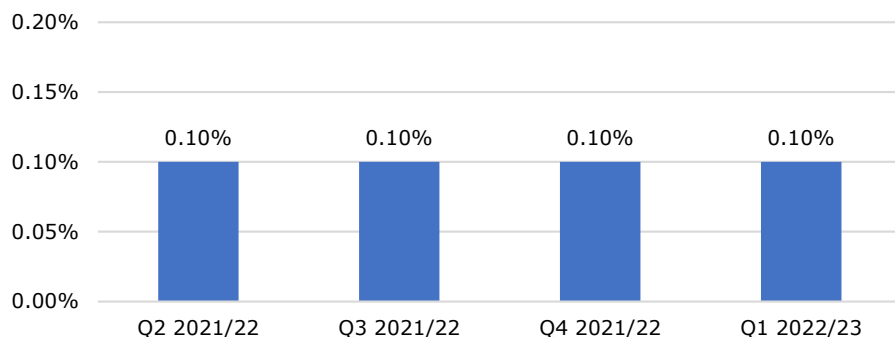**Operational Measures are not routinely reported nationally**

Valproate Usage
Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age - **Powys as a provider**

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
Strategic Priority	24

Percentage of women of child bearing age prescribed valproate

Q1 2022/23 Performance	
Provider 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	

| What the data tells us	Issues	Actions	Mitigations
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. Powys continues to have the lowest prescribing rate of valproate in women of child bearing age in the whole of Wales.	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. Powys = 0.1% (lowest % of all LHBs)	• Regularly monitored through national medicines safety dashboard. • Regular reminders about prescribing valproate in women of child bearing age. • Reminder about Pregnancy Prevention Plan (PPP) • Cascade of patient information to primary care and community pharmacy.	See actions Plan to provide regular reports to primary care as soon as resource allows.

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 - Q2 2021/22 to Q2 2022/23
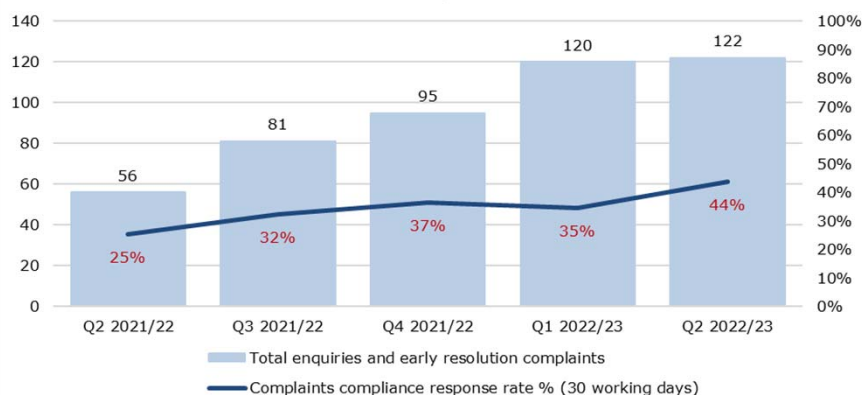
What the chart tells us

- **Please note that during a deep dive exercise into concerns management, it was noted that concerns compliance has been incorrectly calculated. This was an administrative error and has been rectified, however it has impacted 30 days compliance negatively when compared to August IPR position.**

- Performance is not currently meeting the 75% target and reports 44% in Q2 2022/23. It should be noted that the number of early resolutions and enquires has increased to 122 for the same quarter.
- No national benchmark is available at present for this operational measure.

Q2 2022/23 Performance

Local Performance	All Wales Benchmark
44%	N/A

Target
75%

Data Source & Quality
PTHB Q&S Team

Issues	Actions	Mitigations
• Lack of appropriate escalation to ensure 30 working day response is prioritised • Lack of accurate and accessible data • No user feedback • Timely responses not received from other Health Boards/Trusts impacting lengthy delays • Data noted to be incorrect during deep dive	• 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	• 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

- With the Integrated Performance Framework scope agreed the health board will now implement the required process to provide effective challenge, support, and scrutiny of both provider and commissioned services with the aim to improve patient outcomes.
- Ongoing work with national and regional workgroups on topics such as Outpatient modernisation, My Planned Care, National Endoscopy, and Cancer.
- Ongoing work to tackle COVID backlog and capacity challenges remains the single largest risk for Powys residents and their required health care. 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.
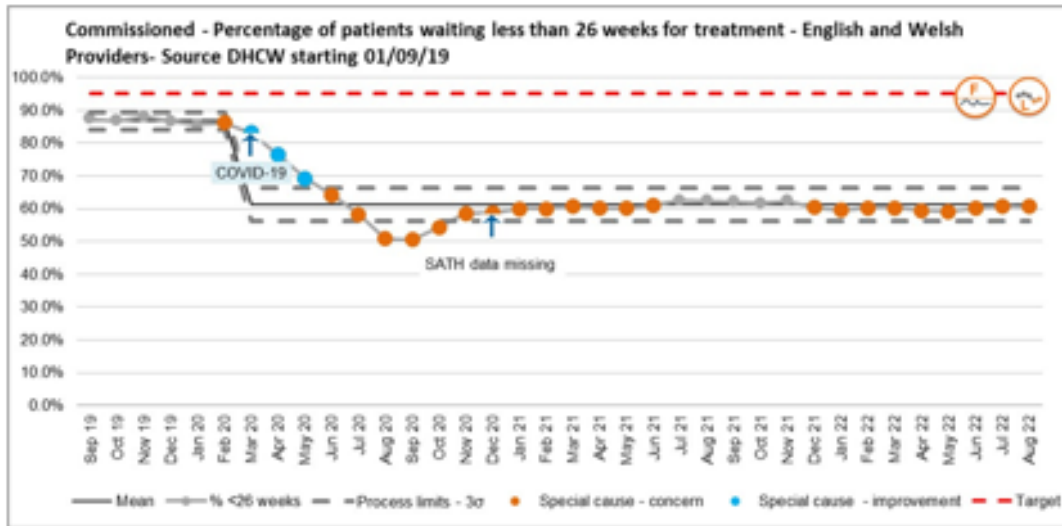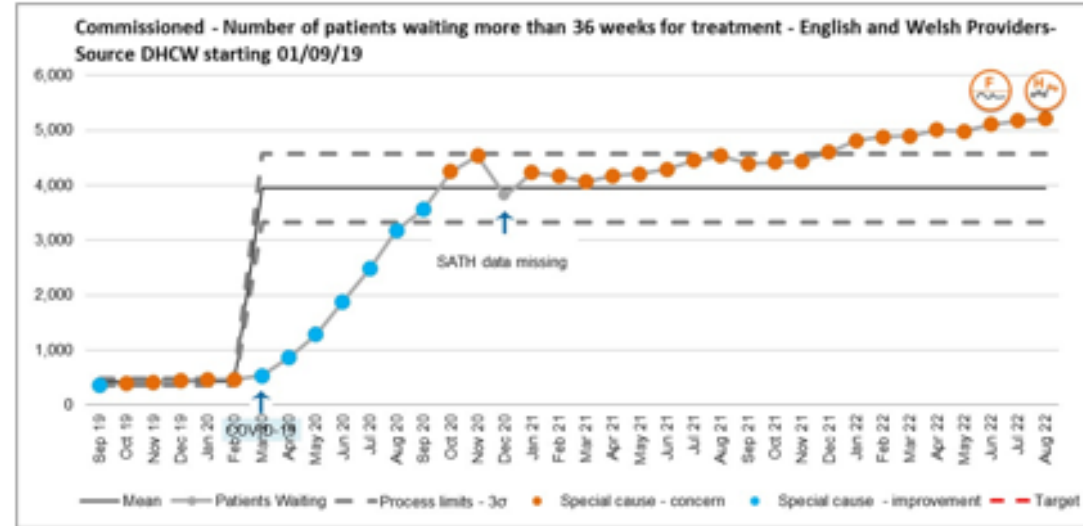
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Appendix 1

Referral to Treatment (RTT) – Powys Teaching health board as a Commissioner
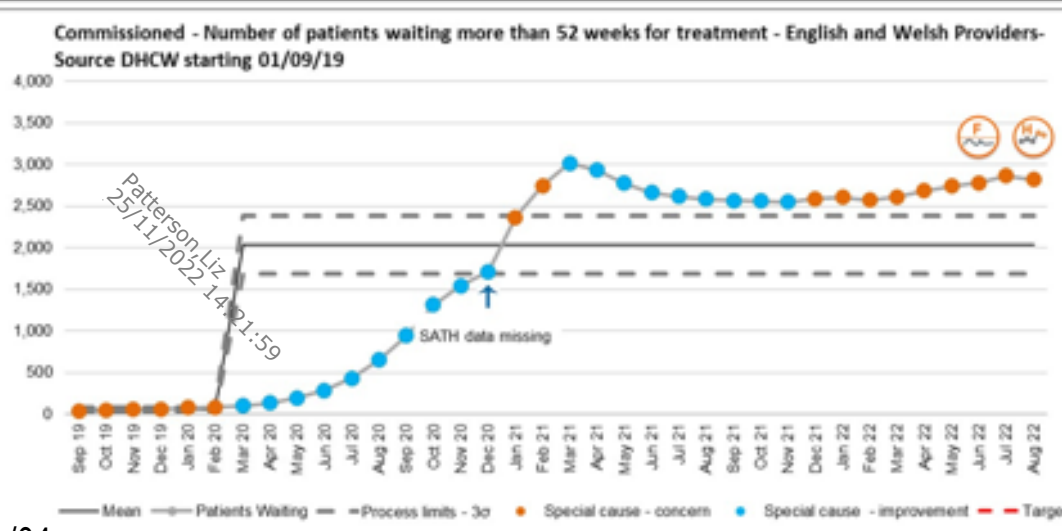
Combined Welsh and English Health Boards

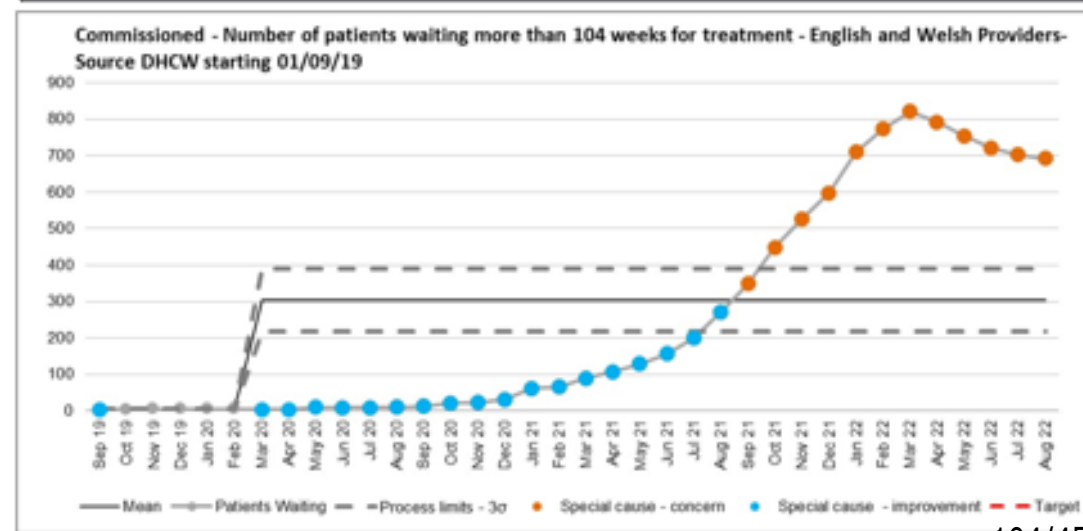## Percentage of RTT pathways <26 weeks

Commissioned - Percentage of patients waiting less than 26 weeks for treatment - English and Welsh Providers- Source DHCW starting 01/09/19

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 01/09/19

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 01/09/19

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 01/09/19
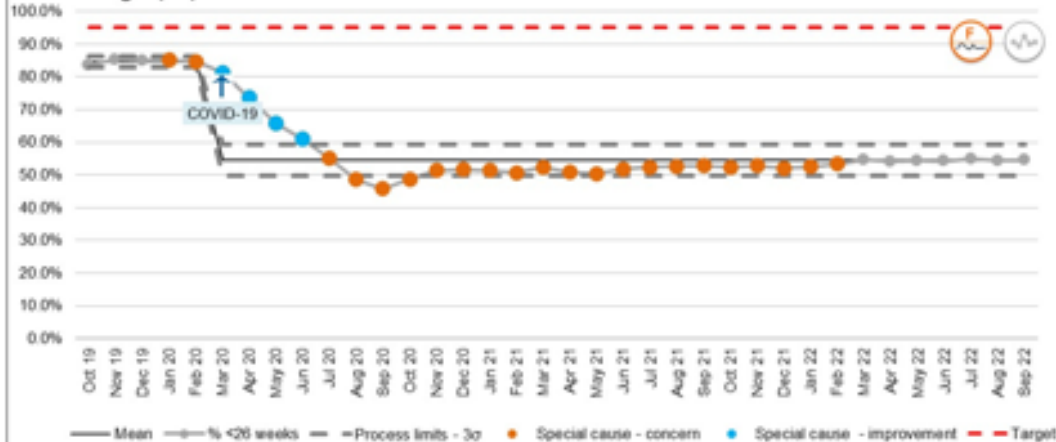
Appendix 1

Referral to Treatment – Powys Teaching health board as a Commissioner

Combined Welsh Health Boards

Percentage of RTT pathways <26 weeks

Commissioned - Number of patients waiting less than 26 weeks for treatment - Welsh Providers- Source DHCW starting 01/10/19

Number of RTT pathways 36+ weeks
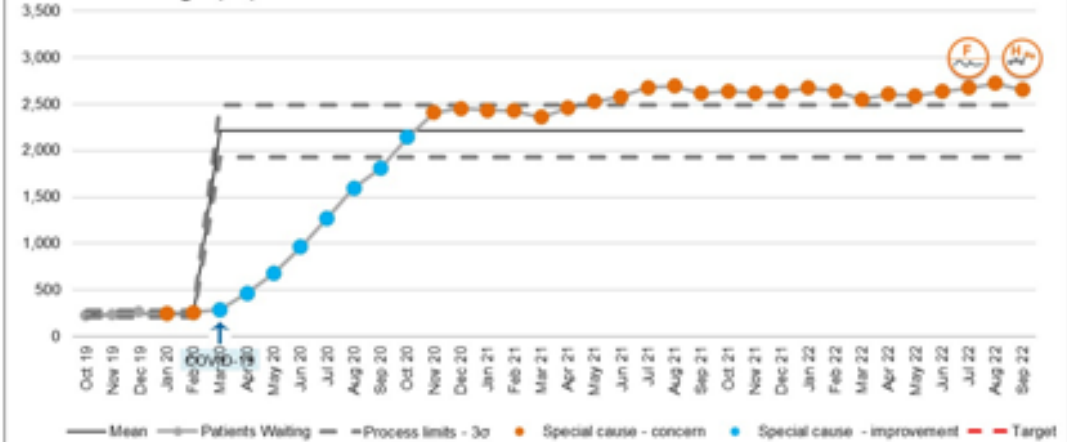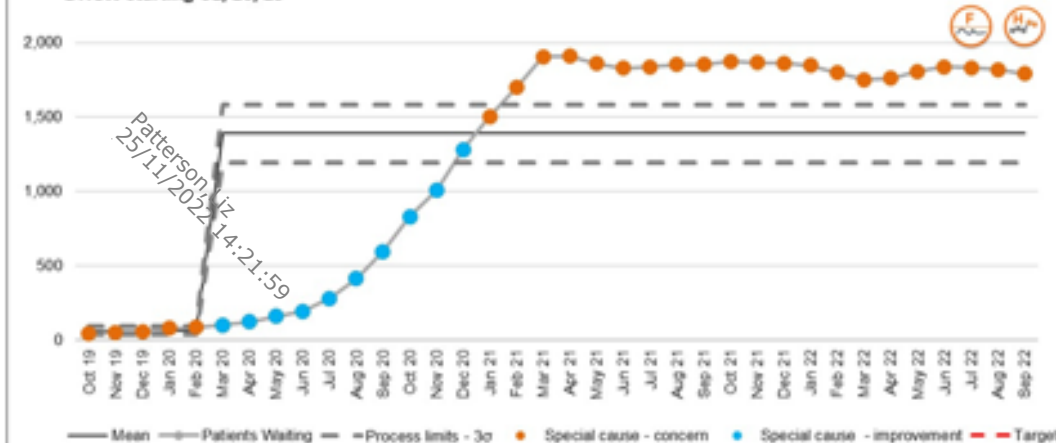(inclusive of those patients waiting in the over 52 & over 104 week band)

Commissioned - Number of patients waiting more than 36 weeks for treatment - Welsh Providers -Source DHCW starting 01/10/19

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 - Welsh Providers-Source DHCW starting 01/10/19

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Number of RTT pathways over 104 weeks

Commissioned - Number of patients waiting more than 104 weeks for treatment - Welsh Providers-Source DHCW starting 01/10/19

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 01/09/19

COVID-19

Legend: Mean — % <26 weeks — Process limits - 3σ ● Special cause - concern ● Special cause - improvement — Target

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 01/09/19

COVID-19

SATH data missing proxy value of 1943

Legend: Mean — Patients Waiting — Process limits - 3σ ● Special cause - concern ● Special cause - improvement — Target
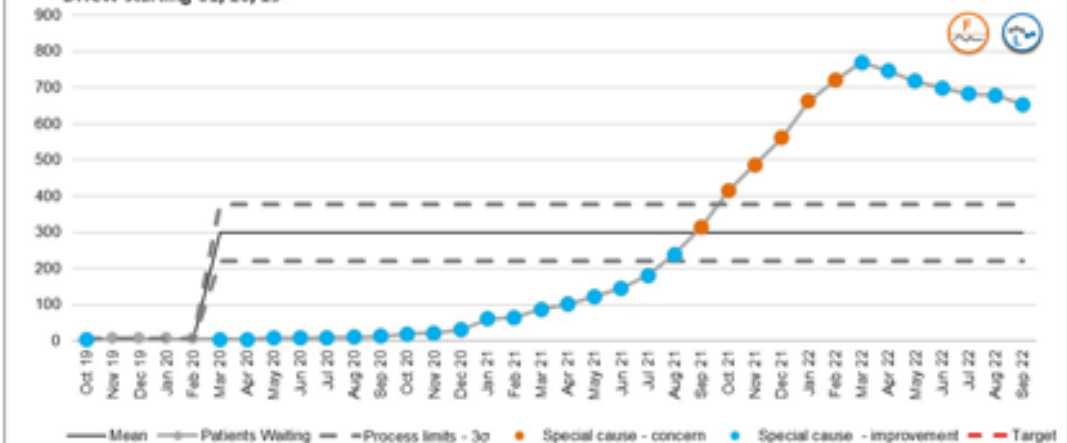
Number of RTT pathways over 52 weeks
(inclusive of those patients waiting in the over 104 week band)

Commissioned - Number of patients waiting more than 52 weeks for treatment - English Providers-Source DHCW starting 01/09/19

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SATH data missing. Proxy value 700

Legend: Mean — Patients Waiting — Process limits - 3σ ● Special cause - concern ● Special cause - improvement — Target

Number of RTT pathways over 104 weeks

Commissioned - Number of patients waiting more than 104 weeks for treatment - English Providers-Source DHCW starting 01/09/19
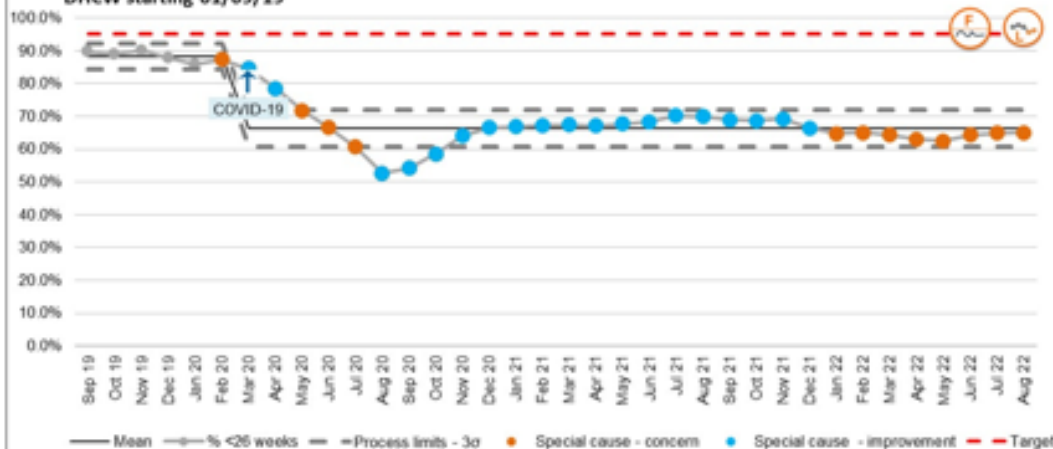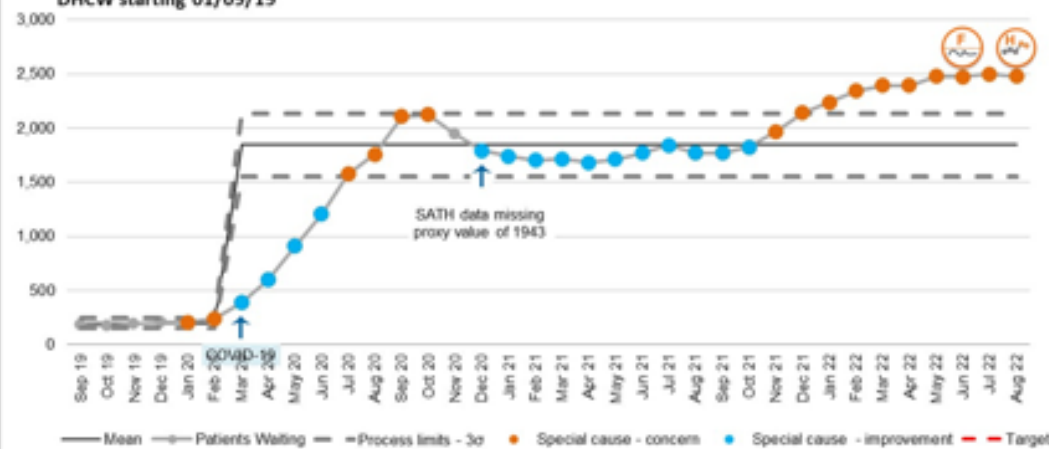

Legend: Mean — Patients Waiting — Process limits - 3σ ● Special cause - concern ● Special cause - improvement — Target

**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)	60%	27,000	8,000	9,000
Powys resident performance	63.8%	626	99	138

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 01/10/19

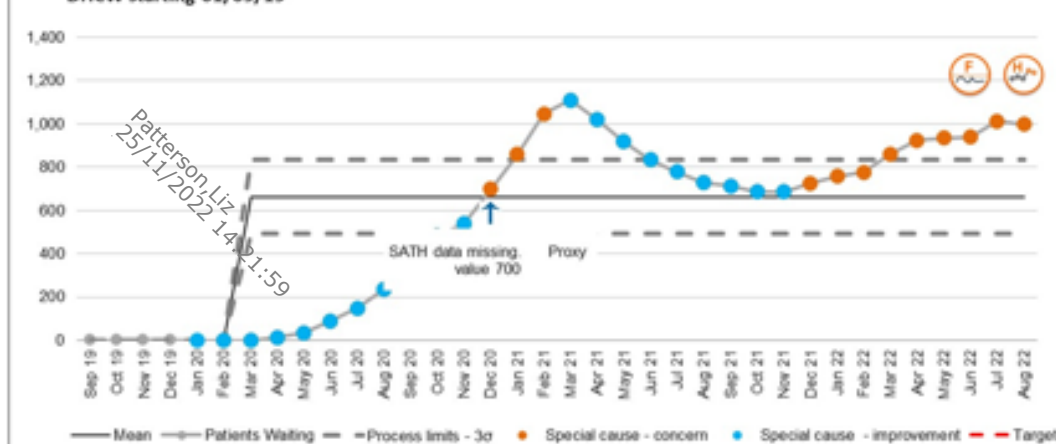## Number of RTT pathways 36+ weeks
(inclusive of those patients waiting in the over 52 & over 104 week band)

Commissioned - Number of patients waiting more than 36 weeks for treatment - Aneurin Bevan University Health Board- Source DHCW starting 01/10/19
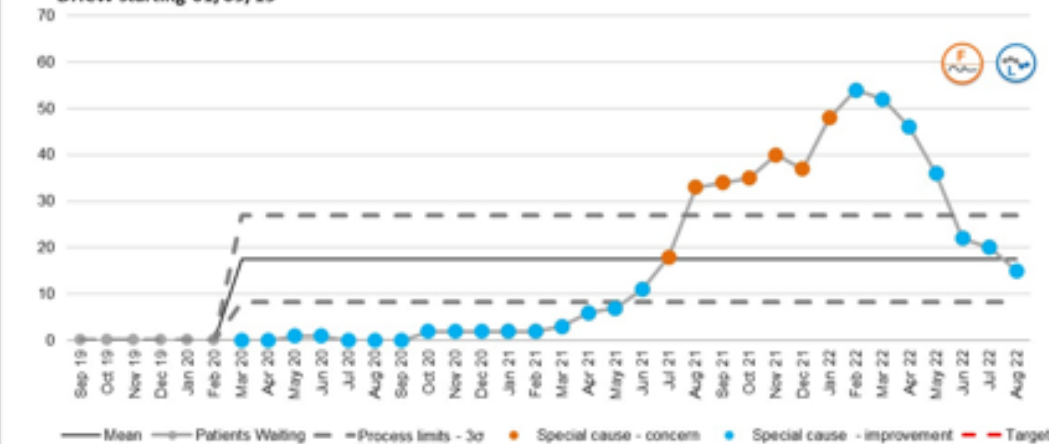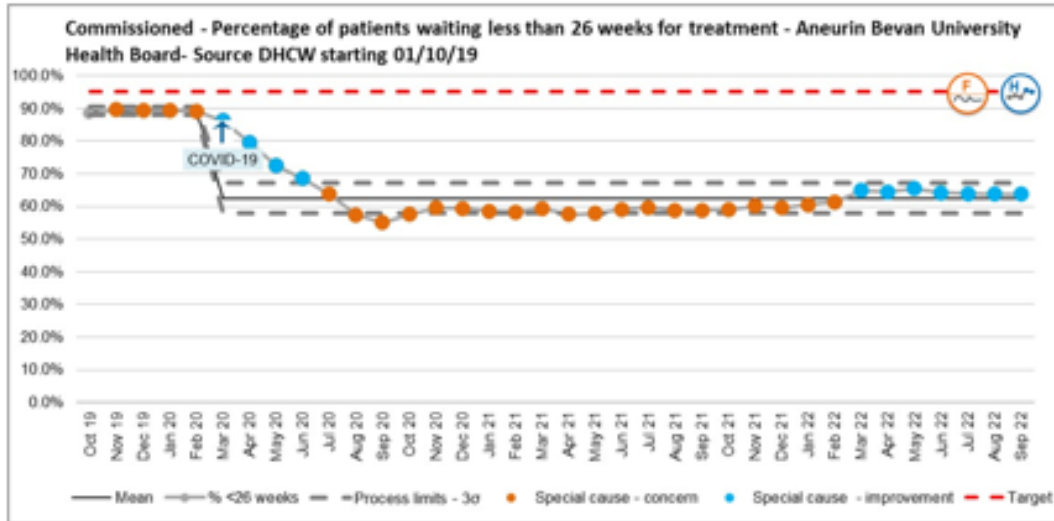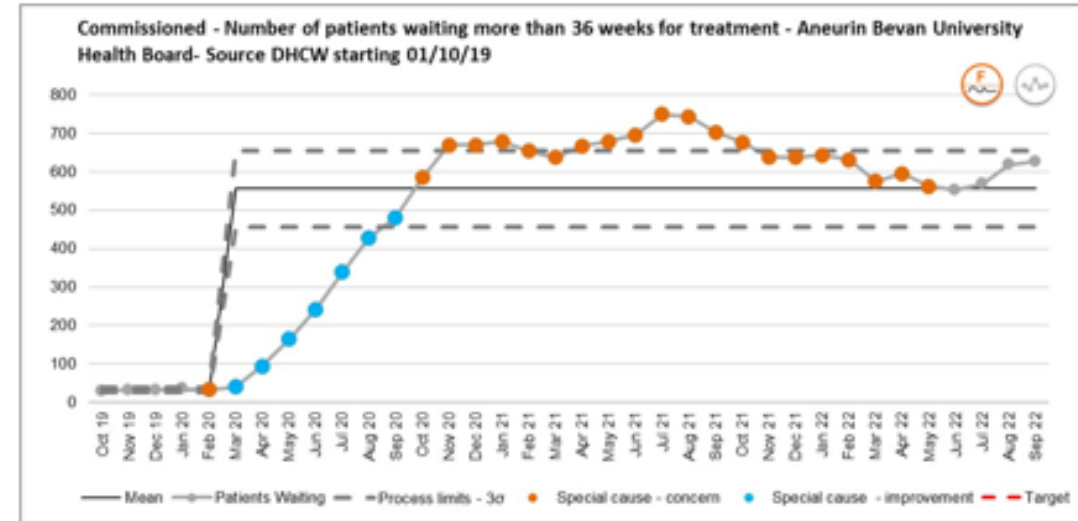
Number of RTT pathways over 52 weeks
(inclusive of those patients waiting in the over 104 week band)

Commissioned - Number of patients waiting more than 52 weeks for treatment - Aneurin Bevan University Health Board-Source DHCW starting 01/10/19

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 01/10/19

Betsi Cadwaladr University Health Board
Referral to Treatment – Powys Teaching health board as a Commissioner

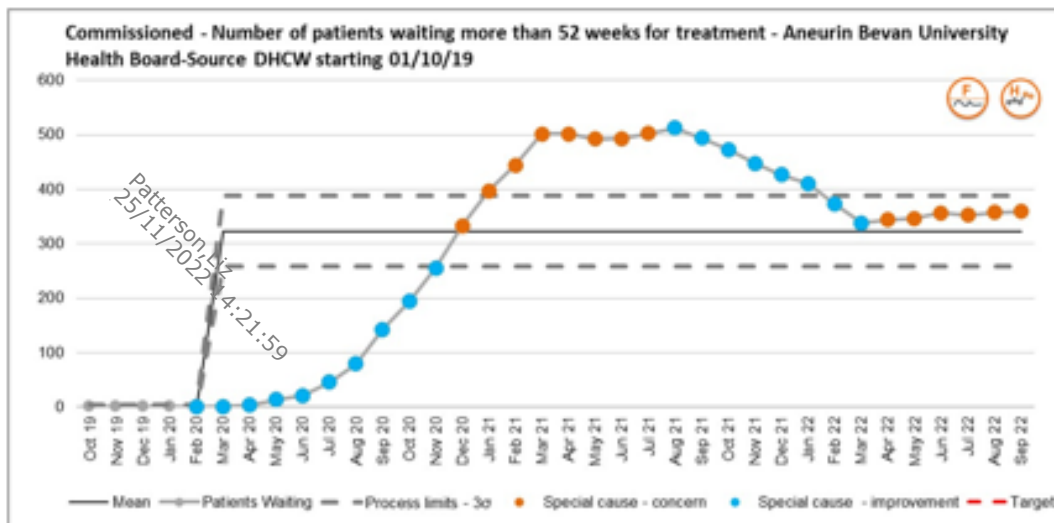| BCUHB	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	29%	18,024	6,555	10,199
Powys resident performance	48.1%	271	62	134

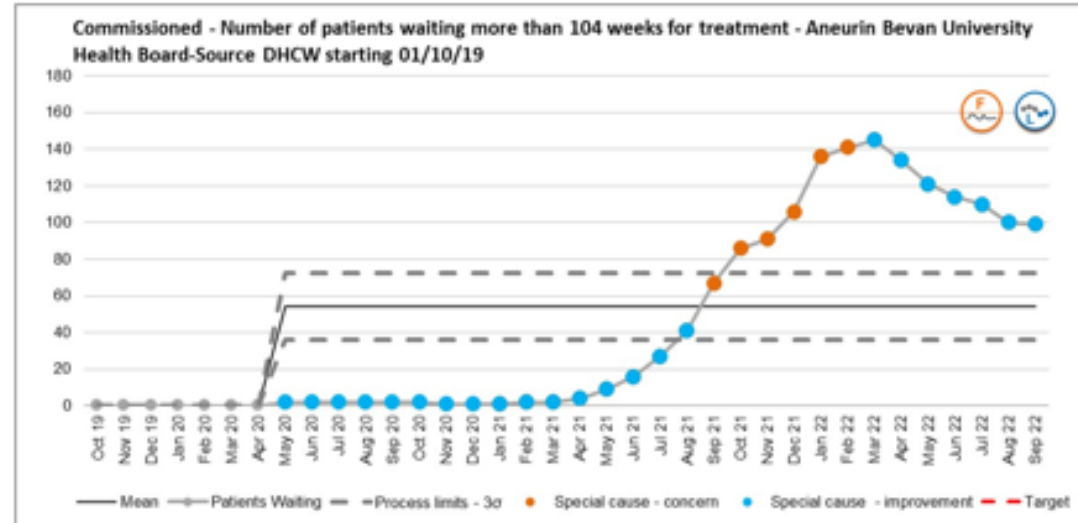### Percentage of RTT pathways <26 weeks

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)

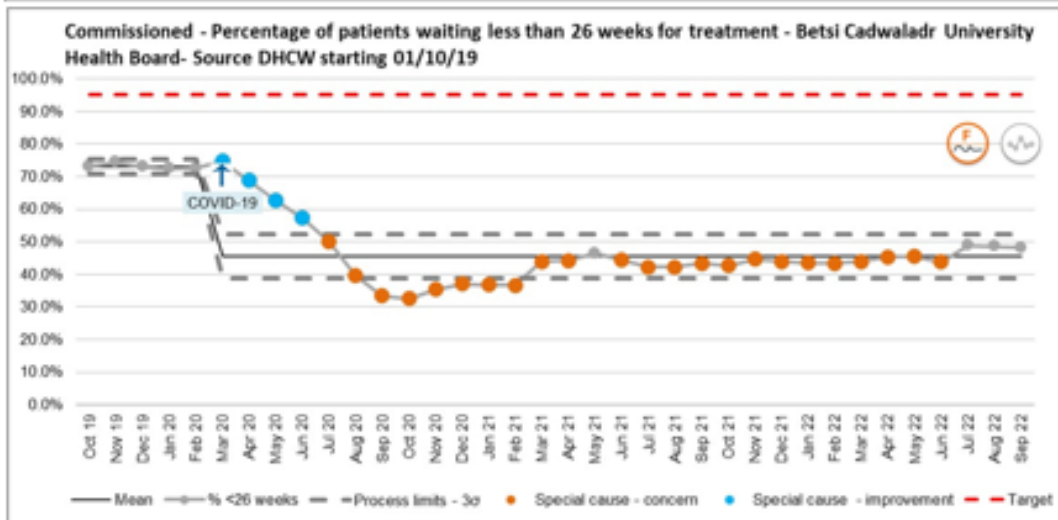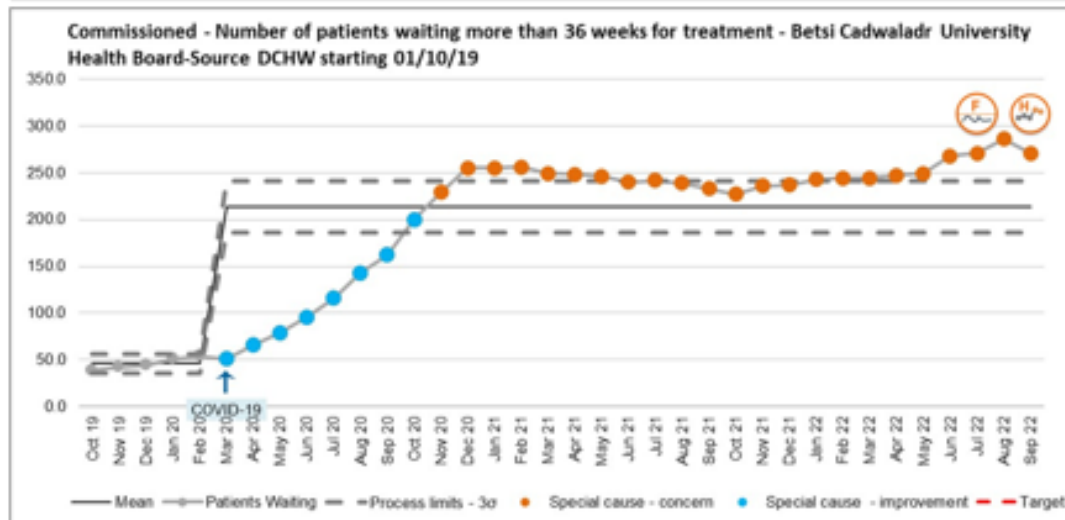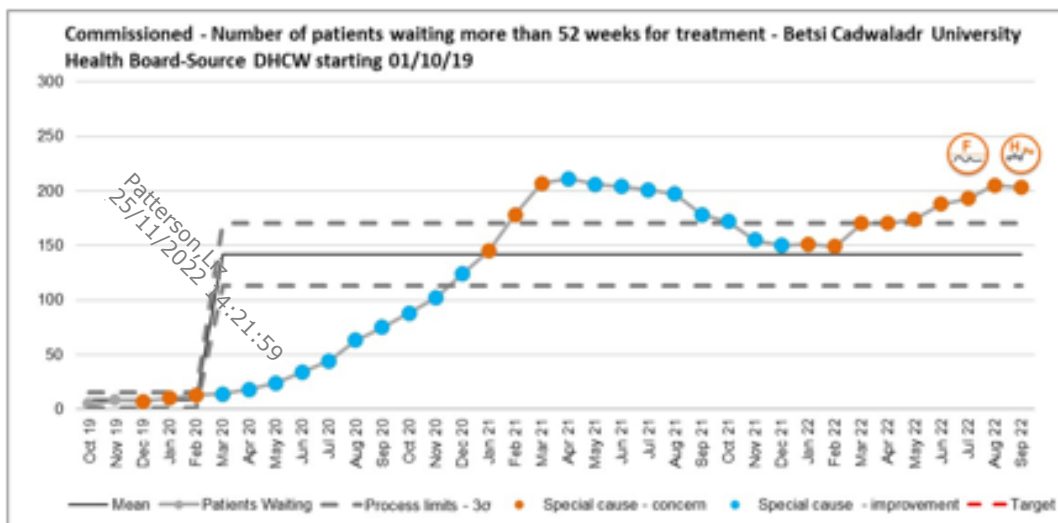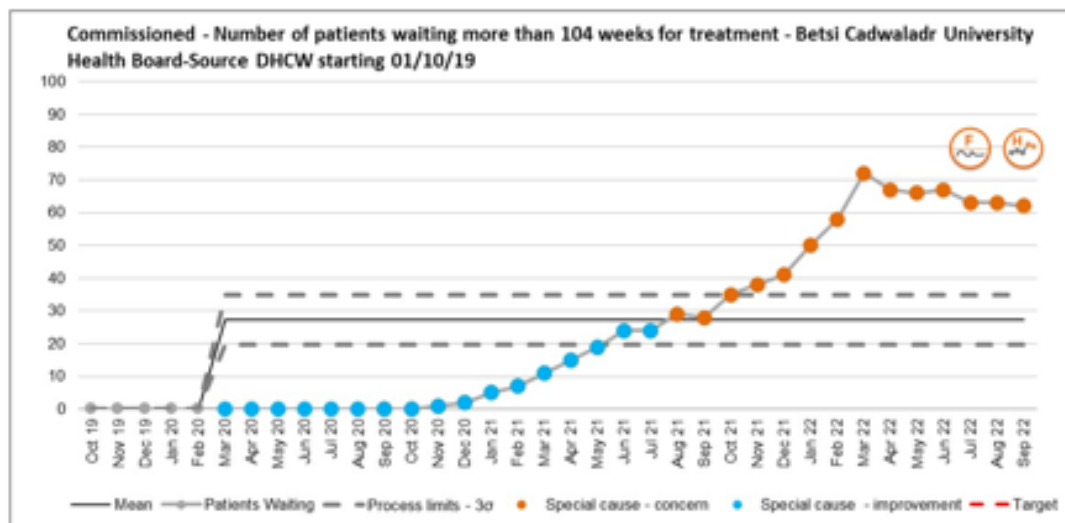### Number of RTT pathways over 104 weeks

**Cardiff and Vale University Health Board
Referral to Treatment – Powys Teaching health board as a Commissioner**

CVUHB	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	55%	48,665	6,325	17,251
Powys resident performance	53%	141	99	76

Percentage of RTT pathways <26 weeks
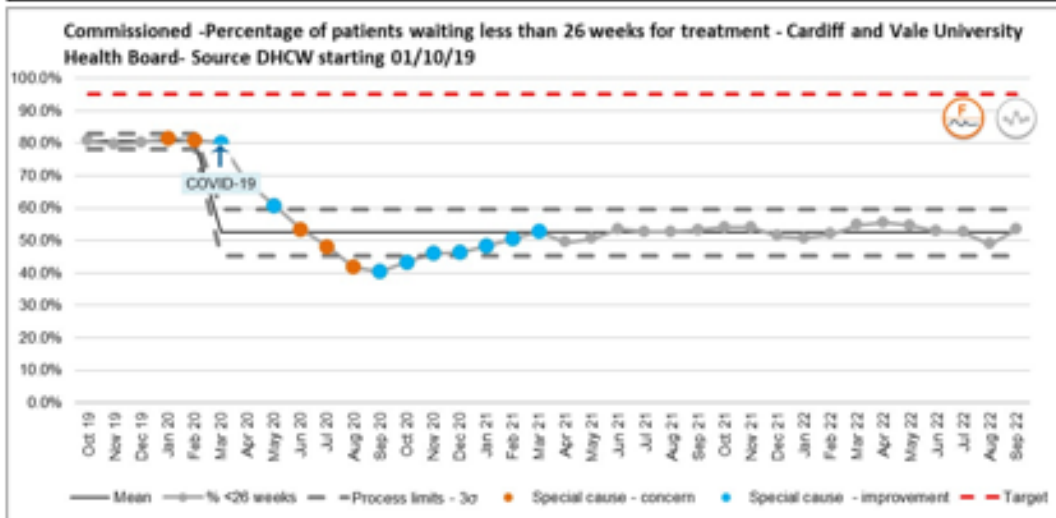
Commissioned -Percentage of patients waiting less than 26 weeks for treatment - Cardiff and Vale University Health Board- Source DHCW starting 01/10/19

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 - Cardiff and Vale University Health Board-Source DCHW starting 01/10/19

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 - Cardiff and Vale University Health Board-Source DHCW starting 01/10/19

Number of RTT pathways over 104 weeks

Commissioned - Number of patients waiting more than 104 weeks for treatment - Cardiff and Vale University Health Board-Source DHCW starting 01/10/19

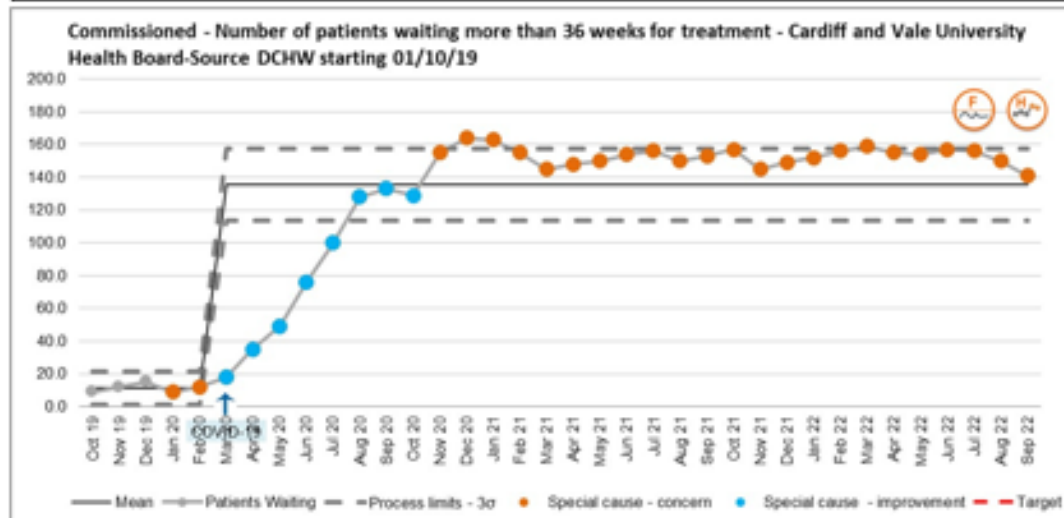**Cwm Taf Morgannwg University Health Board
Referral to Treatment – Powys Teaching health board as a Commissioner**

CTMHB	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	45%	47,303	13,886	16,107
Powys resident performance	46%	248	77	56

Percentage of RTT pathways <26 weeks

Commissioned - Percentage of patients waiting less than 26 weeks for treatment - Cwm Taf Morgannwg University Health Board- Source DHCW starting 01/10/19
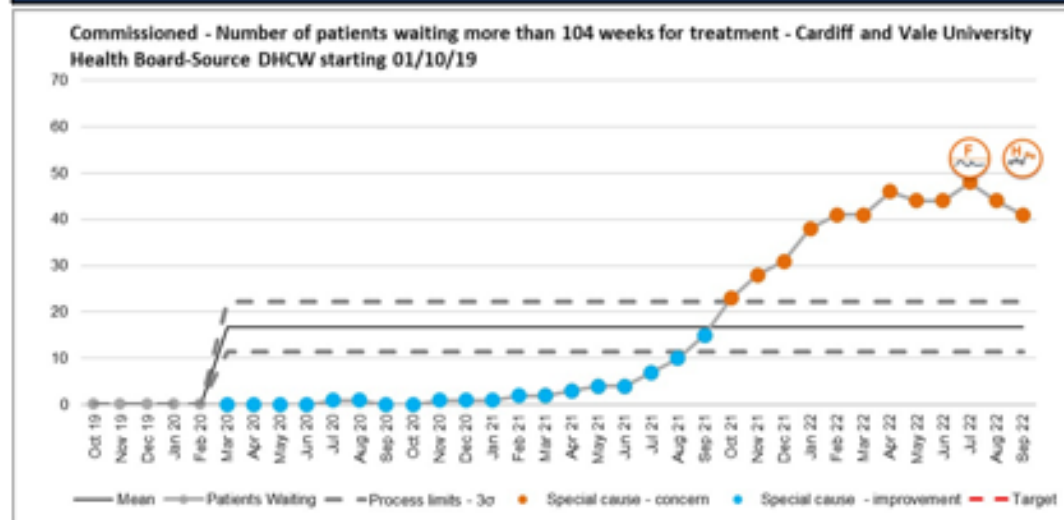
Number of RTT pathways 36+ weeks
(inclusive of those patients waiting in the over 52 & over 104 week band)

Commissioned - Number of patients waiting more than 36 weeks for treatment - Cwm Taf Morgannwg University Health Board-Source DHCW starting 01/10/19

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 - Cwm Taf Morgannwg University Health Board-Source DHCW starting 01/10/19

Number of RTT pathways over 104 weeks

Commissioned - Number of patients waiting more than 104 weeks for treatment - Cwm Taf Morgannwg University Health Board-Source DHCW starting 01/10/19

**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)	56%	25,414	6,453	7,622
Powys resident performance	54.4%	529	112	156

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 01/10/19

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 01/10/19

Number of RTT pathways over 52 weeks
(inclusive of those patients waiting in the over 104 week band)
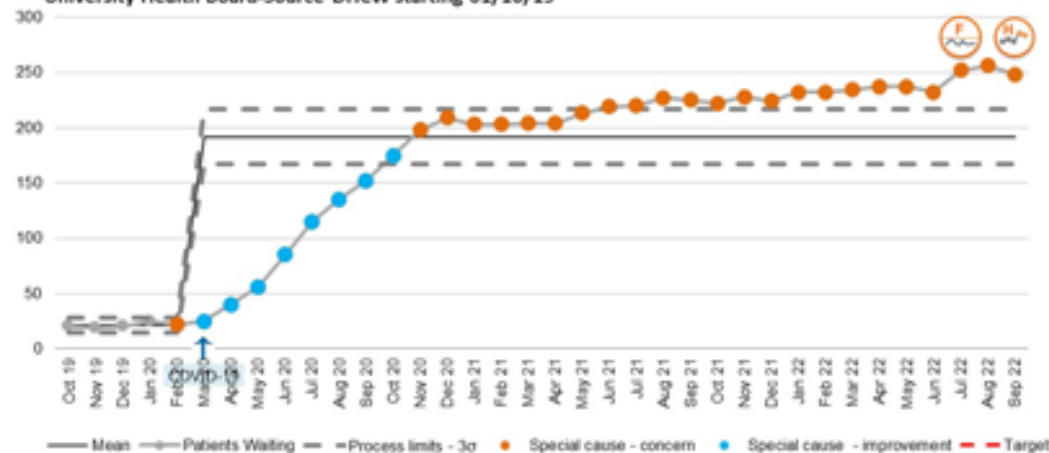

Commissioned - Number of patients waiting more than 52 weeks for treatment - Hywel Dda University Health Board-Source DHCW starting 01/10/19

Number of RTT pathways over 104 weeks

Commissioned - Number of patients waiting more than 104 weeks for treatment - Hywel Dda University Health Board-Source DHCW starting 01/10/19

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)	50%	40,899	7,570	7,490
Powys resident performance	48.1%	838	262	271

Percentage of RTT pathways <26 weeks
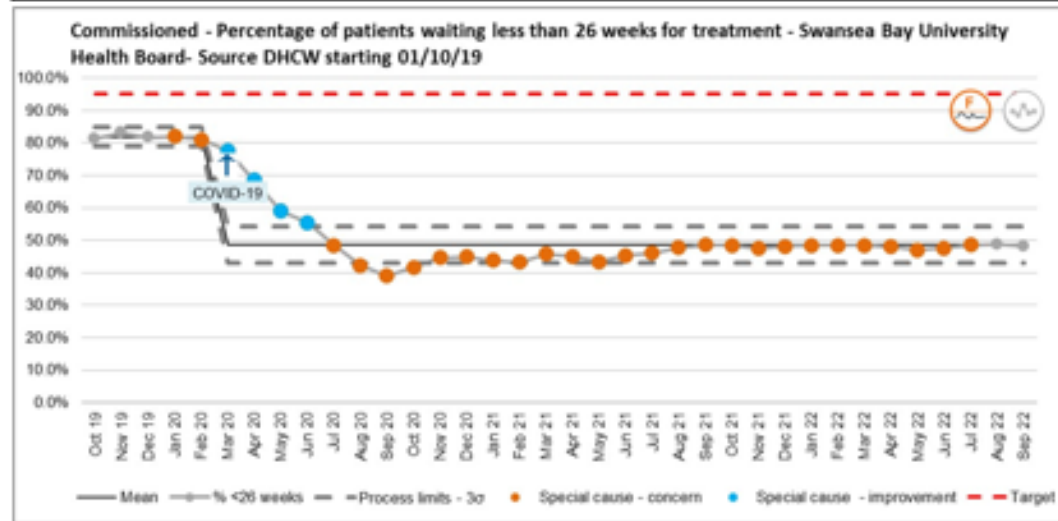
Commissioned - Percentage of patients waiting less than 26 weeks for treatment - Swansea Bay University Health Board- Source DHCW starting 01/10/19

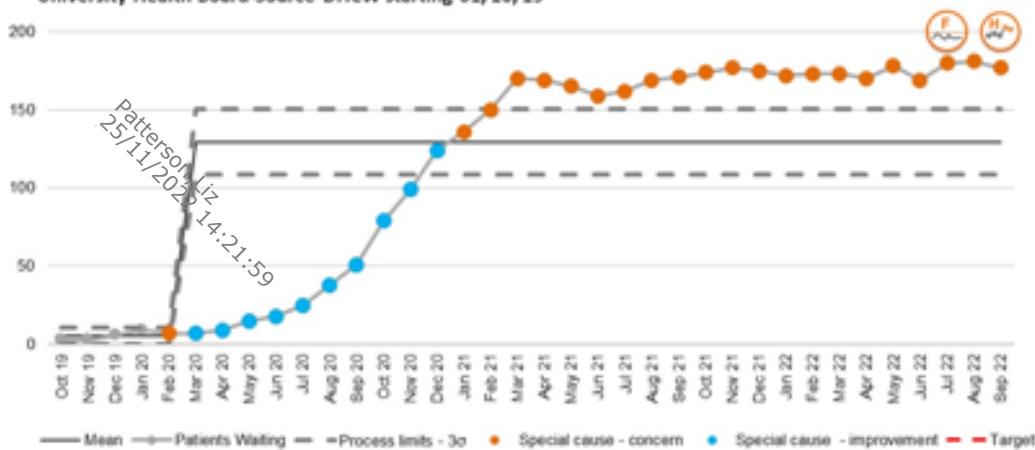## Number of RTT pathways 36+ weeks
(inclusive of those patients waiting in the over 52 & over 104 week band)

Commissioned - Number of patients waiting more than 36 weeks for treatment - Swansea Bay University Health Board-Source DHCW starting 01/10/19
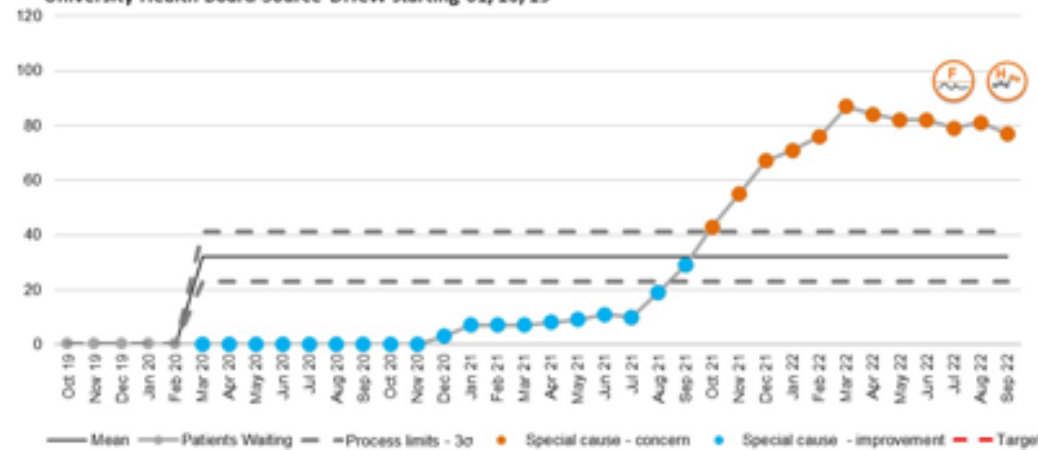

Number of RTT pathways over 52 weeks
(inclusive of those patients waiting in the over 104 week band)

Commissioned - Number of patients waiting more than 52 weeks for treatment - Swansea Bay University Health Board-Source DHCW starting 01/10/19

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 01/10/19
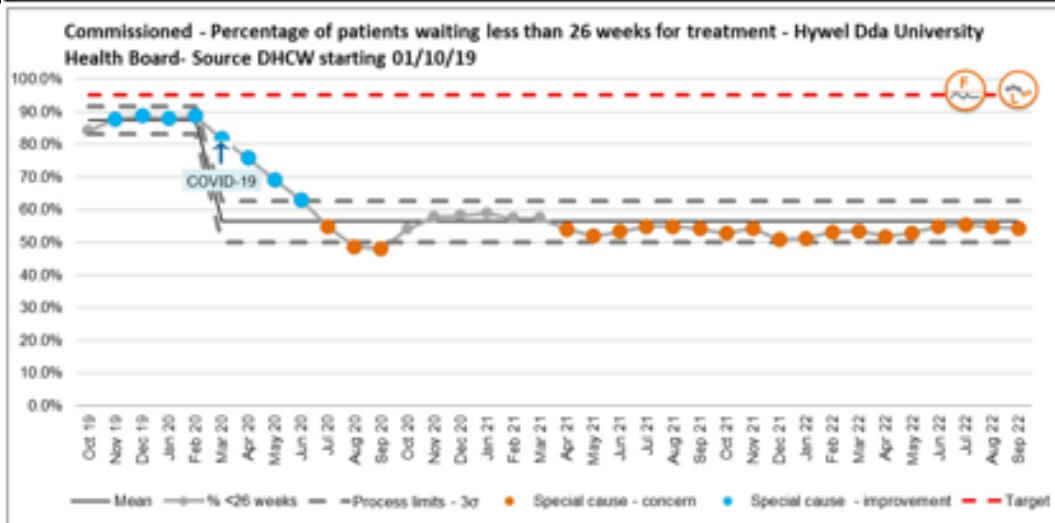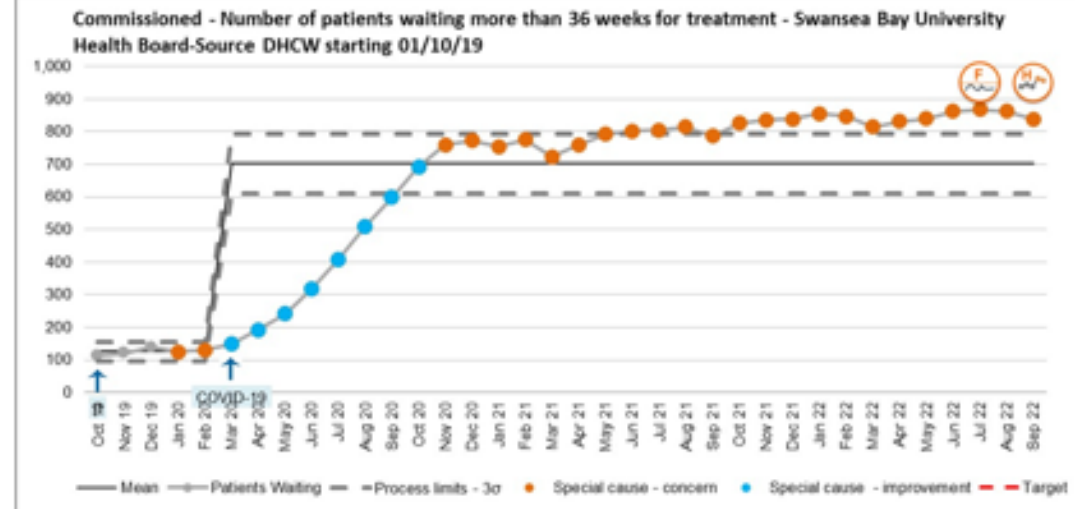
Appendix 1

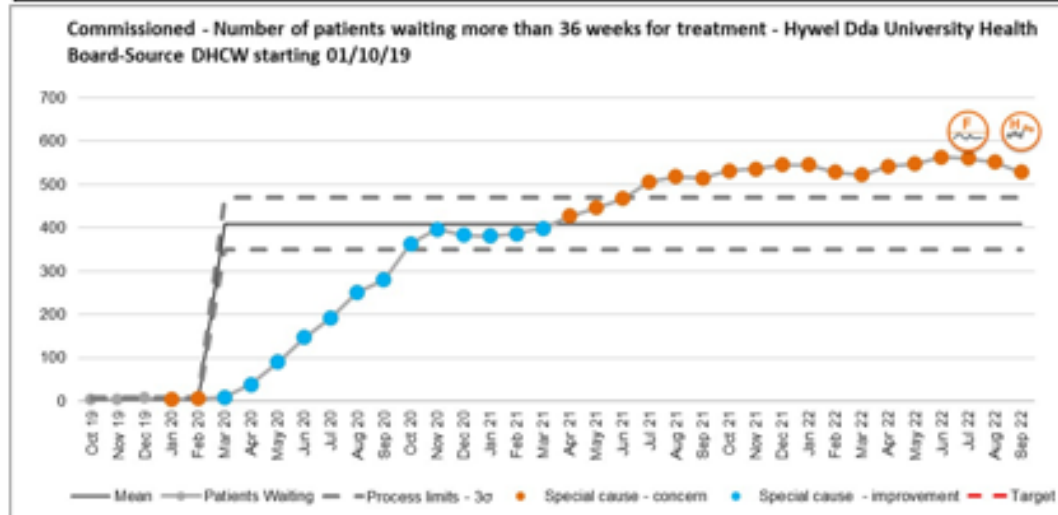## The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

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 01/09/19
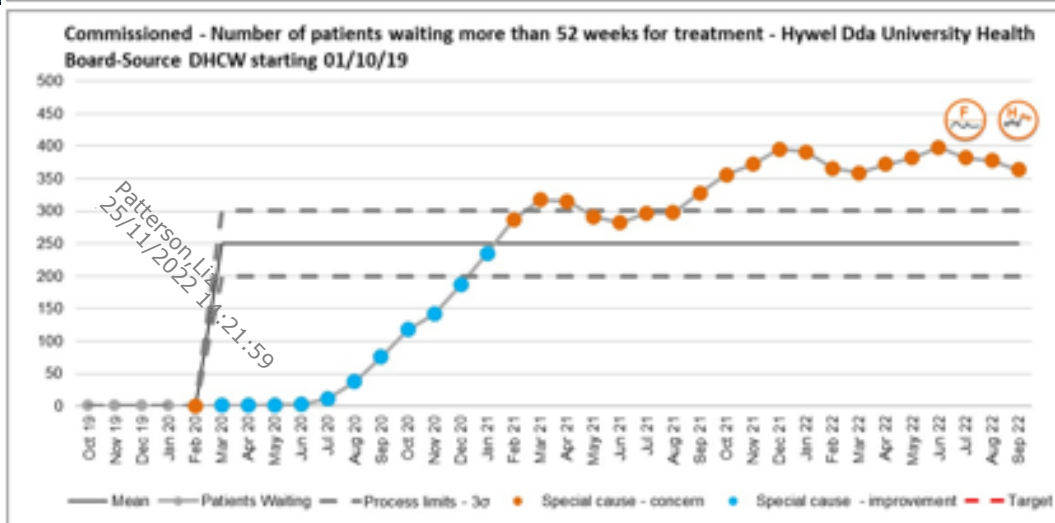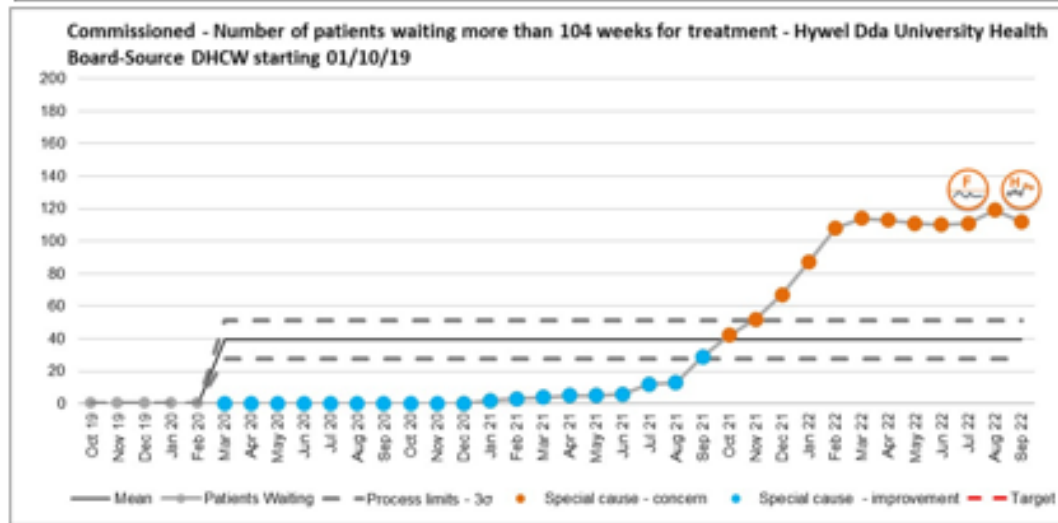
Number of RTT pathways 36+ weeks
(inclusive of those patients waiting in the over 52 & over 104 week band)

Commissioned - Number of patients waiting more than 36 weeks for treatment - Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust-Source DHCW starting 01/09/19

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 01/09/19

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 01/09/19

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 01/09/19

COVID-19

Proxy Value 68.4%. Reported Value 86.7%

— Mean —% <26 weeks — =Process limits - 3σ ● Special cause - concern ● Special cause - improvement ▬▬ Target

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 01/09/19

COVID-19

Proxy Value 653. Reported value 62

— Mean —Patients Waiting — =Process limits - 3σ ● Special cause - concern ● Special cause - improvement ▬▬ Target

Number of RTT pathways over 52 weeks
(inclusive of those patients waiting in the over 104 week band)
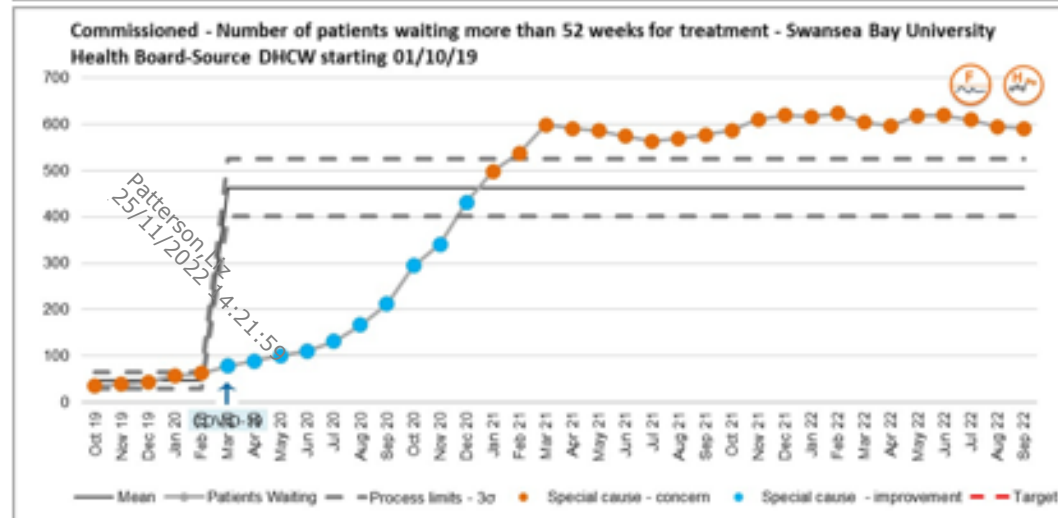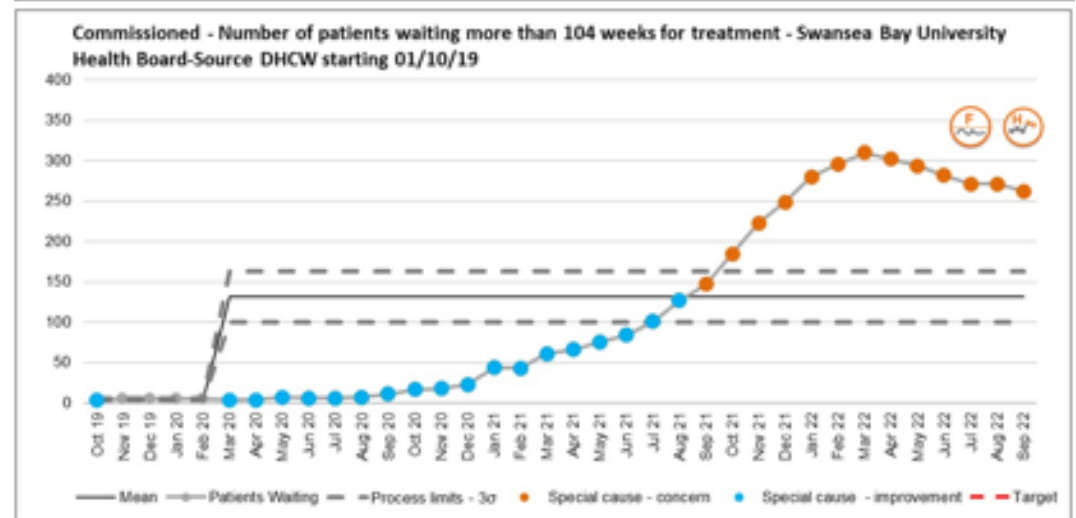
Commissioned - Number of patients waiting more than 52 weeks for treatment - Shrewsbury and Telford Hospital NHS Trust-Source DHCW starting 01/09/19

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Proxy Value 262. Reported value 20

— Mean —Patients Waiting — =Process limits - 3σ ● Special cause - concern ● Special cause - improvement ▬▬ Target

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 01/09/19

COVID-19

— Mean —Patients Waiting — =Process limits - 3σ ● Special cause - concern ● Special cause - improvement ▬▬ Target

Wye Valley NHS Trust

Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks

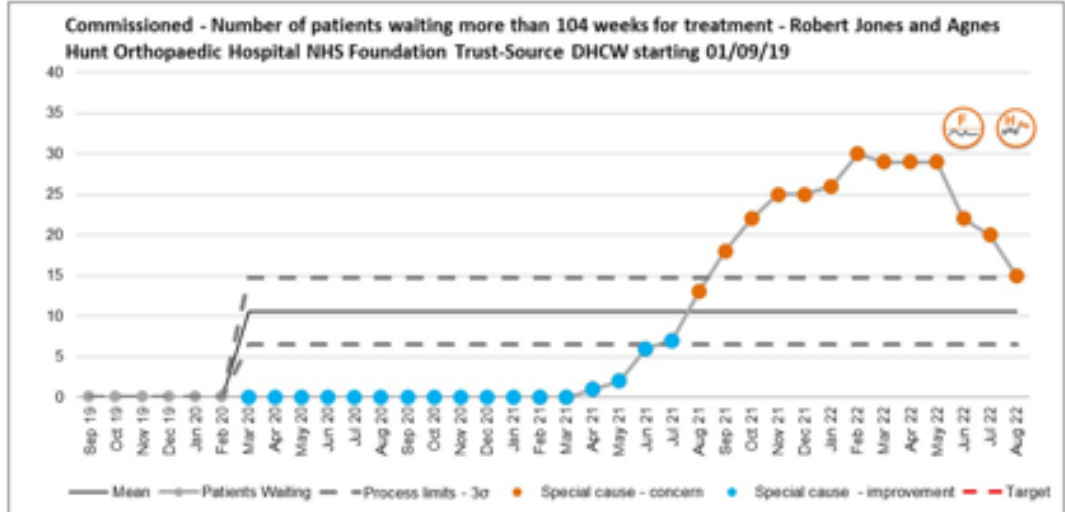Commissioned - Percentage of patients waiting less than 26 weeks for treatment - Wye Valley NHS Trust-Source DHCW starting 01/09/19

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 01/09/19

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 01/09/19

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25/11/2022 14:21:59

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 01/09/19

Other English Providers (all low volume providers including specialist pathways)

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 01/09/19
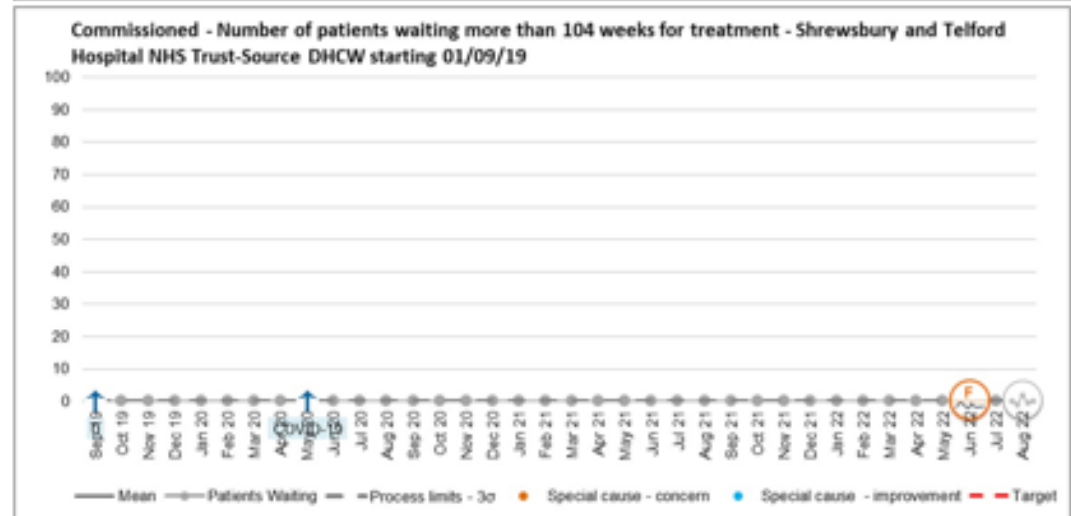
Number of RTT pathways 36+ weeks
(inclusive of those patients waiting in the over 52 & over 104 week band)

Commissioned - Number of patients waiting more than 36 weeks for treatment - Other English Providers - Source DHCW starting 01/09/19

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 01/09/19

Number of RTT pathways over 104 weeks

Commissioned - Number of patients waiting more than 104 weeks for treatment - Other English Providers - Source DHCW starting 01/09/19
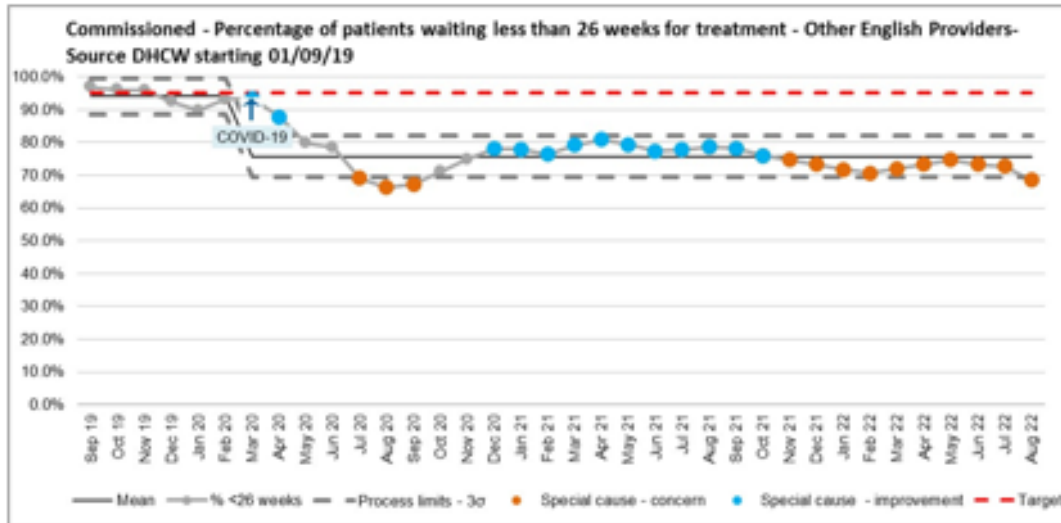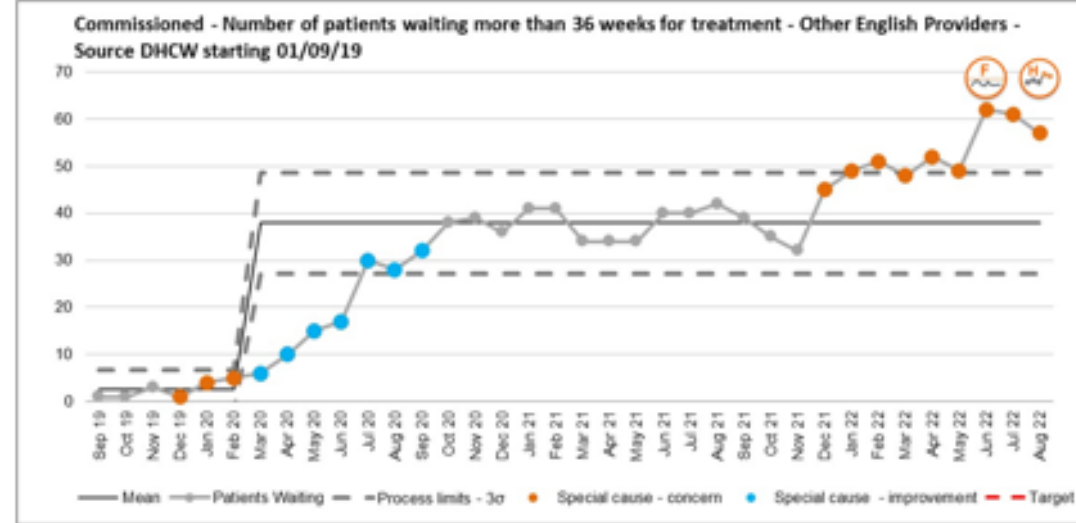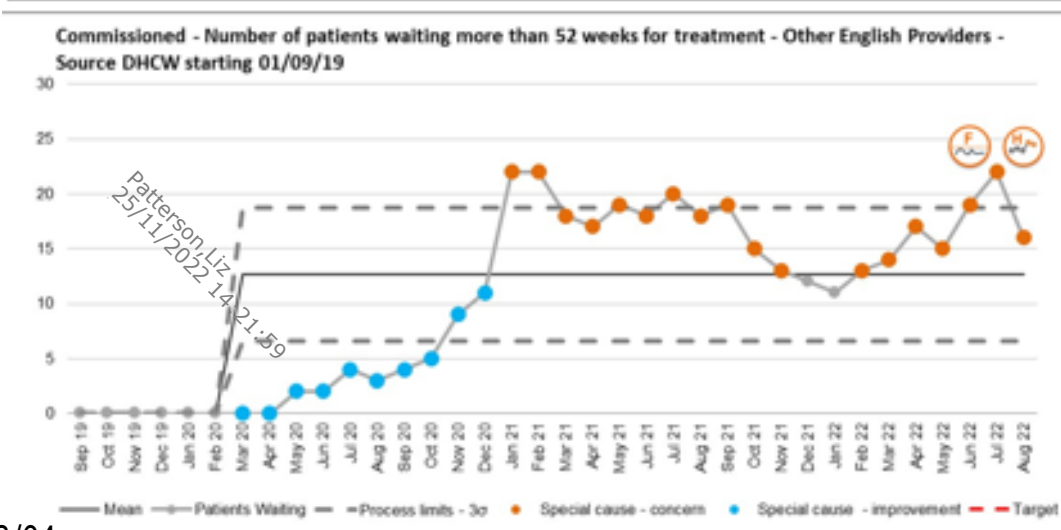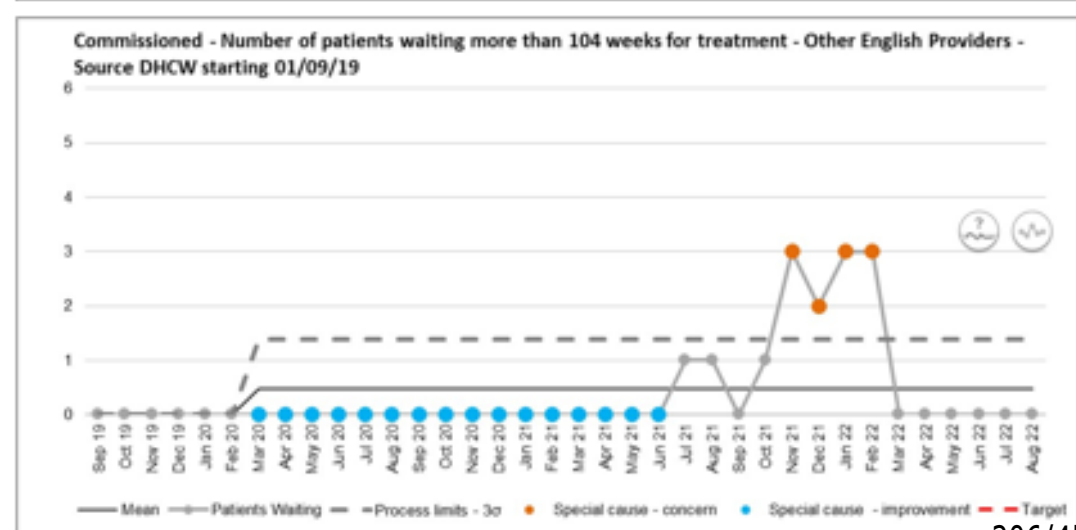
All Wales screening performance metrics September 2022 – Powys responsible population are treated within the reported cohort below

All Wales - LTA monitoring report: September 2022

Ref	Indicator	Standard	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
LTA/BSW/001	Histology reported by laboratory within 7 days of Date of procedure	None	58.2%	58.1%	53.3%	60.1%	54.7%	49.5%	35.3%	44.6%	50.0%	53.0%	48.8%	
LTA/BSW/002	Waiting Time for Index Colonoscopy/Flexi-Sig Procedure Within 4 weeks of Booking SSP Appointment - Looking back	>=90%	3.8%	2.5%	3.3%	4.6%	4.0%	6.6%	14.6%	6.3%	7.4%	13.3%	8.8%	
LTA/BSW/003	Number of colonoscopies - index	None	273	371	246	301	308	382	326	255	262	357	251	287
LTA/BTW/001	Waiting times for diagnostic surgery, waiting 14 days or less	>=95%	0.0%	10.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
LTA/BTW/002	Waiting times for therapeutic surgery, waiting 31 days or less	>=95%	59.6%	74.6%	69.2%	46.0%	69.8%	50.7%	56.5%	59.6%	83.0%	71.1%	60.3%	
LTA/CSW/001	Laboratory Turnaround Time for Colposcopy Histology Results (2 weeks)	>=80%	84.7%	85.2%	81.0%	77.6%	75.2%	74.3%	58.0%	62.9%	55.7%	66.7%	70.1%	58.8%
LTA/CSW/002	Laboratory Turnaround Time for Colposcopy Histology Results (3 weeks)	100%	96.7%	95.0%	95.1%	91.0%	89.5%	87.1%	77.5%	77.3%	72.5%	82.5%	82.7%	77.5%
LTA/CSW/003A	Laboratory Turnaround Time for Gynae Cytology Test Results (3 weeks)	>=95%	88.0%	88.6%	89.6%	91.1%	95.9%	54.9%	82.7%	75.8%	73.7%	90.4%	87.7%	73.9%
LTA/CSW/003	Waiting times for colposcopy - all referrals (8 weeks)	>=90%	81.9%	86.8%	86.3%	83.4%	82.5%	83.7%	79.9%	79.3%	83.8%	89.9%	91.3%	90.0%
LTA/CSW/004	Waiting times for colposcopy - moderate dyskaryosis or worse (4 weeks)	>=90%	87.9%	83.6%	83.0%	80.5%	70.3%	85.2%	90.4%	88.2%	89.7%	88.9%	91.5%	90.4%
LTA/CSW/005	Waiting times for colposcopy - urgent suspected cancers (2 weeks)	100%	76.9%	80.0%	20.0%	50.0%	88.9%	80.0%	85.7%	100.0%	100.0%	100.0%	83.3%	100.0%
LTA/CSW/006	Number of new colposcopies (new referrals/women attending)	None	730	897	826	794	809	834	672	908	811	672	816	762
LTA/NBH/006A	Well babies: Those babies offered assessment procedure within 4 weeks of the second screening episode	>=90%	96.6%	100.0%	100.0%	97.1%	90.5%	90.3%	93.1%	95.2%	100.0%	91.3%	90.0%	92.0%
LTA/NBH/006B	High risk babies: Those babies offered assessment procedure within 8 weeks of AABR	>=90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	86.7%	82.4%	90.0%
LTA/NBH/007	Those babies who complete assessment procedure within three months	>=85%	93.0%	75.0%	89.7%	93.8%	100.0%	95.7%	95.0%	96.9%	80.0%	73.7%	79.5%	
LTA/NBH/008	Number referred for assessment	None	37	26	37	26	25	32	28	26	37	29	31	
LTA/NBSW/003J	Timely Collection of Sample (Day 4-6 of Life)	>=95%	95.4%	94.6%	95.9%	95.7%	95.3%	95.8%	94.5%	95.0%	95.9%	93.2%	96.1%	95.9%
LTA/NBSW/003B	Timely Collection of Avoidable Repeat Samples, within 3 calendar days of request	>=95%	63.5%	76.1%	79.7%	68.6%	80.8%	71.7%	69.8%	57.6%	78.6%	61.8%	86.8%	75.0%
LTA/NBSW/004A	Avoidable Repeat Rate	<=2%	1.9%	2.5%	2.7%	2.0%	2.1%	2.1%	2.0%	2.5%	1.8%	1.4%	1.7%	2.2%
LTA/AAA/001	Non-visualised screening scan and annual surveillance scan routine general USS waiting list, 8 weeks	None	75.0%	33.3%	33.3%	0.0%	50.0%	60.0%	0.0%	42.9%	100.0%	20.0%	40.0%	0.0%
LTA/AAA/002	Non-visualised quarterly surveillance scan – urgent, 2-4 weeks	None												
LTA/AAA/005A	Seen by MDT, 7-14 days	>=90%	100.0%	100.0%	85.7%	87.5%	0.0%	100.0%	100.0%	80.0%	100.0%	100.0%	100.0%	75.0%
LTA/AAA/006	Intervention, 4-8 weeks	>=60%	12.5%	25.0%	33.3%	66.7%	0.0%	33.3%	40.0%	0.0%	20.0%	0.0%	0.0%	0.0%

Note - unknown Health Board not presented, but figures appears in All Wales total

PTHB Board meeting	Date of Meeting: 30th November 2022
Subject:	**Progress Against the Integrated Medium Term Plan 2022 – 2025, for the Quarter 2 Period July to September 2022**
Approved and Presented by:	**Interim Director of Planning and Performance**
Prepared by:	**Assistant Director of Planning and Performance**
Other Committees and meetings considered at:	**Executive Committee, Delivery and Performance Committee**

PURPOSE:

This report provides the Board with an update of the progress made against the Integrated Medium Term Plan (IMTP) for the Quarter 2 period (July 2022 to September 2022) and reflects the outcome of a Mid-Year review, with a number of <u>recommended changes</u> to timing and scope of deliverables within the Integrated Medium Term Plan.

This report is provided for formal consideration and approval of the proposed changes to the IMTP Delivery Plan. These will be transacted into a revised version effective from the Quarter 3 reporting period onwards.

It will also be submitted to Welsh Government as a formal report of Progress against Plan for the Quarter 2 Period, noting the changes being made to the deliverables in the IMTP from the Quarter 3 Period.

RECOMMENDATION(S):

The Board are asked to provide the final consideration of the report and approval of the changes to the IMTP Delivery Plan.

Approval/Ratification/Decision[1]	Discussion	Information
X		

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

1

EXECUTIVE SUMMARY:

This report provides the Board with an update of the progress made against the Integrated Medium Term Plan (IMTP) for the Quarter 2 period (July 2022 to September 2022).

The Quarter 2 report reflects the outcome of a Mid Year review carried out by each Executive Director, which included a new change request component to enable adjustments to be made in the light of changes in the external and internal context and other developments such as the financial recovery planning process. These change requests have been subject to a collective moderation process via Executive Committee and consideration by Delivery and Performance Committee.

This report is provided for formal consideration by the Board. Following approval by PTHB Board, the proposed changes to the IMTP Delivery Plan will be transacted into a revised version effective from the Quarter 3 reporting period onwards.

It will then be submitted to Welsh Government as a formal report of Progress against Plan for the Quarter 2 Period, noting the changes being made to the deliverables in the IMTP from the Quarter 3 Period.

DETAILED BACKGROUND AND ASSESSMENT:

This report provides the Board with an update of the progress made against the Integrated Medium Term Plan (IMTP) for the Quarter 2 period (July 2022 to September 2022).

Mid Year review of the Integrated Medium Term Plan (IMTP)

This report reflects the outcome of a Mid Year review carried out by each Executive Director. Each of the 25 Strategic Priorities set out in the IMTP has been reviewed and a commentary provided on key achievements and challenges. An additional explanation including mitigating action is also included where any items are RAG rated as red.

This process has enabled the identification of any variances against plan and has informed a number of change requests. These are proposed to enable adjustments to be made in the light of changes in the external and internal context and other developments such as the financial recovery planning process.

Changes to IMTP Deliverables

This report therefore includes a number of recommended changes to the timing and scope of deliverables within the Integrated Medium Term Plan (set out in the table at the end of this report).

Pending approval by PTHB Board, these will be transacted into a revised version of the IMTP Delivery Plan, effective from Quarter 3 onwards.

All changes being recommended have been considered at Executive Committee on 19 October 2022. This included collective moderation of the RAG ratings and supporting commentaries (also set out in the table at the end of this report).

These changes were also considered at Delivery and Performance Committee on 11th November 2022; no further amendments were made.

It is recognised that there are a significant number of changes being recommended to the deliverables within the IMTP for this year, reflecting the challenging environment and system pressures which have been considered in other fora in recent months including two Board Development sessions themed on strategic planning.

Reflection and Learning

Executive Leads have provided reflections and learning arising from the mid-year review of progress against plan, which are included in the attached report and have also been reflected at recent Directorate Performance Reviews. This is also providing useful intelligence to inform the development of the Integrated Plan 2023 – 2026.

Improvements to the reporting process

A commitment was made at the Board meeting on 27th July 2022 to make improvements to the process and content of this monitoring report, following feedback from Board members. Improvements have been made to

the process and supporting guidance to produce a more consistent and meaningful overview across a complex and multi-dimensional plan.

The improvements also include the change request component to enable any adjustments to be made in the light of the more agile and fluid environment in which the organisation is working. It also provides a greater functionality in linking with other processes in the organisation such as the financial recovery planning.

Another improvement is a clearer process for Executive Lead sign off, to ensure that the report reflects the reviews being carried out within Directorates of their respective plans.

Similarly, the process also includes the consideration by Committee prior to submission to PTHB Board, ensuring that it is in final form with recommendations fully considered and ready for approval stage.

Recommendation

This report is provided for approval by PTHB Board.

It will then be submitted to Welsh Government as a formal report of Progress against Plan for the Quarter 2 Period, noting the changes being made to the deliverables within the IMTP for the Quarter 3 Period.

NEXT STEPS:

The Board are asked to consider the report and approve the proposed changes to the IMTP Delivery Plan.

Following approval by PTHB Board, the proposed changes will be transacted into a revised version of the IMTP Delivery Plan, effective from Quarter 3 onwards.

It will also be submitted to Welsh Government as a formal report of Progress against Plan for the Quarter 2 Period and the changes being made to the deliverables within the IMTP from the Quarter 3 Period.

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	1. Staying Healthy	✓

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Care Standards:	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

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

IMPACT ASSESSMENT					
Equality Act 2010, Protected Characteristics:					
	No impact	Adverse	Differential	Positive	**Statement** *Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken*
Age	x				This is a progress report and therefore does not include any decisions which would have direct adverse, differential or positive impacts (although the intelligence that it provides with respect to the delivery against the IMTP and the mitigations required / amendments to the timing and scope of these do provide some wider considerations which are being used to inform discussions on integrating planning and transformation / delivery).
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	*Please provide supporting narrative for any risks identified that may occur if a decision is taken*
Clinical					The detailed supporting report includes a range of issues and delivery risks provided by the lead Executives as part of their mid year review of delivery against the IMTP (as these are multiple and different /subject specific it is not sensible to collate these into one score on the grid opposite)
Financial					
Corporate					
Operational					
Reputational					

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Summary of Change Requests considered at Executive Committee 19 October 2022

No.	Key Action	Milestone	Change Request Type	Description of change	Lead Executive
3.1.04	Implement the COVID-19 Prevention and Response transition plan	Continue transition of TTP arrangements to 'business as usual' model	Timescale	Request for timescale extension to Q4 as details awaited from Welsh Government	DPH
5.1.02	Delivery of the Diagnostics, Ambulatory and Planned Care Renewal Programme	Secure access to medical speciality advice	Timescale	Request to amend to Q1 – Q4; difficulty releasing Orthopaedic expertise from neighbouring Health Boards and NHS Trusts	DoPP; DPCCMH
5.2.01	Mobilisation of Planned Care improvements	Agree phased implementation for the Diagnostic Strategic Plan	Timescale	Request to amend timescales to Q1-Q3; as the Diagnostic Strategic Intent will not be agreed until Q3.	DoPP
5.3.01	Implement sustainable medical and wider clinical and non-clinical workforce model	Develop phased, creative workforce model, develop ability of workforce to meet Welsh Language Act	Wording	Request to remove wording "To meet Welsh Language Act" as this is a general requirement for all health board work	DoPP
5.3.02		Implementation of Eye Care Plan	Timescale	Request to amend timescales to Q1-Q4 as opposed to Q1 to reflect ongoing implementation	DoPP
5.3.07		Implementation including Ambulatory Care Centres	Scope (removal of action)	Request to remove action due to lack of clarity; some implementation through the Urgent, Emergency Frailty and Community Model Programme where funding is available.	DPCCMH
6.3	Deliver the Children and Young People Renewal Programme	Implement Healthy Growth and Development Plan including Universal Screening In line with comprehensive Vaccination Programme work develop a robust plan for implementing Childhood Immunisations Develop / implement plan for Children's Complex Care	Scope (removal of actions)	Request to remove 6.3.02, 6.3.03 and 6.3.05 as these have become business as usual following review by CYP Renewal Programme *NB. Executive Committee made further recommendations on 6.3 during their moderation process, see following table*	DPCCMH
8.1.01	Deliver Circulatory Programme	Gap analysis and Phased Plan	Timescale	Request to amend timescale to Q1-Q3	DPH
8.2.01		Cardiac workforce development		Request to extend to Q1-Q4; pilot to end of March 2023	DPH
8.5.01		Equitable access to cardiac rehabilitation for all pathways		Request to extend timescale to Q2 – Q4; work initiated in Q2 will now be implemented through to Q4	DPH

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9.1.01	Deliver the Breathe Well Programme	Develop & implement plan to meet Respiratory Quality Standard	Minor Wording	Request to adjust the wording (should be Statement not Standard) – minor amend so this is already transacted and included just for info	DoTH
11.1.01	Develop and deliver a Frailty and Community model	Complete work on overarching model following Gap Analysis	Scope and Timescale	Request to amend from detailed model by Q4 to high level model approved by Programme Board in Q1-2.	MD; DPCCMH
11.1.03		Culture and change – joint work with Improvement Cymru	*Scope*	~~Request to remove reference to joint work with Improvement Cymru~~ *– this was not approved by Executive Committee, alternative change proposed see table below*	MD; DPCCMH
11.2	Develop a place-based care approach in East Radnorshire	Various	Process	Request to include the East Radnorshire work which is being reported via Programme arrangements – request to include within Programme reporting in subsequent quarters. *NB. Executive Committee made further recommendations on this item during their moderation, see following table*	MD; DPCCMH
12.1.03	Work with WHSSC Committee to implement ICP	Use MAIR data to identify opportunities for VBHC pathway improvement	Timescale	Request to amend to Q2-Q4 as this work is ongoing	DoPP
13.1.01	Review and develop sustainable workforce model	Support services to review and develop sustainable workforce model	Timescale	Request to extend to Q4 to reflect new workforce planning approach	DWOD
13.2.01	Implement All Wales Workforce Planning Toolkit	Begin implementation of the Toolkit, focusing on the Renewal Priorities	Timescale	Request to extend to Q4 as above	DWOD
15.1.01	Redesign the Occupational Health Service	Review and redesign the Occupational Health Service	Timescale	Request to extend to Q4 due to delays in delivery relating to failure to recruit to key clinical roles	DWOD
15.2.01	Implement mechanisms to understand, support and track the wellbeing of the workforce	Launch Mental First Aid Training in Clinical areas; Co-lead Programme in Mental Health	Scope	Request to reconsider in Q3; very limited uptake and Co-Lead programme stalled due to delay in funding decision	DWOD
15.2.02		Refresh Wellbeing at Work Group	Timescale	Request to extend to Q4 due to capacity issues *NB. Executive Committee made further recommendations on this item during their moderation, see following table*	DWOD
15.2.04		Scope and progress wellbeing survey, subject to the timing of a national survey	Timescale	Request to extend to Q4 as National Staff Survey postponed until spring 2023; introduce a 'Team Climate' survey	DWOD

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16.1.01	Develop Grow Our Own Model working with HEIW	Explore opportunities to develop innovative approaches to role and service development working with HEIW with an emphasis on the 'grow our own' model	Timescale	Request to extend timescale to Q3 - Q4 due to on-going activity	DWOD
16.2.01	Implement Nursing, Therapies and Healthcare Science Framework	Support relaunch of Advanced Practitioner Framework and associated forum across Nursing, Therapies and Healthcare science aligned to the national workstream	Timescale	Requesting to move to Q4 due to work being undertaken nationally *NB. Executive Committee made further recommendations on this item during their moderation, see following table*	DWOD
17.1.01	Implement Health and Care Induction Framework	Pilot the joint Health and Care Induction Framework	Timescale	Request to extend to Q4 due to delay in appointments and redirection of current resources to Schools Project *NB. Executive Committee made further recommendations on this item during their moderation, see following table*	DWOD
17.2.02	Support and Develop Volunteers	Develop Volunteer skills matrix as part of the School of Volunteers and Carers	Timescale	Request to extend to Q4 due to requirement for second phase in the development of the skills matrix, subject to further funding *NB. Executive Committee made further recommendations on this item during their moderation, see following table*	DWOD
24.1.03	Delivery of the value-based healthcare programme Renewal Portfolio	Develop and implement consistent approach to PROMs and PREMs Linking with OD Framework, implement a range of engagement activity that helps embed Value Based Healthcare	Minor change (done)	Minor change – transacted (included for information) Two separate actions to be split out to give clarity on each 24.1.03 - Develop and implement consistent approach to PROMs and PREMs 24.1.04 - Linking with OD Framework, implement a range of engagement activity that helps embed Value Based Healthcare.	DoF MD
25.2.02	Delivery of Governance Work Programme	Review of Board Assurance Framework and Risk Management Arrangements	Timescale	Request to extend timescale to Q3; action contains two elements one is complete but review of the Board Assurance Framework is ongoing.	BS

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Additional amendments and commentary from the Moderation process at Executive Committee 19th October 2022

No.	Key Action	Milestone	Change Request Type	Description of change/ commentary	Lead Executive
2.1.03	Implement local actions in Healthy Weight: Healthy Wales 2020-222	Implement weight management pathway for adults, children young people and families	Rag rating	Executive Committee moderated RAG to Red, lead Executive rating of this item was Amber as progress made but not full completion by the original timeline of Q2, change request to split this action for Q3, to reflect the different stages of work on the adult pathway / children and families pathway	DPH
3.1.03	Implement the COVID-19 Prevention and Response transition plan	Implement Covid Stable model with contingencies for Covid Urgent	(Comment)	Discussion on item as rated red, deliverability of Covid Urgent model and Test Trace and Protect is dependent on Welsh Government directives and associated funding	DPH
4.2.04 and 4.2.10	Dental Services:	Implement new contract for additional dental access in Mid Powys following recruitment Increase use of mobile dental unit for residential and care home sector	Timescale	Both items rated Red, will not be delivered this year; timeline extension to next year and breakdown into quarters	DPCCMH
6.3.01	Deliver the Children and Young People Renewal Programme	Design and delivery of sustainable model of paediatrics including Allied Health Professional framework in paediatric, transition and Learning Disability therapies	(Comment)	Rated red, will not be delivered this year. Executive Committee suggested that a change request be considered	DPCCMH
6.3.06	Deliver the Children and Young People Renewal Programme	Develop and implement Healthy Weights pathway for children and young people, in line with organisational Strategic Plan	Duplicated action	Remove as duplicated milestone	DPH DON DPCCMH
7	Deliver Cancer Programme	Various	(Comment)	Executive Committee suggested that further change requests be considered and proposed by Q3	MD
7.1.01		Progress plan to improve access to FIT testing	Timescale	Extend to Q4	MD
7.1.02		Improve access for Powys residents to rapid diagnostic centres for vague symptoms	Timescale	Extend to Q4 due to solution needed for Mid Powys	MD

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7.1.03		Cytosponge implementation with BCUHB	Wording	Wording to be revised to say "Develop a plan for cytosponge implementation with BCUHB"	MD
7.1.04		Transnasal endoscopy	Wording	Wording to be revised to "Develop a plan for the development of transnasal endoscopy"	MD
7.1.05		Scope community diagnostics, including hospital CT, scope the potential for a Powys provided Rapid Diagnostic Centre	Wording	Wording to be revised to "Develop an approach for scoping community diagnostics"	MD
7.2.01		Work with the Wales Cancer Network on Optimal pathways and quality statement;	Timescale	Ongoing as postholder in place until 2023 so request amend to Q1-Q4	MD
7.3.01		Finalise suspected cancer pathway tracking & harm review approach	Timescale	Extend timescale to Q4	MD
9.3.01	Deliver plan for Children and Young People	Develop approach on advice, support and treatment provided to children and young people with respiratory conditions and families	Timescale	Extend timescale for delivery to Q3 - Q4	DoTH
10.1.01	Strategic Review of Mental Health	Undertake a Strategic Review of Mental Health services	Comment	Item rated Red, further discussion to be held between CEO and Lead Executive	DPCCMH
11.1.03	Develop and deliver a Frailty and Community model	Culture and change – joint work with Improvement Cymru	Comment	Original change request to remove wording 'joint work with Improvement Cymru'; Executive Committee requested that if work has paused, a further change request be considered	MD
11.1.09	Develop and deliver a Frailty and Community Model	Confirm cross-cutting approach for end of life within model	Comment	Noted that item 11.1.09 (End of life model) rated red, change request to be considered	
11.2.03	Develop a place-based care approach in East Radnorshire	Develop and assess key options for implementing a more joined-up, place-based, multiagency care model	Timescale	Extend timescale to Q4; Executive Committee requested that a tighter narrative be submitted regarding the options and that a change request be considered to reflect this	MD DPCCMH
12.1.02	Work with WHSSC	Appoint to specialised pathway lead	Comment	Executive Committee discussed as rated Red; more detailed update and change request to be provided for Q3	

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13.1.01	Review and develop sustainable workforce model	Support services to review and develop sustainable workforce model	RAG rating & Timescale	RAG changed to Red and timescale extended to Q4	DWOD
13.6.03	Enhance Student Streamlining offer	Work with HEIW and Shared Services to enhance Student Streamlining offer	Text inclusion	Additional narrative included by DWOD with regard to HEIW Student Streamlining approach being stood down	DWOD
15.2.01/ 02	Implement mechanisms to understand, support and track the wellbeing of the workforce	Review and redesign the Occupational Health Service /Refresh Wellbeing at Work Group	Comment	Original submission notes the redesign of the Occupational Health Service as complete however with a change request to extend to Q4 given workforce challenges Further request to extend milestone relating to Wellbeing at Work Group to Q4 due to capacity issues Executive Committee requested an alternative way forward	DWOD
16.2.01	Implement Nursing, Therapies and Healthcare Science Framework	Support relaunch of Advanced Practitioner Framework and associated forum across Nursing, Therapies and Healthcare science aligned to the national workstream	Comment	Original request to move to Q4 due to work being undertaken nationally – Executive Committee requested that a further change request is provided setting out dependencies	DWOD
17.1.01 17.2.02	Implement Health and Care Induction Framework Support and Develop Volunteers	Pilot the joint Health and Care Induction Framework Develop Volunteer skills matrix as part of the School of Volunteers and Carers	Comment	Original request to extend to Q4, DWOD to consider further, Executive Committee noted importance of the Induction Framework	DWOD
18 & 19	Digital	Various	Comment	Request for further detail to be included which has been provided for the version to be submitted to D&P Committee	DoF
22.2.01 22.2.02	Delivery of the Research and Development Programme	Deliver 'I&I Portal' database Explore the creation of a Research, Innovation and Improvement fund	Comment	Discussion as both items rated Red; MD to consider if change requests are required	MD
25.2.02	Governance Work Programme	Review of Board Assurance Framework and Risk Management Arrangements also in Q1 to support delivery of IMTP objectives	Comment / Split into two	Executive Committee proposed to split these into two separate actions	BS

Patterson, Liz
25/11/2022 14:21:59

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	Multiple	Multiple		Noted that several of the milestones in the plan were marked as Q1 to Q4 – Executive Committee agreed that more specific timescales for milestones will be set by each Executive lead for next year	All
Multiple			Various		

Integrated Medium Term Plan (IMTP) 2022 – 2025 Progress Report – Quarter 2 Period

July to September 2022

RAG Key

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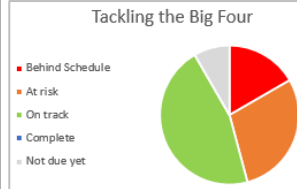Red - Behind schedule
Amber - At risk/issues present
Green - On track

1

Focus on Well being

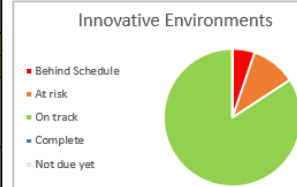| Strategic Objective	Strategic priority	Behind Schedule	At risk	On track	Complete	Not due yet
Focus on Well being	Overall	2	2	16	4	8
	Variance from Q1	+2	-3	+6	+2	-7
	Take Action to Reduce Health Inequalities and Improve Population Health	0	1	5	1	0
	Deliver Health Improvement Priorities	1	0	8	1	4
	Deliver Covid-19 Prevention and Response and Integrated, Comprehensive Vaccination	1	1	3	2	4
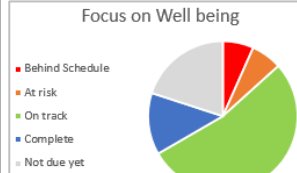
Focus on Well being (pie chart: Behind Schedule, At risk, On track, Complete, Not due yet)

Tackling the Big Four

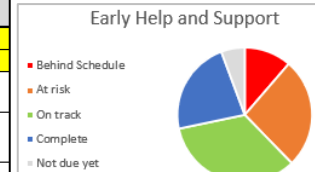| Strategic Objective	Strategic priority	Behind Schedule	At risk	On track	Complete	Not due yet
Tackling the Big Four	Overall	4	7	11	0	2
	Variance from Q1	+3	=	-5	=	+2
	Implement Improvements in Early Diagnosis, Treatment and Outcomes for People with or suspected of having Cancer	0	2	3	0	2
	Implement Improvements in Outcomes, Experience and Value in Circulatory Disease (Stroke, Heart Disease, Diabetes)	2	3	2	0	0
	Develop and Implement the next stage of the Breathe Well Programme	1	1	2	0	0
	Undertake Strategic Review of Mental Health, to improve outcomes from high quality, sustainable services, including specialist services	1	1	4	0	0

Tackling the Big Four (pie chart: Behind Schedule, At risk, On track, Complete, Not due yet)

Workforce Futures

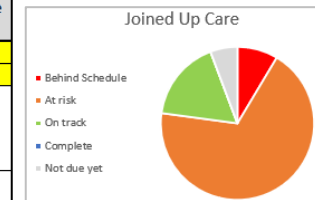| Strategic Objective	Strategic priority	Behind Schedule	At risk	On track	Complete	Not due yet
Workforce Futures	Overall	5	6	4	5	3
	Variance from Q1	+5	+5	-12	+5	-6
	Designing, develop and implement a comprehensive approach to workforce planning	1	4	1	1	1
	Redesign and implement leadership and team development	0	0	1	1	0
	Deliver improvements to staff wellbeing and engagement	1	1	1	2	1
	Enhance access to high quality education and training	1	1	0	0	1
	Enhance the health boards role in partnership and citizenship	2	0	1	1	0
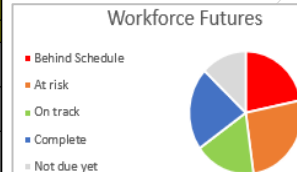
Workforce Futures (pie chart: Behind Schedule, At risk, On track, Complete, Not due yet)

Innovative Environments

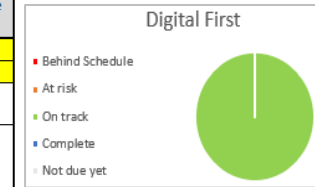| Strategic Objective	Strategic priority	Behind Schedule	At risk	On track	Complete	Not due yet
Innovative Environments	Overall	1	2	16	0	0
	Variance from Q1	+1	=	-1	=	=
	Implement ambitious commitments to carbon reduction, biodiversity enhancement and environmental wellbeing.	0	0	10	0	0
	Implement capital, estate and facilities improvements that directly enhance the provision of services to patients/public and the wellbeing/experience of staff	1	2	6	0	0

Innovative Environments (pie chart: Behind Schedule, At risk, On track, Complete, Not due yet)

Early Help and Support

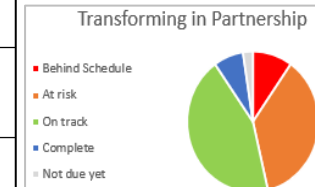| Strategic Objective	Strategic priority	Behind Schedule	At risk	On track	Complete	Not due yet
Early Help and Support	Overall	6	14	18	12	3
	Variance from Q1	+1	+4	-5	+6	-7
	Improve Access to High Quality Sustainable Primary Care	3	6	7	8	1
	Develop a Whole System Diagnostic, Ambulatory and Planned Care Model	0	5	5	1	1
	Improve Access to High Quality Prevention and Early Intervention Services for Children, Young People and their Families	3	3	6	3	1

Early Help and Support (pie chart: Behind Schedule, At risk, On track, Complete, Not due yet)

Joined Up Care

Strategic Objective	Strategic priority	Behind Schedule	At risk	On track	Complete	Not due yet
Joined Up Care	Overall	3	24	6	0	2
	Variance from Q1	+3	+13	-15	=	-1
	Design and Deliver a Frailty and Community Model including improved access to Urgent and Emergency Care	2	20	5	0	1
	Support improved access to and outcomes from Specialised Services	1	4	1	0	1

Joined Up Care (pie chart: Behind Schedule, At risk, On track, Complete, Not due yet)

Digital First

Strategic Objective	Strategic priority	Behind Schedule	At risk	On track	Complete	Not due yet
Digital First	Overall	0	0	9	0	0
	Variance from Q1	=	=	=	=	=
	Implement Clinical Digital Systems that directly enable improved care	0	0	4	0	0
	Implement key improvements to digital infrastructure and intelligence Undertaking a Digital Service Review for the medium/longer term, aligning to the Renewal Programmes and improving deployment of systems	0	0	5	0	0

Digital First (pie chart: Behind Schedule, At risk, On track, Complete, Not due yet)

Transforming in Partnership

Strategic Objective	Strategic priority	Behind Schedule	At risk	On track	Complete	Not due yet
Transforming in Partnership	Overall	4	15	18	3	1
	Variance from Q1	+1	=	-1	+1	-1
	Improve quality (safety, effectiveness and experience) across the whole system; building organisational effectiveness	2	2	9	0	1
	Enhance integrated/partnership system working, both in Wales and England, improving regional approaches to the planning and delivery of key services	0	3	3	0	0
	Implement value-based healthcare, to deliver improved outcomes and experience, including the effective deployment and management of resources	2	4	4	0	0
	Implement key governance and organisational improvement priorities including embedding risk management, effective policies, procedures and guidance; audit and effectiveness; Board effectiveness	0	6	2	3	0

Transforming in Partnership (pie chart: Behind Schedule, At risk, On track, Complete, Not due yet)

Focus on Wellbeing

Strategic Priority 1 - Take Action to Reduce Health Inequalities and Improve Population Health
Executive Lead – DPH & DoTH

Quarter 2 Progress:

Health Inequalities and Population Health

- Advice and leadership provided to support the development and completion of the Wellbeing and Population Assessments, both of which have now been finalised, approved by Board and published.
- Work to transfer the local public health team and function from PHW to PTHB completed on 30 September 2022.
- Work to understand the local impact of COVID on population health and health inequalities is ongoing and will be informed by data, research and evidence as this becomes available. Horizon scanning is in place via the Prevention and Response (P&R) group.
- Public health leadership and advice continues to be provided to the PSB Board and as appropriate to PSB workshops (although note that recent PSB workshops have been stood down).
- The public health team has continued to provide a considerable level of input into health protection matters to date in 2022/23 including continued leadership and advice for the prevention and management of Covid 19 outbreaks/incidents including leadership of the P&R Group, RRC Strategic Group and IMT meetings (in particular but not exclusively Care Home IMTs). Significant specialist public health capacity has also been devoted to providing advice and leadership in relation to a) establishing systems for the health screening/management of Ukrainian Refugees arriving in Powys and b) the local response to Monkeypox.

Welsh Language and Equality

October 2022: Welsh language and equality annual work plan is under way with the following actions taken:

- Welsh language annual monitoring report and Equality monitoring report have been completed. Welsh language report published on website on 30th September and Equality reports sent for translation to be published in March 2023.
- Easy Read training has been rolled out to staff across various service areas with second sessions booked for the new year. This will allow the health board to produce a larger amount of accessible documents at a reduced cost.
- 'Information on NHS Gender Services in Powys' leaflet was developed in partnership with the Powys Pride committee and launched at Powys Pride in July 2022.
- Equality Impact Assessment training continues to be offered to staff.
- Anti-Racist Wales Action Plan was launched in June 2022 with specific actions for health organisation. Meetings will take place to discuss and meet the actions in October 2022. LGBTQ+ Action Plan is due to be launched Nov/December 2022
- Welsh language and Equality SharePoint pages were launched in September with information and support for staff to meet legislation and ensure services are accessible.
- Welsh language awareness training taking places across various departments.
- Welsh translation levels continue to increase ensuring more documents are available bilingually and that Standards are being met.
- Regular patient stories are being collected by working with various service areas. Stories are then shared at Board and with staff.

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Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
Provide expert advice, leadership and action on public and population health and inequalities (including the five harms)	1.1.01	Provide expert advice and leadership on final stage of the Wellbeing and Population Assessments, including identification of key implications for strategy and planning	DPH	Q1
	1.1.02	Manage transfer of Public Health team and implement actions in accordance with Public Health Wales transfer timetable	DPH	Q1 – Q4
	1.1.03	Work with staff as part of the transfer to develop the public health function as a wellbeing service offer for Powys (1)	DPH	Q1 – Q4
Explore and respond to impact of COVID on population health outcomes	1.2.01	Provide expert analysis of emerging evidence base to identify implications for strategy, planning and delivery	DPH	Q1 – Q4
	1.2.02	Quarterly horizon scanning	DPH	Q1 – Q4
Support the revision to the Public Service Board Wellbeing Plan to ensure population health priorities are recognised	1.3.01	PTHB active leadership and participation in PSB Board business and PSB Wellbeing Plan workshops	DPH	Q1 – Q4
Deliver Equalities and Welsh Language Work Plans	1.4.01	Delivery of Equalities and Welsh Language Work Plan	DoTH	Q1 – Q4

Formal change request *None received*

Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026

We expect the following will be published by Welsh Government, or that actions within them will need to be met during 2023 – 2024:

- Actions from the Anti Racist Wales Action Plan
- Launch of and actions from the LGBTQ+ Action Plan
- The More Than Just Words 5 year plan for 2022 – 2027

Targets within these will have an effect on health inequalities and will improve population health during 2023 – 2024.

Executive Director Sign Off *Sign off has been provided by DPH Mererid Bowley and DoTH Claire Madsen via email*

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Strategic Priority 2 – Deliver Health Improvement Priorities
Executive Lead - DPH

Quarter 2 Progress:

- Adult pathway has some delivery in place at Level 2 and 3 funded by Prevention and Early Years (PEY) and Welsh Government respectively; not likely to be sufficient to meet future need; business case drafted however no further funding available currently
- Children and young people and families pathway (includes maternity) Level 1 service in place for pregnant women funded by PEY; further funding not currently available.
- Refreshed Powys Strategic Tobacco Control Implementation Plan is being developed based on new National Tobacco Control Strategy.
- Needs Assessment for Smoking Cessation Service in Powys being undertaken
- Stop Smoking Service model agreed which includes Smoking Cessation Lead (Band 7) and admin support post. Plan in place and progress being made with system side integration plan. Recruitment process started; Band 7 post currently being readvertised.
- Scoping Health Coaching Training for Smoking Cessation Team in order to provide more support in behaviour change across range of wellbeing health behaviours to help to support those smokers with more complex issues.
- Review of pharmacy delivery options in primary care is ongoing. It has not progressed as quickly as hoped due to the legacy pressures on community pharmacy and general practice. The new National Tobacco Control Strategy has given direction in terms of targeted and tailored support for priority groups, and this will be considered in developing an integrated smoking cessation delivery model.
- Prevention and Early Years funded programmes are aligned to national priorities (tobacco control/smoking and healthy weights/obesity prevention & management) and governance arrangements are being established. A performance management process has been established and informal meetings held with service providers to ensure this is understood.
- The Healthy Schools team has continued to deliver the Healthy Schools Scheme, Healthy Preschools Scheme (locally known as Bach a Iach) and the Whole School Approach to Emotional and Mental Health and Wellbeing workstream in line with the expectations of the national grants for these programmes. The Healthy Schools Scheme has focused in particular on healthy weights, emotional and mental health and RSE and the healthy preschools scheme has focused on healthy weights.

- **Commentary on red rated actions:** N/A

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
Implement local actions in *Healthy Weight: Healthy Wales 2020-2022*, implement comprehensive weight management pathway for adults, children, young people and families	2.1.01	Implement Plan	DPH	Q1 – Q4
	2.1.02	Review progress as part of annual priority setting		Q4
	2.1.03	Implement weight management pathway for adults, children, young people and families		Q2
	2.1.04	Further develop and refine all age weight management pathways in Powys		Q3 – Q4

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Integrate specialist stop smoking service and re-engage with community pharmacies stop smoking services and explore options for delivering in primary care	2.2.01	Develop plan to better integrate into wellbeing service offer;		Q1
	2.2.02	Implementation of plan		Q2 – Q4
	2.2.03	Review pharmacy delivery model and coverage / options in primary care; develop proposals		Q1
	2.2.04	Implement agreed changes;		Q2
	2.2.05	Review learning		Q3 – Q4
Invest *Building a Healthier Wales* prevention and early years funding in line with national priorities and governance	2.3.01	Ensure *Building a Healthier Wales* prevention and early years investment and governance in place in line with national priorities and implement agreed service developments		Q1 – Q4
Continue to deliver Healthy Schools and Healthy Pre-schools/Bach a Iach schemes, focusing on healthy weight, emotional and mental health and wellbeing and RSE (relationships and sex education)	2.4.01	2022 targets agreed with PHW;		Q1
	2.4.02	Implement scheme		Q2 - Q3
	2.4.03	Scheme monitoring reports submitted to PHW		Q4
Manage the transfer of Powys Local Public Health Team staff from PHW into PTHB	2.5.01	Establish Project team and implement project plan/actions in accordance with agreed HB/PHW transfer timetable		Q1 – Q4

Formal change request *None received*

Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026

Insufficient funding is a risk for the local delivery of weight management pathways that meet WG expectations, particularly for the CYPF pathway. Unless sufficient funding can be identified, an alternative approach is likely to be required next year.

Executive Director Sign Off *Sign off has been provided by Mererid Bowley DPH via email*

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Strategic Priority 3 – Deliver Covid-19 Prevention and Response and Integrated, Comprehensive Vaccination
Executive Lead - DPH

Quarter 2 Progress:

- Remodelling of the TTP team completed within significant reduction of financial envelope provided by WG for TTP, and planned reduction of PCR tests and contact tracing in line with revised Welsh Government guidance. A further costed revised team structure for testing is being developed for Q3.
- Delivery of covid-19 vaccination strategy in line with the WG COVID / Winter Respiratory Vaccination Strategy and JCVI guidance (National Immunisation Framework for Wales hasn't yet been published by Welsh Government).
- Performance for 5-11year old children's COVID-19 vaccination had increased with improved uptake following a targeted campaign, increasing from 4% to 20% (as September 2022).
- Autumn covid-19 booster campaign commenced on 1st September with residents of Care homes for older adults prioritised during the first two weeks of the campaign, providing 83% coverage for care home residents in 2 weeks.
- Mass Vaccination Centres (MVCs) inviting eligible cohorts as per JCVI guidance including first dose. 75% of GP practices signed up to delivery for over 75yrs age groups. MVCs planning dual delivery (flu and covid-19 vaccination) for staff.

Table 1: COVID-19 vaccination activity for quarter 2

Vaccination dose	July 2022	August 2022	September 2022	Total Q2 2022
1st Dose	303	359	21	683
2nd Dose	27	45	163	235
Booster 1	86	156	NA	242
Booster 2	172	970	NA	1,142
Autumn 2022/23 Booster	*n/a*	*n/a*	15,365	15,365
Any Other Dose	333	454	164	951

Commentary on red rated actions:

3.1.03 - Remodelling of the Testing and contact tracing teams completed with reduced PCR and LFT testing undertaken in line with revised Welsh Government guidance and significantly reduced funding for Test, Trace and Protect, with notification of reduced funding for testing received end of June. Challenging to deliver seven-day stable response considering geographical coverage of the county of Powys. Surge response would require guidance and support from WG national surge team for contact tracing and testing; appropriate lead in times to enable response.

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Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
Implement the COVID-19 Prevention and Response transition plan "Together For A Safer Future"	3.1.01	Implement Annual Planning cycle in line with extant WG policy/guidance	DPH	Q1
	3.1.02	Phased transition of TTP arrangements subject to public health conditions		Q1
	3.1.03	Implement 'Covid Stable' model with contingencies for 'Covid Urgent'		Q2
	3.1.04	Continue transition of TTP arrangements to 'business as usual' model		Q3
	3.1.05	Fully integrate approach to COVID-19 prevention and response		Q4
Offer anti-viral treatments and other therapeutic options based on the latest available evidence	3.2.01	Develop a Responsive Plan to meet emerging requirements for anti-viral treatments and other therapeutic options based on latest available evidence		Q1 – Q4
Deliver the COVID-19 Vaccination Strategy for 2022 and implement the National Immunisation Framework for Wales	3.3.01	Deliver the COVID-19 Vaccination Strategy for 2022 and implement the National Immunisation Framework for Wales		Q1 – Q4
	3.3.02	Q1 Spring Booster campaign delivery		Q1
	3.3.03	Q2 Develop and test models for future delivery		Q2
	3.3.04	Q3 Autumn Booster campaign Delivery		Q3
	3.3.05	Q4 Transition to future model aligned with National Immunisation Framework		Q4

Formal change request

3.1.04 The timescale needs to change to include Q4 as details of requirements, direction of travel, and future funding from WG for TTP is awaited from WG. These details are required to enable future model of service to be developed, and subsequent transition to 'business as usual' model.

Learning and Reflections to inform INTEGRATED PLAN 2023 – 2026 *None received*

Executive Director Sign Off *Sign off has been provided by Mererid Bowley – DPH via email.*

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Early Help and Support

Strategic Priority 4 – Improve Access to High Quality Sustainable Primary Care
Executive Lead - DPCCMH

Quarter 2 Progress:

- General Medical Services (GMS) contract changes 21/22 embedded. QAIF deadline 30th September 2022. Assurance on achievement will follow.
- Multi-Disciplinary Team roles to support general practice being delivered and expanded through a variety of funding mechanisms.
- General Practice Continuing Professional Development programme in place including 6 protected learning sessions being offered as part of the GMS contractual commitment requirement.
- Various models scoped to improve General Dental Services (GDS) access including urgent access provision with contractors (implemented), expanded multi-disciplinary team (Dental therapist appointed), new contract provision (Llandrindod Wells), expanded salaried Dentist posts (currently in advertisement stage)
- Successful recruitment of consultant oral surgeon starting 10th October 2022.
- Successful recruitment of paediatric dental specialist (currently undergoing pre-employment checks)
- Looking to increase special care provision by recruiting an additional specialist, but nationally there is difficulty in recruiting.
- Limited progress with Optometry Contract Reform due to the delay in national negotiations and implementation timelines, however bursaries offered for Independent Prescribers and medical retina courses in readiness for contract implementation.
- Limited progress with the 'Eyes Open' communication campaign due to re-prioritisation against capacity.
- 23/23 pharmacies have adopted the new contract and offer the common ailments service. Independent prescribing sites (minor ailments) have increased from 1 (2021-22) to 4. Medicines management are supporting pharmacists to become prescribers. Community pharmacy collaborative leads: only represented in the North Cluster presently but the other roles are being promoted.

Commentary on red rated actions:

4.2.04 Implement new contract for additional dental access in Mid Powys following recruitment: new contract provisionally awarded and currently going through procurement checks. New contract not likely to go live until Q4.

4.3.04 Scope and develop health board led domiciliary service. We have tried to recruit a salaried Optometrist to provide the service. Advert remains open, however no suitable applications to date.

4.2.10 Mobile unit still being used in Machynlleth to provide Aerosol Generated Procedures. Access issues in South Powys may mean that the mobile is used to provide GDS access sessions. There might be the potential to move around more freely when dedicated sites are found.

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG

General Practice: General Medical Service renewal and recovery, contract reform, sustainability, integrated working, out of hours	4.1.01	Strengthen GMS renewal and recovery, Review Q1; implement Contract Reform changes	DPCCMH	Q1 – Q4
	4.1.02	Expand MDT role to support sustainability: recruit First Contact Practitioners (Acute MSK); Mental Health Practitioners; Physician Associates internship scheme and development programme		Q1
	4.1.03	Relaunch Practice in Powys website, followed by content expansion		Q2 – Q3
	4.1.04	Annual CPD programme for medical, wider clinical and non-clinical staff; establish Careers workshops (Q2)		Q1; Q2
	4.1.05	Finalise service specification and award Out of Hours contract		Q1 – Q4
	4.1.06	Implementation revised contract for OOHs		Q1
	4.1.07	Tele-Dermatology Diagnostic Project – agree and implement plan		Q2 – Q4
Dental Services: Recovery, additional access for mid Powys, Directed Enhanced Service, oral surgery, training offer, paediatric dental support, mobile unit, Community Dental Service	4.2.01	Reassess GDS access to inform recovery & renewal plans in conjunction with contract reform initiatives		Q1
	4.2.02	Scope appropriate models to further improve GDS delivery across Powys		Q1 – Q2
	4.2.03	Implement contract reform		Q1 – Q4
	4.2.04	Implement new contract for additional dental access in Mid Powys following recruitment		Q2
	4.2.05	Develop professional practice and clinical governance approach to support local enhanced Community Dentistry skills		Q2
	4.2.06	Implement approach in team, including training additional CDS Nurses in extended duties (Q1-Q3)		Q3
	4.2.07	Scope/model local oral surgery offer, specification (Q1), recruitment and implementation		Q2 – Q4
	4.2.08	Scope & develop paediatric dental specialist support, agree Service Level Agreement and Implementation		Q2 – Q3
	4.2.09	Scope paediatric sedation services and investment / implementation		Q2 – Q4
	4.2.10	Increase use of mobile dental unit for residential and care home sector		Q1 – Q4
	4.2.11	Additional specialist /DES in special care dentistry including domiciliary care – investment scope / case, implementation		Q2 – Q3
	4.2.12	Develop undergraduate dental therapy placement programme with Cardiff Dental School		Q2 – Q3
Optometry: Implementation of contract reform, development of clinical role,	4.3.01	Implement contract reform with associated training plan / progression of higher qualifications and clinical roles		Q1 – Q4

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delivery against national eye care recovery plan	4.3.02	Review eye care access to inform recovery and renewal plans in conjunction with contract reform		Q1
	4.3.03	Refine business case and pathway for school vision screening, implement enhanced service (mid cluster pilot) Q1, evaluate to inform future model (Q4)		Q1 – Q4
	4.3.04	Scope and develop health board led domiciliary service		Q1 – Q4
	4.3.05	Agree and implement 'The Eyes Open' communication campaign		Q1 – Q4
Pharmacy: Implementation of contract reform, training and role development, Independent Prescribing & Common Ailments	4.4.01	Implement contract reform		Q1 – Q4
Delivery of Cluster Plans 2022 – 2023	4.5.01	Delivery of Cluster Plans Q1 – Q4 (refer to separate Cluster Plans for detail)		Q1 – Q4

Formal change request *None received*

Learning and Reflections to inform INTEGRATED PLAN 2023 – 2026 *None received*

Executive Director Sign Off *Sign off received from Hayley Thomas – DPCCMH via email*

Strategic Priority 5 – Develop a Whole System Diagnostic, Ambulatory and Planned Care Model
Executive Lead – DoPP, DPCCMH

Quarter 2 Progress:
- £438k was allocated to Powys following the successful bids submitted under the Outpatient Transformation Fund to Welsh Government.
- Draft Diagnostic Strategic Intent under development.
- Clinical Director Job Description approved and being progressed.
- Referral to treatment times in commissioned services continue to present significant challenges and inequality of care for patients waiting in acute care centres.
- Working with other Health Boards on Planned Care regional solutions endoscopy, cataracts, orthopaedics as requested.
- National Planned Care Programme is currently under revision in terms of meeting structure etc.
- PTHB capacity in terms of space theatres/endoscopy has been offered across national platforms as regional mutual aid support.
- Risks noted on Corporate Risk Register include 'Risk that neighbouring Health Boards may step down planned care' and 'Insufficient Clinical Resource and capacity availability to deliver the Diagnostic Workstream efficiently'.

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Commentary on red rated actions: N/A				
Progress against key actions and milestones				
Key Actions	**No.**	**Key Milestones**	**Exec Lead**	**RAG**
Delivery of the Diagnostics, Ambulatory and Planned Care Renewal Programme; *incorporating Advice, Support and Prehabilitation Workstream*	5.1.01	Review and evaluate impact of the Insourcing project	DoPP	Q1
	5.1.02	Secure access to medical speciality advice	DoPP	Q1
Mobilisation of Planned Care improvements	5.2.01	Agree phased implementation for the Diagnostic Strategic Plan	DoPP	Q1
	5.2.02	Ensure clarity of opportunity for outpatient repatriation - implement phased plan	DoPP	Q2 – Q4
Implement sustainable medical and wider clinical and non-clinical workforce model	5.3.01	Develop phased, creative workforce model, develop ability of workforce to meet Welsh Language Act	DoPP	Q2 – Q4
	5.3.02	Implementation of Eye Care Plan	DoPP	Q1
	5.3.03	Implementation of Dermatology Plan	DoPP	Q1 – Q4
	5.3.04	Work with other health boards on regional diagnostic and planned care regional solutions including orthopaedics, cataracts, and endoscopy	DPCCMH	Q1 – Q4
	5.3.05	Implement plan to maximise theatre and endoscopy utilisation	DPCCMH	Q1– Q4
	5.3.06	Develop the Ambulatory Care Strategic Plan and Model	DPCCMH	Q2 – Q4
	5.3.07	Implementation including Ambulatory Care Centres	DPCCMH	Q3 – Q4
	5.3.08	Ensure robust improvement trajectories are in place and are being monitored	DPCCMH	Q1 – Q4

Formal change request

5.1.02 Funding was secured but there is a difficulty releasing the Orthopaedic expertise from neighbouring Health Boards and NHS Trusts so this will need to be Q1-Q4

5.02.01 Year 1 of the delivery plan for the Diagnostic Strategic Intent already aligns with the IMTP Delivery Plan however the Diagnostic Strategic Intent will not be agreed until Q3. The timescale for this action should read Q1-Q3.

5.3.01 All recruitment is taking place in line with statutory and organisational requirements in relation to the Welsh Language Act. However, it is unclear why in the delivery plan requirements "To Meet Welsh Language Act" have been added to just this line in the delivery plan, either the phrase needs to be added all Workforce actions across the IMTP Delivery Plan or to be removed from this action. Otherwise, it is unclear why Welsh Language Act requirements are being applied to only one key element and one aspect of the organisational Workforce model.

5.03.02 This commenced in Q1 but the implementation is ongoing so this should read Q1-Q4

5.03.07 The wording of this action is unclear there is likely to be some implementation through the Urgent, Emergency Frailty and Community Model Programme where funding is available – This action should be removed.

Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026

Insourcing has proven to be a useful temporary alternative to take transformation forward where early permanent recruitment is a difficulty.

A renewed approach to diagnostics for Powys people has the potential to radically transform patient pathways improving outcomes for conditions such as cancer, stroke, heart disease, respiratory disease, dementia and many more – as well as increasing access closer to home. The Powys model is "whole system" and is aimed at improving outcomes, experience and cost through earlier detection of conditions at more treatable stages.

Executive Director Sign Off *Sign off received from Hayley Thomas – DPCCMH and Stephen Powell – DoPP via email*

Strategic Priority 6 – Improve Access to High Quality Prevention and Early Intervention Services for Children, Young People and their Families

Executive Lead – DPH, DoN, DPCCMH

Quarter 2 Progress:

- Strategic Weight Management Pathway Development Group meets monthly to oversee implementation of pathways for adults and children, young people and families (includes maternity); Level 1 service in place for pregnant women, funded by Prevention and Early Years (PEY) funding. No other funding currently available to establish weight management services for CYPF.
- Digital Maternity Cymru Powys project board established, and PTHB Digital Midwife Specialist job description drafted and subject to Agenda for Change Banding. PTHB contribution to the development of national business requirements complete.
- All Wales Recommendations paper presented to the Welsh Government Scrutiny Panel for approval 26th September 2022 and respective funding announcement therefore awaited.
- HIW recommendations included the improvement of birth centre environments.
- Llanidloes birth centre drawings and costings completed; £100k capital funding secured however anticipated additional funding not approved to deliver full programme; Estates and Property Dept to review project and consider reduced scope.
- Neurodevelopment (ND) Service redesign to address the waiting list backlog; referral demand has on average doubled.
- Renewal funding has supported additional temporary workforce until 31st December 2022. A business case is in draft to secure recurrent funding to meet the ongoing referral demand long term.

Commentary on red rated actions:

- Business case developed and taken to IBG for investment in the CYPF pathway, further work requested by IBG which has been completed but no further funding secured at this stage for the CYPF pathway. Insufficient funding is a risk for the local delivery of weight

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management pathways that meet WG expectations, particularly for CYP. Unless sufficient funding can be identified, an alternative approach is likely to be required next year.

- 6.3.01 Paediatric Remodel and AHP Framework: work recommenced in Qtr2 inclusive of data gathering and re-establishing the project board. Children's Therapies review completed by ADOTH in 2021 and recommendations delivered to operational team, for full incorporation into IMTP. Transition working group being established under leadership of interim deputy director of nursing and ADoTh. Will take account of ALN legislation.
- 6.3.08 Gender Identity Service: Limited progress due to reduced capacity, however Virtual Gender forum resumed to inform proposal. Delayed to Q3.

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
Delivery of Regional Partnership Board 'Start Well' Priorities	6.1.01	Delivery of Start Well Programme; incl. *Healthy growth and development; children with complex needs and disabilities; access for children who are looked after*	DPCCMH	Q1 – Q4
	6.1.02	Delivery of Multi Agency Plan for Additional Learning Needs (ALN) and Education Tribunal (Wales) Act (2018)		Q1 – Q4
Implementation of Maternity and Neonatal pathways *Taking into account NHS Wales Maternity & Neonatal Safety Improvement Plan and Ockenden Report in NHS England*	6.2.01	Further develop the Powys Maternity Assurance Framework to include Neonatal Services		Q1 – Q4
	6.2.02	Implementation of South Powys pathways, reassert plans for safe pathway changes Q1, monitoring and service change subject to Board decision Q1 – Q4		Q1 – Q4
	6.2.03	Powys Project Board to consider WG Digital Maternity Cymru recommendations for implementation, including potential for funding and recruitment for implementation		Q2
	6.2.04	Develop a plan and timeline to implement Birth Rate plus recommendations		Q1 – Q4
	6.2.05	Implement HIW recommendations including birth centre environments; (including CAD designs and programme of works for Llanidloes Q1 / Knighton Q2)		Q1 – Q4
Deliver the Children and Young People Renewal Programme, including the Remodelling of key services for women and children *Including the Neurodevelopment*	6.3.01	Design and delivery of sustainable model of paediatrics including Allied Health Professional framework in paediatric, transition and Learning Disability therapies	DPCCMH	Q1 – Q4
	6.3.02	Implement Healthy Growth and Development Plan including Universal Screening	DPCCMH	Q1 – Q4

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service, sexual health services, gender identity and paediatric therapies.	6.3.03	In line with comprehensive Vaccination Programme work (see Focus on Wellbeing objective) develop a robust plan for implementing Childhood Immunisations	DPCCMH	Q1 – Q4
	6.3.04	Develop and implement plan for Neurodevelopment Service Remodel including evaluation and review	DPCCMH	Q1 – Q4
	6.3.05	Develop and implement plan for Childrens Complex Care	DPCCMH	Q1 – Q4
	6.3.06	Develop and implement Healthy Weights pathway for children and young people, in line with organisational Strategic Plan	DPH	Q1 – Q4
	6.3.07	Deliver Sexual Health Plan including Case Management Project; sustainable model and investment for STI testing service Q1; Confirm sustainable service and investment for Long Acting Reversible Contraception (LARC) provision Q1 with recruitment/competency development Q3 and implementation Q4	DPCCMH	Q1 – Q4
	6.3.08	Scope sustainable model and investment for Gender Identity Service including Demand and Capacity review	DPCCMH	Q1 – Q4
	6.3.09	Scale up Endometriosis & Menopause pilots, based on evaluation outcomes	DPCCMH	Q4

Formal change request –
1. The Executive Lead for CYP Renewal Programme is the DONM. CYP Renewal Programme was reviewed and revised for 2022/23. New workstreams and Qtr2 progress therefore superseding 6.3.02, 6.3.03 and 6.3.05 as these milestones have become business as usual. CYP Renewal Programme 2022/23 comprises five new workstreams as noted above.
2. 6.3.01, 6.3.07, 6.3.08 and 6.3.09 do not form part of the CYP Renewal Programme for 2022/23. These W&C priorities remain part of the IMTP but have been differentiated and progress reflected accordingly. The Executive Lead for Women and Children's Services is the DPCCMH.

Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026 – *None received*

Executive Director Sign Off *Sign off has been provided by Mererid Bowley – DPH and Hayley Thomas – DPCCMH via email*

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Tackling the Big Four

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

Executive Lead - MD

Quarter 2 Progress:

• 7.1.01 All general practices can access symptomatic Faecal Immunochemical Test (FIT) services; from November 2021 to July 2022 just over 1,600 FIT tests have been undertaken of which approximately 20% were positive requiring further investigation.

• 7.1.02 Powys patients can access Rapid Diagnostic Centres via Betsi Cadwaladr University Health Board (Wrexham), Swansea Bay University Health Board (Neath Port Talbot) and Aneurin Bevan University Health Board (Newport), although this service is currently suspended it is due to restart in October/early November. There is currently no access for Mid Powys patients and the possibility of flows to existing NHS centres is being explored.

• 7.1.05 In partnership with the Wales Cancer Network, Powys Teaching Health Board has been successful in securing non-recurrent funding from Cancer Research Wales to scope the potential to provide rapid diagnostic services in Powys.

• 7.2.01 A new Wales Cancer Network Project Manager supporting mapping optimal pathways for Powys started on 12/9/22 following a vacancy.

• 7.3.01 Monthly harm review panels taking place, chaired by Cancer Clinical Lead; pilot cancer tracker developing intelligence in relation to patients delayed in external DGHs as PTHB provides no cancer treatment in county; intelligence platform of 'live' external information near completion in liaison with the Wales Cancer Network, going live October 22 for Welsh providers (with English providers to follow as next stage).

A risk over 15 remains in the Cancer renewal work, the significant variation in the recovery of cancer services due to delayed diagnosis or treatment. The mitigations are the actions above. There are also mitigations in other renewal programmes such as insourcing endoscopy and strengthening wellbeing information on the PTHB website.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
	7.1.01	Progress plan to improve access to FIT testing	MD	Q1

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Deliver Cancer Programme – Renewal Programme Improve access to testing and diagnostics	7.1.02	Improve access for Powys residents to rapid diagnostic centres for vague symptoms	Q1	
	7.1.03	Cytosponge implementation with BCUHB	Q3	
	7.1.04	Transnasal endoscopy	Q3	
	7.1.05	Scope community diagnostics, including hospital CT, scope the potential for a Powys provided Rapid Diagnostic Centre	Q2	
Work with the Wales Cancer Network on Optimal pathways and quality statement	7.2.01	Work with the Wales Cancer Network on Optimal pathways and quality statement;	Q1	
Progress suspected cancer pathway tracking & harm review approach	7.3.01	Finalise suspected cancer pathway tracking & harm review approach	Q1	

Formal change request

7.1.01 Needs to continue to Q4.

7.1.02 Needs to be extended to Q4 due to the solution needed for mid Powys.

7.1.03 The wording needs to be revised to say 'Develop a plan for Cytosponge implementation with BCUHB'

7.1.04 This is not a sentence and needs to read 'Develop a plan for the development of Transnasal endoscopy'.

7.1.05 There is work underway with the Wales Cancer Network, but it will not have an outcome until Q1 2023-24. The wording needs to change in this year to 'Develop an approach for scoping community diagnostics…'.

7.2.01 Is ongoing because the post holder is in place until the end of 2023, this should be Q1-Q4.

7.3.01 Whilst the approach was finalised in Q1, the pilot and development is ongoing and should be Q1-Q4.

Learning and Reflections to inform INTEGRATED PLAN 2023 – 2026

There is considerable variation across the provision of cancer services, and it is crucially important this remains a priority in 23-24 including access to diagnostics. The outcome of the cancer tracking pilot will be known in March 23 but it is highly likely this will need to continue on a permanent basis. There will be a national cancer improvement plan including prehabilitation.

Executive Director Sign Off – *Sign off received from Kate Wright – MD via email*

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Strategic Priority 8 – Implement Improvements in Outcomes, Experience and Value in Circulatory Disease (Stroke, Heart Disease, Diabetes)
Executive Lead – DPH, DoPP

Quarter 2 Progress:

The Executive Lead began in July 2022 following a vacancy.

- **8.1.01** Detailed work analysing the diabetes atlas undertaken to ensure the information is correct for Powys. Mapping of Diabetes, Stroke and Cardiac Quality Statements completed, work on analysis continuing in order to develop phased plan. This work was affected by the executive lead vacancy and the need to accelerate the work on community cardiology in the absence of an implementation manager.
- **8.2.01, 8.3.01 & 8.4.01** Non-recurrent funding secured from the Wales Cardiac Network**.** General Practitioner with Special Interest in Cardiology (GPwSI) and administration posts appointed to. Recruitment challenging in relation to physiotherapist, pharmacist and physiologist. As an implementation manager could not be appointed, the recruitment of a clinical lead is underway. Secondary care consultant input secured in principle from Wye Valley NHS Trust. Multi-disciplinary implementation group in place and close liaison continuing with the Wales Cardiac Network.
- **8.4.02** Engagement has commenced in relation to Herefordshire and Worcestershire Stroke Programme; complex interdependencies for Powys in relation to strategic changes across English and Welsh Stroke transformation programmes hence rated Amber
- **8.4.03** A successful Value Based Health Care funding project has been approved for the use of Kardia Mobile devices for Atrial Fibrillation and Supraventricular Tachycardia in primary care, linked to the Community Cardiology Service above.
  Atrial fibrillation registers and enhanced primary care services for stroke prevention in place.
- **8.5.01** A cross cutting group is in place to identify the generic components across rehabilitation programmes and to the extent to which learning from the successful approach to virtual pulmonary rehabilitation.
- Risks noted on register scoring over 15: Ensuring continuity of care for patients accessing the community cardiology service due to the non-recurrent funding at present and the need to transition to recurrent repatriation of activity. The second risk relates to recruitment. Mitigating actions are addressed in the revised implementation plan including the use of alternative roles.

Commentary on red rated actions:

8.1.01 – This work has started but not completed due to the need to accelerate the work on community cardiology in the absence of an implementation manager, and the request to change the timing is in the section below.

8.5.01 – the request to change the timing is below as the pilot is until the end of March and equity cannot be achieved ahead of the outcomes of the pilot.

Progress against key actions and milestones				
Key Actions	**No.**	**Key Milestones**	**Exec Lead**	**RAG**
Deliver Circulatory Programme – Renewal Portfolio	8.1.01	Gap analysis and Phased Plan	DPH	Q1

Develop and progress phased plan including service and workforce development	8.2.01	Cardiac workforce development	**DPH**	Q1
Improve access to diagnostics	8.3.01	Community Cardiac Service development	**DPH**	Q1 – Q4
Progress primary and secondary stroke prevention; assess and manage strategic change proposals for Stroke (Wales and England)	8.4.01	Improve access to diagnostics in line with national programmes	**DPH**	Q1
	8.4.02	Impact assessment / management of strategic change proposals for Stroke	**DoPP**	Q1 – Q4
	8.4.03	Evidence based primary and secondary stroke prevention	**DPH**	Q1 – Q4
Improve equitable access to cardiac rehabilitation for all pathways	8.5.01	Equitable access to cardiac rehabilitation for all pathways	**DPH**	Q2

Formal change request

8.1.01 This needs to be amended to say Q1-Q3 for the reasons given in the section above.

8.2.01 This was initiated in Q1, but the pilot is until the end of March 2023, so needs to say Q1-Q4.

8.5.01 Work was initiated in Q2 but the cross-cutting group on rehabilitation and the pilot for rehabilitation funded by the Wales Cardiac Network is until Q4, so this needs to read Q2-Q4.

Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026

It is crucially important there is a focus on circulatory in 2023-24 due to the findings in the Diabetes Atlas of Variation; the need to transition to a sustainable repatriation of community cardiology activity to Powys; and the need to implement the Getting it Right First Time review when available. The findings of the circulatory gap analysis will inform the future priorities of the Circulatory Renewal Programme.

Executive Director Sign Off *Sign off provided from Mererid Bowley - DPH via email*

Strategic Priority 9 – Develop and Implement the next stage of the Breathe Well Programme Specifically aimed at repatriating care closer to home and focusing on Children and Young People's Respiratory Care

Executive Lead - DoTH

Quarter 2 Progress:

9.1.01 The Respiratory Quality Statement is due to be published by Welsh Government in November 2022. PTHB has contributed to its development and a local action plan will be developed once issued.

9.2.01 A proposal to refine the analysis of medical-only duties as part of options appraisal was considered by the Renewal Strategic Portfolio Board on 6th July, which would mean implementation by the end of Quarter 4. External clinicians are being sought to support the further analysis needed.

9.4.01 Health Care Support Workers recruited to support respiratory diagnostics - spirometry clinics underway, sleep diagnostics also underway. Fractional exhaled Nitric Oxide (FeNO) and lung function testing in place and recruitment to second Physiology post will expand capacity for delivery. Re-banded second Respiratory Physiologist role advertised and promoted, with interviews due to be held in October.

Commentary on red rated actions:

9.3.01 Terms of Reference for the Children & Young People's Workstream agreed and workstream underway, however, further data analysis underway in relation to paediatric asthma patients. (Timescales affected by Value Based Health Care Additional Funding project bids work)

Breathe Well Risk Register: Delayed Services (including diagnosis, routine referrals and follow-up). [Current Risk Score = 16] Work is underway transferring patients from a Consultant follow-up list in North Powys using the new PTHB Respiratory Multi-Disciplinary Team arrangements established. This has led to approx. 40% of patients no longer needing to remain on the Consultant list but work not yet complete and continuing.

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
Deliver the Breathe Well Programme – Renewal Portfolio	**9.1.01**	Develop & implement plan to meet Respiratory Quality Statement	**DoTH**	Q1 – Q4
Develop and implement medical model	**9.2.01**	Undertake next stage of outpatient activity redesign and repatriation through options appraisal and implementation of medical model

Extension approved to Q4 for this milestone by the lead executive in Q1 | | Q1 – Q4 |
| Deliver plan for Children and Young People | **9.3.01** | Develop approach on advice, support and treatment provided to children and young people with respiratory conditions and their families, to strengthen adherence to asthma plans | | Q1 – Q2 |
| Improve access to diagnostics closer to home | **9.4.01** | Phased approach to respiratory diagnostics closer to home, embedding spirometry model and sleep clinics, scoping fractionised exhaled nitric oxide and full lung function testing | | Q1 – Q4 |

Formal change request

Request to adjust the wording to: **9.1.01** Develop & implement plan to meet Respiratory Quality Statement

Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026

There needs to be further designation of responsibilities in relation to Asthma at the Band 7 Specialist Nurse level.

Executive Director Sign Off *Sign off has been provided by Claire Madsen – DoTH – via email*

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Strategic Priority 10 – Undertake Strategic Review of Mental Health, to improve outcomes from high quality, sustainable services, including specialist services

Executive Lead - DPCCMH

Quarter 2 Progress:

Progress in on track to monitor delivery of the roll out of the Single Point of Access 111; Dementia Action Plan and, the roll out of the children and young people's emotional health and resilience service. The Single Point of Access (111) will go live in December and recruitment is underway for staff, now that a solution has been identified for the IT information sharing systems between 111 and the Powys service. The schools' based emotional resilience and mental health service is now operational across all Powys schools. There will be some capacity risks, particularly going into winter, and recognising a challenge to workforce resilience.

Commentary on red rated actions:

While the Strategic Review has been slightly delayed, we have appointed a strategic clinical lead to the programme, 2 x Project support (Part Time) and are currently advertising for a Project Manager – however, this will be the third time of advertising. An alternative approach may be required. An Executive Committee paper focusing on the options available for the Sanctuary provision is underway – this will help inform procurement options.

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
Deliver Strategic Review of Mental Health	10.1.01	Undertake a Strategic Review of Mental Health services; including specific work on the following areas:	DPCCMH	Q1 – Q4
Delivery of Live Well MH Partnership priorities (2022-2025)	10.2.01	Design the approach to a Sanctuary House, including commissioning the service (potential Tender/Award) Provision & Monitoring		Q2 – Q4
Develop services to improve outcomes and access in line with national plans	10.3.01	Complete the roll out of the Single Point of Access 111 – Tender Q1, Provision & Monitoring		Q2 – Q4
Roll out children and young people's emotional health and resilience service	10.4.01	Deliver against Dementia Action Plan 2018-22 including Memory Assessment Redesign		Q1 – Q4
	10.4.02	Implement the milestones of the Deliver Powys Talk 2 Me 2 Strategy		Q1 – Q4
	10.4.03	Roll out Children and Young People's emotional health and resilience service		Q1 – Q4

Formal change request *None received*

Learning and Reflections to inform INTEGRATED PLAN 2023 – 2026 *None received*

Executive Director Sign Off *Sign off has been provided by Hayley Thomas – DPCCMH via email*

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Joined Up Care

Strategic Priority 11 – Design and Deliver a Frailty and Community Model including improved access to Urgent and Emergency Care enhancing outcomes, experience and value

Executive Lead – MD & DPCCMH

Quarter 2 Progress:

Renewal

- Evidence based overarching clinical model for frailty developed by MDT tailored to Powys population needs.
- Combined Urgent, Emergency, Frailty and Community model Programme established and workstreams in place; good progress being made with falls work stream.
- Culture/risk appetite workstream reviewed by Programme Board on 6th September.
- Community Service Benchmarking process underway.
- Rigorous prioritisation of the work streams by Programme Board in order to deploy limited programme resource effectively.
- Priorities for 6 Goals plan agreed for submission to Welsh Government;
- 6 Goals triumvirate resourcing being progressed but some delays due to leave and capacity.
- Presentation to National Programme Board 4th August 2022 on work to date well received.
- Allocation of £740,000 funding to be confirmed; several pilot initiatives in Primary Care have helped to inform the allocation based on outcomes.
- Letters from Welsh Government have emphasised that goals 2 and 3 must be prioritised in 2022/23.
- Key programme risks include: Insufficient capacity to lead and manage the frailty and community transformation effectively; appointment of frailty consultants will help to deliver transformation; complex and inequitable historic arrangements to ensure capacity for optimal frailty model; complexity of the 6 Goals for urgent and emergency care interdependencies and reporting has limited the progress in delivering the frailty model; 6 Goals interface and resourcing implications; closer working across partnership is needed to achieve maximum potential and to avoid duplication.

Commentary on red rated actions:

- 11.1.09 Alignment with existing end of life work to be confirmed via programme arrangements and Executive lead discussion.
- 11.2.01 - East Radnorshire – Work has been undertaken to engage staff and local stakeholders in the Knighton and District area culminating in an Open Day to support active local recruitment. 49 people attended the Open day with 28 interested in a range of posts. This event achieved the furthest reach of PTHB advertising on record. Interest for registrant nursing posts was extremely low. Awaiting end of recruitment (interviews in next 2 weeks) to inform next steps of the programme.

Progress against key actions and milestones

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Key Actions	No.	Key Milestones	Exec Lead	RAG
Develop and deliver a Frailty and Community Model *Including intensive community and home-based care; a frailty pathway including falls and home first ethos.* – Complete work on overarching model following Gap Analysis (community hospitals and community services) – Frailty Scoring Project – Culture and Change – joint work with Improvement Cymru – Development of Workforce Model – Treatment Escalation Plan – confirmation of approach – Complex Geriatric Assessment Development and Implementation – Revise falls pathway to ensure integrated – Confirm cross-cutting approach for end of life within model – Feedback loop from improved intelligence	11.1.01	Complete work on overarching model following Gap Analysis (community hospitals and community services)	MD & DPCCMH	Q1
	11.1.02	Frailty Scoring Project		Q1 – Q4
	11.1.03	Culture and change – joint work with Improvement Cymru		Q1 – Q4
	11.1.04	Community hospital focus		Q2 – Q3
	11.1.05	Development of workforce model		Q1 – Q4
	11.1.06	Treatment Escalation Plan – confirmation of approach		Q1
	11.1.07	Complex Geriatric Assessment Development, Implement		Q1 – Q4
	11.1.08	Revise Falls pathway to ensure integrated		Q1 – Q3
	11.1.09	Confirm cross-cutting approach for end of life within model		Q1
	11.1.10	Feedback loop from improved intelligence		Q1 – Q4
Develop a place-based care approach in East Radnorshire, building on the expertise and resources in Knighton and District specifically	11.2.01	Establish a formal project of work to involve key stakeholders	DPCCMH	Q1
	11.2.02	Undertake an assessment of current provision including key priorities for development, e.g. end of life care		Q1 – Q2
	11.2.03	Develop and assess key options for implementing a more joined-up, place-based, multiagency care model		Q2 – Q3
	11.2.04	Progress implementation		Q3 – Q4
Deliver an Urgent and Emergency Care 'Six Goals' model Goal 1 – Coordination, planning and support for people at greater risk of needing Unscheduled Emergency Care (UEC)	11.3.01	Build on cluster led risk stratification and virtual wards	DPCCMH & MD	Q1 – Q2

Goal 2 - Signposting, information and assistance	11.4.01	Deliver 24/7 Urgent Care Model, work with partners to review utilisation of NHS 111 Wales & Enhanced Directory of Services	Q1 – Q4
	11.4.02	Test potential for Urgent Primary Care Centres (UPCCs)	Q1 – Q4
Goal 3 - Clinically safe alternatives to admission	11.5.01	Review Same day emergency care pathways	Q1 – Q2
	11.5.02	Review Intermediate care (step up) pathways	Q1 – Q2
	11.5.03	Assess Specialty advice and guidance lines	Q1
Goal 4 - Rapid response in crisis	11.6.01	Work with WAST to deliver optimal 999 pathways	Q1 – Q2
	11.6.02	Work with commissioned partners to ensure quality, safe and timely care in Emergency Departments – annual cycle	Q1-Q4
Goal 5 - Optimal hospital care and discharge practice from the point of admission	11.7.01	Build on progress made across the system to improve patient flow to minimise harm for patients in hospital / in the community waiting for response and reduce average length of stay to 28 days	Q1
	11.7.02	Implement SAFER patient flow guidance	Q1 – Q2
Goal 6 - Home first approach and reduce the risk of readmission	11.8.01	Optimise home first ethos and support discharge to assess and recover, reducing lengths of stay and delays in transfers to improve outcomes, review rehabilitation and reablement arrangements – annual	Q1 – Q4
	11.8.02	Work with the care sector to improve resilience in domiciliary and residential / nursing care and processes	Q1 – Q4
	11.8.03	Partnership work with Welsh Ambulance Services; transformation ambitions as set out in the Emergency Ambulance Services Committee IMTP	Q1-4
	11.8.04	Learning from the System Resilience / Winter Plan; identification of further high impact changes across the Regional Partnership Board	Q1-Q4

Formal change request

Renewal

11.1.01 Change request to complete detailed model by Q4 – high level model developed and approved by Programme Board in Q1-2.

11.1.03 Change request to remove reference to joint work with Improvement Cymru.

Letters from Welsh Government have emphasised that goals 2 and 3 must be prioritised in 2022/23.

East Radnorshire work being reported via Programme arrangements – request to include within Programme reporting in subsequent quarters.

Learning and Reflections to inform INTEGRATED PLAN 2023 – 2026 *None Received*

Executive Director Sign Off *Sign off received from Kate Wright – MD and Hayley Thomas – DPCCMH via email*

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Strategic Priority 12 – Support improved access to and outcomes from Specialised Services

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

Executive Lead - DoPP

Quarter 2 Progress:

12.1.01: PTHB is participating in the Welsh Health Specialised Services Committee (WHSSC) Joint Committee and Management Group.

12.1.03: The "My Analytics & Information Reports" (MAIR) working group has been re-established involving transformation, value-based health care, public health and financial input to examine variation for Powys people to drive pathway improvement.

12.1.04 & 12.1.05: PTHB has participated in the WHSSC process for prioritisation (including clinical Executive Director involvement) and the Integrated Commissioning Plan development, advocating a "value approach"; outcomes, experience and cost, at a health board population level.

12.1.06: WHSSC has some work underway in relation to outcomes (for example, the review of the use of Transcatheter Aortic Valve Implantation (TAVI) procedure), but such information is needed more systematically to inform health board decision-making through WHSSC.

12.1.07: The month 5 end of year forecast underspend was £155k, but more needs to be done to achieve the level of efficiency saving required.

Commentary on red rated actions:

12.1.02: There has been a delay in recruiting the Specialised Pathway Lead (due to covering other vacancies such as the Community Cardiology Service). This has affected the delivery of some milestones. The appointment of the post will be pursued.

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
Work with the Welsh Health Specialised Services Committee to implement Integrated Commissioning Plan Ensure equitable access and outcomes for the Powys population and work in partnership to address variation	12.1.01	Participate in Management Group and Joint Committee	DoPP	Q1 – Q4
	12.1.02	Appoint to specialised pathway lead		Q1
	12.1.03	Use MAIR data to identify opportunities for VBHC pathway improvement		Q2
	12.1.04	Develop routes for Powys Patient Experience feedback in relation to specialised services. Participate in CIAG prioritisation process and ICP development informed by MAIR data and Powys patient experience		Q2 – Q3
	12.1.05	Align ICP and IMTP development		Q3 – Q4
	12.1.06	Work with WHSS team on improved outcome measures		Q1 – Q4
	12.1.07	Achieve agreed efficiency savings		Q1 – Q4

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Formal change request
12.1.03 This work is on-going (and is related to achieving further efficiency savings) and should be Q2-Q4.

Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026

Information about outcomes, experience and cost is needed more systematically to inform health board decision making about specialised services through WHSSC.

Executive Director Sign Off *Sign off received from Stephen Powell – DoPP via email*

Workforce Futures

Strategic Priority 13 – Designing, develop and implement a comprehensive approach to workforce planning
Focusing on attracting/securing workforce for targeted services (including international recruitment)

Executive Lead - DWOD

Quarter 2 Progress:

13.1.01 Support services to review and develop sustainable workforce models

A proposal has been prepared detailing an organisational approach to be rolled out for workforce planning, which is underpinned by the national workforce planning model. TA training programme has been developed based on the proposed approach and will take the learners through all six steps of the workforce planning toolkit, providing managers with the support and skill set required to develop their service level workforce plans for the short, medium and long-term.

An updated interim workforce model has been implemented for the delivery of Testing and Mass Vaccination services with fixed term contracts issued until March 2023 and January 2023 respectively. A longer-term workforce model to integrate these services within existing core delivery structures, is being developed within the future funding availability from Welsh Government. This is due to go for consideration by the Executive Committee in quarter 3. A review of the Community Ward establishment is being undertaken, led by the Executive Director of Nursing. Once complete, each ward will be supported to develop future workforce plans using the updated workforce planning approach.

13.2.01 Begin implementation of the Toolkit, focusing on the Renewal Priorities

Each renewal programme is at a different stage in relation to workforce modelling. There are 52.40 WTE posts across the 7 areas: 20.50 WTE of these posts are recurrent posts and the remaining 31.90 WTE are fixed term appointments. All recurrent posts have been appointed to, but 8.50 WTE non-recurrent posts were unfilled.

13.3.01 North Powys Wellbeing Programme Scoping exercise; Support workforce planning

There is a Technical Service and Workforce Planning Workshop planned for 12th October where the scale and scope of the requirements around future workshop modelling for the project will be discussed, as well as potential capacity to undertake this work across partners.

13.4.01 Widen the Apprenticeship Offer

To date, we have supported 15 apprentices on this programme across cohorts 1 –3, with 14 achieving the diploma. 11 of these have gained substantive roles within the health board, 3 have secured support worker roles outside of the organisation and the remaining 2 have been

successfully supported onto the 'Aspiring Nurse' programme. Further to this, 2 kick-starters have gained full time employment following their 6-month work placement with us, the first into an administrative role and the second onto the HCSW apprenticeship programme.

13.5.01 Progress international recruitment, in line with a 'Once for Wales' approach

2 out of the 7 international nurses arrived in Quarter 2 and commenced their OSCE preparation programme. We had an additional local international Nurse join the OSCE programme in July through local recruitment. All three International Nurses NMC sat their OSCE exams at the end of September and if successful, would receive their registration and 'pin' in October 22. Further international Nurse recruitment has been temporarily delayed for the remaining allocation of 5 overseas nurses to allow for an evaluation of the programme including training and education, accommodation, transport and pastoral care requirements.

13.6.01 Progress Health and Care Support Worker / Nursing Degree

Following discussions with HEIW in relation to the challenges that the new distance learning programme with Bangor University presents to PTHB in terms of entry requirements, HEIW are imminently due to release a further Distance Learning Contract for tender which will include Distance Learning, Part-time Nursing degree course with a much wider access for candidates, mirroring the existing offer we are utilising through the Open University. This will likely be for academic intake September 2023.

13.6.03 Enhance Student Streamlining offer for Powys

HEIW have confirmed that the Student Streamlining process is being stood down for all AHP students. There has been no confirmation what, if any all-Wales approach, will be introduced to replace this. Currently student streamlining as a process remains in place for Nurse students.

Work has started in developing relationships with university partners in England and Wales to encourage and offer clinical placement activity in PTHB. Progress is being made with placement learning agreements signed and placement audits planned for completion with the University of Chester, with the aim of students attending PTHB in Q3 onwards. These arrangements are already in place with University of Stafford.

Practice Education Facilitators are being granted their own communication pages with students on universities virtual learning environments (VLE's) for direct communications and a place to promote PTHB. In partnership with HEIW, initial work has begun to develop a student feedback questionnaire for all students attending placements with PTHB to help inform and develop the offer from Powys and encourage greater uptake.

Commentary on red rated actions: N/A

Progress against key actions and milestones				
Key Actions	**No.**	**Key Milestones**	**Exec Lead**	**RAG**
Review and develop sustainable workforce model (including Covid Response, staffing/medical model)	**13.1.01**	Support services to review and develop sustainable workforce model	**DWOD**	Q1 – Q2
Implement All Wales Workforce Planning Toolkit	**13.2.01**	Begin implementation of the Toolkit, focusing on the Renewal Priorities		Q1 – Q3
Develop Workforce Plan for North Powys Wellbeing Programme	**13.3.01**	NPWP Scoping exercise; Support workforce planning		Q1 – Q4
Widen apprenticeship offer	**13.4.01**	Widen the apprenticeship offer		Q1 – Q2
Progress international recruitment	**13.5.01**	Progress international recruitment, in line with a 'Once for Wales' approach		Q1 – Q2
Promote Health and Care Careers	**13.6.01**	Deliver Schools Pilot Project		Q3 – Q4

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| Progress Health and Care Support Worker / Nursing Degree | **13.6.02** | Review further opportunities for part-time pre-registration Nursing degree / Health Care Support Worker route | | Q1 |
| Enhance Student Streamlining offer for Powys | **13.6.03** | Work with HEIW and Shared Services to enhance Student Streamlining offer | | Q2 – Q4 |

Formal change request

13.1.01 Review and develop sustainable models to extend to Q4 once the Workforce Steering Group has agreed deployment of the workforce planning approach.

13.2.01 Implementation of the toolkit, focusing on Renewal Priorities to extend to Q4 once the Workforce Steering Group has agreed deployment of the workforce planning approach and assessment is made around the readiness of the clinically led design of workforce models.

Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026

13.3.01 Consideration needs to be given to the capacity to support the workforce planning and modelling for NPWP.

13.4.01, 13.5.01 and 13.6.01 A review is required to take account of the current financial recovery requirements.

Executive Director Sign Off *Sign off has been provided by Debra Wood Lawson - DWOD via email*

Strategic Priority 14 – Redesign and implement leadership and team development

Enhancing clinical leadership and whole organisation focus on value

Executive Lead - DWOD

Quarter 2 Progress:

14.1.01 Roll out Assistant Director / Senior Manager / Leadership Development, including Clinical Leadership Development

There are currently 63 members of staff engaged in ILM leadership programmes at levels 3, 4 and 5, with one programme of each starting in the last quarter. The Head of OD has met with clinical Assistant Directors to understand what needs to be included in a clinical leadership programme, with an initial outline of a course developed.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
Roll out Management and Leadership Development programme including Clinical Leadership Development	**14.1.01**	Roll out Assistant Director / Senior Manager / Leadership Development, including Clinical Leadership Development	**DWOD**	Q1 – Q4

					Q1
Launch Intensive Learning Academy	**14.2.01**	Launch the Intensive Learning Academy in Leading Digital Transformation			

Formal change request *None received*	

Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026
Reliance on partnership funding may affect capacity for some elements of future leadership development.
There are on-going liabilities and risks associated with fixed term roles associated with the delivery of the ILA.

Executive Director Sign Off *Sign off has been provided by Debra Wood Lawson – DWOD via email*

Strategic Priority 15 – Deliver improvements to staff wellbeing and engagement
Executive Lead - DWOD
Quarter 2 Progress:
15.2.05 Develop model and implement approach to financial wellbeing support
• A new suite of Financial Wellbeing pages have been launched on the Staywell Wellbeing Hub pages on the staff intranet. Money and Pensions Advisory Service has been engaged about an offer to deliver virtual sessions around pensions and provide training for staff to provide signposting support. The Vivup contract has been finalised to provide counselling support and the Vivup portal also includes self-help modules on financial wellbeing
Commentary on red rated actions:
15.2.02 Due to capacity issues a refresh of the Wellbeing at Work Group has not been concluded.
Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
Redesign the Occupational Health Service	**15.1.01**	Review and redesign the Occupational Health Service	**DWOD**	Q1
Implement mechanisms to understand, support and track the wellbeing of the workforce	**15.2.01**	Launch Mental First Aid Training in Clinical areas; Co-lead Programme in Mental Health		Q1
	15.2.02	Refresh Wellbeing at Work Group		Q1
	15.2.03	Promote use of the national tool for Wellbeing Conversations		Q1
	15.2.04	Scope and progress wellbeing survey, subject to the timing of a national survey		Q3

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	15.2.05	Develop model and implement approach to financial wellbeing support		Q2

Formal change request

15.1.01 Failure to recruit to key clinical roles following a review and redesign of Occupational Health has significantly impacted on implementation and remains a challenge with the remaining Occupational Health Nurse due to leave in Q4. Request Move to Q4. and include 'Recruit to the Occupational Health redesigned service'

15.2.01 Mental Health First Aid training courses had very limited uptake from staff and therefore consideration needed as to whether this is no longer offered going forward. Review to be undertaken and decision in Q3.

15.2.02 Due to capacity issues a refresh of the Wellbeing at Work Group has not been concluded. Move to Q4.

15.2.01 Co-Lead programme has stalled due to funding decision delayed by Welsh Government. Funding was applied for in February and has yet to be decided

15.2.04 National Staff Survey has been postponed until spring 2023. A proposal is being developed to introduce a 'Team Climate' survey approach on a targeted basis. Move to Q4.

Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026

Failure to recruit to key clinical roles within the redesigned Occupational Health service will need to be considered

Reliance on external funding for the delivery of the co-lead model may affect future delivery

Executive Director Sign Off *Sign off has been provided by Debra Wood Lawson – DWOD via email*

Strategic Priority 16 – Enhance access to high quality education and training

Across all disciplines, specifically focusing on 'grow our own' / apprenticeships

Executive Lead - DWOD

Quarter 2 Progress:

16.02.01 Support relaunch of Advanced Practitioner Framework and associated forum across Nursing, Therapies and Healthcare science aligned to the national workstream

Following scoping activity, it has been acknowledged that a review and refresh of our internal process and governance arrangements that support the development of new and existing Advanced Practitioners needs to be done aligned with the national review that is currently underway. This will cause a delay in the delivery against the reportable milestone for Q2. Discussions have taken place with clinical AD's/DD's and agreed to form a strategic group and an operational group to drive the AP agenda forward.

Commentary on red rated actions:

16.2.01 This milestone has been delayed ensuring there is alignment between the work locally with the work being undertaken nationally.

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
Develop Grow Our Own Model working with HEIW	**16.1.01**	Explore opportunities to develop innovative approaches to role and service development working with HEIW with an emphasis on the 'grow our own' model	**DWOD**	Q1 – Q2
Implement Nursing, Therapies and Healthcare Science Framework	**16.2.01**	Support relaunch of Advanced Practitioner Framework and associated forum across Nursing, Therapies and Healthcare science aligned to the national workstream		Q2
Enhance Continuous Professional Development for clinicians	**16.3.01**	Enhance CPD offer to Clinical Staff through scenario based Clinical Simulation		Q3 – Q4

Formal change request

16.1.01 Due to on-going activity against this milestone it is proposed to extend across Q3 and 4.

16.2.01 Due to the work being undertaken nationally it is proposed to move this milestone to Q4

Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026

As part of the workforce planning activity future opportunities for development roles will need to be identified from within existing budgeted establishments.

Executive Director Sign Off *Sign off has been provided by Debra Wood Lawson – DWOD via email*

Strategic Priority 17 – Enhance the health boards role in partnership and citizenship

Including maximising the opportunities for volunteering, and widening access to healthcare careers

Executive Lead - DWOD

Quarter 2 Progress:

17.1.01 Pilot the joint Health and Care Induction Framework

HEIW have funded a fixed term Joint Educator but due to capacity issues and timelines, this has resulted in a delay in the full implementation of the Joint Health & Care Induction Framework. Further funding has been sourced from HEIW and this new role is currently out to advert.

17.2.02 Develop Volunteer skills matrix as part of the School of Volunteers and Carers.

The first phase of this work includes recommendations for a second phase to utilise the skills matrix to provide a match and gap process of skills across our voluntary workforce, so that skills can then be matched to voluntary opportunities. An application for WCVA Grant was submitted for phase two. This Grant was declined on the 15th of September 2022, and an alternative model of delivery is being explored. There is a risk that without additional funds, the second phase of work won't be delivered.

17.2.03 As part of the comprehensive workforce planning approach, systematically examine opportunities for volunteers

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Volunteer recruitment has continued to support the Mass Vaccination programme, ward volunteer roles and digital companions.

Opportunities for volunteer roles will be integrated within the proposed approach to Workforce Planning to prompt consideration of the use of volunteers.

Commentary on red rated actions:

17.01.01 - Due to capacity issues and competing pressures this work has been delayed although a recovery plan is in place subject to being able to recruit to the currently advertised role.

17.2.02 - Due to the requirement for a second phase in the development of the skills matrix it is proposed to move this milestone to Q4, subject to further funding becoming available.

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
Implement Health and Care Induction Framework	**17.1.01**	Pilot the joint Health and Care Induction Framework	**DWOD**	Q2
Support and Develop Volunteers	**17.2.01**	Complete Needs Analysis to identify the Wellbeing requirements of unpaid Carers and Volunteers		Q1
	17.2.02	Develop Volunteer skills matrix as part of the School of Volunteers and Carers		Q2
	17.2.03	As part of the comprehensive workforce planning approach, systematically examine opportunities for volunteers		Q1 – Q4

Formal change request

17.1.01 Due the delay in appointments, and the redirection of current resources to Schools Project it is proposed to move this milestone to Q4.

17.2.02 Due to the requirement for a second phase in the development of the skills matrix it is proposed to move this milestone to Q4, subject to further funding becoming available.

Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026

The reliance on external funding and fixed term roles against the delivery of this priority needs to be considered in terms of sustainability

Executive Director Sign Off *Sign off has been provided by Debra Wood Lawson – DWOD via email*

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Digital First

Strategic Priority 18 – Implement Clinical Digital Systems that directly enable improved care
Including cross border clinical records sharing, clinical service priorities (nursing, eye care, prescribing), and telecare
Executive Lead - DoF

Quarter 2 Progress:

Identified Infrastructure improvements requiring investment and plans to address, in progress and part of the overall Digital Programme of work

Updates provided under key milestones

Challenges in terms of capital investment requirements and suppliers meeting demand for critical infrastructure equipment such as Wi-Fi/Switches etc.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
Implement key programmes to deliver Digital Care	**18.1.01**	Range of milestones for each project area *including health records, WMCR, Phase 2 OfWCMS, Eye Digitisation, Electronic prescribing and bed management* <table><tr><th>Project</th><th>Milestone</th><th>Outcome</th></tr><tr><td>Cross Border (Interoperability)</td><td>Exit foundation stage and move to Discovery phase</td><td>Map out project scope and project deliverables</td></tr><tr><td>Malinko eScheduling Tool</td><td>Commence implementation on a phased approach</td><td>System to support District Nurses schedule home visits</td></tr><tr><td>Electronic Prescribing and Medicines Administration (ePMA)</td><td>Recruitment to support project</td><td>Resource to support the All-Wales initiative</td></tr></table>	DoF	Q1

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Implement the cross-border programme, liaising with Digital Health and Care Wales and English Trust	**18.2.01**	Deliver Cross Border programme including sign off, recruitment Q1, design / build and implementation with user acceptance testing and integration		Q2 – Q4
			Milestone	Outcome
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Establish project board	Governance and reporting measures including stakeholder engagement
Recruitment	Project to support implementation
User requirements	Stakeholder requirements will form the scope of the project
Exit foundation stage	Map out project scope and project deliverables
*Commence development	Create solution increments Test before deployment
*Deployment	Bring the solution into operational use	 *These will run into 2023/24		
Enhance key systems to support delivery including replacement of Canisc, Electronic Test Request, Malinko	**18.3.01**	Range of milestones for each project area (detailed Directorate Plan) | Project	Milestone	Outcome
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Canisc	Decommission in November	Replaced with WPAS
Electronic Test Results	Implement new workbook to access pathology tests to all community hospitals.	Available on WCP			Q2 – Q4
Delivery of Telehealth and Telemedicine programmes	**18.4.01**	Range of milestones for each project area (detailed Directorate Plan) | Project	Milestone	Outcome
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Attend Anywhere Video Consultation	Develop user case studies to promote platform	Increase number of consultations taking place via video conferencing
Florence Telehealth	Support services to utilise the SMS text messaging service	Supports ongoing engagement between patients			Q2 – Q4

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			& health care professionals.		

Formal change request *None received*	

Learning and Reflections to inform INTEGRATED PLAN 2023 – 2026 *None received*

Executive Director Sign Off *Sign off has been received from Pete Hopgood – DoF via email*

Strategic Priority 19 – Implement key improvements to digital infrastructure and intelligence. Undertaking a Digital Service Review for the medium/longer term, aligning to the Renewal Programmes and improving deployment of systems
Executive Lead - DoF
Quarter 2 Progress: As noted above, Identified Infrastructure improvements requiring investment and plans to address, in progress and part of the overall Digital Programme of work; Challenges in terms of capital investment requirements and suppliers meeting demand for critical infrastructure equipment such as Wi-Fi/Switches etc.
Commentary on red rated actions: N/A
Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
Enhance business intelligence capability and systems	**19.1.01**	Range of milestones for each project area (detailed Directorate Plan) National Date Resource (NDR) – Additional resource secured Local Data Resource (LDR) - Azure subscription in place	**DoF**	
Improve key platforms to enhance access / implement role-based training	**19.2.01**	Range of milestones within specific project plans including Office 365, virtual clinics, single sign in, inpatient access screens, electronic referrals, stock control Subject to digital strategic framework approval for role-based training. Aligned to national programmes.		Range of milestones with specific project plans
Support North Powys Wellbeing Programme	**19.3.01**	In line with North Powys Wellbeing Programme timescale Community Training education Platform		

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		Data analytical modelling Digital blueprint	
Develop and implement Artificial Intelligence in robotics, machine learning and support for out of hours	19.4.01	Range of milestones for each project area (detailed Directorate Plan) Supplier engagement and learning from neighbouring HBs.	
Delivery of phased infrastructure development	19.5.01	Range of milestones within specific project plans for Managed print, Telephony replacement, Cyber security improvement, UPS replacement, Cabling upgrade, Firewall implementation, Wi-Fi upgrade, Migration to cloud, Data centre & comms rooms environment review	

Formal change request *None received*

Learning and Reflections to inform INTEGRATED PLAN 2023 – 2026 *None received*

Executive Director Sign Off *Sign off has been received from Pete Hopgood – DoF via email*

Innovative Environments

Strategic Priority 20 – Implement ambitious commitments to Carbon Reduction, Biodiversity Enhancement and Environmental Wellbeing

Executive Lead - DoE

Quarter 2 Progress:

- Progress made on investigating ways to **maximise biodiversity**. Collaborating with Aneurin Bevan University Health Board on evaluation of hospital sites by a specialist consultant to maximise biodiversity and focus grounds maintenance activity, programme funded by Welsh Government Health and Social Care Climate Emergency Programme Board will create bespoke maintenance plans and enable structured interaction with community groups. Quarterly progress submitted to the Welsh Government Programme Board for appraisal.
- A second project funded by the Health and Social Care Climate Emergency Programme Board initiated to expand our climate awareness through a further tranche of bespoke NHS Wales **Carbon Literacy training**, also offering 'train the trainer' to aid internal roll out. The Wales-specific training material has been developed and promoted by PTHB in conjunction with PHW and HEIW.
- **ISO 14001** Environmental accreditation retained Q1; small number of minor corrective actions and observations, being tracked to closure.

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- A pan-Powys **tree survey** procurement exercise undertaken with the award of contract to a local contractor. This will enable the condition of all trees across the estate to be assessed and provide a risk-based report for any remedial actions to be undertaken.
- The Health and Care Academy project at Bronllys has included the installation of PTHB's **first Air Source Heat Pump**, which will deliver carbon emission reductions as an electrical primary heat source instead of a fossil-fuelled boiler, especially as the Health Board's electricity is procured through Renewable Energy Guarantees of Origin (REGO) contracts.
- A major programme of energy efficiency through the **Re:fit programme**, Invitation to Tender progressing with Local Partnerships; evaluation by specialists of viability of schemes which will improve energy resilience, manage heat loss and gain, lower emissions and reduce energy consumption with associated **potential for positive financial impacts**.
- A local specialist consultant has produced a multi-year management plan the eradication of **Japanese Knotweed** at Llanwrtyd Wells Health Centre. All observations of invasive species are being recorded in an attempt to limit their impact on the surrounding biodiversity, preserve our green spaces and avoid legal action (Community Protection Notice).
- To support the drive towards **agile working**, evaluation of space utilisation commenced at Bronllys. Workshops arranged for Q3 to modernise the way space is managed and make a cultural shift away from 'my desk' to 'any space'. Continued home working has seen **positive impact on operational carbon emissions** and will have long-term benefits for reducing air pollution and climate adaptation.
- PTHB's **Recycling and Waste Management** arrangements reviewed and given 'Reasonable Assurance' by Internal Audit. The recycling pods and information has been given credit. No waste sent to landfill for waste and recycling (except in the case of plant failure).
- Support Services trialled **electric vehicles** for porters; these vehicles will be procured as existing fleet vehicles become obsolete.
- Support Services are working with NHS Shared Services Procurement to reduce the carbon footprint in sourcing catering supplies.
- Support Services have increased the options for plant based and vegetarian meals on patient and staff menus.
- Resource: the **vacant Environment and Sustainability Manager post** in a small team for the Q2 period has acted to limit work progress in some areas and an appointment to this post is key to the delivery of the full range of commitments this financial year period.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
Implement Decarbonisation and Biodiversity Delivery Plans: – ISO14001 Environmental Management System including biodiversity and ecosystem impact – Assess impact including COSHH to consider less harmful materials wherever practical	20.1.01	Detailed Decarbonisation and Biodiversity Delivery Plans in place and reported separately via Environment and Sustainability Group / Committee and Board	DoE	Q1 – Q4
	20.1.02	Commission self-audit Q4, audit activity Q1, address actions arising Q2, preparation for re-audit Q3		Q1

– Maintain tree surveys and for every tree felled on PTHB land, at least 2 native trees planted	**20.1.03**	Re-commission tree survey for Pan-Powys estate in Q2, subsequently implement actions arising			Q2 – Q4
– Waste reduction and management including recycling and reuse of waste products, pharmaceutical waste and medical gases, inhaler promotion/disposal and recycling, plastics	**20.1.04**	Contracts for waste and recycling compliant with NHS Financial Standing Orders and Welsh Government sustainability targets. Roll out of waste segregation training.			Q2 – Q4
	20.1.05	Annual Estates, Facilities Performance Management System data submission Q1			Q1 – Q4
– Energy and water management including renewables; retrofit / upgrade by 2030; low carbon heat solutions for all sites larger than 1000m2 by 2030; LED lighting by 2025	**20.1.06**	Q2 Welsh Government Energy Service 'Fleet Review' initiated along with EV charge point assessment. Q3 Review vehicle management assessments and report findings along with commencement of EV implementation on site at Brecon Car Park. Q4 Implement fleet review recommendations and EV roll out			Q1 – Q4
– Sustainable transportation in line with Welsh Government's Active Travel Action Plan: vehicle management, remote working, pooling, future proofing site design for electric charging capability (in partnership with NHS Shared Services)	**20.1.07**	Introduction of environmental weighting into procurement questions with Contractor Workshop Q2			Q1 – Q4
– Procurement and purchasing including life cycle approach and weighting of sustainable services	**20.1.08**	Develop next steps in investment programme to upgrade BMS systems. Embed biodiversity protection and enhancement into all business cases. Develop MMC and Net Zero build principles into future new developments.			Q1 – Q4
– Buildings Management Control System by 2023; BREAAM standards for new build and refurbishments; enhanced biodiversity protections, future developments in line with net zero / Modern Methods of Construction	**20.1.09**	Award of Bronze Carbon Literacy Organisation			Q1 – Q4
– Proactive communication and engagement to ensure leadership and promote low carbon behaviours/ best practice and initiatives	**20.1.10**	Develop accredited All Wales Carbon Literacy training package Q1 and implement training delivery plan			Q1 – Q4

Formal change request – *None received*

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

Executive Lead - DoE

Quarter 2 Progress:

- **Delivery of the Capital Programme** has continued at pace; currently 35 projects on this year's pipeline, 10 completed with the remaining on track for completion with the financial year. Project budgets remain under pressure as marketplace prices continue to rise.
- **Completed projects** to address infrastructure improvements include; Orchards Bungalow refurbishment for student & overseas nursing accommodation at Bronllys & the inclusion of LED lighting upgrades in all internal capital projects.
- In July handover of the second phase of the **Health and Care Academy** was achieved. Phase 2 included a major refurbishment of the former 'Magpies' bungalow into an **assisted living training facility** and the development of an outside learning area.
- At the end of 2021-22 the Health Board successfully completed the purchase of the freehold title for **Llanwrtyd Wells Health Centre**. Subsequently, a capital investment project has been initiated which will see major remodelling of the building to enhance local services provision and **delivery of a modern pharmacy dispensing service** in addition to new expanded retail and consulting areas.
- **Electrical infrastructure capacity remains a challenge** across the estate making it more difficult to install low carbon heating alternatives, electrical vehicle charging and electric catering equipment. Projects are continuing at Llandrindod and Welshpool to improve electrical infrastructure which will enable low carbon technologies to be implemented. The projects will also reduce reliance on temporary generators installed to supply our essential Covid-19 mitigation air handling units.
- Major capital projects for **Brecon Car Park and Machynlleth Reconfiguration** are progressing well and will see new facilities which will meet latest BREEAM standards and significantly contribute to decarbonisation targets.
- Business Justification Case for **Phase 2 redevelopment of Llandrindod Wells** is being developed, which incorporates many decarbonisation initiatives and, from the outset, are looking to reduce energy loss and improve efficiency within the design.
- Outline Business Case works have been initiated with plans to appoint Client Consultants and a full time internal Senior Capital Programme Manager for **North Powys** following PBC endorsement by the Welsh Government. Feedback on the SOC is awaited with concerns raised by Welsh Government about the nature of the site infrastructure works and how this will connect the phases of work required for the campus – a stand-alone BJC for Infrastructure is being developed to support the pace of the Education activity and reassure WG.
- During the quarter, **Estates Funding Advisory Board** (EFAB) funding has been confirmed for 2023/24-2024/25. The funding for each year will be split Infrastructure (including a focus on Emergency Department Waiting areas) and Mental Health; Fire Compliance works; Decarbonisation schemes. Bids are currently being developed and are to be submitted to WG by 07/11/2022

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- The **Covid-19 vaccination and testing centres** at the Royal Welsh Showground, Builth Wells have been vacated. Assistance has been provided by NWSSP and Welsh Government property teams to secure a 12-month lease for the former Welsh Government building on **Spa Road, Llandrindod Wells**. The property is a large and relatively modern facility which has been set-up to accommodate both MVC and TTP teams and has enabled the continued provision of Covid-19 services within the mid Powys area.
- **Estates Compliance** being strengthened by rolling programme of new 3-5year maintenance contracts with enhanced reporting and monitoring, with circa 12+ already implemented – the enhanced compliance does mean that the baseline revenue costs of the services have increased and the Providers have identified circa £500K of Capital and Revenue defects which require addressing. In addition, work to analyse and review the Planned Preventative Maintenance (PPM) and Reactive jobs required to maintain an aging estate has highlighted a shortfall in labour resource – this means that limited resource is deployed using a risk-based approach which is generating complaints in terms of response to routine maintenance including painting and grounds maintenance. Corporate Risk CRR 05 relates.
- **Estates Strategy**: next phase 'where we want to be'. Preparation for 2023 Six Facet Survey; update data for physical condition, space utilisation, functional suitability, environment including energy, quality and statutory (fire, equality act, health and safety).
- After successfully delivering PPE and Lateral Flow Devices throughout the Covid 19 Pandemic, the central **Covid 19 Stores and Distribution Service** closed, and arrangements returned to 'business as usual' at the end of Quarter 2.
- **Cleaning Services** in PTHB are compliant with revised NHS cleaning standards published in December 2021.
- All PTHB kitchens are compliant with **food labelling** regulations and have **environmental hygiene** ratings of '5 – Very Good'.
- PTHB's **Health and Safety Policy** deployment via training programme to identify workplace hazards and develop departmental risk assessments. Health & Safety Policies for First Aid at Work, Security and Health Surveillance being deployed and strengthened.
- **Staff duty rosters** in Hotel Services have been reviewed and revised and are under consideration by PTHB's Finance team.
- **Support Services Management Structures** further to 'Organisational Realignment' are finalised.
- **Contracts for maintenance of kitchen equipment** are under review for completion in Quarter 4.

Commentary on red rated actions:

Llanfair Caereinion development working with District Valuer, Shared Services and the developer on a finalised rate, to reflect recent market price rises. No escalation beyond Director required and work aimed at staying within approved financial envelope. 14 month build still remains the programme albeit commencement date is not finalised at this stage.

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
Deliver Discretionary & Major Capital Programme *Including developments at Machynlleth; Brecon Car Park, Llandrindod Wells Phase 2; Llanfair Caereinion Primary Care Centre*	21.1.01	Deliver agreed programme of Discretionary Capital projects	DoE	Q1 – Q4
	21.1.02	Completion of works at Machynlleth		Q4
	21.1.03	Completion of works at Brecon Car Park		Q3
	21.1.04	Phase 2 Llandrindod Wells scheduled for start with Business Justification Case 2022/23 for infrastructure, subsequent clinical focused reconfiguration 3-5 years		Q3

	21.1.05	Llanfair Caereinion; Third Party Primary Care development works scheduled for 14 month construction phase, commence work Q2		Q2 – Q4
Deliver Facilities & Estates Compliance & Improvements	**21.2.01**	Deliver Estates programme for fire, environment and infrastructure as agreed at Estates Funding Advisory Board		Q1 – Q4
Stores & Distribution, Health & Safety, Catering & Food Hygiene, Support Services, Estates Compliance	**21.2.02**	Deliver Facilities work plan to include compliance with new food hygiene regulations Q1, implementation of Health & Safety Policy, compliance with cleaning standards, review of hotel services career structure Q1 – Q2, strengthen maintenance contracts Q4		Q1 – Q4
	21.2.03	Development of protocols to support agile working		Q1 – Q3
Delivery of Multi Agency Campus Development Programme (component of North Powys Wellbeing Programme)	**21.3.01**	As per North Powys Well-being Programme plan which is reported in detail separately via Partnership arrangements		Q1 – Q4

Formal change request – *None received*

Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026

Welsh Government Capital funding availability is subject to change at short notice (evident this year with EFAB funding paused) and the annual year planning requires flexibility to mirror these changes 'in year'.

Executive Director Sign Off *Sign off received from Jamie Marchant – DoE via email*

Transforming In Partnership

Strategic Priority 22 – Improve quality (safety, effectiveness and experience) across the whole system; building organisational effectiveness

Executive Lead – MD & DoN

Quarter 2 Progress:

Good progress is being made in relation to improving quality, across a range of areas which span several quarters. The patient safety approach focuses on the identification and management of incidents and an Incident Review Forum has been established to take forward this work, inclusive of Executive led NRI structures. The Once for Wales Concerns Management system has been implemented and the programme board has been discontinued with the monitoring arrangements noted within business as usual.

Commentary on red rated actions:

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22.2.01 Deliver the I&I portal. This has been dependent on securing IT and Informatics resource and support. The Bright Ideas Powys App that will be available to all staff and via the intranet is nearing completion. An exercise is currently being undertaken to capture innovation, improvement and research projects across Health, social care and third sector over the past 5 years to form a repository.

22.2.02 Explore the creation of a Research, Innovation & Improvement Fund. The proposal has been drafted and was discussed with IMs ahead of the Charitable Funds Committee. Amendments are being made to the proposal and it will be shared with Exec Committee on 19th October.

Progress against key actions and milestones				

Key Actions	No.	Key Milestones	Exec Lead	RAG
Deliver the Clinical Quality Framework with a focus on key priority areas including Maternity and Neonatal; Care Home sector and provider assurance	22.1.01	Implement clinical quality framework, including:	DoN	Q1 – Q4
	22.1.02	Consolidate Putting Things Right approach and oversight, complete PTR improvement plan Q1, ensure compliance with PTR cycle Q2, annual review Q4		Q1 – Q4
	22.1.03	Finalise delivery of patient safety approach		Q1
	22.1.04	Patient experience approach re-launch, re-establish Executive and Independent Member engagement visits/opportunities		Q1 – Q2
	22.1.05	Undertake exercise to secure and implement a Patient Experience digital system		Q2
	22.1.06	Agree clinical policy review plan		Q2
	22.1.07	Deliver Clinical Audit Plan		Q1 – Q4
	22.1.08	Complete implementation of Once for Wales Concerns Management system		Q3
	22.1.09	Plan for implementation of Duty of Candour		Q2 – Q4
Delivery of the Research and Development programme	22.2.01	Deliver 'I&I Portal' database	MD	Q1
	22.2.02	Explore the creation of a Research, Innovation and Improvement fund		Q1
	22.2.03	Align activity to School of Research Innovation and Improvement Adopt approach to clinical quality improvement; training Q1; projects Q1 – Q4; expert partnerships Q1, increase placements		Q1 – Q4
	22.2.04	Deliver Clinical Audit and assessment (aligned to Clinical Quality Framework)		Q1 – Q4

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	22.2.05	Increase research participation and develop Powys led studies		Q1 – Q4

Formal change request – *None received*

Learning and Reflections to inform INTEGRATED PLAN 2023 – 2026 *None received*

Executive Director Sign Off *Sign off received from Claire Roche – DoN and Kate Wright – MD via email*

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

Executive Lead – DoPP, BS

Quarter 2 Progress:

- Work has commenced on the RPB Area Plan/ review of the Health and Care Strategy, there are complex interdependencies to be navigated to ensure alignment and create a 'golden thread' across the Area Plan, PSB Wellbeing Plan and each partner's corporate / integrated plans; there are issues for partners in relation to capacity to engage on multiple strategy and planning processes given system pressures
- The overall status for the North Powys Wellbeing Programme reports as 'AMBER' due to ongoing issues of capacity with regards to competing work priorities, alignment and operational pressures. Key areas have been progressed including the Approach for the Business Justification Case and funding arrangements, Governance Framework, Resource Plan and Engagement and Communications Plan for the Outline Business Case. A recruitment process is underway for Digital Project Manager and Project Support Officers and appointment has been made to GP Clinical Lead. Preparations have been made for a round of Transformation workshops from November 2022.
- The Strategic Change tracking and reporting system has been restored, with a comprehensive Stocktake produced and shared at the new Transformation and Value Group (and will be shared at Planning, Partnerships and Population Health Committee in October)
- Section 33 arrangements are in place, further opportunities have been explored at a joint session between PTHB and Powys County Council with regards to areas of integration which will inform strategic planning for 2023 onwards
- Key achievements in communications and engagement include: publicity to support recruitment marketing ; SharePoint onboarding; engagement on next phase of North Powys Wellbeing Programme, community events including the Kindness Fest in Newtown in September; winter respiratory vaccination campaign including autumn COVID boosters; response to the death of Her Majesty Queen Elizabeth II, (including standing down the Diolch Powys event on 16 September); Herefordshire and Worcestershire Stroke Review engagement; key corporate programmes including Annual General Meeting, executive recruitment, announcement of Chair and other Board appointments, and publication of every day IMTP.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG

Delivery of Regional Partnership Board priorities, with mid-year review of Health and Care Strategy	**23.1.01**	Deliver agreed RPB priorities	**DoPP**	Q1 – Q4
	23.1.02	Contribute to RPB mid-year review of the Health and Care Strategy		Q2
Delivery of the North Powys Well-being Programme	**23.2.01**	As per North Powys Well-being Programme plan which is reported in detail separately via Partnership arrangements		Q1 – Q4
Management of Strategic Change with targeted action for live programmes with an impact on the Powys population	**23.3.01**	Strategic Change Stocktake process re-established Q1, with quarterly review and update Q2 – Q4; Targeted action on live programmes as required		Q1 – Q4
Development of Section 33 arrangements for care homes	**23.4.01**	Development and delivery of Section 33 arrangements – agreement in place Q1, annual cycle of delivery and monitoring		Q1 – Q4
Delivery of programme of Communications, with continuous and targeted engagement	**23.5.01**	Communications Plan implementation	**BS**	Q1

Formal change request *None received*

Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026

There are multiple strategic planning exercises and transformation programmes underway currently, efforts to align and create a 'golden thread' will be important to set a clear, shared ambition for Powys with efforts targeted at actions that will deliver the greatest benefit, based on an understanding of the complex socio-economic challenges being experienced across the UK and in Powys, which will have an impact on population wellbeing and the delivery of health and care and the evidence of what works and is of greatest value.

Significant delivery of the health board's engagement programme is through fixed term posts ending Spring 2023 and/or roles funded through (and dedicated to) specific work areas such as SilverCloud or North Powys Wellbeing. Decisions will be needed about resources and priorities for the year ahead. A key area of focus will need to be on systems & processes for continuous engagement for 2022/23 aligned to the establishment of the new Citizen Voice body for health and care.

Executive Director Sign Off *Sign off provided by Board Secretary and DoPP via email*

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

Executive Lead – DoF, MD

Quarter 2 Progress:

Renewal

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24.1.01 Transformation & Value Team strengthened through Analyst from April 2022; first attempt to secure Master level students not successful - further attempts to be made; Value Based Medicine Optimisation Pharmacists remain challenging to recruit; funding agreed for revised skill-mix for Band 6 Pharmacy Technician and PTHB funding joint Professor of Health Economics.

24.1.02 PTHB Interventions Not Normally Undertaken (INNUs) Working Group established and supportive of the 'once for Wales' approach; analysis of INNUs undertaken and showed no initial areas of concern, however, further work required to look at variation between providers by specialty. An all-Wales approach to INNU should begin in the Autumn 2022.

24.1.03 Survey of PTHB services to understand Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) undertaken; links with Welsh Value in Health Centre to national work and contact made with English Integrated Care Systems; paper on PROMs organisational approach supported by Value Based Health Care Programme Board in September and approved for submission to Transformation and Value Group Executive Committee in November 2022.

24.1.04 Cwm Taf Morgannwg University Health Board supporting the PTHB Muscular Skeletal Team to roll out Shared Decision Making/resources in September; continuing to work in collaboration with Betsi Cadwaladr University Health Board and Hywel Dda University Health Board and meeting to strengthen links to PTHB Organisational Development framework, including work on Shared Decision Making.

Finance

Reported overspend of £2.8m at month 5 with an in-year forecast overspend of £7.5m. Cost pressure drivers include Continuing Healthcare growth over and above planned levels, agency usage covering substantive vacancies and commissioning pressures linked to flow and recovery. Progress against the £4.6m required savings target is not where it needs to be. Recovery actions are being identified across all areas in order to deliver the best possible outturn position, reprioritising resources.

Commentary on red rated actions:

Devise/Implement exit strategy for all non-recurrent COVID costs: Funding is being assumed from WG relating to £7.3m local COVID costs on a risk share basis. A significant proportion of these additional costs are now operational and "business as usual." Every effort needs to be made to curtail and step down these costs where appropriate.

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
Delivery of the value-based healthcare programme *Renewal Portfolio*	24.1.01	Further strengthen the Transformation and Value team, including research assistants, Masters and PHD Students	DoF & MD	Q1 – Q3
	24.1.02	Analysis of low value interventions Q1, Review with BCUHB Q2, update Interventions Not Normally Undertaken (INNU) Policy Q3		Q1 – Q4
	24.1.03	Develop and implement consistent approach to PROMs and PREMs		Q1 – Q4

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		24.1.04	Linking with OD Framework, implement a range of engagement activity that helps embed Value Based Healthcare		Q1 – Q4
Delivery of Financial Strategy and Financial Plan		24.2.01	Annual cycle of delivery and monitoring in place	**DoF**	Q1 – Q4
		24.2.02	WG/ FDU quarterly touch point sessions		Q1
		24.2.03	Finalise development of recurrent savings plan (1)		Q1 – Q4
		24.2.04	Impact assessment of English contracting position (2)		Q1 – Q4
		24.2.05	Devise/Implement exit strategy for all non-recurrent COVID costs (3)		Q1
		24.2.06	Focused PSPP target improvement >95%		Q1 – Q4

Formal change request

24.1.03 needs to be separated as these are two separate actions as shown below (this is a minor change and has therefore been transacted)

Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026

Where additional actions or milestones are required after the agreement of the IMTP Delivery Plan, e.g., the response that was needed to the VBHC Additional Funding made available in May 2022, this needs to be reflected in the change process above also, including the impact on existing milestones.

2023 -2024 will be another very challenging year. The financial plan needs to be fully aligned with service plans and deliverables. Bottom-up budget setting aligned to the agreed plan will support and drive accountability. Early identification of cash releasing savings and efficiencies will support delivery. This work is underway through the Financial Recovery Planning group.

Executive Director Sign Off *Sign off has been provided by Kate Wright – MD & Pete Hopgood – DoF via email*

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

Executive Lead – DoPP, BS

Quarter 2 Progress:

- Integrated Performance Framework developed following engagement at Executive Team and Committee, and with providers. This integrates the two previous performance and commissioning frameworks. This was approved by PTHB Board in September 2022; an associated Implementation Plan will support management of the refreshed process via the Delivery and Performance Committee.
- The Planning and Performance module of the PTHB Managers Training has been refreshed in line with the IMTP 2022/25 and successfully delivered with excellent user feedback scores and comments.
- The Annual Report was delivered and preparations are already underway for next year's report.

- Preparations have commenced for the IMTP 2023-26 including the production of a pack of information setting out the evidence base, population and wellbeing assessment, PESTLE and SWOT analysis, organisational positions across various areas of performance, finance, transformation and value, quality and engagement; this has been used to inform an initial Board Development session and consideration of the Strategic Priorities for next year.
- A series of meetings are in place to review existing Third Sector Service Level Agreements (SLA). This is being overseen by the Assistant Director of Performance and Commissioning with a view that a programme of SLA reviews is agreed for the remainder of 2022/23.
- The Governance Work Programme is a longer-term programme of improvement that continues to be progressed. The main achievement in Q2 has been the completion of the review of the Corporate Risk Register for reporting to the September Board meeting. The Board Assurance Framework remains under review as complimentary frameworks are reviewed and refreshed. As an example, the Integrated Performance Framework was also completed and signed off by the Board in Q2.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
Revise the Commissioning Assurance Framework and Integrated Performance Approach, to track the 6 domains (safety, effectiveness, experience, access, cost/finance/value, governance (incl. system resilience and improvement))	25.1.01	Refresh Commissioning Assurance Process Q1, annual cycle of delivery including the agreement and implementation of a Standard Operating Procedure for Quality and Safety as part of the commissioning assurance framework	DoPP	Q1 – Q4
	25.1.02	Review and strengthen the Improving Performance Framework Q1, annual cycle of delivery to include dashboards, quarterly review of MDS and Progress Against Plan (IMTP)		Q1 – Q4
	25.1.03	Design and Delivery of Manager Training (Planning and Performance)		Q2
	25.1.04	Delivery of Annual Report		Q1
	25.1.05	IMTP Development – commencement Q3, submission date tbc by Welsh Government		Q3
	25.1.06	Third sector review and agreement/phased implementation Q1 – Q4		Q1 – Q4
Delivery of Governance Work Programme	25.2.01	As per Governance Work Plan, Initial focus on establishing Board and committee cycle for the year in Q1	BS	Q1
	25.2.02	Review of Board Assurance Framework and Risk Management Arrangements also in Q1 to support delivery of IMTP objectives		Q1
	25.2.03	Review of Scheme of Delegation		Q1
	25.2.04	Remaining elements of Governance Work Programme scheduled for Q2 – Q4 building on cornerstone arrangements noted above in Q1		Q2 – Q4

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Deliver the priorities of the Organisational Development Framework	**25.3.01**	As per Organisational Development Implementation Plan		Q1 – Q4

Formal change request

Action 25.2.02 was initially set for completion in Q1 but contains two elements. One is complete regarding risk management arrangements, but the review of the Board Assurance Framework is ongoing. It would be more meaningful to amend the milestone for this to Q3.

Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026

The organisation position in relation to performance and commissioning are key considerations for the Integrated Plan development and will be closely tracked, alongside the financial position and wider service and external environmental factors.

Executive Director Sign Off *Sign off provided by DoPP and Board Secretary via email*

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