

Powys THB Finance Department

Financial Recovery Plan (FRP) 2022/23

Board

Date Meeting: 30th November 2022

Item 3.2a

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

Introduction

Subject:	Financial Recovery Plan (FRP) 2022/23
Approved & Presented by:	Pete Hopgood, Director of Finance
Prepared by:	Andrew Gough, Deputy Director of Finance
Other Committees and meetings considered at:	Delivery & Performance Committee
PURPOSE:	
This presentation provides the Committee with an update on the 2022/23 Financial Recovery Plan (FRP).	
RECOMMENDATION:	
It is recommended that the Committee: <ul style="list-style-type: none">• DISCUSS and NOTE the current Financial Recovery Plan(FRP) position.• DISCUSS and NOTE Red schemes	

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

Approval/Ratification/Decision	Discussion	Information
	✓	

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25/11/2022 14:21:59

Process, structure, governance and accountability are key elements of safe, effective FRP delivery

- Organisations that deliver savings and efficiency (Cost Improvement Plans - CIP's) well:
- Engage with their staff
- Plan in detail
- Have robust monitoring arrangements
- Continually evaluate both individual FRP schemes and overall performance

Good governance arrangements are fundamental:

- Clear lines of accountability
- Performance management processes to ensure FRPs are delivered to timescale and plan

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25/11/2022 14:21:59

Key challenges:

- Sharpen visibility of performance and accountability
- Timeliness and Consistency of FRP reporting
- Consistent messaging across the organisation
- Grip and control over scheme delivery
- Collating further savings schemes potential

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25/11/2022 14:21:59

RAG Rating	Project plan/brief	Accountable Lead	Financial & activity calculation	Financial phasing	Financial Code	MMR Report
Red Pipeline	Evidence of an opportunity that requires work up of a full project plan	Lead to be identified	Calculation of savings to be fully quantified Full Project plan to be confirmed to allow complete financial assessment	Milestones of project and rationale for financial savings to be confirmed Calculation of savings and significant factors to be completed Financial savings to be confirmed	To be confirmed	0% Financial Value
Amber	Clear components of project plan in place with elements not fully confirmed and addressed	Appropriate lead accountable for delivery of the project in place Project approved and supported by relevant stakeholders	Financial assessment factors all known financial implications Financial calculation reflects confirmed deliverable value Financial calculation reflects actual savings identifies not a target	Financial saving phasing in line with confirmed plans and milestones	Financial code identified and confirmed	100% of identified deliverable value
Green	Complete/appropriate to complexity project plan in place, brief available reflecting timescales. Milestones, enablers and risk considered	Appropriate lead accountable for delivery of the project Project approved and supported by relevant stakeholders	Complete project brief provides clear base for financial assessment Financial assessment includes savings and any required facilitating expenditure; capital or revenue Financial calculation reflects actual savings identified not a target	Financial savings phased in line with the milestones and timing identified within the project plan	Financial code identified and confirmed	100% of identified deliverable value

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25/11/2022 14:21:59

- In order to deliver a balanced financial plan in 2022/23, delivery of a £4.6m (1.3%) FRP is required.
- There is a forecast shortfall against the planned target of £1.790m in 2022-23 and £4.037m recurrently
- Further recovery schemes have been identified through the Finance & Performance Executive Sub Group
- There needs to be a continuous pipeline of opportunities
- It is essential that these schemes are reviewed/assessed for delivery through the tracker governance process with clear lines of accountability
- Full assurance of FRP delivery can only be made with 100% green schemes

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25/11/2022 14:21:59

Area	2022/23 £000'				2023/24 (Recurrent) £000'			
	Green	Amber	Red	Total	Green	Amber	Red	Total
Community Services			-	-			2,886	2,886
Environment : Estates			21	21			56	56
Environment : Facilities	95	63	167	325	114	6	519	639
Finance	63			63	16			16
Digital	47			47				
Medical Director			25	25			60	60
Mental Health	142		105	247	244		358	602
Nursing Director			74	74				-
Commissioning		135	315	450		300	671	971
Primary Care	49	94	227	370		313	568	881
Therapies		40		40				
WOD							297	297
Total	396	332	935	1,662	374	619	5,415	6,407

Scheme details are shown in Appendix 1

Green Schemes £0.396m agreed to proceed

Amber Schemes £0.332m agreed to proceed but further work required

Red Schemes would require further discussion and planning

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25/11/2022 14:21:59

Powys THB Finance Department Financial Performance Report Board

**Period 06 (September 2022)
FY 2022/23**

Date Meeting: 30th November 2022

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



Introduction

Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 06 OF FY 2022/23
Approved & Presented by:	Pete Hopgood, Director of Finance
Prepared by:	Andrew Gough, Deputy Director of Finance
Other Committees and meetings considered at:	Delivery & Performance Group Board
PURPOSE:	
This paper provides the Board with an update on the September 2022 (Month 06) Financial Position including Financial Recovery Plan (FRP) delivery and Covid.	
RECOMMENDATION:	
It is recommended that the Board/Committee: <ul style="list-style-type: none">• DISCUSS and NOTE the Month 06 2022/23 financial position.• DISCUSS and NOTE the 2022/23 financial forecast deficit position• DISCUSS and NOTE the 2023/24 financial outlook	

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

Approval/Ratification/Decision	Discussion	Information
	✓	

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25/11/2022 14:21:59

Powys THB 2022/23 – 2024/25 IMTP approved core financial plan is shown in Table 1. This excludes the ongoing costs for COVID response and exceptional national pressures that are assumed to be fully funded at risk.

Core Financial Plan Year 1 2022/23 – 2024-25 IMTP

CORE FINANCIAL PLAN 2022-23		Year 1 £m
Underlying b/f Deficit (Surplus)		6.801
WG Assessed Sustainability Funding via All Letter	0.8% above std 2% uplift	(2.016)
	1% Pay Award Not Required 22/23	(0.840)
		3.945
Recurrent Impact 21/22 Pressures	CHC	3.428
	Variable Pay	1.192
	Mitigation CHC - T&F Group	(1.610)
	Mitigation Variable Pay - T&F Group	(1.000)
		5.955
Delivery Unmet Savings & Assumed Recurrent Benefits	b/f 20/21 and 21/22	(3.687)
Recurrent Commitment Recovery Allocation 22/23		(1.297)
		0.971
NHS Commissioned Services Growth	WHSSC/ EASC / Velindre / 2nd Care Drugs	3.252
	Assume 0.8% Additon to Welsh LTAs above 2%	0.640
	Mitigation WHSSC Recovery Costs (Move to Risks)	(0.806)
		4.057
Locally Determine Growth & Pressures	General Inflation Uplift 2%	3.943
	Primary Care Prescribing	0.400
	CHC Growth Volume	1.747
	New Investments	0.198
		10.345
Standard National Pressures / Growth	Microsoft Licence additional contribution	0.280
	WRP additional contribution	0.419
		11.044
WG Allocation	Sustainability Allocation (less 0.8% less 1% Pay)	(4.199)
	Recovery (Less £1.3m used support recovery above)	(6.221)
	VBHC	(0.624)
CORE FINANCIAL PLAN 2022-23		0.000

Core Financial Plan Principles:

Delivery of a breakeven position in 2022/23 requires delivery of a £4.6m cash releasing savings target and the management of all operational pressures including CHC and variable pay.

All delegated budgets will need to be recurrently balanced and cash releasing savings will need to recurrent in order to achieve a c/fwd nil underlying deficit into 2023/24.

Planned care recovery targets can be delivered by providers achieving 2019/20 activity levels.

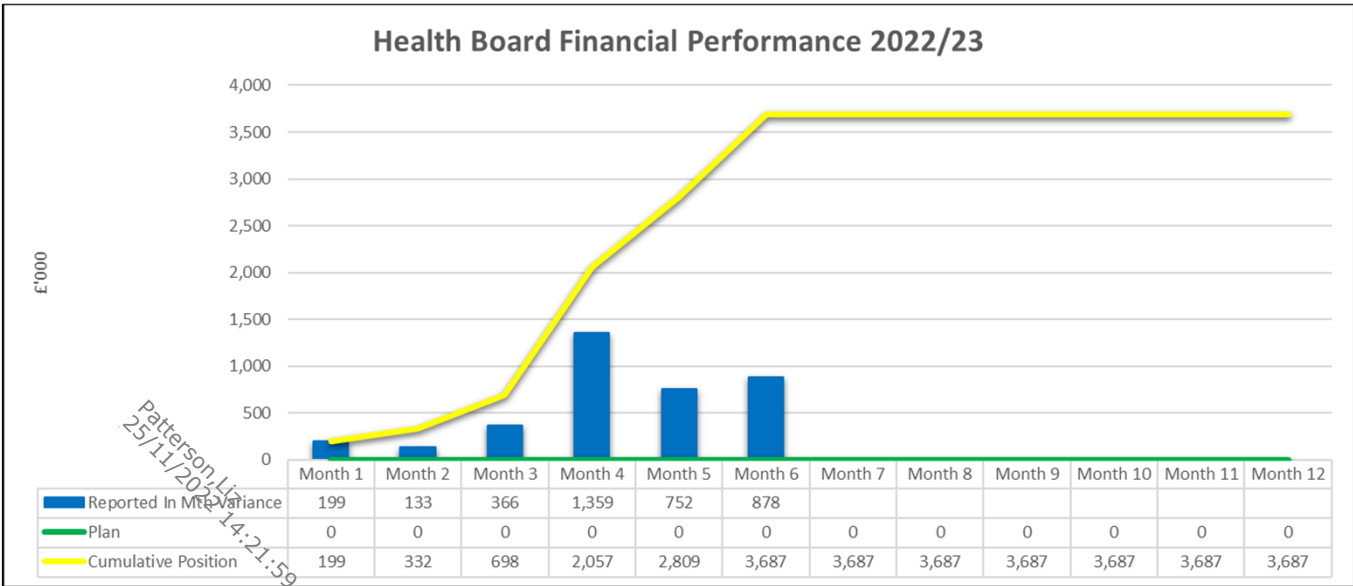
Revenue			Capital		
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by Welsh Government	Value £'000	Trend		Value £'000	Trend
Reported in-month financial position – deficit/(surplus) – Red	-878	↓	Capital Resource Limit	9,647	→
Reported Year To Date financial position – deficit/(surplus) – Red	-3,687	↓	Reported Year to Date expenditure	3,293	→
Year end – deficit/(surplus) – Red	-7,500	↓	Reported year end – deficit/(surplus) – Forecast Green	0	→

Powys THB 2022/23 Plan was approved by the Board and submitted to WG on 31st March 2021. The Health Board plan was approved by the Minister on 22nd July 2022.

As per 2022/23 spend in relation to Covid is included in the overall position but is offset by an anticipated or received allocation from WG, as per the planning assumptions and so is not directly contributing to the YTD £3.687m over spend at Month 06.

Excluding Covid, the areas of overspend which are a concerning at this point in the year are the growth in CHC costs and ongoing increase above historic trend in variable pay, underlying commissioning pressures and the recurrent impact of this on the 2022/23 Plan. The table on the next slide provides an overall summary/variance by area but this will include Covid spend.

Due to lack of progress against planned savings and continuing CHC pressures PTHB has moved into a forecast deficit position of £7.5m. This position is detailed on page 10 of the report.



Overall Summary of Variances £000's

	Budget YTD	Actual YTD	Variance YTD
01 - Revenue Resource Limit	(193,027)	(193,027)	0
02 - Capital Donations	(340)	(340)	0
03 - Other Income	(2,832)	(3,448)	(616)
Total Income	(196,199)	(196,815)	(616)
05 - Primary Care - (excluding Drugs)	20,994	20,807	(187)
06 - Primary care - Drugs & Appliances	15,359	15,452	93
07 - Provided services -Pay	47,931	47,779	(152)
08 - Provided Services - Non Pay	13,163	13,352	189
09 - Secondary care - Drugs	493	715	222
10 - Healthcare Services - Other NHS Bodies	73,277	75,302	2,025
12 - Continuing Care and FNC	10,890	13,047	2,157
13 - Other Private & Voluntary Sector	1,714	1,669	(45)
14 - Joint Financing & Other	7,511	7,509	(2)
15 - DEL Depreciation etc	2,811	2,814	2
16 - AME Depreciation etc	2,056	2,056	0
18 - Profit\Loss Disposal of Assets	0	0	0
Total Costs	196,199	200,502	4,303
Reported Position			3,687

It should be noted that £2.7m of non recurrent corporate opportunities have been released into the position at month 6.

CHC run rates are continuing on an upward trend with expenditure forecast to increase in excess of £10m since the end of 2019/20. There is a forecast deficit of £5.2m.

Variable pay run rates are stabilising but not improving linked to substantive workforce availability.

5/6 months of activity data has been received for the majority of Welsh or English providers. There is a forecast deficit of £3.9m.

Progress against planned £4.649m Savings Target

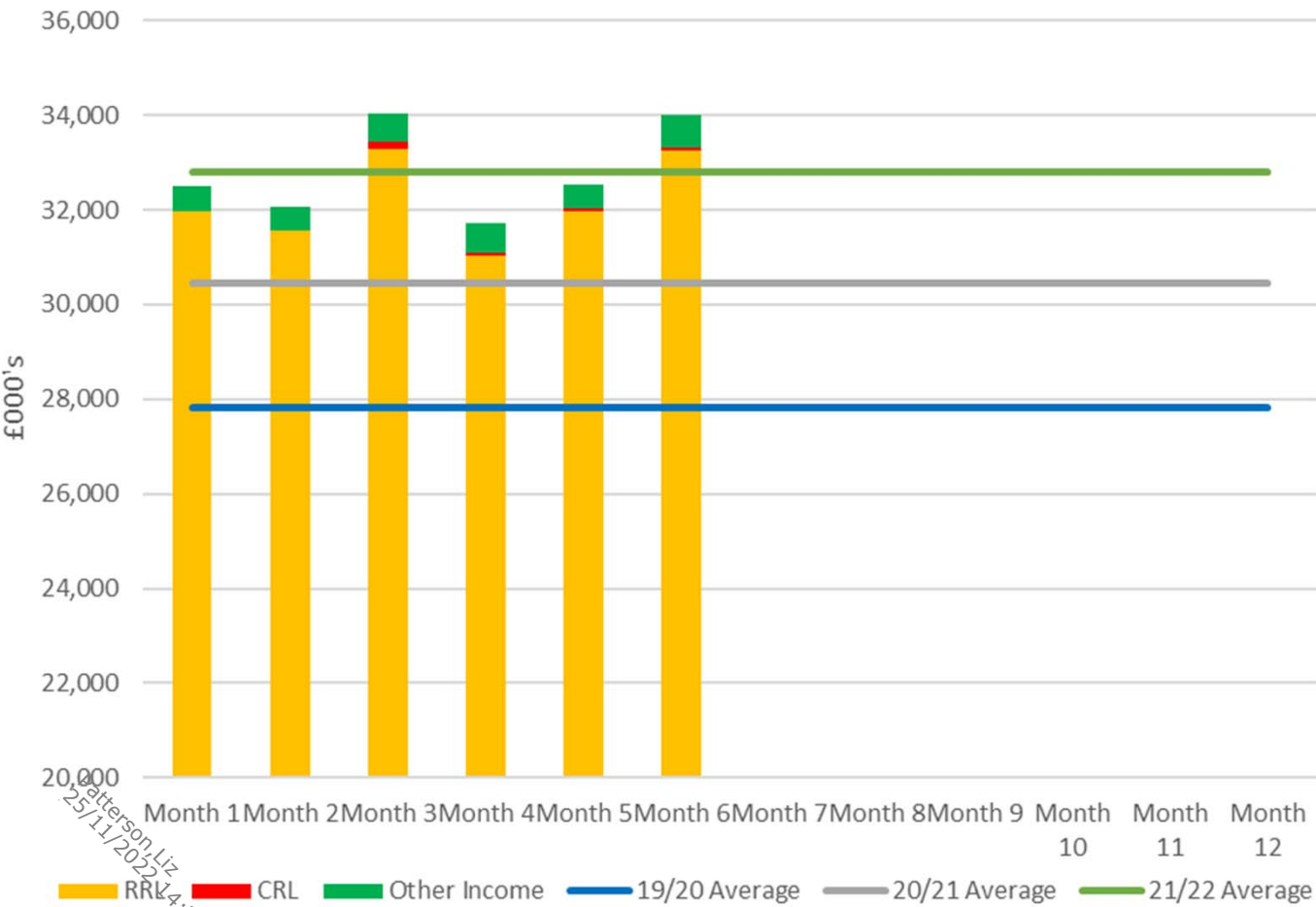
	22-23 Target 1.3%	2022/23 £000'					2023/24 (Recurrent) £000'				
		Green	Amber	Total Green & Amber	Pipeline Red	Shorffall against Target	Green	Amber	Total Green & Amber	Pipeline Red	Shorffall against Target
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Medicines Management			548	548	900			548	548	900	
Provider Non Pay			34	34				64	64		
Accountancy gains		2,277		2,277							
Cross Cutting Schemes					240					240	
Total PtHB	4,649	2,277	582	2,859	1,140	1,790		612	612	900	4,037

Recovery - Additional savings identified through Finance & Performance Group

Area	2022/23 £000'				2023/24 (Recurrent) £000'			
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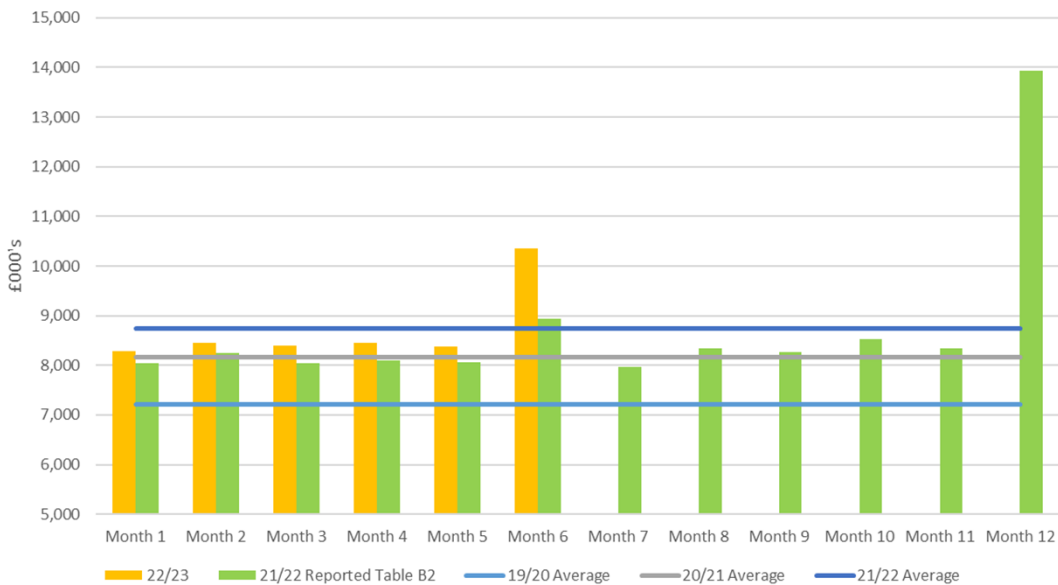
- In order to achieve breakeven as set out in the 2022-23 Financial Plan, a recurrent savings target totalling £4.649m (1.3%) needs to be delivered.
- Savings identification and delivery profiles are not where they need to be through month 6.
- There is an in-year forecast shortfall of £1.790m against the savings requirement and a recurrent shortfall of £4m.
- £2.277m green schemes identified in 2022/23 are non recurrent accountancy gains.
- Red pipeline opportunities need to be converted into deliverable plans and further opportunities identified.
- Further recovery schemes totalling £0.728m have been identified.

Total Actual Income 2022/23 vs Previous Years

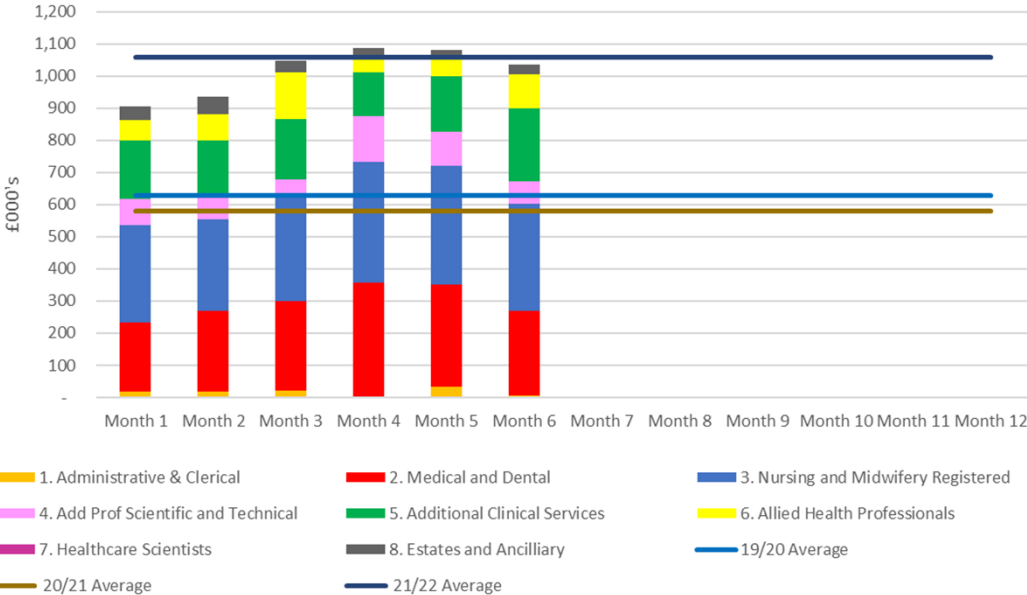


- The total income received in 2020/21 is significantly higher than the average for 2019/20 due to the £31M of covid funding received from WG and reported in detail in Note 34.2 on the 2020/21 Annual Accounts.
- For 2022/23 the total anticipated funding for Covid as part of the RRL is £14.052M, and an element of this has been included in each month.
- For 2022/23 the total anticipated funding for Exceptional Pressures is £2.759M, and an element of this has been included in each month.

Total Actual Pay 2022/23 vs Previous Years

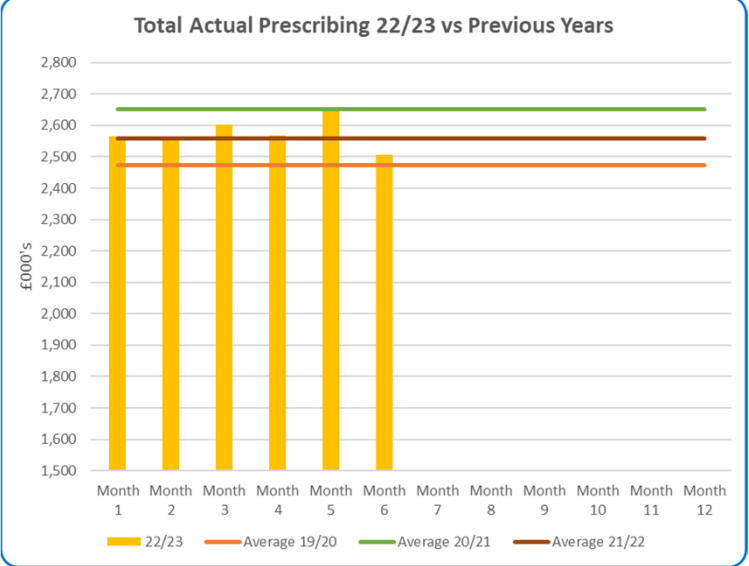
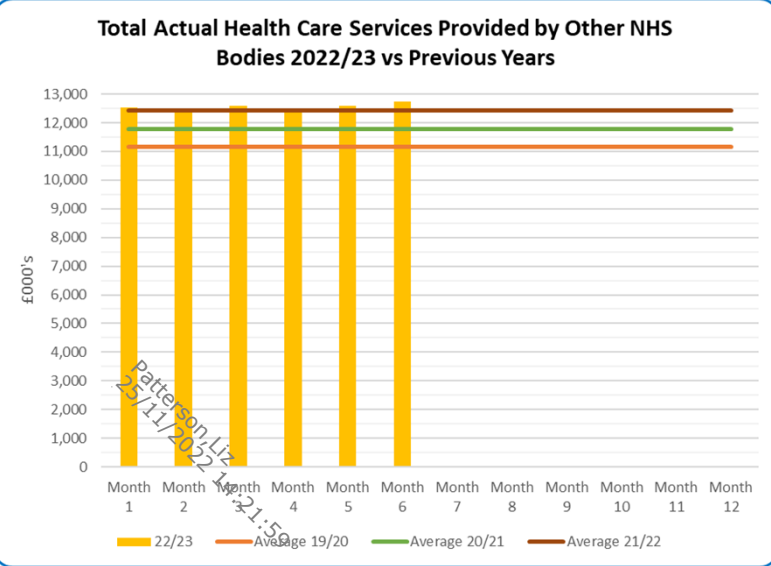
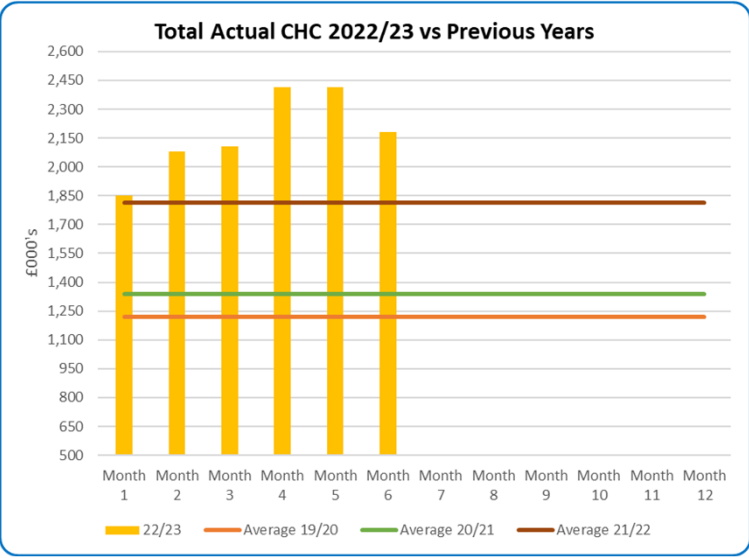
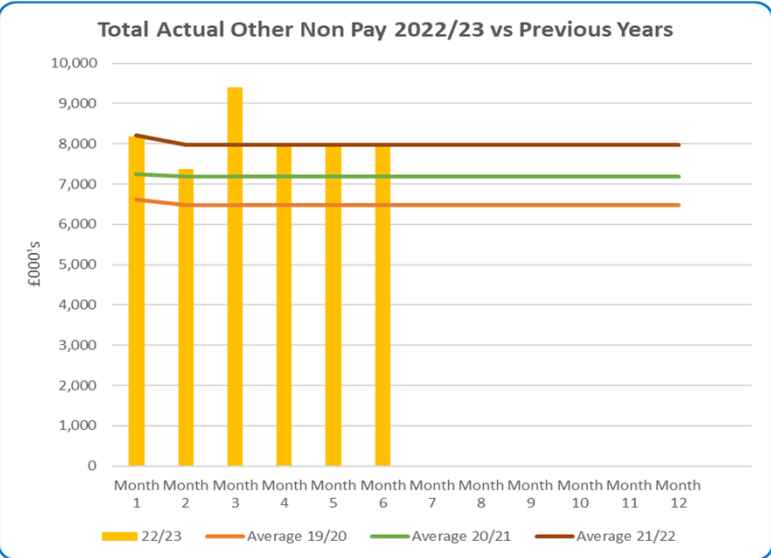


Total Actual Variable Pay 2022/23 vs Previous Years



- The Month 06 YTD pay is showing an overspend of £1.308M against the year-to-date plan.
- Chart 1 is comparing that the total pay position for 2022/23 with data from previous financial years. The green bars represent the total pay as per the MMR report (Table B2) in 2021/22 and the yellow the position for 2022/23, which clearly shows a stepped increase.
- Chart 2 on variable pay demonstrates a comparison of 2022/23 variable pay compared to the average value from the last 3 financial years.

Health Board Actual 2022/23 vs Trend Previous Financial Years



- Actual Other Non Pay spend in 2022/23 YTD is significantly higher than the average trend from 2019/20 and slightly higher than the average for 2020/21, which will contain Covid costs along with 2020/21 uplifts for some areas.

There are 3 key areas of focus:

- Commissioning – currently the LTAs are moving away from the Block arrangement as per the guidance from the DoH and WG as a consequence of C-19. These figures will also contain the growth in WHSSC and EASC. Please see Page 8 for more details.
- CHC – Appendix 4 provides the actuals to 30th September 2022, which again shows the significant growth between 2020/21 and 2021/22 and this continues into 2022/23.
- Prescribing – the YTD position is based on the latest PAR information (month 4), which has provided an increase in spend in-month compared to the average in 2020/21. This will be kept under close review and updates provided as necessary given the growth seen in previous years.

LTAs were signed off by 30th June for all Welsh providers. 2022/23 is a move away from the block contract that have been in place for the past 2 years.
The forecast below is volatile based on several assumptions. Providers ability to deliver both core and recovery activity is variable and will be closely monitored.

Commissioning Forecast 2022/23

Commissioning	2021-22 Outturn (£'000)	Month 5	Month 6
		2022-23 Forecast (£'000)	2022-23 Forecast (£'000)
Welsh Providers	38,536	38,699	38,924
English Providers	61,013	64,082	64,261
WHSSC / EASC	44,608	46,581	46,606
Other NHS Providers	4,374	3,630	3,697
Mental Health	1,130	1,461	1,406
Private Providers	701	668	626
Total	150,362	155,121	155,520

2022/23 forecast is volatile due to pace of recovery and the ongoing impact of COVID.

- 2021/22 outturn includes estimated English provider H2 costs and partially completed spells
- 2022/23 inflation included in forecast Welsh Health Boards 2.8% / English providers 1.7%
- 2022/23 Welsh Health Boards based on DoFs financial flows agreement (2019/20 activity baseline with tolerance levels)
- No activity data has been received from ABUHB to date and is being chased.
- 2022/23 English provider forecast will include an element of recovery activity. English providers currently achieving 104 week target.
- Welsh providers not currently achieving planned care pre-pandemic activity levels.
- There is a likely forecast deficit of £3.9m across all providers against baseline budget.

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25/11/2022 14:21:59

Funding has been assumed for COVID National Programmes, the ongoing cost of COVID response and exceptional national pressures. This will be subject to review by Welsh Government/FDU in line with guidance provided. It is important to note that this funding is not yet confirmed.

COVID and Exceptional Items

	M1 £'000	M2 £'000	M3 £'000	M4 £'000	M5 £'000	M6 £'000	FORECAST £'000
Covid National Programmes:							
Test Trace & Protect	518	369	422	173	130	144	2,857
PPE	3	5	4	11	9	11	83
Mass Vaccination Programme	283	291	348	125	228	301	3,510
	804	665	775	309	367	456	6,450
Covid response:							
Covid Response - Cleaning Standards	47	47	47	47	47	48	564
Covid Response - Prescribing	143	61	102	102	102	102	1,219
Covid Response - Workforce (sickness and IPC measures) - Core	203	278	200	200	175	175	2,056
D2RA	118	76	39	118	7	123	963
Commissioned Services	94	94	94	94	94	94	985
Other Capacity & facilities costs - Stores	9	9	9	9	9	9	105
Other covid costs	50	85	81	55	42	28	1,710
	663	650	571	624	475	579	7,602
Exceptional Items:							
National Cost Pressures - Direct Energy and Fuel	127	70	98	837	707	368	1,798
National Cost Pressures - Real Living Wage	49	49	49	49	49	49	591
National Cost Pressures - Employers NI increase	47	47	47	47	47	77	369
	223	166	194	933	803	494	2,759

WG continue to view these costs as a shared risk. There will need to be clear exit strategies in place collapsing COVID response costs in line with guidance as any funding received in 22/23 will be non recurrent. The challenge will be that a significant proportion of these costs are now "business as usual." There is unlikely to be any funding support for COVID response costs in 2023/24.

Key assumptions in delivery of the 2022/23 financial plan:

- Delivery of a £4.6m recurrent cash releasing savings target
- Management of all operational pressures including CHC and variable pay.

Based on the reported month 6 position and lack of progress on key deliverables the organisation has reported a £7.5m forecast deficit to WG: This forecast includes £0.7m of identified additional recovery actions.

	£m		
	Operational Variance	COVID Support Funding	Forecast Net Variance
CHC	5.167		5.167
D2RA	0.963	(0.963)	0.000
Commissioning	4.856	(0.985)	3.871
Prescribing/Meds	1.149	(1.219)	(0.070)
Provider services	3.585	(3.892)	(0.307)
Long COVID	0.198	(0.198)	0.000
Extended Flu	0.345	(0.345)	0.000
Savings position	1.790		1.790
Financial Recovery:			
PCC historic debts	(1.441)		(1.441)
Annual leave provision	(0.800)		(0.800)
Additional savings	(0.700)		(0.700)
Total	15.112	(7.602)	7.510

Delivering the position is not without further financial risk:

- Continued CHC growth
- English provider recovery activity
- Winter unscheduled care pressures
- Prescribing pressures

Further opportunities need to be worked through to support financial delivery this year and recurrently moving into 2023/34.

The organisation would have a significant underlying deficit based on the above forecast outturn positions that is being worked through. In addition to delivering our core financial position we need clear exit strategies in place collapsing COVID response costs

We continue to operate in a dynamic environment with considerable uncertainty. Delivery of the 2022/23 financial plan is proving to be a considerable challenge with a forecast deficit of £7.5m.

It is anticipated that 2023/24 will be another very challenging year. Based on current funding assumptions, the underlying deficit entering 2023/24 will be in excess of £15m due to the non-delivery of recurrent savings and Continuing healthcare demand and price growth.

A number of key areas will require further clarity:

- Additional costs linked to COVID funded at risk non recurrently in 2002/23
 - A large proportion of these costs are now “business as usual.”
 - This would add a further £7m to the underlying deficit.
- Exceptional national pressures funded at risk non recurrently in 2022/23
 - Energy
 - Real Living Wage
 - National Insurance/Social Care Levy

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25/11/2022 14:21:59

Summary

In Summary:

- PTHB is reporting an over spend at month 6 for FY 2022/23 of £3.687M
- PTHB has formally reported a £7.5m forecast deficit FY 2022/23. Letters have gone out to all Executive Directors escalating the organisation into Financial Recovery status with a Finance & performance sub-group being established.
- The £4.6m savings target is profiled into the position. Limited recurrent savings have been identified to date.
- Recovery actions totalling £0.7m have been identified to support and stabilise the financial position. Further progress needs to be made.
- Operational pressures needing to be addressed including CHC, Underlying commissioning pressures and nursing variable pay as run rates continue to increase.

Key Actions:

Management of all operational Pressures:

- CHC growth and provider inflation
- Variable pay – specifically agency usage based in community wards
- Commissioned activity – core and recovery

Focussed working groups have been set up for each of the above areas reporting through to D&P Committee

Immediate recovery action required - Identification and delivery of recurrent cash releasing savings schemes and further opportunities – focus needs to be on short, medium and long term

Identify exit strategies for current COVID response cost drivers

Powys THB Finance Department

Financial Performance Report - Appendices

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25/11/2022 14:21:59



Embedded below are extracts from the Monthly Monitoring Return submitted to Welsh Government on 13th September 2022.

MMR Narrative



MMR Tables



Ring Fenced Table



Mass Vac Tables



TTP Tables



C19 & Exceptional
Items Table



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25/11/2022 14:21:59

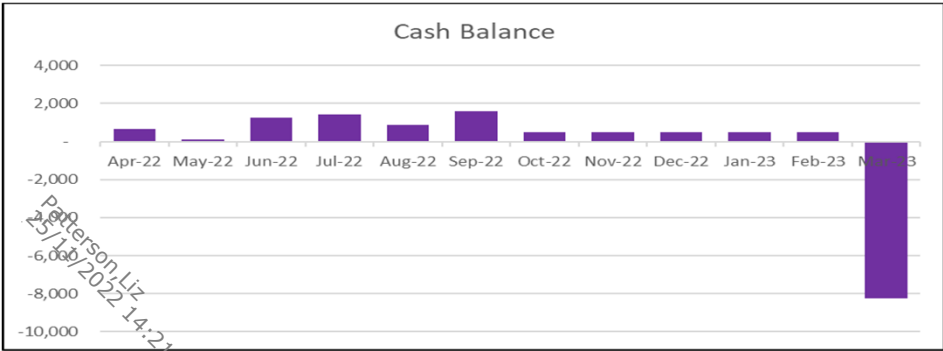
Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 30th September 2022
WG CRL FUNDING	£M	£M	£M
Discretionary Capital	1.089	1.089	0.173
Machynlleth	7.733	7.733	2.569
Breconshire War Memorial Hospital - development of Car Parking Facilities	0.825	0.825	0.718
Lift replacement at Llandrindod Wells Memorial Hospital	0.291	0.291	0.006
Donated assets - Purchase	0.68	0.68	0
Donated assets (receipt)	-0.68	-0.68	0
TOTAL APPROVED FUNDING	9.938	9.938	3.466

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25/11/2022 14:21:59

Cash Flow 2022/23

	Mth 1	Mth 2	Mth 3	Mth 4	Mth 5	Mth 6	Mth 7	Mth 8	Mth 9	Mth 10	Mth 11	Mth 12
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
OPENING CASH BALANCE	2,658	659	111	1,241	1,428	888	1,589	500	500	500	500	500
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & S	33,620	29,495	30,495	31,970	31,093	33,205	32,899	32,468	31,671	32,465	31,751	22,677
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA	(120)	(120)	(120)	(120)	(143)	(155)	(147)	(120)	(120)	(120)	(120)	(120)
WG Revenue Funding - Other (e.g. invoices)	3,981	2,893	6	39	21	10	40	40	40	150	40	1,210
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	0	2,000	2,000	0	1,000	1,000	2,076	895	552	415
Income from other Welsh NHS Organisations	808	337	585	637	679	870	400	400	400	400	400	400
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	534	520	260	966	1,084	565	550	550	550	550	550	550
Total Receipts	38,823	33,125	31,226	35,492	34,734	34,495	34,742	34,338	34,617	34,340	33,173	25,132
Payments												
Primary Care Services : General Medical Services	2,584	3,016	2,878	2,497	2,366	2,407	2,450	2,350	2,700	3,100	2,200	2,250
Primary Care Services : Pharmacy Services	288	352	393	297	440	450	400	400	400	400	400	400
Primary Care Services : Prescribed Drugs & Appliances	1,475	1,359	1,276	1,341	1,292	1,375	1,300	1,300	1,300	1,300	1,300	1,300
Primary Care Services : General Dental Services	507	457	461	459	423	440	500	500	500	500	500	500
Non Cash Limited Payments	88	63	71	82	74	70	80	80	80	80	80	80
Salaries and Wages	6,084	7,732	7,734	7,657	7,558	8,411	8,500	7,950	7,950	7,950	7,950	7,950
Non Pay Expenditure	29,796	20,216	16,272	22,280	22,487	19,990	21,144	20,187	20,105	20,115	20,191	20,290
Capital Payment	0	478	1,011	692	634	651	1,457	1,571	1,582	895	552	1,095
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	40,822	33,673	30,096	35,305	35,274	33,794	35,831	34,338	34,617	34,340	33,173	33,865
NET CASH FLOW IN MONTH	(1,999)	(548)	1,130	187	(540)	701	(1,089)	0	0	0	0	(8,733)
Balance c/f	659	111	1,241	1,428	888	1,589	500	500	500	500	500	(8,233)

At Month 6 it is anticipated that the THB will require £1.910M of working capital cash for 2021/22 Capital Creditors being discharged during 2022/23. This is due to the discharge of capital payments relating to 21/22 made in 22/23 and the cash impact movement is provided to the THB via a cash only allocation from Welsh Government.



The THB is not anticipating that it will require Revenue Working Capital Cash.

	Opening Balance	Closing Balance	Forecast Closing
	Beginning of	End of	Balance
	Apr-22	Aug-22	End of
	£'000	£'000	Mar-23
	£'000	£'000	£'000
Tangible & Intangible Assets	93,331	96,211	96,211
Trade & Other Receivables	28,044	16,566	16,566
Inventories	143	143	143
Cash	2,658	888	500
Total Assets	124,176	113,808	113,420
Trade and other payables	59,256	37,883	37,495
Provisions	18,386	18,368	18,368
Total Liabilities	77,642	56,251	55,863
Total Assets Employed	46,534	57,557	57,557

Financed By			
General Fund	2,153	13,174	13,174
Revaluation Reserve	44,381	44,383	44,383
Total Taxpayers' Equity	46,534	57,557	57,557

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

Powys THB Finance Department

Financial Position Flash Report – Month 7

Board Meeting

Date Meeting: 30th November 2022

Item 3.2c

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

Powys THB 2022/23 – 2024/25 IMTP approved core financial plan is shown in Table 1. This excludes the ongoing costs for COVID response and exceptional national pressures that are assumed to be fully funded at risk.

Table 1 – Core Financial Plan Year 1 2022/23 – 2024-25 IMTP

CORE FINANCIAL PLAN 2022-23		Year 1 £m
Underlying b/f Deficit (Surplus)		6.801
WG Assessed Sustainability Funding via All Letter	0.8% above std 2% uplift	(2.016)
	1% Pay Award Not Required 22/23	(0.840)
		3.945
Recurrent Impact 21/22 Pressures	CHC	3.428
	Variable Pay	1.192
	Mitigation CHC - T&F Group	(1.610)
	Mitigation Variable Pay - T&F Group	(1.000)
		5.955
Delivery Unmet Savings & Assumed Recurrent Benefits	b/f 20/21 and 21/22	(3.687)
Recurrent Commitment Recovery Allocation 22/23		(1.297)
		0.971
NHS Commissioned Services Growth	WHSSC/ EASC / Velindre / 2nd Care Drugs	3.252
	Assume 0.8% Addition to Welsh LTAs above 2%	0.640
	Mitigation WHSSC Recovery Costs (Move to Risks)	(0.806)
		4.057
Locally Determine Growth & Pressures	General Inflation Uplift 2%	3.943
	Primary Care Prescribing	0.400
	CHC Growth Volume	1.747
	New Investments	0.198
		10.345
Standard National Pressures / Growth	Microsoft Licence additional contribution	0.280
	WRP additional contribution	0.419
		11.044
WG Allocation	Sustainability Allocation (less 0.8% less 1% Pay)	(4.199)
	Recovery (Less £1.3m used support recovery above)	(6.221)
	VBHC	(0.624)
CORE FINANCIAL PLAN 2022-23		0.000

Core Financial Plan Principles:

Delivery of a breakeven position in 2022/23 requires delivery of a £4.6m cash releasing savings target and the management of all operational pressures including CHC and variable pay.

All delegated budgets will need to be recurrently balanced and cash releasing savings will need to recurrent in order to achieve a c/fwd nil underlying deficit into 2023/24.

Planned care recovery targets can be delivered by English providers achieving 2019/20 activity levels.

The reported financial position for month 7 to the end of October is an operational deficit of £4.932m, a deterioration of £1.245m on the month 6 position. There is a wide variation in delegated budget holder performance. The month 7 operational variance continues to be driven by continued growth in CHC and significant pressures against both pay and commissioning budgets. The Task and Finish groups set up to reduce the run rate in these areas are yet to have an impact.

Delivery of the core financial plan includes a 1.3% (£4.6m) cash releasing savings requirement. **This target has been profiled into the position from month 4 onwards.** The Health Board list of red schemes needs urgent review to clarify deliverability and profiling and where necessary further schemes developed. **There has limited recurrent progress made in against the delivery of this target to date.** Further recovery schemes have been identified through the Finance & Performance group.

Table 2 – Month 7 Reported Position

	Budget YTD	Actual YTD	Variance YTD
01 - Revenue Resource Limit	(222,323)	(222,323)	0
02 - Capital Donations	(397)	(397)	0
03 - Other Income	(3,801)	(4,393)	(592)
Total Income	(226,521)	(227,113)	(592)
05 - Primary Care - (excluding Drugs)	24,566	24,369	(197)
06 - Primary care - Drugs & Appliances	17,894	18,292	399
07 - Provided services -Pay	56,056	55,787	(269)
08 - Provided Services - Non Pay	12,856	13,675	819
09 - Secondary care - Drugs	575	805	230
10 - Healthcare Services - Other NHS Bodies	85,602	87,564	1,962
12 - Continuing Care and FNC	12,652	15,341	2,688
13 - Other Private & Voluntary Sector	2,000	1,893	(107)
14 - Joint Financing & Other	8,640	8,638	(2)
15 - DEL Depreciation etc	3,280	3,283	2
16 - AME Depreciation etc	2,399	2,399	0
18 - Profit\Loss Disposal of Assets	0	0	0
Total Costs	226,521	232,045	5,525
Reported Position			4,932

It should be noted that £2.7m of non recurrent corporate opportunities have been released into the position at month 7.

CHC run rates are continuing on an upward trend with expenditure forecast to increase in excess of £10m since the end of 2019/20.

Variable pay run rates are stabilising but not improving linked to substantive workforce availability.

5/6 months of activity data has been received for the majority of Welsh or English providers. There is a likely forecast deficit of £7.3m across all providers against baseline budget.

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

All LTA's were signed off by 30th June for all Welsh providers. 2022/23 is a move away from the block contract that have been in place for the past 2 years.

The forecast below is volatile based on a number of assumptions. Providers ability to deliver both core and recovery activity is variable and will be closely monitored.

Table 3 – Month 7 Reported Position

		Month 6	Month 7
Commissioning	2021-22 Outturn (£'000)	2022-23 Forecast (£'000)	2022-23 Forecast (£'000)
Welsh Providers	38,536	38,924	38,718
English Providers	61,013	64,261	63,698
WHSSC / EASC	44,608	46,606	46,602
Other NHS Providers	4,374	3,697	4,097
Mental Health	1,130	1,406	1,306
Private Providers	701	626	633
Total	150,362	155,520	155,054

2022/23 forecast is volatile due to pace of recovery and the ongoing impact of COVID.

- 2021/22 outturn includes estimated English provider H2 costs and partially completed spells
- 2022/23 inflation included in forecast Welsh Health Boards 2.8% / English providers 1.7%
- 2022/23 Welsh Health Boards based on DoFs financial flows agreement (2019/20 activity baseline with tolerance levels)
- 2022/23 English provider forecast will include an element of recovery activity. English providers currently achieving 104 week target.
- Welsh providers not all currently achieving planned care pre-pandemic activity levels.
- High cost drugs is a specific area on concern specifically with Hywel Dda and the use of the WellSky system.
- There is a likely gross forecast deficit of £7.4m across all providers against baseline budget. This position is currently being offset by non recurrent COVID response funding and accountancy gains.

	22-23 Target 1.3%	2022/23 £000'					2023/24 (Recurrent) £000'				
		Green	Amber	Total Green & Amber	Pipeline Red	Shorffall against Target	Green	Amber	Total Green & Amber	Pipeline Red	Shorffall against Target
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Medicines Management			548	548	900			548	548	900	
Provider Non Pay			34	34				64	64		
Accountancy gains		2,277		2,277							
Cross Cutting Schemes					240					240	
Total PtHB	4,649	2,277	582	2,859	1,140	1,790		612	612	900	4,037

Area	2022/23 £000'				2023/24 (Recurrent) £000'			
	Green	Amber	Red	Total	Green	Amber	Red	Total
Community Services			-	-			2,886	2,886
Environment : Estates			21	21			56	56
Environment : Facilities	95	63	167	325	114	6	519	639
Finance	63			63	16			16
Digital	47			47				
Medical Director			25	25			60	60
Mental Health	142		105	247	244		358	602
Nursing Director			74	74				-
Commissioning		135	315	450		300	671	971
Primary Care	49	94	227	370		313	568	881
Therapies		40		40				
WOD							297	297
Total	396	332	935	1,662	374	619	5,415	6,407

- In order to achieve breakeven as set out in the 2022-23 Financial Plan, a recurrent savings target totalling £4.649m (1.3%) needs to be delivered.
- Savings identification and delivery profiles are not where they need to be through month 7.
- There is an in-year forecast shortfall of £1.790m against the savings requirement and a recurrent shortfall of £4m.
- £2.277m green schemes identified in 2022/23 are non recurrent accountancy gains.
- Red pipeline opportunities need to be converted into deliverable plans and further opportunities identified.
- Further recovery schemes totalling £0.728m have been identified.

Funding has been assumed for COVID National Programmes, the ongoing cost of COVID response and exceptional national pressures. This will be subject to review by Welsh Government/FDU in line with guidance provided. It is important to note that this funding is not yet confirmed.

	M1 £'000	M2 £'000	M3 £'000	M4 £'000	M5 £'000	M6 £'000	M7 £'000	FORECAST £'000
Covid National Programmes:								
Test Trace & Protect	518	369	422	173	130	144	122	2,697
PPE	3	5	4	11	9	11	6	86
Mass Vaccination Programme	283	291	348	125	228	301	269	3,510
	804	665	775	309	367	456	397	6,293
Covid response:								
Covid Response - Cleaning Standards	47	47	47	47	47	48	47	564
Covid Response - Prescribing	143	61	102	102	102	102	- 310	513
Covid Response - Workforce (sickness and IPC measures) - Core	203	278	200	200	175	175	150	2,056
D2RA	118	76	39	118	7	123	28	963
Commissioned Services	94	94	94	94	94	94	70	985
Other Capacity & facilities costs - Stores	9	9	9	9	9	9	9	105
Other covid costs	50	85	81	55	42	464	188	1,758
	663	650	571	624	475	1,015	181	6,945
Exceptional Items:								
National Cost Pressures - Direct Energy and Fuel	127	70	98	837	707	368	- 1,158	1,798
National Cost Pressures - Real Living Wage	49	49	49	49	49	49	49	591
National Cost Pressures - Employers NI increase	47	47	47	47	47	77	52	369
	223	166	194	933	803	494	- 1,056	2,759

WG continue to view these costs as a shared risk. There will need to be clear exit strategies in place collapsing COVID response costs in line with guidance as any funding received in 22/23 will be non recurrent. The challenge will be that a significant proportion of these costs are now "business as usual." There is unlikely to be any funding support for COVID response costs in 2023/24.

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

Key assumptions in delivery of the 2022/23 financial plan:

- Delivery of a £4.6m recurrent cash releasing savings target
- Management of all operational pressures including CHC and variable pay.

Based on the reported month 7 position and lack of progress on key deliverables the organisation has reported a £7.5m forecast deficit to WG. This forecast includes £0.7m of identified additional recovery actions.

	£m		
	Operational Variance	COVID Support Funding	Forecast Net Variance
CHC	5.167		5.167
D2RA	0.963	(0.963)	0.000
Commissioning	4.856	(0.985)	3.871
Prescribing/Meds	1.149	(1.219)	(0.070)
Provider services	3.585	(3.892)	(0.307)
Long COVID	0.198	(0.198)	0.000
Extended Flu	0.345	(0.345)	0.000
Savings position	1.790		1.790
Financial Recovery:			
PCC historic debts	(1.441)		(1.441)
Annual leave provision	(0.800)		(0.800)
Additional savings	(0.700)		(0.700)
Total	15.112	(7.602)	7.510

Delivering the position is not without further financial risk:

- Continued CHC growth
- English provider recovery activity
- Winter unscheduled care pressures
- Prescribing pressures

Further opportunities need to be worked through to support financial delivery this year and recurrently moving into 2023/34.

There are further financial risks totalling £3.0m in addition to the £7.5m forecast position relating to further CHC growth, prescribing price and volume growth and commissioned HCDs that are being closely monitored.

The organisation would have a significant underlying deficit based on the above forecast outturn positions that is being worked through. In addition to delivering our core financial position we need clear exit strategies in place collapsing COVID response costs detailed on page 5.

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

Breakdown of in month and forecast position by Executive Director Area of responsibility:

Area	2022/23 £000'		F&P Recovery			
	2022/23 £000'		2022/23 £000'			
	Month 7	Forecast	Green	Amber	Red	Total
Community Services	1,221	2,234				
CHC	2,894	4,961				
Primary Care	115	260	49	94	227	370
Mental Health	(523)	(95)	142		105	247
Women & Children	(181)	(303)				
Environment : Estates / Facilities	449	809	95	63	21	179
Finance / Digital	(202)	(171)	110			110
Medical Director	8	21			25	25
Prescribing	399	683				
Nursing Director	(215)	(205)			74	74
Commissioning	4,093	7,293		135	315	450
CEO	(41)	25				
Planning	(278)	(407)				
Therapies	(30)	46		40		40
Public Health	(157)	(37)				
WOD	(137)	(226)				
COVID response/AL/ non recurrent opps	(2,483)	(7,378)				
Total	4,932	7,510	396	332	768	1,495

Green and Amber F&P Group Recovery schemes are included in forecast positions where being delivered.

There are further financial risks totalling £3.0m in addition to the £7.5m forecast position relating to further CHC growth, prescribing price and volume growth and commissioned HCDs that are being closely monitored.

We continue to operate in a dynamic environment with considerable uncertainty. Delivery of the 2022/23 financial plan is proving to be a considerable challenge with a forecast deficit of £7.5m.

It is anticipated that 2023/24 will be another very challenging year. Based on current funding assumptions, the underlying deficit entering 2023/24 will be in excess of £15m due to the non-delivery of recurrent savings and Continuing healthcare demand and price growth.

A number of key areas will require further clarity:

- Additional costs linked to COVID funded at risk non recurrently in 2022/23
 - A large proportion of these costs are now “business as usual.”
 - This would add a further £7m to the underlying deficit.
- Exceptional national pressures funded at risk non recurrently in 2022/23
 - Energy
 - Real Living Wage
 - National Insurance/Social Care Levy

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

A 2.8% core funding uplift which excluded the cost of wage award (funded separately) was received in 2022/23.
- an allocation share of planned care recovery funding was also received recurrently totalling £7.5m in 2022/23.

As per the December 2021 revenue allocation letter a core funding uplift of 1.5% can be expected in 2023/24 - a significant reduction. Given the current political landscape we could be operating in a flat cash environment.

In addition to planned care recovery that will continue at pace through 2023/24 there a number of system challenges that will need to be addressed:

- Access and equality issues
- Urgent and emergency care impacts
- workforce availability
- Continuing Healthcare demand
- general cost of living/inflationary pressures

We will continue to work closely with Welsh Government in the development of the 2023/24 integrated plan.

Agenda item: 3.3

PTHB Board		Date of Meeting: 30 November 2022
Subject :	Health Inequalities: Board Update	
Approved and Presented by:	Director of Public Health	
Prepared by:	Programme Director	
Other Committees and meetings considered at:	Following discussions with the PTHB CEO and DPH, the Health Inequalities Briefing Report was discussed at an informal meeting of the PTHB Executive Committee on 26/10/2022.	

PURPOSE:

The purpose of this report is to provide an update on health inequalities, in the context of the current planning round for NHS Wales.

RECOMMENDATION:

The Board is asked to discuss and NOTE the content of this report, reaffirming the commitment for positive action on health inequalities moving forward.

Approval/Ratification/Decision ¹	Discussion	Information
x	✓	✓

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

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

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

EXECUTIVE SUMMARY:

The purpose of the report is to update the Board on the work currently underway to refresh the information regarding health inequalities in preparation for the 2023/24 Integrated Medium Term Planning round and to seek continued endorsement of the priority given to this by the Board.

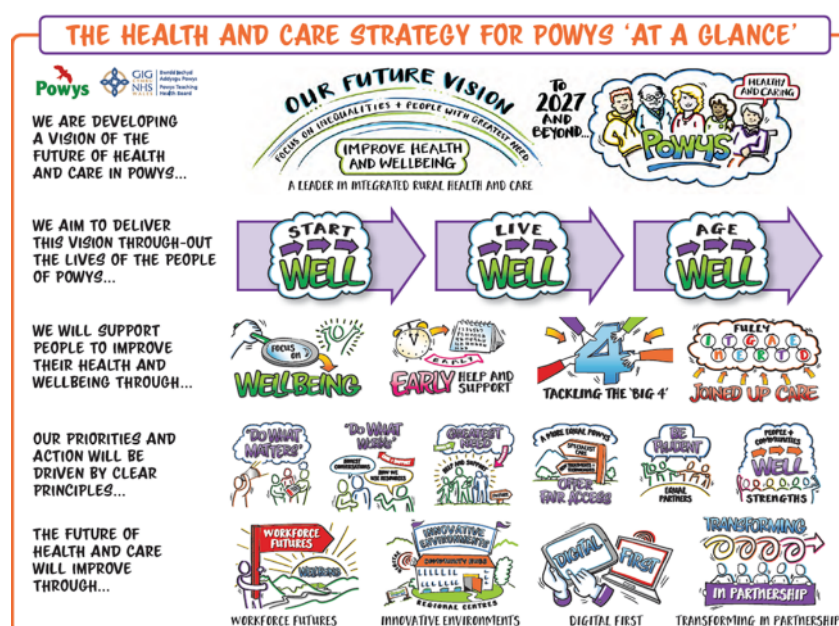
Focusing on healthcare rather than the “wider determinants” of health inequalities, the report first presents an overview of the context for health inequalities. There is emerging evidence that the COVID-19 pandemic reflected and exacerbated existing health inequalities, with further risks going forward. The report also encompasses the most recent Public Health Wales analyses relating to current, trend and socioeconomic quintile positions in life expectancy and healthy life expectancy across Wales. On most measures presented, health inequalities had not been improving at national or local levels even prior to the COVID-19 pandemic. High-level opportunities for the health board to further consolidate its approach to health inequalities are presented.

DETAILED BACKGROUND AND ASSESSMENT:

1. Purpose

The purpose of the report is to update the Board on the work currently underway to refresh the information regarding health inequalities in preparation for the 2023/24 Integrated Medium Term Planning round and to seek continued endorsement of the priority given to this by the Board.

Whilst much focus, understandably, is on the wider determinants of health and the role partnerships play in reducing inequalities, there is a considerable role for the NHS itself to take. The health and care strategy 'A Healthy, Caring Powys' articulates the guiding principle 'focus on the greatest need' pointing to the need for a clear and determined approach to inequalities.



2. Context

The World Health Organisation rationale for addressing health inequalities includes that:

- Health is a human right, as recognised in many international treaties and conventions
- Health is a public good and a national asset
- Reducing preventable ill health is a matter of fairness and social justice
- Population health is an economic asset and a productive good
- The loss of health and health inequity lead to social conflict and undermine community cohesion

In Wales, the Social Services and Wellbeing (Wales) Act 2014 and the Wellbeing of Future Generations (Wales) Act 2015 require that public bodies, including the NHS, work together for the long-term benefit of all the people of Wales. The wellbeing goals: “a healthier Wales”, “a more equal Wales” and “a more prosperous Wales” all support the ambition of reducing health inequalities. Successive NHS Wales Planning Frameworks have also emphasised health inequalities and there is an expectation that inequalities in access to and delivery of health care services are reduced as part of NHS Wales recovery following COVID-19.

However, although the picture is complex, there is evidence that, even in the decade before COVID-19, improvements in life expectancy had stalled and health inequalities had increased in Wales and England. Similarly, based on recent evidence from Public Health Wales and as part of the overall trend which pre-dates COVID-19, health inequalities have not generally been improving over recent years in Powys.

With specific reference to the COVID-19 pandemic, there is consensus amongst subject experts that there has already been a further adverse impact on health inequalities in the UK and that, unmitigated, health inequalities will continue to worsen due to the impact of COVID-19 over coming years. There are other forces which, unless addressed, are also highly likely to cause a deterioration in the pattern and extent of health inequalities, including the current cost of living and energy crises.

Public Health Wales has recently estimated that the total cost associated with inequality in hospital service utilisation to NHS Wales is £322 million annually.

3. Background

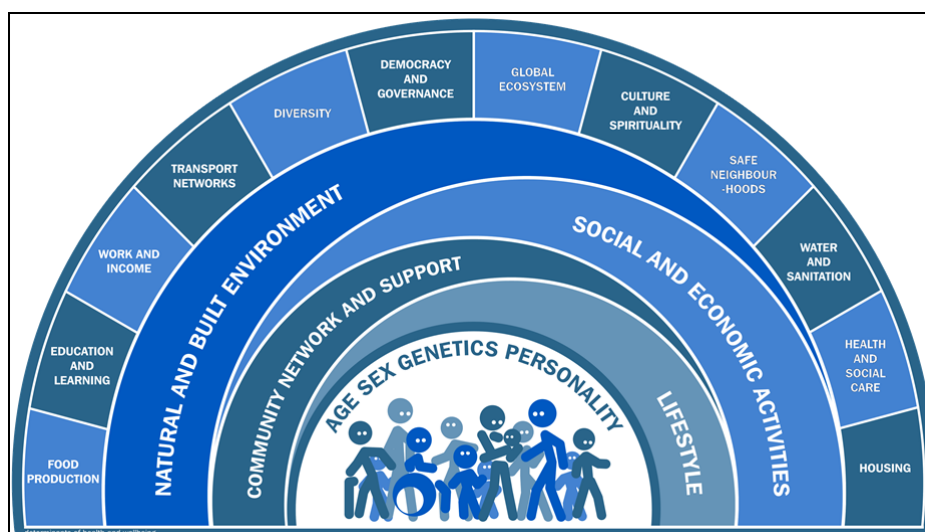
A range of definitions are available for health inequality, some of which overlap. The Welsh NHS Confederation has recently defined health inequalities as “...avoidable, unfair and systematic differences in health between different groups of people.”

Health inequalities are caused by a complex interplay of individual factors (including age, sex and ethnicity), lifestyle factors (including smoking, alcohol consumption, diet and physical activity), healthcare and the “wider determinants”. (Figure 1) Differences in the distribution of these determinants and of potential risk factors between societal groups can result in a gradient in health status and outcomes. For example, people with a higher socio-economic status generally have better access to “health-promoting” factors (such as good education and employment opportunities) and lower exposure to “health-damaging” factors (such as low income and poor housing). These

4

people tend to enjoy better health outcomes. With specific reference to Powys, rurality is an additional factor which may contribute - positively or negatively - to health inequalities experienced by the local population.

**Figure 1: The Wider Determinants of Health
(Whitehead and Dahlgren, 1991)**



Healthcare services make a material and significant contribution to the overall health status of individuals and communities. Although there is not complete consensus, it is generally the case that around 20% of population health status is attributed to healthcare. For example, health inequalities can be driven by unequal access to healthcare services, which in itself is often multifactorial. Within this, it has long been recognised that people with the highest levels of need for a health care intervention may experience the poorest access to healthcare (the “inverse-care law”). “Proportionate universalism” (as originally highlighted by Professor Sir Michael Marmot) is the resourcing and delivery of universal services at a scale and intensity which is proportionate to the degree of need. The approach can encompass prevention, diagnosis, early intervention and treatment.

COVID-19 and Health Inequalities

In summary, there is agreement amongst subject and policy experts that COVID-19 both mirrored existing health inequalities (the effects of COVID-19 falling disproportionately on people who were already disadvantaged) and then exacerbated existing health inequalities. It is anticipated that these impacts will continue to emerge over coming years. Many population groups have been identified in this context – including, but not limited to, older people, certain ethnic groups and people with chronic health conditions. The World Health Organisation (WHO) originally recognised population groups which have a greater biological susceptibility to COVID-19 and/or a propensity to harmful

pulmonary (lung) inflammation (for example, older people); and population groups which have increased rates of COVID-19 morbidity and mortality, due to a complex interplay of unfavourable social determinants (for example, older people living in residential care homes).

Professor Sir Michel Marmot also highlighted a clear social gradient for mortality from COVID-19. Risk factors highlighted for increased COVID-19 mortality at the time included being male; old age; living in more deprived areas; living in overcrowded housing; key worker roles which involve a close proximity to other people; being from a Black and Minority Ethnic Group; and having an underlying health condition.

Addressing Health Inequalities: A Key Determinant of the PTHB Integrated Medium-Term Plan (IMTP) 2023 - 2026

The reduction of health inequalities in Powys has been a strategic priority for the health board in successive IMTPs - including the health board's plans for recovery and renewal following the COVID-19 pandemic.

More specifically, with reference to the current PTHB IMTP 2022-2025, taking action to reduce health inequalities is part of the health board's strategic priority for "Wellbeing". Within this, there is an expectation that both universal and targeted healthcare services will be designed to identify and support "...those with the greatest need and those facing the highest risk of experiencing inequitable access in order to improve population health outcomes and reduce inequalities." For example, one of the health board's "Start Well" priorities for 2022/23 is to target resources towards disadvantaged families. In other examples, the PTHB model for COVID-19 prevention and response encompasses targeting vulnerable communities; and Goal 1 for the delivery of a new model for urgent and emergency care in Powys is to coordinate, plan and support the care of people at greater risk of needing unscheduled emergency care. The health board also continues to work in partnership with other organisations to address the wider determinants of health and health inequalities in Powys. For example, the multiagency North Powys Programme deliberately targets some of the most deprived communities in Powys.

Population Health Status

Recent analyses by Public Health Wales (PHW) present current and trend positions for life expectancy and healthy life expectancy across Wales and the Welsh health boards, encompassing quintile analyses of the Index of Multiple Deprivation. These analyses largely pre-date the COVID-19 pandemic. With reference to Powys, the 16 lower super output areas (LSOAs) making up the most deprived fifth of Powys' LSOAs are concentrated, for the most part, in

the south-west and north-west of the county and in the Newtown/Welshpool and Llandrindod areas, with rural pockets of deprivation also in mid-Powys.

Prior to COVID-19, improvement in life expectancy in Wales had been slowing down for both sexes since around 2010/12 and - as assessed by the gap in life expectancy and healthy life expectancy between the most and least deprived fifths of the population - health inequalities in Wales had shown little improvement. (Figures 2 and 3)

Figure 2

Life expectancy at birth, years, males and females, Wales, 2011-2013 to 2018-2020

Produced by Public Health Wales Observatory, using APS, 2011 Census, PHM, MYE (ONS) & WIMD 2019 (WG)

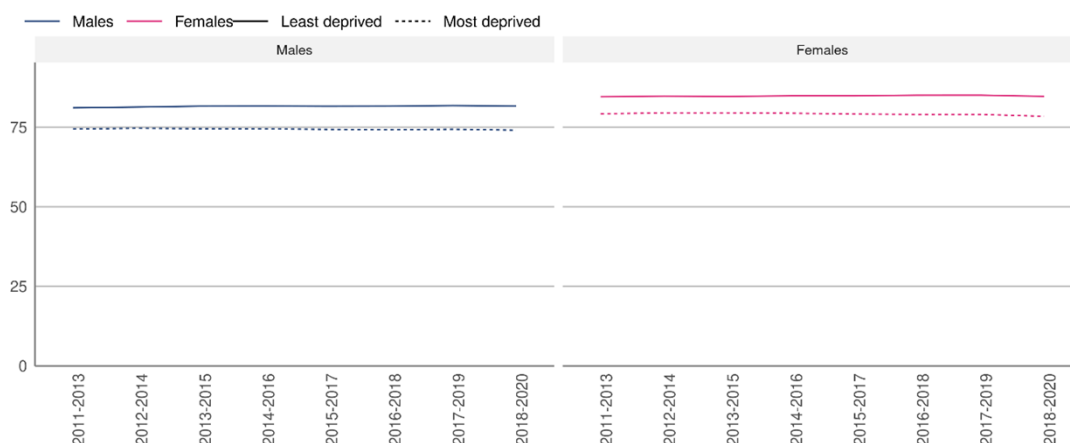
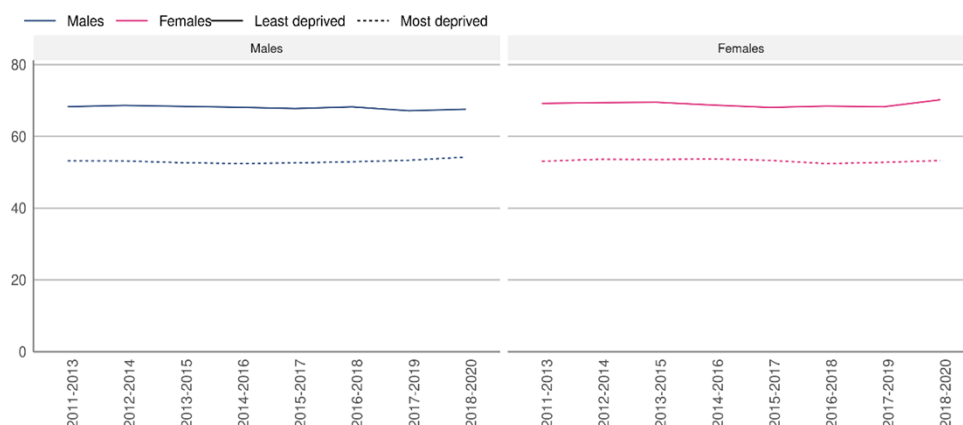


Figure 3

Healthy life expectancy at birth, years, males and females, Wales, 2011-2013 to 2018-2020

Produced by Public Health Wales Observatory, using APS, 2011 Census, PHM, MYE (ONS) & WIMD 2019 (WG)



For a number of technical reasons - including but not limited to sample size - PHW has advised that some of the information relating to Powys should be interpreted with caution. However, key messages relating to the 2018/20 position include that:

- Life expectancy in the PTHB male population (80.1 years) was the longest of any Welsh health board and was statistically significantly better than Wales (78.3 years)
- However, there was a 7.5 year difference in life expectancy between the least and most deprived fifths of the PTHB male population; the difference was not statistically significantly different from Wales (7.6 years)
- Life expectancy in the PTHB female population (83.4 years) was the longest of any Welsh health board and was statistically significantly better than Wales (82.1 years)
- However, there was a 5.3 year difference in life expectancy between the least and most deprived fifths of the PTHB female population; the difference was not statistically significantly different from Wales (6.3 years)
- Healthy life expectancy in the PTHB male population (62.0 years) was the third longest of any Welsh health board; this position was not statistically significantly different from Wales (61.5 years)
- However, there was a 15.2 year difference in healthy life expectancy between the least and most deprived fifths of the PTHB male population. This was the largest gap amongst the Welsh health boards, although Public Health Wales has advised that there is some uncertainty in this position. The difference was not statistically significantly different from Wales (13.3 years) (Figure 4)
- Healthy life expectancy in the PTHB female population (65.6 years) was the second longest of any Welsh health board; this position was statistically significantly better than Wales (62.4 years)
- However, there was a 2.8 year difference in healthy life expectancy between the least and most deprived fifths of the PTHB female population. This was the smallest (best) gap amongst the health boards, although Public Health Wales has advised that there is some uncertainty in this position. The difference was statistically significantly better than Wales (16.9 years) (Figure 5)

Figure 4

Absolute gap in healthy life expectancy at birth (comparing least to most deprived fifth), years, males, health board, 2018-2020

Produced by Public Health Wales Observatory, using APS, 2011 Census, PHM, MYE (ONS) & WIMD 2019 (WG)

— 95% confidence interval

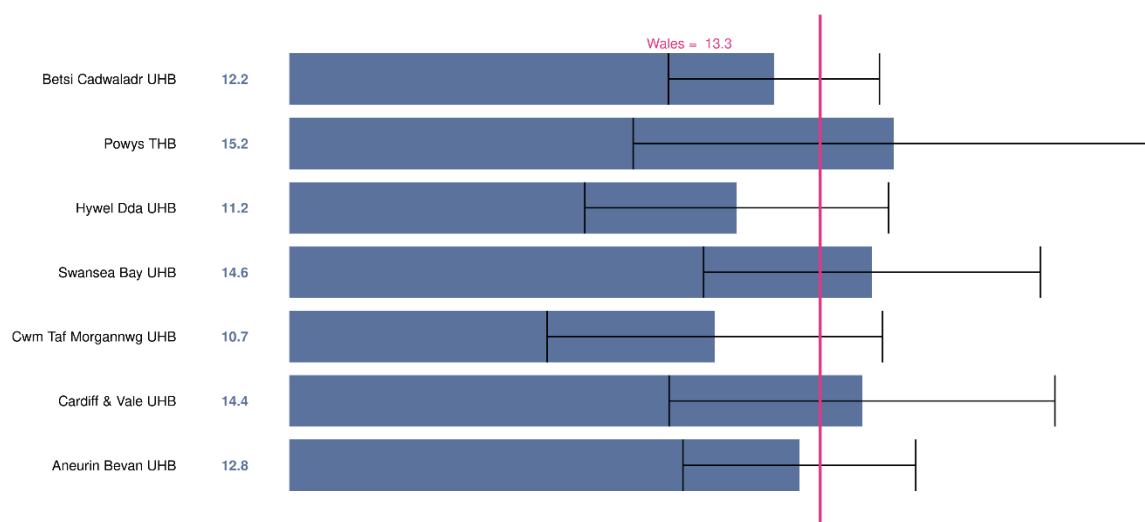
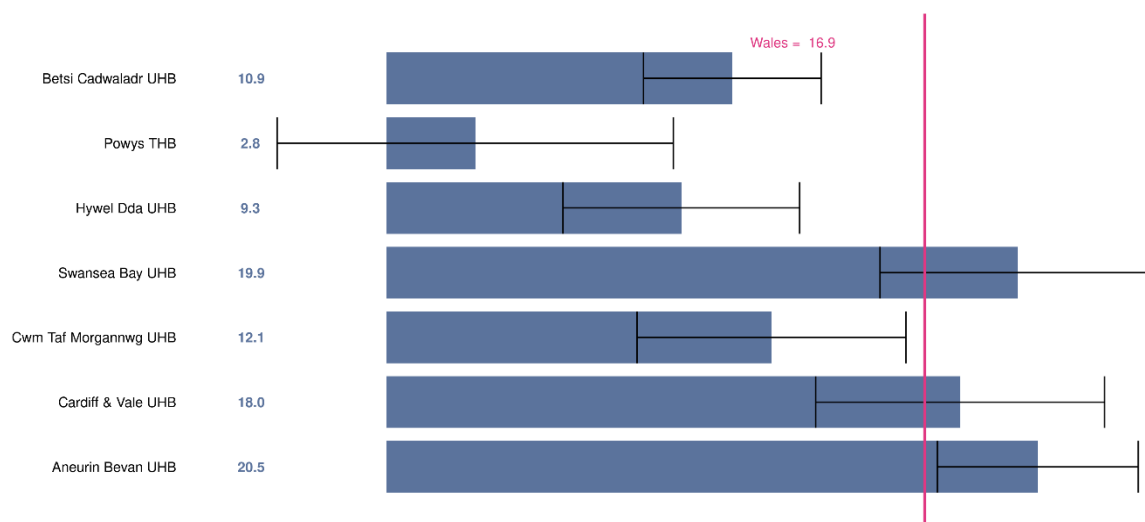


Figure 5

Absolute gap in healthy life expectancy at birth (comparing least to most deprived fifth), years, females, health board, 2018-2020

Produced by Public Health Wales Observatory, using APS, 2011 Census, PHM, MYE (ONS) & WIMD 2019 (WG)

— 95% confidence interval



With reference to trends observed between 2011/13 and 2018/20, in summary: (Figures 6 and 7)

- For both the PTHB male and female populations, the gaps in life expectancy between the least and most deprived fifths of the Powys population increased (deteriorated)
- Again considering the least and most deprived fifths of the Powys population, the gap in healthy life expectancy increased (deteriorated) for males and decreased (improved) for females

Figure 6

Life expectancy at birth, years, males and females, Powys THB, 2011-2013 to 2018-2020

Produced by Public Health Wales Observatory, using APS, 2011 Census, PHM, MYE (ONS) & WIMD 2019 (WG)

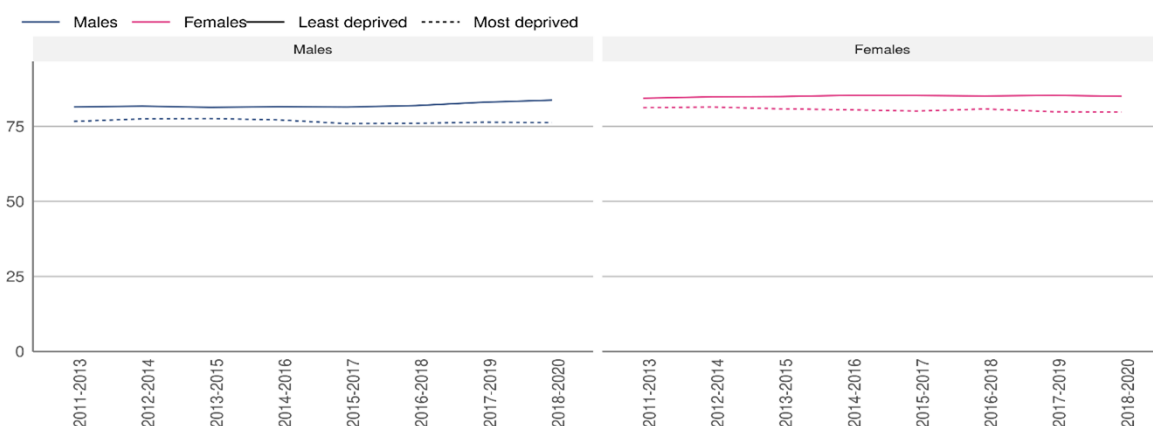
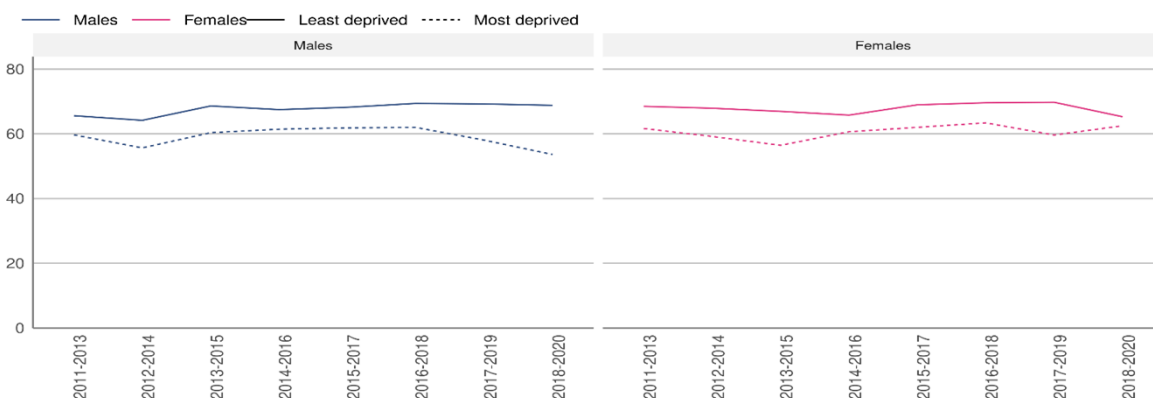


Figure 7

Healthy life expectancy at birth, years, males and females, Powys THB, 2011-2013 to 2018-2020

Produced by Public Health Wales Observatory, using APS, 2011 Census, PHM, MYE (ONS) & WIMD 2019 (WG)



4. Outlining a Way Forward

Welsh Government forward planning guidance for NHS Wales was not available at the time of writing of this report. It is understood that eradicating health inequalities is likely to remain a key national priority in the guidance.

With reference to forward planning by the health board, it is increasingly recognised that the NHS can frame a clear approach to health inequalities across three distinct domains of influence:

- As a partner, influencing multi-agency action to address the wider determinants of health
- Directly, as an “anchor” institution - that is, as a large (public sector) organisation which is, for example, recognised by communities and also a significant local employer
- Directly, through its role as a commissioner and provider of health care services

There is also a strong and emerging consensus that the approach should be “data-driven” - for example, in response to known local variations in access to and/or outcomes from healthcare services. In this, there is strong overlap with the value-based healthcare programme.

Other opportunities to consolidate PTHB’s approach to addressing health inequalities include, but are not limited to:

1. Implementation of an **evidence-based approach to enable clear prioritisation of a manageable programme of actions**, focusing on those NHS interventions which could have the greatest impact on health inequalities at population level in Powys
2. Linked to this - further **development of “population segmentation”** – for example, clear identification of the most deprived local communities based on the Index of Multiple Deprivation (to identify perhaps the poorest 20%), coupled with other “target” (or at-risk) population groups, as defined by local circumstance and risk stratification
3. Continued work with PHW to review the **underlying causes of health inequalities** within the Powys population
4. Delivery across the current PTHB IMTP “Big Four” programmes to be fully reflective of both the health board’s population segmentation approach and **high-impact interventions to address health inequalities, at scale**, within the four programmes (Examples may include early cancer diagnosis; hypertension; heart failure; the physical health needs of people with severe mental illness)
5. Ongoing review and development of the **outcomes and performance management approach** to more fully reflect issues and risks relating to health inequalities within the Powys population.

NEXT STEPS:

As part of plan development, work is currently taking place to encompass an updated position on health inequalities in the PTHB IMTP 2023/24-2025/2026 and/or the PTHB 2023/24 annual plan.

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

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age				
Disability				
Gender reassignment				
Pregnancy and maternity				
Race				
Religion/ Belief				
Sex				
Sexual Orientation				
Marriage and civil partnership				
Welsh Language				
The proposal will not disproportionately affect any of the protected characteristics.				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical				
Financial				
Corporate				
Operational				
Reputational				

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25/11/2022 14:21:39
Health Inequalities: Board
Update

Board		Date of Meeting: 30 November 2022
Subject:	Digital First Overview Report	
Approved and Presented by:	Pete Hopgood – Director of Finance and IT Services	
Prepared by:	Vicki Cooper – Assistant Director of Digital Transformation and Informatics	
Other Committees and meetings considered at:	Executive Committee	

PURPOSE:

The purpose of this report is to provide a Digital First update and to detail progress and performance within Digital Transformation & Informatics.

RECOMMENDATION(S):

This Report is for information purposes only.

Approval/Ratification/Decision¹	Discussion	Information
x	✓	✓

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

EXECUTIVE SUMMARY:

This report details current delivery against the Health Boards agreed Digital Plan for 2022/23 and in line with:

- Strategic Priority 18 - Implement Clinical Digital Systems that directly enable improved care
- Strategic Priority 19 – Implement key improvements to digital infrastructure and intelligence.
-

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

Key Actions	No.	Key Milestones
Implement key programmes to deliver Digital Care	18.1.01	Range of milestones for each project area <i>including health records, WMCR, Phase 2 OfWCMS, Eye Digitisation, Electronic prescribing, and bed management</i>
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 Oct 22 – Project on track Project set up and resourced Stakeholder engagement complete User case stories gathered and reported Priorities ready for Board sign-off
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) Oct 22 – Projects in progress ERT complete Malinko on hold (supplier related issue) Canisc Replacement delayed (nationally)
Delivery of Telehealth and Telemedicine programmes	18.4.01	Range of milestones for each project area (detailed Directorate Plan) Oct 22 – Working with Ric hub/Living Well Service/North Powys Programme to identify areas of focus Scaling the use of Florence

Enhance business intelligence capability and systems	19.1.01	Range of milestones for each project area (detailed Directorate Plan)
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
Support North Powys Wellbeing Programme	19.3.01	In line with North Powys Wellbeing Programme timescale
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)
Delivery of phased infrastructure development	19.5.01	Range of milestones within specific project plans for managed print, telephony replacement, cyber security

The substantial progress made and actions to date should be noted but this is an area of constant development with ongoing focus and action required and as is reflected in the paper and the detailed workplan in appendix 1.

DETAILED BACKGROUND AND ASSESSMENT:

The Digital Journey continues to progress against the Digital First delivery plan, including:

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

Key developments include: -

1) Implementation of Medilogik Endoscopy Management System (EMS)

Medilogik is a reporting and imaging solution for Endoscopy. With the support of Digital Health and Care Wales (DHCW) the past 10 months, Powys Teaching Health Board (PTHB) is the first health board in Wales to move to a cloud solution for an Endoscopy Management System at Brecon Hospital and Llandrindod Wells Hospital. This has enabled the health board to move away from a legacy system, which was becoming unusable for clinicians.

The transition has meant the team can upload information to the National Endoscopy Database (NED) and meet their requirements to uphold their Joint

Advisory Group (JAG) for Endoscopy accreditation. It also supports the team to complete audits which was previously achieved as a paper exercise. Medilogik allows the team to produce these audits at a touch of a button and all relevant information is gathered.

2) Civica e-Scheduling Tool

The Civica E-Scheduling (formally Malinko) system is an electronic scheduling tool, which is part of a national approach to digitalise nursing case load management, in line with Welsh Government 'Once for Wales approach.' Benefits include releasing time to care and ensuring best use of support structures such as efficient scheduling, allowing optimisation of Registered Nurse and HealthCare Support Workers (HCSW) time for patients. The Business Case for Civica E-Scheduling was approved by the Executive Committee on 15th December 2021.

Progress Update

As part of the project governance, kick off and initiation, two issues were identified and escalated to Executive Board in February 2022:

1. Issue: Cyber Security assurance requirements had not been met to enable deployment of the E-Scheduling system within Powys.
2. Issue: Functionality limitations raised at the All-Wales District Nurse Oversight Board meeting and through direct discussions with Hywel Dda University Health Board (HDUHB).

The health board decided to put the project on hold until Cyber Assurances were met, and the supplier established a Multi Factor Authentication login to meet the health board's cyber security assurance requirements.

Challenges

The two issues identified were resolved in September 2022. Further testing is ongoing in partnership with the supplier:

1. There is a bug in the configuration settings for the supplier to resolve
2. Lack of wi-fi connectivity at Crickhowell practice, will limit access, working with Digital Health and Care Wales to resolve

Next Steps

1. Resolve the two outstanding issues
2. Reschedule training to the District Nurses and confirm go-live dates.

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

3) Attend Anywhere Video Consultations

During the pandemic, Attend Anywhere was introduced and funded by Welsh Government (WG); transforming the way appointments were managed, reducing the need to bring patients into a health care setting and controlling the spread of the highly infectious disease. The platform offered a consistent and agile solution for both professionals and patients and is still very much part of the way in which NHS Wales is digitally transforming how patients and staff can interact with one another without the need to travel and reducing the carbon footprint.

Progress Update

Over 12,000 appointments have taken place virtually since April 2020. A webpage was established, and case studies shared. When the platform was launched there were many teams adopting the virtual offer to their patients, and consultations were averaging two hundred per week:

- Community Dentistry
- Mental Health
- Secondary Care
- Therapy Services
- Virtual Visiting
- Womens & Childrens Services

The health board has recently started offering virtual consultations (VC) to Ukrainian refugees; the only Health Board in Wales to offer this support. Work is being recognised nationally as best practice and will be demonstrated across Wales in the coming months.

Challenges

Since January 2022 there has been a significant reduction in the use of attend anywhere. The main services offering virtual consultations are Mental Health, Therapy Services, and a reduced offering from both Womens & Childrens Service and Secondary Care where weekly consultations are averaging between 50 – 70.

With the increased costs associated with travel for both our patients and their families and the time taken it is recognised the impact that travelling to an appointment (where it would have been possible to conduct the consultation virtually) has on individuals, and the environment.

The Health Board has been notified that Welsh Government funding will be withdrawn if active use of this platform is not increased and supported across the Organisation. If the funding is withdrawn, we will lose the system and all the online appointments currently being carried out will have to be provided either by telephone or face to face, which could impact on waiting lists.

Next Steps

Relaunch of the Attend Anywhere platform to promote and increase Health Board focus with support from Executive Team to mandate the offer to all patients in Powys.

Support and training continue to be available from the Digital Team and Tec Cymru are available to run awareness sessions for patients and staff.

Engagement with Patient Services and Planned Care to improve communications to patients so that they are aware that they can ask for a virtual appointment if it is not immediately offered and to staff and visiting consultants. Digital Facilitators are in place to improve digital confidence and support.

4) Draft Digital Strategic Framework Board Development

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

Progress Update

The draft Digital Strategic Framework will align the aims to continue to improve patient care, experience, and outcomes for the people of Powys as well as our workforce. With a mobile workforce increasing in-confidence with operating remotely, there is potential for longer term developments in digital delivery.

The Digital Service Review will provide a firm foundation for improvement and will include:

- Engaging with staff to find out what systems they use, how we can empower and support them, and what a pan-Powys approach will look like.
- Engaging with stakeholders to get their views on digital technology.
- Engaging with patients to find out what systems they use and what would help them.
- Promoting digital technology on social media platforms.
- Develop videos to increase awareness regarding the systems available and how they can support users.

Our Digital Strategy aims to build on what we already do, continuing to look forward at innovative ways to provide care and services. By putting the person and the clinician at the centre of what we do we intend to deliver outcomes that matter to the people of Powys.

Challenges

The original aim was for the Digital Strategic Framework to be in place for 20/21 but was impacted by the Covid-19 Pandemic and this challenged delivery times in 21/22. Digital change accelerated and this has improved digital access and so the baseline level for Digital has been constantly changing at pace.

Next Steps

A recent board development day dedicated time to the development of the draft strategy. The feedback was insightful and will be used to shape completion of the draft framework for board approval.

5) Infrastructure and Cyber Security

The Cyber Security Compliance function is now provided internally for Powys THB, the Cyber Assessment Framework (CAF) report has highlighted areas requiring improvement and investment to align to the National Information Systems (NIS) Regulations.

Progress

Since the submission of the CAF in December 2021 several improvements in the Health Board have been implemented, which result in a much improved and increased level of maturity. These include:

- Procurement of a monitoring platform (Solar Winds) implemented to monitor the network and information systems.
- Applied Windows Defender through O365 License upgrade (E5 Security) which includes monitoring of cloud applications (shadow IT).
- Introduction of an Asset Management system to provide a single source of all ICT equipment and software.
- Compliance in required patching of all networked devices.
- Improved process and audit controls to monitor and manage administrative access privileges.
- Phishing and Cyber Awareness campaign.

The function has been strengthened with the appointment of a Cyber Security officer to manage the day-to-day compliance and assurance, and there is a new PTHB dedicated post created within the Digital Function to lead this work 'Head of Infrastructure and Cyber Security' who will commence January 2022

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25/11/2022 14:21:58

Challenge

There has been a global demand for infrastructure equipment and delays in suppliers being able to meet the demand for modern hardware required to improve the infrastructure and network. Recent Digital Priority Investment Fund (DPIF) allocation has supported action taken to improve and enhance the current system; however, a number of items were not available for delivery before 31st March 2022.

Next Steps

Following a recent Infrastructure review and given the ongoing supplier issues a response plan is being finalised for decision / approval.

6) Section 33 –Welsh Community Care Information System (WCCIS)

Funding has been secured via Welsh Government funding to increase capacity with a focus on WCCIS Service Improvement. This new role will work closely with Health and Social care to implement a Continuous Service Improvement Plan, support the national WCCIS Strategic Review and represent Powys locally, regionally, and nationally on WCCIS Boards

7) Digital Programme of Work 2021-24

There are a number of Clinical Digital System programmes scheduled for delivery, at various stages across the next two-three years. These have complex interdependencies including cross border components to be considered, to ensure the systems meet the needs of the Powys population and use of healthcare in England as well as Wales.

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

Key actions include:

- Implement programmes to deliver Digital Care, with a range of milestones in each project area including health records and nursing care records, eye care digitisation, electronic prescribing and medicines administration and bed management.
- Ensuring the cross border inter-dependencies are understood and working with Digital Health and Care Wales and English Trusts to facilitate solutions to improve systems.
- Enhancing key systems to support the delivery of care both digitally and face to face including telehealth and telemedicine.
- Working with partners to develop blended models of support and digital facilitation.
- Delivery of phased infrastructure re-design and development, with a range of milestones within specific project plans for managed print,

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25/11/2022 14:21:58

telephony replacement, Cyber Security, O365, Virtual clinics, Wi-Fi, and Stock control.

Key areas for development include:

- business intelligence (BI) capability and systems;
- develop and implement artificial intelligence in robotics, machine learning and support for out of hours;
- platforms to enhance access to information and virtual means of delivery;
- inpatient and ward-based interfaces and associated training; and
- cyber security and compliance

Please see Appendix 1 for the full Digital Programme of work.

Challenge

- Delivering National Programmes of Work against challenging timeframes.
- Additional funding only being available for limited timeframes and the recruitment challenge re utilisation (timescales and availability challenge).
- Competing priorities and a need to ensure appropriate and aligned national and local governance in terms of changes to agreed timescales and milestones.
- The high number of national programmes also requires local representation at national groups and this impacts on capacity to deliver against priorities.

Next Steps

To continue to report on progress and delivery against the plan and to escalate any issues as needed. To review governance and change control process for requesting timescales to be changed if required.

Conclusion:

The Board is asked to note the contents of the paper and the progress and actions to date and the current position and progress against the Digital First Plan as included at Appendix 1 and to also note the significant further action needed in this area to continuously improve the Digital position and offer in the health board.

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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. 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	x
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	x
	5. Timely Care	✓
	6. Individual Care	x
	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
Age				
Disability				
Gender reassignment				
Pregnancy and maternity				
Race				
Religion/ Belief				
Sex				
Sexual Orientation				
Marriage and civil partnership				
Welsh Language				
Statement <i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i>				
Risk Assessment:				

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

Digital Transformation & Informatics Programme Plan



Year: 2021/2024

REF	TASK	LEAD	National / Local	PROGRESS	RAG	START	END	UPDATE
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Digital Access								
1	Once for Wales Concerns Management System (OfWCMS)	Sue Hamer	national	100%		01/08/2020	31/08/2022	
1.9	Benefits realisation & hand over to BAU (closure report)	Sue Hamer	national	0%		01/06/2022	31/03/2023	
2	O365 Implementation	Joe Nicholson	local	100%		01/04/2020	01/09/2022	
2.9	Benefits realisation	Joe Nicholson	local	0%		01/06/2022	31/03/2023	
3	Sharepoint Migration	Joe Nicholson	local	100%		01/08/2021	31/06/2022	
4	North Powys Programme							
4.1	Resource Plan to support digital infrastructure	Vicki Cooper	local	100%		01/03/2021	31/12/2021	
4.2	Work with Red Cortex to develop app for Pain & Fatigue Management Service	Vicki Cooper	local	100%		01/03/2021	31/03/2022	
4.3	Access to a development environment	Vicki Cooper	local	100%		01/03/2021	31/03/2022	
4.4	Purchase licenses for Power Apps & Creative Cloud	Vicki Cooper	local	100%		01/03/2021	31/07/2022	
4.5	Develop Community Training Platform:	Sue Hamer	local	20%		01/04/2022	31/03/2023	
4.6	Ensure platform supports welsh language	Tracey Jones	local	0%		01/04/2022	31/05/2022	Microsoft platform does not have Welsh language as an option. Submitted as a change request.
4.7	Access to Azure powered platform	Tracey Jones	local	100%		01/04/2022	31/08/2022	
4.8	Map service specifications and requirements	Tracey Jones	local	0%		01/04/2022	30/09/2022	
4.9	Resource to support project	Sue Hamer	local	100%		01/04/2022	01/07/2022	
5	Single Sign on							
5.1	Develop single sign on for clinical applications	Joe Nicholson	national	0%		01/10/2023	30/09/2025	
6	Living Well Service							
6.1	Provide access to self help/self care via tablets	Tim Smith	local	50%		01/04/2021	31/03/2023	
6.2	Digital Confidence/engagement and Support for clinicians	Tim Smith	local	50%		01/04/2022	31/03/2023	
7	Digital Dictation							
7.1	Reduce forms / paper / digitally dictate / scribe	Joe Nicholson	local	0%		01/09/2022	30/08/2023	
8	Electronic Referrals (WAP)	Steven Moon	local	100%		01/04/2022	30/08/2022	
9	Ukrainian Refugees App							
9.1	Develop Power app to capture data and allow a mix of clinicians to enter data. Information will be transferred to relevant GP Practice	Joe Nicholson	local	100%		27/04/2022	13/05/2022	
9.2	Power App to be used by TTP staff so data can be extracted and attached as a document within WCCIS ensuring that a health record is kept electronically	Michelle Williams	local	100%		27/04/2022	30/06/2022	
10	Healthcare Academy							
10.1	Digital specification & requirements	Vicki Cooper	local	100%		01/04/2021	31/03/2022	
10.2	Virtual Reality (VR)	Vicki Cooper	local	60%		01/01/2022	31/03/2023	

Digital Care								
1	Attend Anywhere							
1.1	Support services test & implement video consultations	Tracey Jones	national	100%		01/06/2020	31/03/2021	
1.2	Provide user training, user guides and ongoing support	Tracey Jones	national	100%		01/06/2020	31/03/2021	
1.3	Create webpage containing user guides, troubleshooting, case studie	Tracey Jones	national	100%		01/12/2020	31/03/2021	

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REF	TASK	LEAD	National / Local	PROGRESS	RAG	START	END	UPDATE
1.4	Pilot community hub with support from PAVO volunteers	Sue Hamer	local	100%		01/04/2021	31/07/2022	
1.5	Extend useability so clinical staff can undertake virtual welcome and health checks for those within the community	Tracey Jones	local	20%		01/04/2022	31/12/2022	
1.6	Provide seamless access to connect with relatives on wards	Tracey Jones	local	100%		01/04/2021	31/03/2024	
1.7	Supporting Ukrainian arrivals into Wales	Tracey Jones	local	10%		01/08/2022	31/03/2023	
2	Cross Border							
2.1	Prepare joint Business Case with DHCW for WG funding	Vicki Cooper	national	100%		01/12/2021	31/07/2021	
2.2	Establish project board and project methodology	Mat Pinnock	national	100%		01/02/2022	31/03/2022	
2.3	Engage with PTHB stakeholders	Jean Anne	national	50%		01/04/2022	31/03/2024	
2.4	Engage with NHS England stakeholders	Jean Anne	national	50%		01/06/2022	31/03/2024	
2.5	Stakeholder workshops to develop user requirements	Shane Herat	national	100%		01/06/2022	30/09/2022	
2.6	Work with DHCW to develop programme of works	Mat Pinnock	national	50%		01/03/2022	31/03/2024	
3	Welsh Nurse Care Record (WNCR)							
3.1	Develop plan to roll out across 8 hospitals, 9 wards	Sue John	national	100%		01/04/2021	30/06/2021	
3.2	Order devices & check wifi connectivity before each go live	Sue John	national	100%		01/04/2021	31/01/2022	
3.3	Go live at Brecon ~ Provide staff training	Sue John	national	100%		21/06/2021	17/07/2021	
3.4	Go live at Newtown ~ Provide staff training	Sue John	national	100%		09/08/2021	20/08/2021	
3.5	Go live at Ystrad ~ Provide staff training	Sue John	national	100%		20/09/2021	01/10/2021	
3.6	Go live at Llanidloes ~ Provide staff training	Sue John	national	100%		11/10/2021	22/10/2021	
3.7	Go live at Llandrindod ~ Provide staff training	Sue John	national	100%		01/11/2021	12/11/2021	
3.8	Go live at Bronllys ~ Provide staff training	Sue John	national	0%		29/11/2021	10/12/2021	Wi-Fi and cabling issue preventing go live. IT Project Manager starting December to support work.
3.9	Go live at Welshpool ~ Provide staff training	Sue John	national	100%		31/01/2022	11/02/2021	
3.10	Go live at Machynlleth ~ Provide staff training	Sue John	national	100%		28/02/2022	13/05/2022	
4	Eyecare Digitalisation							
4.1	Establish project board and workforce leads	Katie Higginson	national	100%		01/04/2021	31/05/2021	
4.2	Recruit project team (local & regional support)	Katie Higginson	national	100%		01/04/2021	31/05/2021	
4.3	Implement FORUM (Welshpool, Machynlleth, Llani, Llandod, Brecon)	Katie / Dewi	national	60%		01/04/2021	31/12/2022	Llandrindod & Brecon remaining
4.4	Implement centralised ImageNet (Llandrindod, Brecon, Welshpool)	Katie / Dewi	national	50%		01/06/2021	31/12/2022	
4.5	Configure Open Eyes and test	Katie / Dewi	national	90%		01/12/2021	31/12/2022	
4.6	Pilot with Ystradgynlais Hospital	Katie / Dewi	national	50%		31/08/2021	31/07/2022	Programme being reviewed nationally. Issues with software
4.7	Rollout across Secondary Care	Katie / Dewi	national	0%		01/04/2022	tbc	
4.8	Rollout across Primary Care	Katie / Dewi	national	0%		tbc	tbc	
4.9	Investigate OpenERS suitability for Powys	Katie / Dewi	national	5%		01/04/2022	31/07/2023	Awaiting test system
4.10	Implement Open ERS	Katie / Dewi	national	0%		tbc	tbc	
4.11	Shared Care (ODTC model) pilot with secondary care	Katie / Dewi	national	10%		07/01/2022	31/12/2022	Equipment set up, working on transfer options
5	Digital Transformation Medicines Programme							
5.1	Investment proposal bid	Vicki Cooper	national	100%		01/12/2021	30/09/2022	
5.2	System procurement	Vicki Cooper	national	0%		01/01/2023	30/09/2023	
5.3	ePMA (Secondary care)		national	0%			31/03/2025	
5.4	Electronic prescription service (primary care)		national	0%			31/03/2025	
5.5	Shared medicines record		national	0%			31/03/2025	
5.6	Patient access project (NHS App)		national	0%			31/03/2025	
6	CANISC							
6.1	System replacement	Michelle Williams	national	50%		01/09/2021	30/11/2022	
7	Welsh Patient Admin System (WPAS) Bed Management							
7.1	Procurement of digital whiteboards	Emma McGowan	local	100%		07/06/2021	31/03/2022	

REF	TASK	LEAD	National / Local	PROGRESS	RAG	START	END	UPDATE
7.2	Installation of Whiteboards across 9 wards:	Emma McGowan	local	100%		07/06/2021	31/03/2022	
7.3	Go live at Brecon ~ Provide staff training	Emma McGowan	local	100%		07/06/2021	31/03/2022	
7.4	Develop discharge pathways using pilot ward (Brecon)	Emma McGowan	local	0%		01/04/2022	31/07/2022	
7.5	Go live at Newtown ~ Provide staff training	Emma McGowan	local	0%		tbc	tbc	Capacity with clinical resource & ward staff availability to rollout
7.6	Go live at Ystrad ~ Provide staff training	Emma McGowan	local	0%		tbc	tbc	
7.7	Go live at Llanidloes ~ Provide staff training	Emma McGowan	local	0%		tbc	tbc	
7.8	Go live at Llandrindod ~ Provide staff training	Emma McGowan	local	0%		tbc	tbc	
7.9	Go live at Bronllys ~ Provide staff training	Emma McGowan	local	0%		tbc	tbc	
7.10	Go live at Welshpool ~ Provide staff training	Emma McGowan	local	0%		tbc	tbc	
7.11	Go live at Machynlleth ~ Provide staff training	Emma McGowan	local	0%		tbc	tbc	
8	Malinko							
8.1	Establish project board and workforce leads	Sue John	national	100%		31/08/2021	30/09/2021	
8.2	Scoping exercise on number of District and Specialist Nurses who will require a system license and smart phone	Sue John	national	100%		31/08/2021	31/10/2021	
8.3	Develop Business case for executive approval	Sue John	national	100%		20/09/2021	25/10/2021	
8.4	Provide smart phones to DNs	Sue John	national	30%		01/11/2022	31/01/2022	
8.5	Implement system across 14 teams	Sue John	national	0%		01/01/2022	31/03/2022	Delay due to cyber concerns. All now in place and signed off. MFA in place and awaiting IP testing.
8.6	Rollout staff training	Sue John	national	0%		01/01/2022	31/03/2022	
9	Electronic Test Request (ETR)							
9.1	Provide on-line training and resource guides to adult in patient wards to assist with implementation	Emma McGowan	local	100%		07/06/2021	31/03/2022	
9.2	Order printers for use on each ward	Emma McGowan	local	100%		07/06/2021	31/03/2022	
9.3	Implement at Brecon	Emma McGowan	local	100%		07/06/2021	31/03/2022	
9.4	Implement at Ystradgynlais	Emma McGowan	local	100%		07/06/2021	31/03/2022	
9.5	Implement at Llanidloes	Emma McGowan	local	100%		01/02/2022	31/03/2022	
9.6	Implement at Llandrindod	Emma McGowan	local	100%		01/02/2022	31/03/2022	
9.7	Implement at Newtown	Emma McGowan	local	0%		01/02/2022	31/03/2022	Awaiting for equipment to be delivered.
9.8	Implement at Bronllys - Llewellyn Ward	Emma McGowan	local	100%		01/02/2022	31/03/2022	
9.9	Implement at Bronllys - Velindre Ward	Emma McGowan	local	0%		01/02/2022	31/03/2022	Awaiting for equipment to be delivered.
9.10	Implement at Welshpool	Emma McGowan	local	100%		01/02/2022	31/03/2022	
9.11	Implement at Machynlleth	Emma McGowan	local	0%		01/02/2022	31/03/2022	Awaiting for equipment to be delivered.
10	Telehealth / Teledmedicine							
10.1	Florence	Tim Smith	local					
11	Digital Maternity Cymru							
11.1	Project Board established	Rebecca James	national	100%		17/01/2022	31/01/2022	
11.2	National direction on the preferred solution to enable	Rebecca James	national	70%		tbc	tbc	
11.3	Develop Specialist Midwife Digital Maternity Cymru (PTHB)	Rebecca James	national	80%		tbc	tbc	
12	Sexual Health System							
12.1	Requirements gathering	Suzanne Fairclough	national	0%		tbc	tbc	
12.2	Supplier engagement	Suzanne Fairclough	national	0%		tbc	tbc	
13	Respiratory Implementation:							
13.1	Configure sleep apnoea diagnostic devices	John Morgan	local	70%		01/11/2021	30/06/2022	
13.2	System implementation	John Morgan	local	70%		01/11/2021	30/06/2022	
13.3	ICT resource (build server for bodybox device)	John Morgan	local	0%		01/11/2021	31/07/2022	
14	Medilogik							
14.1	Live with Endoscopy cloud based system	Sue Hamer	national	100%		01/11/2021	31/01/2022	
14.2	Endoscopy results live in WCP	Sue Hamer	national	100%		01/05/2022	29/09/2022	
15	Patient Experience System							

REF	TASK	LEAD	National / Local	PROGRESS	RAG	START	END	UPDATE
15.1		Susannah Jermyn						
15.2		Susannah Jermyn						
16	Scan for Wales							
16.1	Implement the all Wales Inventory Management Solution at Brecon Hospital Theatres							

Digital Infrastructure & Intelligence								
1	AI Robotics / Machine Learning							
1.1	Voice image recognition		local	0%		01/10/2023	30/09/2025	
1.2	Primary, community & social care development		local	0%		01/10/2023	30/09/2025	
2	Cyber Security Improvement							
2.1	DGB governance tooling for Hardware/Software	Bal Singh	local	100%		01/10/2021	31/12/2022	
2.2	Firewall project	Bal Singh	local	40%		01/10/2021	31/03/2023	All firewalls configured & ready for deployment into sites
2.3	Solarwinds tools	Bal Singh	local	80%		01/10/2021	31/12/2023	All network devices and servers now monitored in SolarWinds. Application monitoring outstanding
2.4	Device Management – Compliance, Patching , Auditing	Bal Singh	local	60%		01/10/2021	31/07/2022	All end-of-life Windows Server 2008 decommissioned, 25% devices in Window 10. Pilot of Autopatch. End of life equipment supplier demand issue. Investment
3	WCCIS upgrade/roll out		national					
3.1	Commence rollout of Mobile App		local	10%		01/02/2022	30/11/2022	
3.2	Upgrade to v2016.2.7		local	60%		01/05/2022	31/10/2022	
4	Infrastructure Improvement							
4.1	Windows 7 upgrade to W10	Matt Pinnock	local	100%		01/04/2021	31/12/2021	
4.2	Review of network infrastructure (WAN/LAN/Wireless)	Matt Pinnock	local	100%		24/01/2022	31/03/2022	
4.3	Review data centre (Servers/storage/virtualisation)	Matt Pinnock	local	100%		24/01/2022	31/03/2022	
4.4	Upgrade data centre environment (power security resilience)	Matt Pinnock	local	0%		01/01/2023	01/01/2024	Investment & capacity required
4.5	Azure Cloud Configuration	Matt Pinnock	local	100%		01/01/2022	31/03/2022	
4.6	Corporate WiFi improvement	Matt Pinnock	local	50%		01/01/2022	31/03/2022	Global supply issue. Investment required
4.7	On-site Wi-Fi survey carried out by 4C Strategies	Matt Pinnock	local	100%		24/01/2022	31/03/2022	
4.8	Exchange server decommission	Matt Pinnock	local	100%		24/01/2022	31/03/2022	
4.9	Network segregation design	Matt Pinnock	local	100%		24/01/2022	31/03/2022	
4.10	Network segregation implementation	Matt Pinnock	local	0%		01/01/2023	01/01/2024	
4.11	Network switch replacement	Matt Pinnock	local	0%		01/01/2022	01/09/2022	Global supply issue. Investment required
4.12	Data storage & access	Matt Pinnock	local	100%		01/01/2022	01/09/2022	
4.13	Device asset management	Matt Pinnock	local	100%		01/01/2022	01/09/2022	
4.14	Wi-fi upgrade	Matt Pinnock	local	50%		01/07/2022	31/03/2023	Global supply issue & investment required
4.15	Cabling & networking	Matt Pinnock	local	0%		01/07/2022	31/03/2023	Investment & capacity required
5	Digitisation of Health Records:							
5.1	Scope strategic business case	Sue Hamer	local	100%		01/02/2022	31/03/2022	
5.2	Tender for joint package of EDMS software and scanning service	Sue Hamer	local	10%		01/10/2022	31/03/2022	
5.3	Procurement & award	Sue Hamer	local	0%		01/12/2022	31/03/2022	
5.4	Scoping exercise looking at records to be scanned	Ros Causey	local	0%		01/10/2022	31/03/2022	
5.5	Record destruction	Ros Causey	local	0%		01/10/2022	31/03/2022	
5.6	Record retention	Ros Causey	local	0%		01/10/2022	31/03/2022	
5.7	Scoping exercise looking at storage options	Ros Causey	local	0%		01/10/2022	31/03/2022	
5.8	Transition services from paper to digital	Ros Causey	local	0%		01/04/2023	31/03/2024	
6	Healthcare Comms							
6.1	SMS Appointment Reminder	Sue Hamer	local	75%		01/03/2022	01/07/2022	

REF	TASK	LEAD	National / Local	PROGRESS	RAG	START	END	UPDATE
6.2	Hybrid mail print driver	Sue Hamer	local	<div><div></div></div> 40%		01/03/2022	01/07/2022	
6.3	Patient Portal and automatic letter prining	Sue Hamer	local	<div><div></div></div> 20%		01/03/2022	01/08/2022	
7	Print Management							
7.1	Konica to provide a survey of the entire estate	Sue John	local	<div><div></div></div> 0%		01/07/2022	31/03/2023	
7.2	Obtain costs for the setup of the managed print from Konica	Sue John	local	<div><div></div></div> 0%		01/07/2022	31/03/2023	
7.3	Look to streamline the number of printers procured in isolation	Sue John	local	<div><div></div></div> 0%		01/07/2022	31/03/2023	
8	National Data Resource (NDR) - Power Bi reporting							
8.1	Therapies – develop an operational suite of reports that brings together patient information from WPAS and WCCIS	Trevor Davies	local	<div><div></div></div> 50%		01/09/2021	31/07/2022	
8.2	Migration of base tables and reference data to new server allowing access to NDR colleagues. Shared with DHCW and on server 7	Trevor Davies	local	<div><div></div></div> 100%		01/09/2021	31/03/2022	
8.3	Warehouse implementation, server setup and configuration	Trevor Davies	local	<div><div></div></div> 80%		01/09/2021	31/07/2022	
8.4	Once for Wales Concerns Management Data, take national view of data and develop for local reporting	Trevor Davies	local	<div><div></div></div> 80%		01/09/2021	31/07/2022	
9	Telephony Replacement							
9.1	Requirements gathering for further rollout of a single VOIP solution across PTHB	Joe Nicholson	local	<div><div></div></div> 20%		04/10/2021	31/03/2024	PSTN switch off 2025
9.2	Procure & award supplier	Joe Nicholson	local	<div><div></div></div> 20%		01/04/2022	30/09/2022	
9.3	Replace system	Joe Nicholson	local	<div><div></div></div> 20%		01/04/2022	31/03/2024	Subject to completion of cableing work
9.4	Decommision legacy system	Joe Nicholson	local	<div><div></div></div> 30%		01/04/2022	31/03/2024	

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25/11/2022 14:21:59

Agenda item 3.5

BOARD		Date of Meeting: 30 November 2022
Subject:	CORPORATE RISK REGISTER (NOVEMBER 2022)	
Approved and Presented by:	Interim Board Secretary	
Prepared by:	Interim Corporate Governance Manager	
Other Committees and meetings considered at:	Executive Committee, 16 November 2022	

PURPOSE:

The purpose of this paper is to provide the Board with the November 2022 version of the Corporate Risk Register for discussion.

RECOMMENDATION(S):

It is recommended that the Board:

- **REVIEWS** the November 2022 version of the Corporate Risk Register included at **Appendix 1**, ensuring that it is a complete and a true reflection of the health board's current high-level risk.

Approval/Ratification/Decision	Discussion	Information
✓	✓	x

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

Strategic Objectives:	1. Focus on Wellbeing	
	2. Provide Early Help and Support	
	3. Tackle the Big Four	
	4. Enable Joined up Care	
	5. Develop Workforce Futures	

Risk Management

Page 1 of 3

PTHB Board
30 November 2022
Agenda item 3.5

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

BACKGROUND AND ASSESSMENT:

The Corporate Risk Register provides a summary of the significant risks to the delivery of the health board's strategic objectives. To be included in the Corporate Risk Register a risk must:

- represent an issue that has the potential to hinder achievement of one or more of the health board's strategic objectives;
- be one that cannot be addressed at directorate level;
- further control measures are needed to reduce or eliminate the risk;
- a considerable input of resource is needed to treat the risk (finance, people, time, etc.).

A review of the Corporate Risk Register was undertaken in Quarter 2 of 2022-23 following approval of the 2022-2025 IMTP in order to ensure that the register reflects the risks to delivering the health board's strategic objectives going forward, together with further development of the Board Assurance Framework.

Meetings of the Executive Committee on 4 May and Board Development of 1 July 2022 focussed on a 'blank page' risk identification exercise. This was the first stage of the process set out in our Risk Management Framework and informed the development of the refreshed Corporate Risk Register that was endorsed by the Board on 28 September 2022.

The exercise was not intended to replace the mechanisms in place to escalate risks to Executive Directors, the Executive Committee and Board which continue to inform the Corporate Risk Register.

The Interim Corporate Governance Manager has liaised with Executive Directors to review and update the Corporate Risk Register to ensure it reflects the latest position.

No changes to scoring were recommended by Executive Directors for the November 2022 iteration of the CRR. Confirmation of a suggested risk score of 16 was provided for CRR 008 due to inconsistency in reporting in September 2022.

The Executive Committee considered suggestions made by the Planning, Partnerships and Population Health Committee at its meeting of 20 October 2022 regarding increasing risk scores for CRR007 (increase likelihood from 3 to 4) and CRR008 (increase of impact from 4 to 5). The Executive Committee concluded that the risk scores remain appropriate and therefore do not recommend to the Board that these are changed at the present time.

The Executive Committee is also monitoring the risks associated with potential industrial action on CRR006 and CRR011.

The full Corporate Risk Register is attached to this report as **Appendix 1**. For ease of reference, updates to mitigating actions and progress is included within the risk register and included in red font.

NEXT STEPS:

Directorates, the Risk and Assurance Group and the Executive Committee will continue to monitor organisational risks, proposing risks for escalation to the Corporate Risk Register where appropriate, to ensure that the Corporate Risk Register articulates the strategic risks that are deemed to impact delivery of the organisation's strategic objectives.

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

Risk Management

Page 3 of 3

PTHB Board
30 November 2022
Agenda item 3.5



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Corporate Risk Register November 2022

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25/11/2022 14:21:59

Page 1 of 30

Board
30 November 2022
Agenda Item: 3.5a Appendix 1

CORPORATE RISK HEAT MAP: November 2022

There is a risk that...

Impact	Catastrophic	5				<ul style="list-style-type: none"> the health board fails to manage its financial resources in line with statutory requirements the urgent and emergency health and social care system fails to deliver a timely response for care for Powys citizens 	
	Major	4			<ul style="list-style-type: none"> a significant public health event/emergency impacts on provision, continuity and sustainability of services 	<ul style="list-style-type: none"> the health board fails to adequately allocate resources, including transformation capacity, to improve health outcomes/experience and reduce inequalities citizens of Powys receive poor quality care (quality defined as safety, effectiveness and experience) from one or more of a range of providers failure to plan for, recruit and retain an appropriate workforce results in an inability to sustain high quality services a cyber attack results in significant disruption to services and quality of patient care the care provided in some areas is compromised due to the health board's estate being not fit for purpose the demand and capacity pressures in the primary care system lead to services becoming unsustainable 	<ul style="list-style-type: none"> inequity of access to planned, secondary and specialised care results in poorer outcomes and experience for some Powys citizens
	Moderate	3			<ul style="list-style-type: none"> ineffective partnership working, including on service change/reconfiguration, results in poorer outcomes and experience for citizens of Powys 		
	Minor	2					
	Negligible	1					

	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost Certain
	Likelihood				

CORPORATE RISK DASHBOARD – November 2022

Risk Lead	Risk ID	Main Risk Type	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target ✓/✗	Lead Board Committee	Risk Impacts on
DFIIT	CRR 001	Finance	The health board fails to manage its financial resources in line with statutory requirements	5 x 4 = 20	Moderate	8	✗	Delivery and Performance	Organisational Priorities underpinning all WBOs
DFIIT	CRR 002	Finance	The health board fails to adequately allocate resources, including transformation capacity, to improve health outcomes/experience and reduce inequalities	4 x 4 = 16	Moderate	8	✗	Delivery and Performance	Organisational Priorities underpinning all WBOs
DoNM/ MD	CRR 003	Quality & Safety of Services	Citizens of Powys receive poor quality care (quality defined as safety, effectiveness and experience) from one or more of a range of providers	4 x 4 = 16	Low	6	✗	Patient Experience, Quality and Safety	Organisational Priorities Underpinning WBO 1 to 4

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25/11/2022 14:21:59

Risk Lead	Risk ID	Main Risk Type	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target ✓/✗	Lead Board Committee	Risk Impacts on
DPCCM H	CRR 004	Quality & Safety of Services	The urgent and emergency health and social care system fails to deliver a timely response for care for Powys citizens	4 x 5 = 20	Low	12	✗	Delivery and Performance	Organisational Priorities Underpinning WBO 1 to 4
DPP	CRR 005	Quality & Safety of Services	Inequity of access to planned, secondary and specialised care results in poorer outcomes and experience for some Powys citizens	5 x 4 = 20	Low	12	✗	Delivery and Performance	Organisational Priorities Underpinning WBO 1 to 4
DWOD	CRR 006	Quality & Safety of Services	Failure to plan for, recruit and retain an appropriate workforce results in an inability to sustain high quality services	4 x 4 = 16	Low	8	✗	Workforce and Culture Committee	Organisational Priorities Underpinning all WBOs
DPP	CRR 007	Quality & Safety of Services	Ineffective partnership working, including on service change/reconfiguration, results in poorer outcomes and experience for citizens of Powys	3 x 3 = 9	Low	6	✗	Planning, Partnerships and Population Health	Organisational Priorities underpinning WBO 8
DPCCM H	CRR 008	Quality & Safety of Services	The demand and capacity pressures in the primary care system lead to services becoming unsustainable	4 x 4 = 16	Low	8	✗	Planning, Partnerships and Population Health	Organisational Priorities WBO 4

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

Risk Lead	Risk ID	Main Risk Type	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target ✓/✗	Lead Board Committee	Risk Impacts on
DFIT	CRR 009	Quality & Safety of Services	A cyber attack results in significant disruption to services and quality of patient care	4 x 4 = 16	Low	8	✗	Delivery and Performance	Loss of systems and impact to recovery timescales
DoE	CRR 010	Quality & Safety of Services	The care provided in some areas is compromised due to the health board's estate being not fit for purpose	4 x 4 = 16	Low	9	✗	Delivery and Performance	Organisational Priorities Underpinning WBO 1 to 4
DPH	CRR 011	Quality & Safety of Services	A significant public health event/emergency impacts on provision, continuity and sustainability of services	3 x 4 = 12	Low	12	✓	Delivery and Performance	Health and wellbeing of the population

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

KEY:

LIKELIHOOD	IMPACT				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Almost Certain 5	5	10	15	20	25
Likely 4	4	8	12	16	20
Possible 3	3	6	9	12	15
Unlikely 2	2	4	6	8	10
Rare 1	1	2	3	4	5

Very Low	1-3	Low	4-8	Moderate	9-12	High	15-25
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Executive Lead:	
CEO	Chief Executive
DPCMH	Director of Primary, Community Mental Health Services
DN	Director of Nursing
DFIIT	Director of Finance, Information and IT
MD	Medical Director
DPH	Director of Public Health
DWODSS	Director of Workforce & OD and Support Services
DTHS	Director of Therapies & Health Sciences
DPP	Director of Planning & Performance
BS	Board Secretary

RISK APPETITE		
Category	Appetite for Risk	
Quality & Safety of Services	Low	Risk Score 1-6
Regulation & Compliance	Low	Risk Score 1-6
Reputation & Public Confidence	Moderate	Risk Score 8-10
Finance	Moderate	Risk Score 8-10
Innovation & Strategic Change	High	Risk Score 12-15

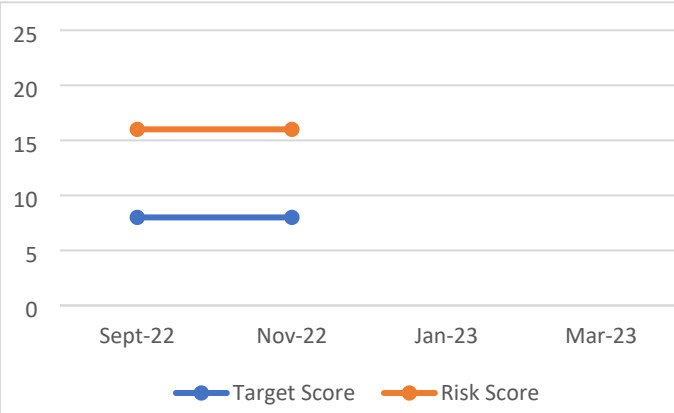
Trend	
↑	risk score increased
→	risk score remains static
↓	risk score reduced

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

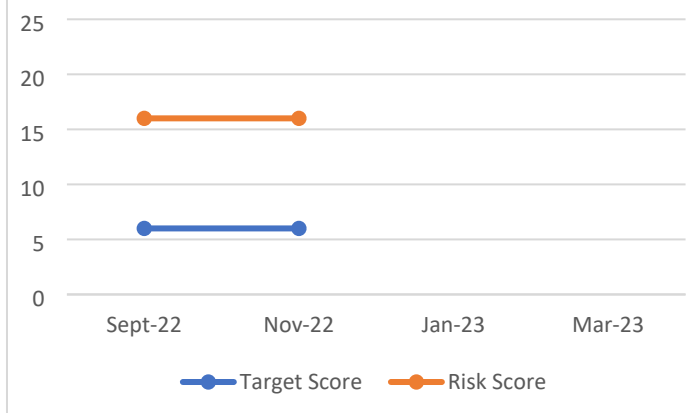
CRR 001		Executive Lead: Director of Finance, Information and IT																
Risk that: the health board fails to manage its financial resources in line with statutory requirements		Assuring Committee: Delivery and Performance																
Risk Impacts on: Organisational Priorities underpinning all WBOs		Date last reviewed: September October 2022																
<div>Risk Rating (likelihood x impact): Inherent: 4 x 5 = 20 Current: 4 x 5 = 20 Target: 2 x 4 = 8</div> <div>Date added to the risk register Risk Updated September 2022</div>	<table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Month</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>Sept-22</td><td>8</td><td>20</td></tr><tr><td>Nov-22</td><td>8</td><td>20</td></tr><tr><td>Jan-23</td><td>8</td><td>20</td></tr><tr><td>Mar-23</td><td>8</td><td>20</td></tr></tbody></table>	Month	Target Score	Risk Score	Sept-22	8	20	Nov-22	8	20	Jan-23	8	20	Mar-23	8	20	<div>Rationale for current score:</div> <ul style="list-style-type: none">▪ The IMTP included a balanced core financial plan including a balanced recurrent position.▪ Non recurrent Funding assumed at risk for local COVID response costs and exceptional national pressures in year. This will impact on the underlying position.▪ Deficit forecast of £7.5m for 22/23 reported at month 4▪ AO letter submitted 17th August▪ Delivery of this forecast is not without risk – specifically CHC growth and local authority disputes.▪ Limited progress on delivery of £4.649m savings programme.▪ Initial recurrent underlying position reported £15m excluding COVID response costs.	
Month	Target Score	Risk Score																
Sept-22	8	20																
Nov-22	8	20																
Jan-23	8	20																
Mar-23	8	20																
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">▪ Balanced Financial Plan included in IMTP Submission.▪ Financial Control Procedures and Standing Orders and Standing Financial Instructions and Budgetary Control Framework, Budgetary Control Audit rated as substantial assurance.▪ Risks and Opportunities – focus and action to maximise opportunities and minimise / mitigate risks▪ Service Reviews / Performance reviews to strengthen financial monitoring of performance and longer-term impact on financial plan (support better decision making).▪ Contracting Framework to monitor and forecast the impact of arrangements in 2022/23 and going forward▪ Task and Finish Groups established for CHC, Variable Pay and Contracting with identified leads and clear expectation re delivery, these groups will have a short- and longer-term focus for delivery.		Mitigating actions (What more will we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Strengthening of the capability and sustainability of the Finance Team and establish a modernisation programme to improve function performance and delivery</td><td>DFIIT</td><td>In Progress Deputy Director of Finance in post and structure realignment completed</td></tr><tr><td>Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan. New Efficiency Framework approved and live and Value Based Healthcare Board established.</td><td>DFIIT / MD</td><td>Established</td></tr></tbody></table>		Action	Lead	Deadline	Strengthening of the capability and sustainability of the Finance Team and establish a modernisation programme to improve function performance and delivery	DFIIT	In Progress Deputy Director of Finance in post and structure realignment completed	Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan. New Efficiency Framework approved and live and Value Based Healthcare Board established.	DFIIT / MD	Established						
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Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan. New Efficiency Framework approved and live and Value Based Healthcare Board established.	DFIIT / MD	Established																

<ul style="list-style-type: none"> ▪ Savings Plan monitoring and reporting linked to the Efficiency Framework and Investment Benefits Group and supporting the VBHC approach. ▪ Regular communication and reporting to Welsh Government and Finance Delivery Unit regarding the impact of pressures and ongoing Covid-19 and expectations regarding funding and impact on Financial Plan and underlying position. ▪ Additional control - Finance and Performance Group established as sub-group of Executive Committee. Initial focus on savings and opportunities. 			
<p align="center">Current Risk Rating</p>	<p align="center">Update including impact of actions to date on current risk score</p>		
<p align="center">4 x 5 = 20</p>	<p>Finance and Performance Group in place from September 2022 focussing on opportunities in each Directorate to be developed at pace in addition to continuing focus on key areas of focus, CHC, variable pay and contracting.</p>		

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

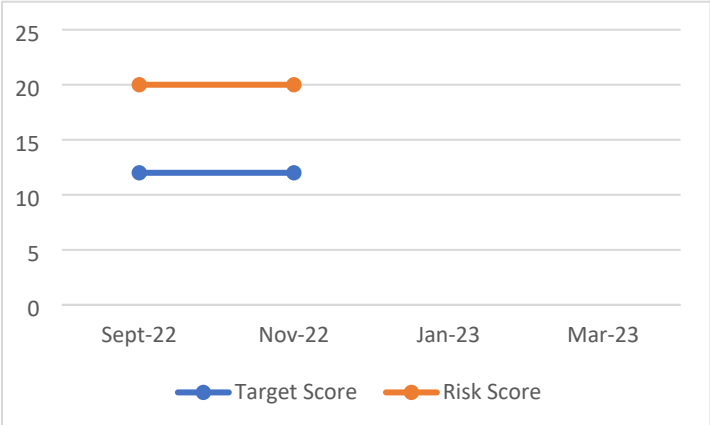
CRR 002		Executive Lead: Director of Finance, Information and IT										
Risk that: the health board fails to adequately allocate resources, including transformation capacity, to improve health outcomes/experience and reduce inequalities		Assuring Committee: Delivery and Performance										
Risk Impacts on: Organisational Priorities underpinning all WBOs		Date last reviewed: September- October 2022										
Risk Rating (likelihood x impact): Inherent: 4 x 5 = 20 Current: 4 x 4 = 16 Target: 2 x 4 = 8	 <p>The graph displays two data series over time from September 2022 to March 2023. The Y-axis represents the score, ranging from 0 to 25 in increments of 5. The X-axis marks the months: Sept-22, Nov-22, Jan-23, and Mar-23. The 'Risk Score' is represented by an orange line with circular markers, maintaining a constant value of 16 across all periods. The 'Target Score' is represented by a blue line with circular markers, maintaining a constant value of 8 across all periods.</p>	Rationale for current score: <ul style="list-style-type: none">Current forecast deficit of £7.5m and overspend of £2.8m at month 6 indicates that resources are being consumed above planned and allocated levels (IMTP Financial Plan).Lack of data re Patient Outcome and Experience to support understanding.Value Based Healthcare approach introduced but not yet fully embedded into financial plan and budget allocation.Value Board established and key action is to develop the Health Board approach to PROMs and PREM's (to measure patient experience and outcomes) to inform future resource allocation.										
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Value Board established (report via Transformation and Value Group) and into Executive Committee.Value approach focused on capacity and capability and approach to PROMS and PREMS (to inform resource allocation and actions).Value Opportunities Group Established.Information and Data Dashboards under development to inform reporting re outcomes and experiences.Full Board involvement in development of priorities and financial plans for 23/24.		Mitigating actions (What more will we do?) <table><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr><tr><td>Action as identified in Value Group Workplan including approach to developing PROM's and PREM's.</td><td>AD T&V</td><td>Ongoing.</td></tr><tr><td>Ongoing Action as per the Value Group Workplan.</td><td>AD T&V</td><td>Ongoing.</td></tr></table>		Action	Lead	Deadline	Action as identified in Value Group Workplan including approach to developing PROM's and PREM's.	AD T&V	Ongoing.	Ongoing Action as per the Value Group Workplan.	AD T&V	Ongoing.
Action	Lead	Deadline										
Action as identified in Value Group Workplan including approach to developing PROM's and PREM's.	AD T&V	Ongoing.										
Ongoing Action as per the Value Group Workplan.	AD T&V	Ongoing.										
Current Risk Rating		Update including impact of actions to date on current risk score										
4 x 4 = 16		N/a – new risk September 2022										

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

CRR 003 Risk that: citizens of Powys receive poor quality care (quality defined as safety, effectiveness and experience) from one or more of a range of providers		Executive Lead: Director of Nursing and Midwifery, Medical Director Assuring Committee: Patient Experience, Quality and Safety																			
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4		Date last reviewed: October September 2022																			
Risk Rating (likelihood x impact): Inherent: 4 x 5 = 20 Current: 4 x 4 = 16 Target: 2 x 3 = 6	 <table><caption>Risk Rating Data</caption><thead><tr><th>Score Type</th><th>Sept-22</th><th>Nov-22</th><th>Jan-23</th><th>Mar-23</th></tr></thead><tbody><tr><td>Target Score</td><td>6</td><td>6</td><td>6</td><td>6</td></tr><tr><td>Risk Score</td><td>16</td><td>16</td><td>16</td><td>16</td></tr></tbody></table>	Score Type	Sept-22	Nov-22	Jan-23	Mar-23	Target Score	6	6	6	6	Risk Score	16	16	16	16	Rationale for current score: <ul style="list-style-type: none">Intelligence from incidents, concerns and complaintsIntelligence from patient engagementIntelligence and communication from all stakeholders and partnersIncreased pressure on the NHS as a result of multiple factors (aging population, winter pressures, post Covid-19 pandemic)				
Score Type	Sept-22	Nov-22	Jan-23	Mar-23																	
Target Score	6	6	6	6																	
Risk Score	16	16	16	16																	
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Integrated Performance FrameworkPowys Clinical Audit planInternal Audit annual plan of auditsNHS Wales collaborative management groups and associated peer groupsCollaboration with the Delivery Unit (NHS Wales)Review of CQC and HIW reports for all providers where Powys residents receive careTriangulation of concerns, complaints (PTR) and incidentsOperational arrangements for operational delivery (e.g DCG)Partnership with PCCCommunication and engagement with the public and stakeholders		Mitigating actions (What more will we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Improve and refine the Integrated Performance Framework</td><td>DoPP</td><td>Sept 2022</td></tr><tr><td>Monitor fundamentals of care (provider services)</td><td>DoNM</td><td>Ongoing</td></tr><tr><td>Mortality Reviews</td><td>MD</td><td>Ongoing</td></tr><tr><td>Address inequalities of access</td><td>DoPP/ DOMHP PC DoTH</td><td>Ongoing</td></tr><tr><td>Implement Patient experience system (Civica)</td><td></td><td>Dec 2022</td></tr></tbody></table>		Action	Lead	Deadline	Improve and refine the Integrated Performance Framework	DoPP	Sept 2022	Monitor fundamentals of care (provider services)	DoNM	Ongoing	Mortality Reviews	MD	Ongoing	Address inequalities of access	DoPP/ DOMHP PC DoTH	Ongoing	Implement Patient experience system (Civica)		Dec 2022
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Mortality Reviews	MD	Ongoing																			
Address inequalities of access	DoPP/ DOMHP PC DoTH	Ongoing																			
Implement Patient experience system (Civica)		Dec 2022																			

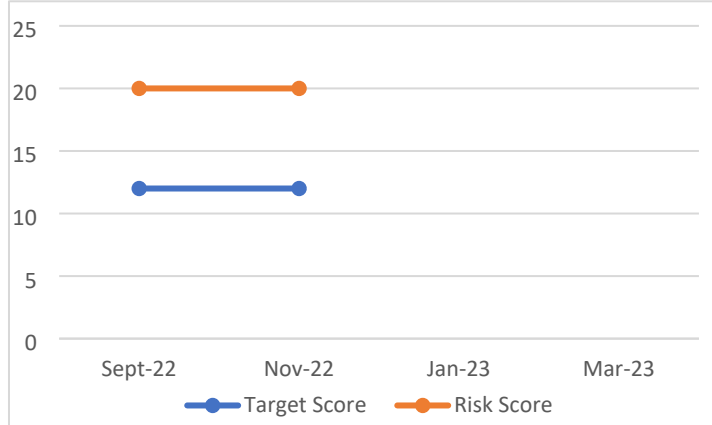
Current Risk Rating	Update including impact of actions to date on current risk score
<p>4 x 4 = 16</p>	<p>The rationale and controls are constantly changing in response to variation in risk. Whilst summarised at a high level for the CRR, this risk is subject to further development for reporting to the PEQS Committee. This risk will continue to be reviewed at PEQs. The integrated Quality Report informs the Committee of triangulated data. Key messages this month include the review of the East Kent Maternity Services report and its recommendations for all Maternity Services.</p>

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

CRR 004 Risk that: the urgent and emergency health and social care system fails to deliver a timely response for care for Powys citizens		Executive Lead: Director of Primary Care, Community and Mental Health Services Assuring Committee: Delivery and Performance																
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4		Date last reviewed: September-October 2022																
Risk Rating (likelihood x impact): Inherent: 4 x 5 = 20 Current: 4 x 5 = 20 Target: 3 x 4 = 12	 <table border="1"><caption>Risk Rating Data</caption><thead><tr><th>Score Type</th><th>Sept-22</th><th>Nov-22</th><th>Jan-23</th><th>Mar-23</th></tr></thead><tbody><tr><td>Risk Score</td><td>20</td><td>20</td><td>20</td><td>20</td></tr><tr><td>Target Score</td><td>12</td><td>12</td><td>12</td><td>12</td></tr></tbody></table>	Score Type	Sept-22	Nov-22	Jan-23	Mar-23	Risk Score	20	20	20	20	Target Score	12	12	12	12	Rationale for current score: <ul style="list-style-type: none">▪ Fragility and demand on the unscheduled care system, including WAST response times, delays and pressures within the acute system. This includes delays in discharges and flow from acute and community hospital settings. This leads to an impact/effect on the quality of timely care provided to patients, delays in care and poorer outcomes, increased incidents of a serious nature relating to handover delays at the Emergency departments front door and delayed ambulance response to community emergency calls, increasing pressure on adverse patient experience, reduction in stakeholder confidence and increased scrutiny from regulators.▪ Fragility and gaps in social care assessment, delivery and independent care home sector market provision resulting in substantial delays and patients being stranded in community hospitals and out of county beds.▪ Delays in assessment of complex care cases and inefficient brokering resulting in increased delays and cost.	
Score Type	Sept-22	Nov-22	Jan-23	Mar-23														
Risk Score	20	20	20	20														
Target Score	12	12	12	12														
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">▪ Daily management system in place to manage patient flow including multiple daily local and national calls.		Mitigating actions (What more will we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>▪ Operational delivery of Winter Plan</td><td>DPCCM H</td><td>Ongoing</td></tr><tr><td>▪ Daily operational management of patient flow</td><td></td><td>Ongoing</td></tr></tbody></table>		Action	Lead	Deadline	▪ Operational delivery of Winter Plan	DPCCM H	Ongoing	▪ Daily operational management of patient flow		Ongoing						
Action	Lead	Deadline																
▪ Operational delivery of Winter Plan	DPCCM H	Ongoing																
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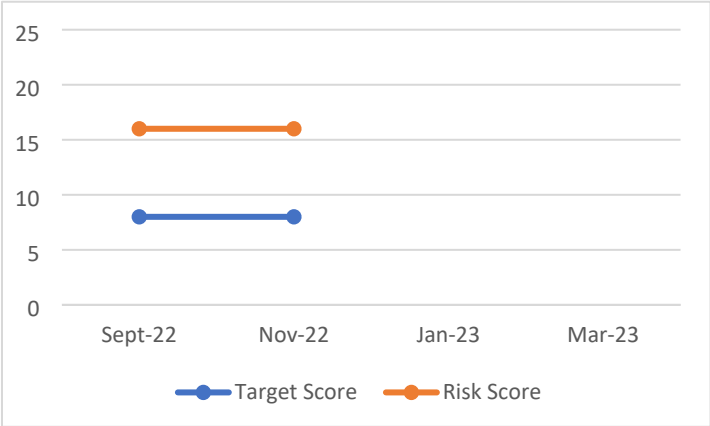
<ul style="list-style-type: none"> Continuous focus on reducing delays for health and social care reasons including complex care management, fast track cases and implementation of a home first ethos. Regular reviews of long stay patients in community hospitals to reduce average length of stay. Training on discharge and complex care management is provided to ward based staff through the Complex Care and Unscheduled Care Team. Review of Complex Care arrangements being undertaken by November 2022. Care coordination in place across all acute hospital sites to facilitate timely repatriation of patients back into Powys. Bed escalation plans in place to support the national programme of 1000 extra community care beds across Wales by end of October 2022 (within limits of staffing availability). Care Home risk and escalation plans to support care home capacity. Social care fragility and delays – regular attendance at Head of Service level to Delivery Coordination Group and escalated discussions at Director and CEO level. Delivery Coordination Group in place to manage operational delivery across whole system. Winter Plan developed to manage whole system pressures. 	<ul style="list-style-type: none"> Delivery Coordination Group in place to improve performance and delivery at a system level. Review of Complex Care arrangements in place to improve system improvements and to reduce delays. Transformational development of urgent care system (6 Goals) including 1000 beds and focus on handover delays 	DPCCM H	November 2022
Current Risk Rating	Update including impact of actions to date on current risk score		
4 x 5 = 20	N/a - new risk September 2022		

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

CRR 005 Risk that: inequity of access to planned, secondary and specialised care results in poorer outcomes and experience for some Powys citizens		Executive Lead: Director of Planning and Performance										
		Assuring Committee: Delivery and Performance										
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4		Date last reviewed: September September October 2022										
Risk Rating (likelihood x impact): Inherent: 5 x 4 = 20 Current: 5 x 4 = 20 Target: 3 x 4 = 12 Date added to the risk register Risk Updated September 2022	 <table><caption>Risk Rating Data</caption><thead><tr><th>Score Type</th><th>Value</th></tr></thead><tbody><tr><td>Inherent</td><td>20</td></tr><tr><td>Current</td><td>20</td></tr><tr><td>Target</td><td>12</td></tr></tbody></table>	Score Type	Value	Inherent	20	Current	20	Target	12	Rationale for current score: Baseline as at end of September April 2022 indicates current aggregated waiting times as follows (including PTHB provided services): 5,194,242 patients waiting over 36 weeks, of these 2,795,71 are waiting over 52 weeks of those 668,704 wait longer than 104 weeks. A number of patients are not getting treatment within published access standards. There is the potential risk of and harm for patients with excessive treatment waiting times. If urgent and emergency care pressures lead to the invoking of the NHS Local Options Framework, planned care will be reduced/suspended resulting in further delays to treatment.		
Score Type	Value											
Inherent	20											
Current	20											
Target	12											
Controls (What are we currently doing about the risk?) ▪ Key priorities identified to deliver elective treatments within 52 weeks		Mitigating actions (What more will we do?)										
		Action	Lead	Deadline								
		Secure performance improvement trajectories from providers.	DPP	Oct 2022								

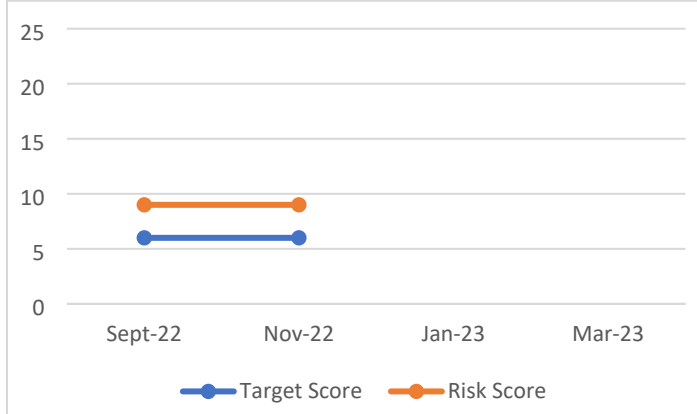
<ul style="list-style-type: none"> ▪ Commissioning Assurance Framework (across 5 domains) incremental use with 15 NHS organisations, 2 private sector organisations, and embedded in third sector ▪ CAF escalation process ▪ Strategic Commissioning Framework ▪ Fragile services log ▪ Develop funding proposal to WG to support recovery of waiting times for Powys activity in English Providers. 	Develop funding proposal for greater throughput within neighbouring providers in England subject to Welsh Government funding release. Insourcing and outsourcing options being considered (subject to capacity). All providers now expected to agree improvement trajectories in light of 22/23 guidance published for planned care recovery	DPP/ DOF	October December 2022
Current Risk Rating	Update including impact of actions to date on current risk score		
4 x 5 = 20	No further update		

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

CRR 006 Risk that: failure to plan for, recruit and retain an appropriate workforce results in an inability to sustain high quality services		Executive Lead: Director of Workforce and Organisational Development Assuring Committee: Workforce and Culture														
Risk Impacts on: Organisational Priorities underpinning all WBOs		Date last reviewed: September October 2022														
Risk Rating (likelihood x impact): Inherent: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 2 x 4 = 8		Rationale for current score: <ul style="list-style-type: none">• The Temporary Staffing Unit is continuing to provide support to meet the health board staffing deficits. However, this has resulted in a significant and increasing reliance on agency staffing (65% of shifts) to meet this demand. For the month of September 2022, RN bank was 7.40WTE and 21.07WTE from agency. For Bank HCSW it was 6.82WTE and 22.45WTE from agency.• The health board currently has 13.5 WTE medical vacancies, of which 11 WTE are currently being covered via Locums.• The health board continue to experience a particularly challenging position in respect of registered nurse vacancies (based on current establishment which are under review), with an overall vacancy deficit of 32% 30%. This is more of an acute issue in 2 wards, where there is a deficit of 50% 46% or over. Although this is a slight improvement on previously reported figures by 2% and 3% respectively the position is largely unchanged.														
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">▪ Recruitment events have been held in Knighton, Llanidloes, Welshpool and Machynlleth during September. The Health Board has also attended a national recruitment Fayre in Birmingham and student streamlining events in Swansea University.▪ All vacant roles are now being tracked to ensure they are being pulled through in a timely way and open ads are being run for Bank and Nurse vacancies.▪ WOD are working with services to ensure all key vacant posts are being processed in a timely manner.		Mitigating actions (What more will we do?) <table><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr><tr><td></td><td></td><td></td></tr><tr><td><ul style="list-style-type: none">• A review of further recruitment pipelines.• A business case has been developed to go to to be reviewed by the Executive Committee to support further overseas nurse recruitment and return to practice.</td><td>DDWOD</td><td>Q3/4</td></tr><tr><td></td><td>DDWOD</td><td>Q3/4</td></tr></table>			Action	Lead	Deadline				<ul style="list-style-type: none">• A review of further recruitment pipelines.• A business case has been developed to go to to be reviewed by the Executive Committee to support further overseas nurse recruitment and return to practice.	DDWOD	Q3/4		DDWOD	Q3/4
Action	Lead	Deadline														
<ul style="list-style-type: none">• A review of further recruitment pipelines.• A business case has been developed to go to to be reviewed by the Executive Committee to support further overseas nurse recruitment and return to practice.	DDWOD	Q3/4														
	DDWOD	Q3/4														


<ul style="list-style-type: none"> ▪ A task and finish group has been set up to identify actions to mitigate variable pay and a review is being undertaken into the establishments for community wards. ▪ The first 3 2 overseas nurses have been inducted and support in their preparation to sit the OSCE exams. 1 has passed and just been awarded their PIN from the NMC. ▪ Weekly reports on temporary staffing are produced and shared with Community Service Managers and reviewed mid-week to ensure optimum cover options are explored. 	<ul style="list-style-type: none"> • Additionally, preparations are underway to review the viability to take a further 5 overseas nurses in early 2023. • A proposal for a systematic approach to workforce planning has been developed for consideration by Executive Committee 	DDWOD	Q3/ 4
<p align="center">Current Risk Rating</p>	<p align="center">Update including impact of actions to date on current risk score</p>		
<p align="center">4 x 4 = 16</p>	<p>A Workforce Programme Board has been established to review the existing and future targeted actions aligned to the strategic priorities set out within the IMTP. The group is due scheduled to meet in October November. Once the new interim Director of WOD takes up post.</p>		

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

CRR 007 Risk that: ineffective partnership working, including on service change/reconfiguration, results in poorer outcomes and experience for citizens of Powys		Executive Lead: Director of Planning and Performance																
Risk Impacts on: Organisational Priorities underpinning WBO 8		Assuring Committee: Planning, Partnerships and Population Health																
Risk Rating (likelihood x impact): Inherent: 3 x 4 = 12 Current: 3 x 3 = 9 Target: 2 x 3 = 6 Date added to the risk register Risk Updated September 2022		Date last reviewed: September October 2022																
 <table><caption>Risk Score Data</caption><thead><tr><th>Period</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>Sept-22</td><td>6</td><td>9</td></tr><tr><td>Nov-22</td><td>6</td><td>9</td></tr><tr><td>Jan-23</td><td>6</td><td>9</td></tr><tr><td>Mar-23</td><td>6</td><td>9</td></tr></tbody></table>		Period	Target Score	Risk Score	Sept-22	6	9	Nov-22	6	9	Jan-23	6	9	Mar-23	6	9	Rationale for current score: <ul style="list-style-type: none">Effective partnership working arrangements requires strong governance and performance management. There should be a clear approach to ensure and demonstrate that investment in partnerships delivers effective and appropriate outcomes for the local population. In January 2021, Internal Audit reported limited assurance in respect of how the Health Board ensures effective partnership governance.Further, achievement of the health board’s Health and Care Strategy will be dependent on the success of successful working relationships with key partners and stakeholders.	
Period	Target Score	Risk Score																
Sept-22	6	9																
Nov-22	6	9																
Jan-23	6	9																
Mar-23	6	9																
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Health Board attendance at Public Service Board, Regional Partnership Board, Joint Partnership BoardHigh-level reporting to Board from Public Service Board, Regional Partnership Board, Joint Partnership BoardPowys Health and Care Strategy in place with Powys County Council and PAVOActive engagement with Mid Wales Joint Committee		Mitigating actions (What more will we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Identify all existing partnerships and collaborations to inform development of a Framework</td><td>BS / DPP</td><td>31/12/2022</td></tr><tr><td>Mapping of partnerships and collaborations against existing and proposed governance arrangements to ensure appropriate and robust information flows for monitoring and assurance purposes</td><td>BS / DPP</td><td>31/12/2022</td></tr><tr><td>Development and population of a Partnership Register</td><td>BS</td><td>28/02/2023</td></tr></tbody></table>		Action	Lead	Deadline	Identify all existing partnerships and collaborations to inform development of a Framework	BS / DPP	31/12/2022	Mapping of partnerships and collaborations against existing and proposed governance arrangements to ensure appropriate and robust information flows for monitoring and assurance purposes	BS / DPP	31/12/2022	Development and population of a Partnership Register	BS	28/02/2023			
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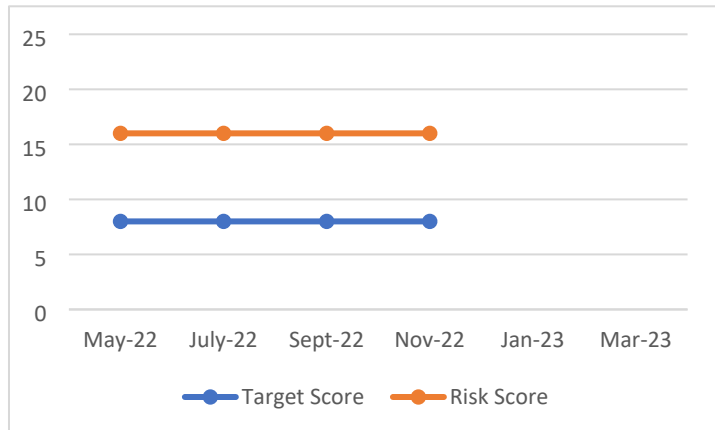
<ul style="list-style-type: none"> Engaged in regional planning and partnership arrangements such as South East Wales Central Planning Group; Future Fit 	Development of the Partnership Governance Framework for presentation to Board in December 2022	BS / DPP	31/0312/20 232
Current Risk Rating	Update including impact of actions to date on current risk score		
3 x 3 = 9	No further update		

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

CRR 008 Risk that: the demand and capacity pressures in the primary care system lead to services becoming unsustainable		Executive Lead: Director of Primary Care, Community and Mental Health Services Assuring Committee: Planning, Partnerships and Population Health																
Risk Impacts on: Organisational Priorities underpinning WBO 4		Date last reviewed: September October 2022																
Risk Rating (likelihood x impact): Inherent: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 2 x 4 = 8	 <table border="1"><caption>Risk Rating Data</caption><thead><tr><th>Score Type</th><th>Sept-22</th><th>Nov-22</th><th>Jan-23</th><th>Mar-23</th></tr></thead><tbody><tr><td>Target Score</td><td>8</td><td>8</td><td>8</td><td>8</td></tr><tr><td>Risk Score</td><td>16</td><td>16</td><td>16</td><td>16</td></tr></tbody></table>	Score Type	Sept-22	Nov-22	Jan-23	Mar-23	Target Score	8	8	8	8	Risk Score	16	16	16	16	Rationale for current score: <ul style="list-style-type: none">▪ Sustainability assessment of GP Practices identifying several high risk practices across Powys. Practices may not be able to provide sustainable GMS services.▪ Cybersecurity incident caused by ransomware affecting Adastra system across all NHS (England and Wales). Impact on 111 and Out of Hours Services including access to clinical records available to support consultations.▪ Dental access gaps across Powys with demand for access currently greater than capacity. Routine and urgent General Dental Services compromised.	
Score Type	Sept-22	Nov-22	Jan-23	Mar-23														
Target Score	8	8	8	8														
Risk Score	16	16	16	16														
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">▪ Close monitoring and liaison with practices to offer support including regular review of the sustainability matrix to monitor changes and sustainability funding application process.▪ Primary Care team offering support to practices including workforce development and sourcing of support via Temporary Staffing Unit.▪ Implementation of Accelerated Cluster Development Programme.▪ Health Board management of practices if contracts are handed back until tendering process is successful.▪ Adastra – Continued participation in national calls with 111 to manage situation. Process to be agree nationally across NHS Wales for retrospective consultations to be added to Adastra. Introduction of new queue management system by Shropdoc and access to Welsh Clinical Portal. Only urgent out of hours notifications being sent to GP Practices		Mitigating actions (What more will we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td><ul style="list-style-type: none">▪ Primary Care – Ongoing regular review of sustainability matrix and applications for support. Weekly review of Escalation tool▪ Implementation of the Accelerated Cluster Development Programme to meet national milestones.▪ Management of an alternative process to support Adastra to minimise impact on 111 and Out of Hours Services.</td><td>DPCC MH</td><td>Ongoing</td></tr><tr><td><ul style="list-style-type: none">▪ Dental – Urgent access slots commissioned across Powys. Dental contract reform to improve access. Community Dental Service</td><td>DPCC MH</td><td>Ongoing</td></tr></tbody></table>		Action	Lead	Deadline	<ul style="list-style-type: none">▪ Primary Care – Ongoing regular review of sustainability matrix and applications for support. Weekly review of Escalation tool▪ Implementation of the Accelerated Cluster Development Programme to meet national milestones.▪ Management of an alternative process to support Adastra to minimise impact on 111 and Out of Hours Services.	DPCC MH	Ongoing	<ul style="list-style-type: none">▪ Dental – Urgent access slots commissioned across Powys. Dental contract reform to improve access. Community Dental Service	DPCC MH	Ongoing						
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<ul style="list-style-type: none">▪ Dental – Urgent access slots commissioned across Powys. Dental contract reform to improve access. Community Dental Service	DPCC MH	Ongoing																

<p>until system resolved. Following successfully testing Shropdoc Adastra was reinstated on 19/10/22 albeit with limited functionality. System being used for the patient contact/record. Manual admin process still required at the front end. Reactivation of GP OOH report messaging and special patient notes being progressed. Fully operational Adastra system not expected for some time – national discussions hoping to achieve this before the 4 day Christmas BH period. 111 and Shropdoc remain in BCI</p> <ul style="list-style-type: none"> Commissioning of urgent access slots across Powys and procurement of new contracts for Llandrindod. Implementation of the new Dental contract 22/23 metrics should increase provision and access. Development of Community Dental Service clinics to support urgent access to mitigate against gaps in provision. Mid Year Review meetings currently being undertaken with Dental practices. 	<p>clinics in place to support urgent access to mitigate gaps until procurement processes successful. New contract awarded for Llandrindod Wells – pending Minister signoff</p>		
<p>Current Risk Rating</p>	<p>Update including impact of actions to date on current risk score</p>		
<p>4 x 4 = 16</p>	<p>N/a – new risk added September 2022 Mitigating actions continue to manage the risks</p>		

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

CRR 009 Risk that: a cyber attack results in significant disruption to services and quality of patient care		Executive Lead: Director of Finance, Information and IT Assuring Committee: Delivery and Performance																						
Risk Impacts on: loss of systems and impact to recovery timescales		Date last reviewed: September October 2022																						
Risk Rating (likelihood x impact): Inherent: 5 x 5 = 25 Current: 4 x 4 = 16 Target: 2 x 4 = 8 Date added to the risk register May 2022	 <table><caption>Risk Rating Data</caption><thead><tr><th>Month</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>May-22</td><td>8</td><td>16</td></tr><tr><td>July-22</td><td>8</td><td>16</td></tr><tr><td>Sept-22</td><td>8</td><td>16</td></tr><tr><td>Nov-22</td><td>8</td><td>16</td></tr><tr><td>Jan-23</td><td>8</td><td>16</td></tr><tr><td>Mar-23</td><td>8</td><td>16</td></tr></tbody></table>	Month	Target Score	Risk Score	May-22	8	16	July-22	8	16	Sept-22	8	16	Nov-22	8	16	Jan-23	8	16	Mar-23	8	16	Rationale for current score: <ul style="list-style-type: none">Increased risk of potential Cyber-attack due to current climate and world events.Several reports have highlighted potential areas for improvement.Adastra 111 -<ul style="list-style-type: none">English systems coming back on line but experiencing significant delays; therefore unlikely NHS Wales will switch back on before the end of September.DHCW email queue management system working well, however no further development now to take place on the product.Some duplication errors taking place between Shropdoc and WAST, and these are being investigated.Welsh Clinical Portal access in place for Shropdoc	
Month	Target Score	Risk Score																						
May-22	8	16																						
July-22	8	16																						
Sept-22	8	16																						
Nov-22	8	16																						
Jan-23	8	16																						
Mar-23	8	16																						
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Recruited a Cyber Security and Compliance Manager lead for the HB.In the process of recruiting a Senior Cyber Security Officer who will be responsible for IT operational controls and monitoring of the HB systems and Infrastructure.Cyber Improvement Plan in place linked to National Digital Health Care Wales (DHCW) and Local Actions.Controls and action in place to strengthen the monitoring of the network, improve anti-virus and Windows defender protection, enhanced end user license to increase protection to mitigate the risk and impact of any attack.		Mitigating actions (What more will we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Increase awareness through the ESR Cyber Security training and make mandatory for all staff to complete.</td><td>DFIIT</td><td>Paper to Exec Committee to recommend by end of May - aim to complete all training in 4-6 months Board Session to</td></tr></tbody></table>		Action	Lead	Deadline	Increase awareness through the ESR Cyber Security training and make mandatory for all staff to complete.	DFIIT	Paper to Exec Committee to recommend by end of May - aim to complete all training in 4-6 months Board Session to															
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<ul style="list-style-type: none"> Further action to be taken to test Business Continuity and recovery plans across service areas. Monthly Reporting via Governance Structure includes progress / delivery against Cyber Assurance Framework (CAF), this monitors performance and alignment to Security of Network and Information System regulations (NIS) Framework. Procurement and implementation of Solar Winds network monitoring. Windows Defender deployed and Phishing Campaign in place to increase awareness. Annual penetration testing programme in place. Upgraded O365 license to include enhanced E5 Security. Internal Audit report on NIS rated as Reasonable Assurance. 	Arrange Board Development Session re Cyber to increase awareness.		take place in October November 2022.
	Develop a Cyber Recovery Response plan in conjunction with Assistant Directors and Heads of Service. Equipment replacement plan and migration from on premise to Cloud.	DFIIT	In Progress Case and timelines being finalised
Current Risk Rating	Update including impact of actions to date on current risk score		
4 x 4 = 16			

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25/11/2022 14:21:59

CRR 010 Risk that: the care provided in some areas is compromised due to the health board's estate being not fit for purpose		Executive Lead: Director of Environment Assuring Committee: Delivery and Performance																																																																
Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 4		Date last reviewed: September October 2022																																																																
<div>Risk Rating (likelihood x impact): Inherent: 4 x 5 = 20 Current: 4 x 4 = 16 Target: 3 x 3 = 9 Date added to the risk register January 2017</div>	<div><table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Jan-17</td><td>16</td><td>4</td></tr><tr><td>May-17</td><td>16</td><td>4</td></tr><tr><td>Sep-17</td><td>16</td><td>4</td></tr><tr><td>Jan-18</td><td>16</td><td>4</td></tr><tr><td>May-18</td><td>16</td><td>4</td></tr><tr><td>Sep-18</td><td>16</td><td>4</td></tr><tr><td>Jan-19</td><td>16</td><td>4</td></tr><tr><td>May-19</td><td>16</td><td>4</td></tr><tr><td>Sep-19</td><td>16</td><td>4</td></tr><tr><td>Jan-20</td><td>16</td><td>4</td></tr><tr><td>May-20</td><td>16</td><td>4</td></tr><tr><td>Sep-20</td><td>16</td><td>4</td></tr><tr><td>Jan-21</td><td>16</td><td>4</td></tr><tr><td>May-21</td><td>16</td><td>4</td></tr><tr><td>Sep-21</td><td>16</td><td>9</td></tr><tr><td>Jan-22</td><td>16</td><td>9</td></tr><tr><td>May-22</td><td>16</td><td>9</td></tr><tr><td>Sep-22</td><td>16</td><td>9</td></tr><tr><td>Jan-23</td><td>16</td><td>9</td></tr><tr><td>Mar-23</td><td>16</td><td>9</td></tr></tbody></table></div>	Date	Risk Score	Target Score	Jan-17	16	4	May-17	16	4	Sep-17	16	4	Jan-18	16	4	May-18	16	4	Sep-18	16	4	Jan-19	16	4	May-19	16	4	Sep-19	16	4	Jan-20	16	4	May-20	16	4	Sep-20	16	4	Jan-21	16	4	May-21	16	4	Sep-21	16	9	Jan-22	16	9	May-22	16	9	Sep-22	16	9	Jan-23	16	9	Mar-23	16	9	<div>Rationale for current score:<ul style="list-style-type: none">▪ Estates Compliance: 38% of the estate infrastructure was built pre-1948 and only 5% of the estate post-2005. Significant investment and risk-based programmes of work over several years across the compliance disciplines (fire, water hygiene, electric, medical gases, ventilation, etc.) will be required.▪ Capital: the health board has not had the resource or infrastructure in place in recent times to deliver a significant capital programme and this places pressures on systems, capital resource and the wider organisation to fully support major project activity. Furthermore, Discretionary Capital acts as the safety net for overspend on capital projects for the health boards, and with a very limited discretionary allowance in PTHB this is a significant financial risk.▪ Environment & Sustainability: NHS Wales Decarbonisation Strategic Delivery Plan published in 2021 with challenging targets with limited resource.▪ COVID-19 has introduced risk pressures in respect of the health board's estate and the ability of the Estates & Property team to manage and prioritise risk mitigation in a number of ways.</div>	
Date	Risk Score	Target Score																																																																
Jan-17	16	4																																																																
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Controls (What are we currently doing about the risk?)		Mitigating actions (What more will we do?)																																																																
ESTATES		Action	Lead Deadline																																																															

<ul style="list-style-type: none"> Specialist sub-groups for each compliance discipline Risk-based improvement plans introduced Specialist leads identified Estates Compliance Group and Capital Control Group established Medical Gases Group; Fire Safety Group; Water Safety Group; Health & Safety Group in place. New Ventilation Safety Group set up. Capital Programme developed for compliance and approved Capital and Estates set as a specific Organisational Priority in the health board's Annual Plan Address (on an ongoing basis) maintenance and compliance issues Address maintenance and compliance improvements to ensure patient environment is safe, appropriate and in line with standards <p>CAPITAL</p> <ul style="list-style-type: none"> Capital Procedures for project activity Routine oversight / meetings with NWSSP Procurement Specialist advice and support from NWSSP Specialist Estates Services Audit reviews by NWSSP Audit and Assurance Close liaison with Welsh Government, Capital Function Reporting routinely to P&R Committee Capital Programme developed and approved Detailed Strategic, Outline and Full Business Cases defining risk Capital and Estates set as a specific Organisational Priority <p>ENVIRONMENT</p> <ul style="list-style-type: none"> ISO 14001 routine external audit to retain accreditation Environment & Sustainability Group NWSSP Specialist Estates Services (Environment) support and oversight Welsh Government support and advice to identify and fund decarbonisation project initiatives 	Implement the Capital Programme and develop the long-term capital programme	AD Estates & Property	In line with Annual Plan for 2022-23
	Continue to seek WG Capital pipeline programme funding continuity: seek alternative capital funding opportunities to mitigate funding reduction for 2022/23 and develop projects in readiness for any capital slippage in latter part of financial year cycle.	AD Estates & Property	In line with Annual Plan for 2022-23
	Develop capacity and efficiency of the Estates and Capital function	AD Estates & Property	In line with Annual Plan for 2022-23
	Review current structure of capital and estates department – Estates Management and Senior Management Team structure enhancements in place. Second tier of structure review required to address limited establishment staff numbers in Works Team and recruitment challenges. Initial resource review undertaken by IEG in June 2022 with financial constraints necessitating more detailed analysis. This has been further discussed in IEG in October and a more detailed paper will be brought to IEG in December including demand levels and performance around Planned and Preventative Maintenance (PPMs)	AD Estates & Property	October December 2022
Current Risk Rating	Update including impact of actions to date on current risk score		
4 x 4 = 16	Estates: Estates compliance – team continues to support core statutory compliance and limited Reactive job requests using risk-based approach due to age of estate. Workforce challenges for		

recruitment and staff resource establishment level being reviewed at Innovative Environments Group.

Fire: Work to improve operational fire structure in 2021 has been positive, but significant infrastructure risks related to compartmentation and physical systems remain. Programmes of work implemented to address dependant on funding.

Property: COVID moves of staff in uncontrolled manner will need to be addressed to step back up business as usual alongside implementation of new agile working approach.

Finance: significant escalation for cost pressures related to fuel and inflation which are acting to increase pressure on Estates Revenue and Capital projects outturn costs and material / Supplier availability. Example of Estates related pressure is resultant electrical defects with tendered cost of £59K following 5 statutory 5 year Fixed Wire Testing on sites – this carries a risk and is part of a £500K compliance defect cost pressure which carries a risk if not completed.

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

CRR 011 Risk that: a significant public health event/emergency impacts on provision, continuity and sustainability of services		Executive Lead: Director of Public Health Assuring Committee: Delivery and Performance																																																	
Risk Impacts on: the health and wellbeing of the population, patients and visitors and on the continuity of a range of NHS systems and services, including workforce, support services and supply chain.		Date last reviewed: September September October 2022																																																	
<div><div><div>Risk Rating (likelihood x impact): Inherent: 4 x 4 = 16 Current: 3 x 4 = 12 Target: 3 x 4 = 12</div><div>Date added to the risk register February 2020</div></div><div><table><caption>Risk Score History</caption><thead><tr><th>Date</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>Mar-20</td><td>12</td><td>16</td></tr><tr><td>Sep-20</td><td>12</td><td>16</td></tr><tr><td>Jan-21</td><td>12</td><td>16</td></tr><tr><td>Mar-21</td><td>12</td><td>16</td></tr><tr><td>May-21</td><td>12</td><td>16</td></tr><tr><td>July-21</td><td>12</td><td>12</td></tr><tr><td>Sept-21</td><td>12</td><td>12</td></tr><tr><td>Nov-21</td><td>12</td><td>12</td></tr><tr><td>Jan-22</td><td>12</td><td>16</td></tr><tr><td>Mar-22</td><td>12</td><td>12</td></tr><tr><td>July-22</td><td>12</td><td>12</td></tr><tr><td>Sep-22</td><td>12</td><td>12</td></tr><tr><td>Nov-22</td><td>12</td><td>12</td></tr><tr><td>Jan-23</td><td>12</td><td>12</td></tr><tr><td>Mar-23</td><td>12</td><td>12</td></tr></tbody></table></div></div>		Date	Target Score	Risk Score	Mar-20	12	16	Sep-20	12	16	Jan-21	12	16	Mar-21	12	16	May-21	12	16	July-21	12	12	Sept-21	12	12	Nov-21	12	12	Jan-22	12	16	Mar-22	12	12	July-22	12	12	Sep-22	12	12	Nov-22	12	12	Jan-23	12	12	Mar-23	12	12	<div>Rationale for current score: Likelihood: 'Possible'. Vaccination has weakened the link between cases and admissions to hospital and provide good protection against severe disease from variant strains of SARS-CoV2, although protection against infection and mild disease is lower and relatively short lived. Recognising that the (direct) risk of Covid-19 overwhelming the NHS has reduced, the likelihood has been adjusted from 'likely' to 'possible' as of February 2022. It should be noted there are still risks including uncertainties regarding the size and timing of potential future waves of Covid-19, winter remains the season when the threat from Covid-19 is greatest. The emergence of new variants of concern cannot be discounted due to the unpredictability of virus evolution over winter 2022 to 2023, it is anticipated that Other winter respiratory viruses such as influenza virus and respiratory syncytial virus (RSV) will return and could co-circulate with Covid-19. An overlap in waves of infection due to different respiratory viruses would pose increased risks to the health of individuals and to the NHS. Throughout the pandemic, Covid-19 has disproportionately affected those in older age groups, residents in care homes for older adults, and those with certain underlying health conditions, particularly those who are severely immunosuppressed.</div>	
Date	Target Score	Risk Score																																																	
Mar-20	12	16																																																	
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		<p>Following vaccination, these same factors continue to identify those persons who are at higher risk of developing severe COVID-19. The NHS is already operating at near maximum capacity, and large numbers of staff isolating due to illnesses may impact on some services. The risk score will therefore need to be kept under regular review.</p> <p>Impact: 'Major'. COVID-19 presents four harms to the population: -</p> <ol style="list-style-type: none">1. The direct harm arising from the disease itself;2. The harm caused by an overwhelmed NHS;3. The harm caused by stopping other non-COVID activity; and4. The wider harm to wellbeing caused by population level measures in response to COVID-19.		
Controls (What are we currently doing about the risk?)		Mitigating actions (What more will we do?)		
<p>1. Delivery of Autumn (2022) Booster Programme commenced on 1st September 2022 to eligible groups as identified by JCVI with the primary objective to augment immunity in those at higher risk from COVID-19 and thereby optimise protection against severe COVID-19, specifically hospitalisation and death, over winter 2022 to 2023.</p> <p>2. Joint management and oversight arrangements remain in place with Powys County Council, including a joint Prevention and Response Strategic Oversight Group, which is widening remit to include oversight of other health protection areas.</p> <p>3. Test, Trace Protect programme transitioned in line with '<i>Together for a Safer Wales</i>' with very small team in place to carry out testing, contact tracing for covid-19 'stable situation' in line with WG guidance:</p> <ul style="list-style-type: none">• PCR testing remains in place for target/eligible population via Powys CTUs;• Contact tracing service operating;• Care home cell meeting regularly and as required;• Regional response cell meeting monthly or as required. <p>4. Working as part of the wider system in Wales through participation in regional and national planning and response arrangements as these evolve to respond to stage of pandemic.</p>		Action	Lead	Deadline
		<ul style="list-style-type: none">• Delivery of COVID-19 vaccination plan with quarterly review• Develop 'Autumn' specific surge vaccination plan• Delivery of TTP Plan with quarterly review• Review testing plan for covid-19 stable and surge scenarios• Staff testing guidance and IPC policies kept under review	<p>MB/JC</p> <p>MB/JC</p> <p>MB/JC</p> <p>MB/JC</p> <p>CR/MD</p>	<p>31/12/22</p> <p>14/10/22</p> <p>31/12/22</p> <p>31/10/22</p> <p>30/09/22</p>

<p>5. Continued delivery of 'Together for a Safer Future' transition under way in line with WG policy decisions.</p> <p>6. Staff testing and protective behaviours (PPE/Social distancing etc) guidance updated and re-issued in July 2022. regularly in line with WG guidance and local circumstance, overseen by HB Infection Prevention Advisory Group.</p> <p>7. FFP3 mask usage – decision on 29th December 2021 to continue to follow UK IP&C guidance supporting risk assessed use.</p> <p>8. Staff testing guidance and IPC policies kept under review.</p> <p>9. 'Autumn' specific surge vaccination plan developed.</p> <p>10. Testing plan for covid-19 stable and surge scenarios being reviewed, recognising that resources for TTP have been substantially reduced in June 2022, with only funding in place to maintain covid stable response.</p>	<ul style="list-style-type: none"> • Mass Vaccination Plan to be reviewed based on COVID-19 learning and modelling in place for surge scenarios. • Deliver flu vaccination programme with monthly review 	<p>MB/JC/DB</p> <p>MB/NB</p>	<p>31/03/23</p> <p>31/02/23</p>
<p>Current Risk Rating</p>	<p>Update including impact of actions to date on current risk score</p>		
<p>3 x 4 = 12</p>			

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

Report:	Chief Officer's Report
Author:	Katie Blackburn
Status:	For Information
Date:	30th November 2022 (report to 15th November 2022)

1. Monitoring and scrutiny:

As a CHC, we have been able to commence some face-to-face engagement with the public. Our ability to carry out engagement in the community is dependent on the availability of members and staff.

We are continuing to engage with the public through digital methods, via our website, social media and email channels. Most CHC meetings are held online but we are trialling some hybrid meetings (in-person with availability of online). CHC members and staff continue to join virtual meetings with other organisations. Some organisations are starting to hold face-to-face meetings and are considering what types of meetings they will hold in future. We have attended a mixture of virtual, hybrid and face-to-face meetings

A representative from Powys CHC has taken part in the following meetings during the last two months:

1 September	Powys Mental Health Engage to Change Meeting – we gave a presentation on the survey we did with young people about mental health services during COVID
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Patterson, Liz
25/11/2022 14:21:59

13 September	Powys Teaching Health Board (PTHB) Patient Experience, Quality & Safety Committee
27 September	Hereford & Worcester Stroke Programme Board Meeting
28 September	PTHB Board Meeting
28 September	PAVO Knighton & Presteigne Community Workers Network Meeting
3 October	Shropshire, Telford & Wrekin Hospital Transformation Programme Implementation & Oversight Group
5 October	Llandrindod, Rhayader, Builth & Llanwrtyd Locality Network Meeting
7 October	PTHB Meeting regarding Knighton Hospital (in-person meeting)
12 October	Joint Meeting CHC with Powys County Council to discuss Citizen Voice Body (hybrid meeting)
13 October	Official Opening of the Health & Care Academy at Bronllys Hospital
18 October	Shrewsbury & Telford Hospital NHS Trust Ockenden Report Assurance Committee
20 October	PTHB Planning, Partnerships & Population Health Committee
31 October	Mid Wales Joint Committee for Health & Social Care

Some of these meetings provide us with the opportunity to scrutinise what is happening with health services. Other meetings are used to gather information about the work being undertaken by other organisations and also to promote the work of the CHC.

We have continued with our fortnightly online briefing sessions for CHC members. These sessions offer the opportunity for members to raise with the Chair and Chief Officer any issues which they have picked up within their local communities. Any thematic issues and concerns can then be raised with the Health Board through the Chief Officer or through the CHC’s Complaints Advocacy Service.

Face-to-Face Engagement

We attended the following events:

8 September	Presentation to Brecon Probus at the Brecon Castle Hotel
21 September	Builth Wells Community Support Community Information Fair
27 October	Knighton Community Soup Café

Brecon Probus

We presented to the Group on the work of the CHC and this was followed by discussion about NHS services. The following themes were discussed:

- Difficulty in getting through to Brecon Medical Practice on the telephone
- Difficulty with getting appointments in a timely manner and the desire for more face-to-face appointments
- Lack of people around the surgery leading to people questioning what GP staff are doing
- Problems with booking appointments for flu vaccination
- Difficulty in contacting the community pharmacist on the telephone (to check whether repeat prescription medication is ready for collection)
- An issue about a child taken to Prince Charles Hospital and sent on to the Grange University Hospital (information provided about Independent Complaints Advocacy Service if the family wish to raise a concern)

Builth Wells Community Information Fair

This was an event which was attended by a large number of Powys organisations providing information about their services so it was a good networking opportunity. Footfall from the public was not high but there was a steady flow of people attending the CHC stand.

Topics discussed were as follows:

- Out of county pathways for children with complex care needs. Communication in and out of county was a concern.
- Three people raised concerns about accessing NHS dental provision in the area.
- Access to GPs.
- Lack of a district general hospital in Powys.
- Concerns about long waiting lists for planned care.

One of our staff members was filmed for a video blog during the event and you can view the video at the link below:

<https://youtu.be/JjDqvYcz1Zs>

Planning Face-to-Face Engagement Events

We are putting plans in place to carry out the following engagement events, subject to availability of staff and members:

8 November	Machynlleth Health & Wellbeing Event
23 November	Llandrindod Wells Food Bank
28 November	Ystradgynlais Senior Citizens Club
7 December	Newtown Community Café
18 January	Brecon Food Bank

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

2. Monitoring & Scrutiny Visits

At the last Executive Committee in September, it was agreed that we would investigate the possibility of carrying out some monitoring and scrutiny visits to Brecon Hospital, Ystradgynlais Hospital and the Women & Children’s Centre in Princess Royal Hospital, Telford.

Plans are progressing for these visits to take place. The following dates are confirmed:

11 November	Ystradgynlais Community Hospital
1 December	Breconshire War Memorial Hospital

3. Social Media

- We continue to use social media on a daily basis. We are posting CHC information to our Facebook and Twitter pages. We are using the platform to advertise our meetings and surveys.
- We currently have **510** followers on Twitter and **783** followers on Facebook.
- We are increasing our own original content to share on our social media pages.
- We share and re-post information which is provided by Health Boards and Trusts in Wales, Trusts in England, local GP practices, other CHCs, Powys County Council and national NHS organisations.
- We are monitoring and evaluating the public reaction to information which is posted.
- We are regularly monitoring the information to the public which is shared by primary care providers – GPs, pharmacies, opticians and dentists.
- We are continuing to monitor the public reaction to the service development proposal for the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)

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

4. Surveys

Our 'Question of the Month' for October was about experience of the emergency ambulance service. The online survey was available through our website and we shared it widely on social media. The survey closed with **83** responses. The analysis of the responses is taking place and we will share what we have heard through a report.

The All Wales CHC survey asking for people to share their views about the response to COVID-19 in Wales is available online at the following links:

English:

<https://HaveYourSayCHCWales.uk.engagementhq.com/uk-inquiry>

Cymraeg:

<https://dweudeichdweudcicgigcymru.uk.engagementhq.com/pa-ffaith-gafodd-y-pandemig-arnoch-chi>

We continue to hand out paper copies of the survey wherever we can. Up to 26 October 2022, a total of **1136** surveys have been completed, with **144** of them being completed by Powys residents.

The All Wales CHC survey about 'NHS Care Living with COVID' is available online at the following link ow.ly/KzSG50DZWHS and is available in paper format. This survey is regularly shared on our Facebook and Twitter pages and paper copies are also available.

5. Reports

The following reports have been published since my last report to Executive Committee:

Access to NHS Dental Care in Powys

<https://powyschc.nhs.wales/what-we-have-to-say/report-library/access-to-dental-report/>

Patient Experience of Using Community Pharmacies in Powys

<https://powyschc.nhs.wales/carousel-index/report-on-community-pharmacies-survey-july-2022/>

The report following the 'Question of the Month' survey about access to GP services has been shared with the Health Board. We have received a response from the Health Board and the report will be published shortly.

4. Service change and patient engagement:

All Powys CHC meetings have been re-instated and are being attended by members of the public, recognising that all meetings are meetings held in public, not public meetings.

Our Executive Committee meetings are now being held face-to-face [as this meeting focuses on Governance and we do not have external speakers].

Powys CHC is considering hybrid meetings, whilst recognising that "virtual" meetings have enabled more members of the public to join, and a wider pool of speakers/ presenters who can attend at a specific time for a specific agenda item. The Montgomery Local Committee meeting held on 10th November 2022 was successfully held as a hybrid meeting.

At the moment, service changes have predominantly been "urgent" service changes which are considered at the Services Planning Committee which is attended by Stephen Powell and Adrian Osbourne.

There have been 2 engagement processes that have been discussed and ratified at the Executive Committee since the last PtHB Board meeting on 28th September 2022:

1. Formal Ratification of decision taken electronically in October 2022 – WAST Proposed Service Change; length of Engagement.

This is to confirm the Executive Committee of Powys CHC:

- i) has unanimously agreed (electronically) to a comprehensive engagement of 8 weeks
- ii) requests a formal review/ update at 6 weeks
- iii) requests that consideration is given to the Christmas holiday period
- iv) requests the sight (and opportunity to comment) on the Engagement and Communication Plan (in advance)
- v) requests sight of the proposal that will be engaged on (in advance)
- vi) seeks clarity on the timescale for the engagement and communication process
- vii) seeks assurance that the process will be robust, inclusive and transparent

2. Formal Ratification of decision taken electronically October 2022.

WAA/ EASC/ EMERTS Proposed Service Change - Length of Engagement.

This is to confirm the Executive Committee of Powys CHC:

- i) has unanimously agreed (virtually) to a comprehensive engagement of 8 weeks
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- vi) seeks clarity on the timescale for the engagement and communication process
- vii) seeks assurance that the process will be robust, inclusive and transparent

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

6. Advocacy:

Open Powys Cases as of 1st November 2022: **36**

(+ 17 Swansea Bay CHC Cases)

	1 Nov 2022	1 Sept 2022	1 July 2022
Complaint Stage			
Pre-Local Resolution	6	1	3
Local Resolution	14	21	15
Further Resolution	0	2	3
Ombudsman	7	11	9
Continuing Health Care Retrospective Claim	1	1	1
Redress	5	4	4
Serious Incident Review	3	2	2
Total	36	42	37

PLR - Pre-Local Resolution: An advocate/ ASO needs to provide support regarding concerns which cannot be “cleared” or resolved within the same working day and requires consent form. It is any support provided prior to a written complaint sent to the NHS organisation

LR - Local Resolution: Following the approval of a draft complaint, or previously written letter to the local NHS organisation, which needs to be monitored as per the Putting Things Right (PTR) 30 working day policy.

FLR - Further Local Resolution: Local resolution stage following the receipt of response from the first letter of complaint (2nd letter, meeting following response, independent expert opinion report)

Redress: Where redress is being considered under PTR from receipt of *Regulation 26* letter.

Ombudsman: The approved draft application to PSOW has been submitted for consideration.

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

The number of complaints does not truly reflect the complexity each case brings.

For every complaint there is an 'incident' and some complaints have several incidents that may involve multiple Health Boards and sites.

	Number of Complaints	Number of Incidents
November 2022	36	47
September 2022	42	54
July 2022	37	42

Finally..... Powys CHC would like to extend their continued thanks to all the staff of PtHB for the organisation, dedication and commitment during these very challenging times. Weekly meetings continue between the CHC and PtHB ensuring that any issues can be resolved as soon as possible. Thank you.

Katie Blackburn Prif Swyddog, CIC Powys/ Chief Officer, Powys CHC

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

Agenda Item: 3.7a

BOARD MEETING		DATE OF MEETING: 30 November 2022
Subject:	BOARD COMMITTEES: CHAIRS ASSURANCE REPORTS	
Approved and presented by:	Board Secretary Committee Chairs	
Prepared by:	Corporate Governance Business Officer	
Other Committees and meetings considered at:	The content of each of the reports has been subject to the consideration of the relevant Board Committee Chair.	

PURPOSE:

The purpose of this report is to provide the Board with an update on the work of the Board Committees.

RECOMMENDATION(S):

The Board is asked to:

- RECEIVE and DISCUSS the summary assurance reports appended to this covering paper

Approval/Ratification/Decision	Discussion	Information
	✓	

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

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

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

DETAILED BACKGROUND AND ASSESSMENT:

ASSURANCE REPORTS FROM COMMITTEE CHAIRS

The following Chair's Assurance Reports with links to confirmed committee minutes are appended for the information of the Board:

Executive Committee

- The Committee Chair's report of the meetings held in September, October and November 2022 is attached at **Appendix A**.

Audit, Risk and Assurance Committee:

The Committee Chair's Report of the meetings held on 27 September and 15 November 2022 is attached at **Appendix B**.

Delivery and Performance Committee:

- The Committee Chair's report of the meeting held on 11 November 2022 is attached at **Appendix C**.

Charitable Funds Committee

- The Committee Chair's report of the meeting held on 23 September 2022 is attached at **Appendix D**.

Planning, Partnerships and Population Health Committee:

- The Committee Chair's report of the meeting held on 20 October 2022 is attached at **Appendix E.**

Workforce and Culture Committee:

- The Committee Chair's report of the meeting held on 20 September 2022 is attached at **Appendix F.**

NEXT STEPS:

Further updates from the Chairs of the Board Committees will be received at the Board meeting scheduled for 25 January 2023.

Reporting Committee:	Executive Committee
Committee Chair	Carol Shillabeer
Date of last meeting:	9 th November 2022
Paper prepared on:	14 th November 2022

KEY DECISIONS AND MATTERS CONSIDERED BY THE COMMITTEE

I am pleased to provide the Board with a summary of the matters considered by the Executive Committee when it met on 5th October, 19th October and 9th November 2022.

5th October 2022

1. Joint Intervention and Escalation Arrangements

The Committee RECEIVED the item which confirmed that the Welsh Government Joint Intervention and Escalation Arrangements had maintained the health board's escalation level of 'routine arrangements'. It was recognised that action would be required in relation to the underlying financial challenges.

The Committee DISCUSSED and NOTED the Joint Intervention and Escalation Arrangements latest outcome.

2. Tobacco Control Delivery Plan Update

The Committee RECEIVED the item which provided an overview of the July 2022 Welsh Government Tobacco Control Strategy for Wales, an update against the current position in Powys, and outlined plans for taking forward action on tobacco control to achieve the national aim for Wales to be smoke-free by 2030. It was suggested that there was an opportunity to develop an integrated smoking cessation service, applying the expertise and experience of Smoking Cessation Advisors to best effect, and ensuring service provision aligns with providing support to those who require enhance support to quit. A targeted and tailored support for groups who have higher smoking prevalence, have a higher risk of taking up smoking, or experience increased health impacts from smoking will be developed for the next phase.

This, together with encouraging more referrals into evidence-based support services to help tobacco users to quit, would be essential in further reducing smoking prevalence across the Powys Teaching Health Board area.

The Committee welcomed the report and recognised the number of actions due to be implemented to support smoking cessation. The Committee NOTED the update and APPROVED the direction of travel.

3. Mass Vaccination Workforce Update

The Committee RECEIVED the item which requested the extension of fixed-term contracts for staff from January 2023 to March 2023, scoping of an MMR catch-up campaign for January/February 2023 and authorisation for the development of proposals for a permanently funded vaccination service for Powys.

The Committee welcomed the report and highlighted that the business as usual model for the Vaccination Service would need to be integrated into the health board's Integrated Medium Term Plan.

The Committee APPROVED the extension of fixed term contracts for all staff working within the Mass Vaccination Service to 31st March 2023, the scoping of an MMR catch-up campaign for January/February 2023 and the development of proposals for a permanently funded vaccination service for Powys.

4. General Dental Services Performance Report

The Committee RECEIVED the item which provided assurance on the General Dental Services Commissioning Assurance Framework process applied to the 2021-22 contract year and recognised the measures applied within the reporting year had been fluid due to COVID-19. It was reported that the health board endeavoured to meet any urgent cases within 7 days. It was approximated there were around 5,000 patients awaiting access to NHS Dental Services in Powys however it was recognised that many patients were signed up to multiple waiting lists. A new contract was due to be awarded imminently in Llandrindod Wells and a tender exercise was due to be undertaken for Newtown. It was anticipated these contracts would reduce pressure in Mid-Powys, which was a known area for high unmet demand.

The Committee DISCUSSED and NOTED the Report.

5. Management of Safety in PTHB Car parks

The Committee RECEIVED the item which presented evidence of widespread parking practices compromising safety and abuse of

parking spaces reserved for people with a disability. A legal framework to enforce considerate car parking to improve safety, and access for disabled people was proposed. It was highlighted that the purpose of enforcement would be solely to ensure the safety of patients and staff on health board sites, not to create revenue.

The Committee recognised the highly complex nature of car parking across the Powys sites, including the potential unintended consequences for neighbours and the impact of poor public transport links as a result of the county's rurality.

The Committee SUPPORTED IN PRINCIPLE that work was undertaken to present a fully scoped managed solution. It was confirmed that would return to the Committee for further discussion and a decision following a scoping exercise.

6. Advisory Internal Audit Report: Site Co-ordination

The Committee RECEIVED the advisory report which highlighted the progress made in improving site coordination mechanisms. The report identified some opportunities for further embedding of the site co-ordination function.

The Committee NOTED the report and welcomed the continued development of the site co-ordination function since its implementation in June 2021.

7. Digital First: Infrastructure Update

The Committee RECEIVED the item which provided an overview of the progress, challenges and proposed next steps following receipt of an Independent Infrastructure Review and Limited Assurance Internal Audit Report. It was noted that several elements of complexity exist in relation to the speed of improvements. This includes the supply chain challenges.

The Committee DISCUSSED and NOTED the Report, recognising that regular update reports would be provided.

8. Infection, Prevention and Control Assurance Report

The Committee RECEIVED the item which provided the Annual Report for 2021-22, an overview of the work undertaken in Q1 of 2022-23 and the IPC work programme for 2022-23.

The Committee DISCUSSED and NOTED the Report.

9. Refreshed Patient Experience Framework

The Committee RECEIVED the item which provided an update in relation to the Patient Experience Framework and implementation of the patient feedback system, Civica. It was proposed that the health board's Patient Experience Improvement Plan replaced the previous Patient Experience Strategy/Framework. This had been reviewed and refreshed to reflect the progress made and areas for continued improvement and focus for 2022-23.

The Committee DISCUSSED the report, indicating in particular the need to implement the Integrated Performance Framework of which patient experience is a core part. The Committee REQUESTED that the refreshed framework was further developed to provide an organisational approach drawing upon the Integrated Performance Framework.

10. Information Governance Performance Report

The Committee RECEIVED the item which provided an assessment against key performance and compliance indicators for Information Governance (IG) for the reporting period, Quarter 1 2022-23 (1 April 2022 to 30 June 2022).

The Committee DISCUSSED and NOTED the Report.

11. Clinical Audit Progress and Learning

The Committee RECEIVED the item which provided an update against the 2022-2023 clinical audit plan. The following areas were highlighted for the Committee's attention:

- Organisational Changes to the Management of Clinical Audit;
- National Audits; and
- Local Audits

The Committee DISCUSSED the report and outlined the need for a more targeted approach to audit for future audit cycles as well as a clearer description of outcomes and tracking of implementation of actions.

12. COVID-19 Response Fund Proposals

The Committee RECEIVED the item which sought the Committee's approval for the following funding applications:

- Improving the Cancer Journey in Powys Clinical Nurse Specialist Leaflets
- Health promotion (electric bike)

The Committee DEFERRED the decision in relation to the electric bike pending further information in relation to the impact on productivity, the expected usage and insurance implications.

The Committee APPROVED the application for Improving the Cancer Journey in Powys Clinical Nurse Specialist Leaflets

13. Participation in Civil Contingencies Exercises

The Committee RECEIVED the item which provided an overview of the two NHS Wales mass casualty tabletop exercises that were scheduled to take place and sought approval of the following level of participation:

- Receive METHANE;
- Nominate appropriate PTHB participants to attend the Clinical Capacity Group and Strategic Health Group prior to the exercise;
- Receive any notional casualties that are dispersed to PTHB Minor Injury Units; and
- establishment an internal tabletop discussion that would take place using TEAMS or a mix of the Health Emergency Coordination Centre (HECC) located in Glasbury House and Teams.

The Committee APPROVED the level of participation and agreed that further discussion would be held to nominate appropriate Executive and Assistant Director participant(s).

19th October 2022

1. Communicable Disease Outbreak Plan for Wales

The Committee RECEIVED the item which provided an overview of the interim update to the Communicable Disease Outbreak Plan for Wales, published by Welsh Government on 3rd October 2022. It was noted that the plan had been updated to reflect learning from the pandemic and that all services needed to be aware of their responsibilities as set out in the updated plan, which should be used to manage all communicable disease outbreaks in Wales.

The Committee DISCUSSED and NOTED the Plan.

2. Six Goals for Urgent and Emergency Care financial allocation 2022-23

The Committee RECEIVED the item which provided a proposal for the allocation of funding from Welsh Government in respect of the Six Goals for Urgent and Emergency Care in 2022/23. It was highlighted to the Committee that the resource allocation ring-fenced for triumvirate support was being progressed separately. The proposal suggested allocations of the resource to the following three key areas:

- Urgent primary care
- Medical model for frailty and urgent care
- Unscheduled care expenditure to date.

The Committee noted the proposals and discussion was held in relation to the importance of the availability of data, the measurement of benefits and the deliverability of recruitment into key posts to support the areas of work proposed.

The Committee APPROVED IN PRINCIPLE the allocation of funding SUBJECT TO the implementation of a long term tracking system to measure outcomes, benefits and costs. This would enable the health board to effectively identify opportunities and exit strategies based upon reliable data, early indicators and outcomes.

3. Urgent and Emergency Care, Frailty and Community Model Renewal Programme Update and Performance Report

The Committee RECEIVED the item which sought to provide an update regarding progress made in delivering the Urgent and Emergency Care, Frailty and Community Model Programme. Given the size and complexity of this programme some consideration would be required to target specific actions in the short term whilst building for a longer term model.

The Committee DISCUSSED the Report and NOTED and AGREED that further development was required.

4. Nurse Staffing Levels Review (Community In-patient Wards) (Nursing Establishment)

The Committee RECEIVED the item which recommended registered nurse and healthcare support worker staffing levels required for the current model of community hospital in-patient ward (non-mental health), on the professional advice of the Director of Nursing and Midwifery.

It was reported that nursing variable pay costs have increased significantly over the past 2 years specifically relating to increased agency staff usage. In June 2022, a joint paper from the Director of Nursing and Midwifery, Director of Finance and Director of Primary, Community and Mental Health Service was presented to the Executive Committee. A commitment was made by the Director of Nursing and Midwifery to undertake an establishment review within each ward. The item provided the outcome of the reviews, the methodology used, and the subsequent recommended staffing levels for each ward.

Importantly key observations were highlighted by the work including the mix of patients on the ward with high numbers of people with

cognitive impairment, the difference is assessed levels of care, the variation in shift patterns and roster efficiencies. Should the model of care remain, alongside the other factors that result in reduced efficiency at ward level, it was felt that staffing levels would need to increase. It was further discussed that recruitment challenges that already exist are likely to be compounded.

The Committee AGREED that the current model of care needed to be revisited, particularly given there are high numbers of patients who are delayed from their optimal care option. This would potentially mean a redesign to enable more effective, person-centred services to be provided which could be sustainable into the longer term.

The Committee RECOGNISED the importance of the work that had taken place and thanked the Director of Nursing and Midwifery for the assessment of the current position. It was AGREED that fundamental consideration of the clinical model was required in order that a deliverable and sustainable staffing model could be agreed. In the meantime, the mechanisms in place, and strengthened by the Head of Nursing for the area, to enable risk managed staffing would be supported.

The Committee REQUESTED that future options were developed that provided clarity in relation to ward purpose, bed configuration, shift patterns, and workforce; it was requested that the options included clinical, workforce and finance perspectives to provide deliverable options for consideration by the Committee.

5. Progress against the Integrated Medium-Term Plan 2022-24 for Quarter 2 period, July to September 2022

The Committee RECEIVED the item which provided an update of the progress made against the Integrated Medium Term Plan (IMTP) deliverables for the Quarter 2 period (July 2022 to September 2022). The process of reporting and a new approach of Change Control was being tested for the first time.

Committee Members were requested to undertake collective moderation of the updates provided, the Committee considered the return in detail and SUPPORTED the change requests presented.

6. Community Health Council Transfer Update

The Committee RECEIVED the item which provided an update on the arrangements and progress on the transfer of the Community Health Councils Wales (CHC) function, staff and resources from Powys Teaching Health Board to a newly created Welsh Government

Sponsored Body, Citizen Voice Body for Health and Social Care (Wales) (CVB), on 1st April 2023.

It was noted that the process was to be undertaken via a "TUPE style exercise," following the principals of the Transfer of Undertaking (Protection of Employment) Regulation 2006 as amended by the Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014. This is explicitly cited within Section 401 of the Health and Social Care (Quality and Engagement) (Wales) Act Explanatory Memorandum, June 2020. Circa 90 staff employed in the CHCs (Community Health Councils) will transfer to the CVB on April 1st 2023.

The Committee DISCUSSED and NOTED the update.

7. Welsh Health Circular: Approach for Respiratory Viruses – Technical Guidance for Healthcare Planning

The Committee RECEIVED and NOTED the Welsh Health Circular for information.

9th November 2022

1. Planned Care Insourcing - Medinet Contract in use within Community Services Group

The Committee RECEIVED the item which sought an extension of the Medinet Insourcing contract for a further 4 months from the 1st December 2022 to a new expiry date of the 31st March 2023, to enable utilisation of capacity within the Welsh system. It was noted that the Committee had previously extended the contract for 6 months on 1st June 2022. No other terms and conditions of the contract were to be amended and it was highlighted that the broad direction of travel to utilise our own capacity and reduce waiting times generally, was aligned to with the Five Goals of Planned Care.

The Committee APPROVED the 4 month extension of the Medinet Insourcing and confirmed that capacity would be focused on those within the system experiencing the longest waits.

2. Board Secretary Reports:

a) Audit Recommendation Tracking

The Committee DISCUSSED the item which provided an overview of the position relating to the implementation of Audit Recommendations, arising from reviews undertaken by Internal Audit, External Audit (Audit Wales) and Local Counter Fraud Services. Each Director was asked to highlight risks related to

the delivery of the audit recommendations in a timely way, particularly those from previous audit years.

b) Welsh Health Circular Tracking

The Committee DISCUSSED the item which provided an overview of the current position relating to the implementation of Welsh Health Circulars (WHCs). Some reflection was taken regarding the indirect nature of some of the WHCs for the health board and amendments were to be made to reflect this.

c) Annual Governance Programme Reporting

The Committee RECEIVED the item which provided the Committee with the Q2 position regarding progress against the Annual Governance Programme. The update at Q2 highlighted the following progress made since the last report:

- development of induction for Independent Members;
- filling of all board vacancies;
- increased board development time focussed on key challenges at an early stage; and
- review and refresh of the risk management framework and risk appetite statement.

The Committee DISCUSSED and NOTED the Reports.

3. Risk Management:

a) Revised Risk Management Framework

The Committee CONSIDERED the revised Risk Management Framework (RMF) and highlighted that 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. It was noted that following review, no fundamental changes to the Risk Management Framework were proposed, although some areas were being strengthened. The Committee discussed the Framework and its central nature to managing key risks during periods of uncertainty and challenge. It was agreed that it would be essential to have a refreshed approach to deployment, led by Directors through their teams as well as supported by the Corporate Governance Team.

b) Risk Appetite Statement

The Committee CONSIDERED the revised Risk Appetite Statement which sets out the Board's strategic approach to risk-taking by defining its risk appetite thresholds. It is a 'live' document that would be regularly reviewed and modified, so that any changes to the organisation's strategy, objectives or its

capacity to manage risk are properly reflected. It was highlighted that an updated matrix had been suggested to provide clarity and granularity in relation to the wording terms used to describe risk appetite and tolerance levels. Categories had also been reviewed to provide clarity. Queries were raised in relation to categorisation of workforce and safety, and it was AGREED that this would be reviewed further outside of the meeting. The importance of updating the Risk Appetite Framework in light of the considerable challenges facing public sector and particularly health and care were stressed.

The Committee welcomed the revised Risk Management Framework and Risk Appetite Statement and SUPPORTED the documents for presentation to the Board on 30th November 2022 for final approval. It was NOTED that the documents were also due to be presented to the Audit, Risk and Assurance Committee on 15th November 2022 for assurance.

4. Internal Audit Report: Welsh Language Standards (Limited Assurance)

The Committee DISCUSSED the Draft Internal Audit report and Management Response. It was considered that the management response was not yet fully comprehensive of the deployment mechanisms that would be needed in order to make effective and sustainable progress. The Committee AGREED that the Board Secretary would liaise with the Chair of the Audit, Risk and Assurance Committee to suggest that the publication of the final report be DEFERRED to the meeting of the Audit, Risk and Assurance Committee on 31st January 2023. This would enable development of an organisational plan and supporting deployment mechanism within the organisation as well as provide sufficient opportunity to implement learning and adopt practices.

5. Financial Performance Report, Month 6

The Committee DISCUSSED the item which reported the financial position for Month 6 to the end of September 2022. A verbal update in relation to the Month 7 position was also provided.

The Committee recognised the unprecedented circumstances in relation to finance across NHS Wales and the public sector. The Committee acknowledged the seriousness of the circumstances and highlighted the importance of utilising the opportunity to support the system and reduce harm where possible.

The Committee DISCUSSED and NOTED the Report.

6. Value Based Health Care:

a) PROMs and PREMs Organisational Position Paper

The Committee DISCUSSED the item which reported that following discussions at the Value Based Health Care Programme Board and at two internal workshops there has been a consensus that the EQ5D-5L would be the preferred option to collect generic PROMs within the health board.

The Committee SUPPORTED IN PRINCIPLE the use of EQ5D-5L as the preferred option to collected generic PROMs within the health board. It was AGREED however that work would be undertaken to develop an implementation approach that would return to the Committee.

b) Wet AMD Draft Implementation Plan

The Committee RECEIVED the item which provided an overview of the proposed work plan to deliver the value based opportunities within the Wet AMD pathway.

Committee Members recognised the level of work undertaken and the significant potential for improvements and the balancing of costs and outcomes. The Committee DISCUSSED and NOTED the report and acknowledged that a more detailed review would be undertaken at the forthcoming Value Based Health Care Programme Board

7. Diagnostic Strategic Intent – Feedback and Next Steps

The Committee DISCUSSED the item which reported that the Diagnostic Strategic Intent set out the health board's overarching model and direction in relation to diagnostics. Implementation would be phased and incremental, taken forward through separate business cases and funding routes. The Diagnostic Strategic Intent included:

- opportunities for change;
- principles;
- the learning in relation to diagnostics from the pandemic;
- the model (spanning imaging; cardiorespiratory; phlebotomy and pathology; endoscopy and genomics; universal and home; primary and community; acute and elective)
- the enablers (including data, information and digital technology; workforce; value-based health care; governance, quality and safety);
- risks and barriers
- prioritisation and phasing (building on the significant work underway in relation to improving Powys people's access to diagnostics in relation to cancer, respiratory services, cardiology and other conditions); and

- the activity and modelling underpinning the strategic intent.

The Diagnostic Strategic Intent was aligned with the priorities sets out in the Integrated Medium-Term Plan and took forward the requirement to develop a diagnostic, ambulatory and planned care model and to agree phased implementation of a strategic plan for diagnostics.

Committee Members discussed the scope and scale of the strategic intent and queries were raised in relation to its deliverability, particularly in relation to critical enabling factors such as workforce. The Committee recognised that work initiated on the sustainable clinical models of care would dovetail with the draft Strategic Intent. The significance of the work was particularly highlighted given the ambition of providing more care closer to home.

The Committee DISCUSSED and NOTED the Diagnostic Strategic Intent would be aligned with the sustainable clinical model work..

8. Renewal Overview Report – exceptional issues

The Committee DISCUSSED the item which provided progress against the requirements in the Renewal Portfolio Delivery Plan; within approved business cases; and further tranches of funding from Welsh Government, clinical networks or as previously approved by the Renewal Core Group. Considerable progress was noted in relation to the broad areas of work under the Renewal Portfolio.

The Committee DISCUSSED and NOTED the presentation provided.

9. Charitable Funds Strategy

The Committee RECEIVED the item which outlined key strategic priorities for the Charity across the next three to four years in line with the objectives of the health board's Integrated Medium Term Plan and the overall vision and values of the Charity. The strategy had been cocreated with Board Members and previous iterations had been shared with both Board Members and wider health board staff for comment, the version presented had incorporated the feedback provided.

The Committee SUPPORTED the Charitable Funds Strategy for presentation to the Board on 30th November 2022 for final approval.

10. Regional Innovation Coordination (RIC) Hub Innovation Fund – Charitable Funds proposal

The Committee RECEIVED the proposal which sought to establish a new grant scheme to support innovative projects across the regional

partnership, with responsibility for the allocation of the fund delegated to the Regional Innovation Coordination (RIC) Hub (with input and oversight by the Executive Committee and the Charitable Funds Committee) for an initial period of three years.

It was noted that decisions made by the Research, Innovation & Improvement (RII) panel to grant charitable funds to support innovation would be ratified by the Charitable Funds Committee. All procurement and spend associated with the projects that are granted charitable funds to support innovation would be subject to normal Financial Control Procedures, levels of authorisation, digital governance review, etc. for assurance.

The Committee welcomed the paper however highlighted the importance of ensuring that the funding was equally accessible to all areas and levels of the organisation, as well as the importance of encouraging all types of innovation. The Committee APPROVED the establishment of the RIC Hub Innovation Fund and requested that applications be carefully considered to ensure alignment with Charitable Funds Governance.

Sub-Groups of Executive Committee

Three Sub-Groups of the Executive Committee have been established to support the management of key areas of focus within the organisation, these Groups consist of:

- **Finance and Performance Group;**
- **Transformation and Value Group; and**
- **Workforce Steering Group**

The **Innovative Environments Group** has continued to meet throughout 2022-23 and provides oversight of the delivery of the Estates Innovative Environments and Capital Programme on behalf of the Executive Committee.

ITEMS TO BE ESCALATED TO THE BOARD

There were no matters for escalation to the Board.

NEXT MEETING

The next meeting of the Executive Committee is scheduled for 14th December 2022.

Reporting Committee:	Audit, Risk and Assurance Committee
Committee Chair	Mark Taylor
Date of last meeting:	15 November 2022
Paper prepared by:	Interim Corporate Governance Manager

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

As Chair of the Audit, Risk & Assurance Committee, I am pleased to provide the Board with a summary of the matters discussed and reviewed by the Committee on 27 September 2022 and 15 November 2022.

The Board is asked to note that the following matters were considered at the Audit, Risk and Assurance Committee on 27 September:

- Applications for Single Tender Waiver
- Local Public Health Team Transfer
- Internal Audit Progress Report 2022-23
- Internal Audit Review Reports
- External Audit Progress Report 2022-23
- Audit Recommendation Tracking

and 15 November 2022:

- Applications for Single Tender Waiver
- Internal Audit Progress Report 2022-23
- Internal Audit Review Reports
- External Audit Progress Report 2022-23
- External Audit Review Reports
- Annual Governance Programme
- Audit Recommendation Tracking
- Welsh Health Circular Tracking
- Risk Management Framework

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25/11/2022 14:21:59

27 September 2022

APPLICATION FOR SINGLE TENDER WAIVER

The Committee received one application for single tender waiver received during the period of 1 July 2022 and 31 August 2022.

The Committee RATIFIED the use of Single Tender Waiver in respect of the item during the period of 1 July 2022 and 31 August 2022.

LOCAL PUBLIC HEALTH TEAM TRANSFER

The Committee received the item which provided an overview of the arrangements that had been implemented to transfer the local public health team function, staff and resources to the health board from Public Health Wales. Assurance was also provided in relation to the planning and implementation of the transfer and the key risks and mitigating actions that had been put in place to manage the risks and limit any adverse impact on the health board.

The Committee welcomed the update and DISCUSSED and NOTED the Report.

INTERNAL AUDIT PROGRESS REPORT 2022-23

The Committee received the item which provided an overview of the progress against the 2022-23 Internal Audit Plan to date. It was noted that this was the first report of 2022-23 and the following matters were highlighted for the Committee's attention:

- two Internal Audit Reports had been finalised since the previous meeting of the Committee; one report had been rated 'Limited Assurance' and one 'Advisory';
- a further report that was at the draft report stage has since been reported as finalised as a 'Substantial Assurance' as a follow up of a previous 'Limited Assurance' report;
- seven audits are work in progress with a further seven at the planning stage; and
- a detailed follow-up Audit has been added to the plan, for the previously limited assurance report on Control of Contractors.

The Committee DISCUSSED and NOTED the update against the 2022-23 Internal Audit Plan.

INTERNAL AUDIT REPORTS:

- a) **IT Infrastructure and Asset Management (Limited Assurance)**
- b) **Site Leadership and Coordination (Advisory)**

The Committee RECEIVED and NOTED the Internal Audit Reports

EXTERNAL AUDIT PROGRESS REPORT 2022-23

The Committee received the item which provided an update in relation to current and planned audit work, including completed work presented to the Audit Committee; work that was currently underway; and planned work not yet started or revised. An update was also provided in relation to the Auditor General's wider programme of national value-for-money examinations and the work of our Good Practice Exchange (GPX).

The Committee DISCUSSED and NOTED the Report.

AUDIT RECOMMENDATION TRACKING

The Committee received the item and it was highlighted that in August 2022 Executive Owners were provided with an opportunity to review any outstanding recommendations from 2017/18, and 2019/20 and re-consider where appropriate, achievable final deadlines for implementation that could be monitored against.

The Committee DISCUSSED and NOTED the Report, and the Chair welcomed the positive progress made against the implementation of recommendations to date.

COMMITTEE WORK PROGRAMME 2022-23

The Committee RECEIVED and NOTED the Committee Work Programme 2022/23.

15 November 2022

APPLICATION FOR SINGLE TENDER WAIVER

The Committee received one application for single tender waiver received during the period of 1 September 2022 and 31 October 2022.

The Committee RATIFIED the use of Single Tender Waiver in respect of the item during the period of 1 September 2022 and 31 October 2022.

INTERNAL AUDIT PROGRESS REPORT 2022-23

The Committee received the item which provided an overview of the progress against the 2022-23 Internal Audit Plan to date. The following matters were highlighted for the Committee's attention:

- four Internal Audit Reports had been finalised since the previous meeting of the Committee; one report had been rated 'Substantial Assurance', two 'Reasonable Assurance' and one 'Advisory';
- two reports were at the draft report stage; one report was anticipated to be rated as 'Reasonable Assurance' and one 'Limited Assurance';
- six audits are work in progress with a further six at the planning stage; and
- it was noted that a brief outline scope for each audit had been included within the report, as requested at the last meeting of the Committee.

The Committee DISCUSSED and NOTED the update against the 2022-23 Internal Audit Plan.

INTERNAL AUDIT REPORTS:

- a) Control of Contractors: Follow Up (Substantial Assurance)**
- b) Staff Rostering (Reasonable Assurance)**
- c) Decarbonisation (Not Rated)**
- d) Security Services (Reasonable Assurance)**

The Committee RECEIVED and NOTED the Internal Audit Reports

EXTERNAL AUDIT PROGRESS REPORT 2022-23

The Committee received the item which provided an update in relation to current and planned audit work, including completed work presented to the Audit Committee; work that was currently underway; and planned work not yet started or revised. An update was also provided in relation to the Auditor General's wider programme of national value-for-money examinations and the work of our Good Practice Exchange (GPX).

The Committee DISCUSSED and NOTED the Report.

EXTERNAL AUDIT REPORTS:

a) National Fraud Initiative in Wales 2020-21

b) Equality Impact Assessments: more than a tick box exercise?

The Committee RECEIVED and NOTED the External Audit Reports.

ANNUAL GOVERNANCE PROGRAMME

The Committee received the item which provided an overview of the Q2 position regarding progress with the Annual Governance Programme. The latest update presented the following progress made since the previous report:

- development of induction for Independent Members;
- filling of all board vacancies;
- increased board development time focussed on key challenges at an early stage; and
- review and refresh of the risk management framework and risk appetite statement.

The Committee RECEIVED and NOTED the Report.

AUDIT RECOMMENDATION TRACKING

The Committee received the item which provided an overview of the position relating to the implementation of Audit Recommendations, arising from reviews undertaken by Internal Audit, External Audit (Audit Wales) and Local Counter Fraud Services as of 30 September 2022.

The Committee DISCUSSED and NOTED the Report.

WELSH HEALTH CIRCULAR TRACKING

The Committee received the item which provided overview of the current position relating to the implementation of Welsh Health Circulars (WHCs).

The Committee DISCUSSED and NOTED the Report.

RISK MANAGEMENT FRAMEWORK

The Committee received the item which provided the following documents for discussion, ahead of presentation to the Board for approval: -

- revised Risk Management Framework; and
- revised Risk Appetite Statement.

The Committee noted that following review, no fundamental changes to the Risk Management Framework were proposed. The proposed revised Risk Appetite Statement had been updated to reflect 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.

The Committee DISCUSSED and NOTED the Report.

COMMUNITY HEALTH COUNCIL TRANSFER

The Committee received the item which provided an update on the arrangements and progress on the transfer of the Community Health Councils Wales (CHC) function, staff and resources from Powys Teaching Health Board to a newly created Welsh Government Sponsored Body on 1st April 2023.

The Committee DISCUSSED and NOTED the Report.

REVIEW OF COMMITTEE PROGRAMME OF BUSINESS

The Committee RECEIVED and NOTED the Committee Work Programme 2022/23.

AUDIT RISK AND ASSURANCE IN-COMMITTEE, HELD 15 NOVEMBER 2022

With advice from the Board Secretary, it was determined that the following items included confidential or commercially sensitive information which was not in the public interest to discuss in an open meeting. The Board is asked to note the following matters considered at the Audit, Risk and Assurance In-Committee held 15 November 2022:

- Digital Infrastructure and Cyber Security
- Audit Wales Report – Learning from Cyber-Attacks

ITEMS FOR ESCALATION TO THE BOARD

There were no matters for escalation to the Board.

NEXT MEETING

The next meeting of Audit, Risk and Assurance Committee will be held on 31 January 2022.

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25/11/2022 14:21:59



Reporting Committee:	Delivery & Performance Committee
Committee Chair	Mark Taylor
Date of last meeting:	11 November 2022
Paper prepared by:	Interim Corporate Governance Business Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The last meeting of the Delivery and Performance Committee took place on 11 November 2022.

The Board is asked to note that the following matters were discussed at Delivery & Performance Committee on 11 November 2022:

- Financial Performance Report: Month 6.
- Integrated Performance Report: Period 6 Performance and Progress Against the Integrated Medium-Term Plan 2022-2025, for the quarter 2 Period July to September 2022.
- Information Governance Performance Report.
- Overview of the Renewal Strategic Portfolio, including Value Based Healthcare Progress and Portfolio Risks.

A summary of the key issues discussed at the meeting is provided below.

Friday 11 November 2022

COMMITTEE ACTION LOG

The committee RECEIVED and NOTED the Delivery and Performance Action Log. The committee discussed the following actions.

- **D&P/22/21a:** It was queried whether there has been progress in terms of communication with HEIW around the Dentistry workforce issues and following the assessment of the Dentistry contract reform. It was confirmed that workforce remains a challenge across the service, however Powys has submitted a plan of prediction to provide 10-12 additional student dental nurse places within General Practices by September 2022. The committee welcomed the

enhanced recruitment in Powys for trainee dental students to experience longer term benefits. It was agreed that a verbal position would be provided at the next committee.

- **D&P/22/27:** It was queried whether timescales have been agreed for implementation of the national reporting system for the Out of Hours (OOH) service issues discussed at the previous committee. The Adastra system issues persist, however a meeting has been scheduled with Swansea Bay University Health Board (SBUHB) at the end of November 2022 to revise the current position. Meetings have been arranged to mitigate the risks and to restart some functionality as soon as possible.

FINANCIAL PERFORMANCE REPORT: MONTH 6

The committee received the report of the financial performance for Month 6. The following matters were highlighted for Committee members awareness:

- the reported financial position for month 6 to the end of September is an operational deficit of £3.687m, a deterioration of £0.878m on the month 5 position;
- a forecast deficit of £7.5M had been reported to Welsh Government, however an additional risk of £3m in relation to CHC growth, commissioning pressures and variable pay was highlighted;
- the Capital reported year to date expenditure is £3.293m;
- the health board's variable pay run rate had stabilised but there no improvements with substantive workforce availability.;
- £2.7m of non-recurrent corporate opportunities have been released into the position at month 6;
- Welsh Government had confirmed that organisation in a deficit position at year end would be supported to achieve statutory breakeven.

Committee members acknowledged the volume of demand across Continuing Health Care services. It was recognised that the service is a strategic challenge for the health board given the volume of demand pressures and increasing costs of delivery.

The Committee DISCUSSED and NOTED the Report.

INTEGRATED PERFORMANCE REPORT: PERIOD 6 PERFORMANCE AND PROGRESS AGAINST THE INTEGRATED MEDIUM-TERM PLAN



2022-2025, FOR THE QUARTER 2 PERIOD JULY TO SEPTEMBER 2022.

The committee received the report which provided members with the latest health boards performance as of month 6. It was highlighted that reflection of the mid-year review includes a new change request component to enable adjustments to be made in the external and internal context such as financial recovery planning.

Committee members raised concern with regards to the nurse staffing issues across the Occupational Health service request to be deferred to Q4. This would not only exacerbate challenge pressures but require immediate intervention. It was confirmed that this is under urgent review and an update would be provided for committee members assurance at the next meeting.

The Committee DISCUSSED and NOTED the Integrated Performance Report and the Progress against the IMTP 2022-2025 for the Quarter 2 Period July to September 2022.

INFORMATION GOVERNANCE PERFORMANCE REPORT

The committee received the report, noting that the content remains a process of development with the aim for reporting to become more dashboard-based going forwards.

Committee members were made aware that the Freedom of information requests have increased by 6% in comparison to the previous reporting period. The target response has not been met, however remains an area of focus of improvement. Information Governance (IG) Training has a new requirement for all new members of staff to complete mandatory training within 6 weeks of recruitment. This area will also be monitored closely going forwards.

The Committee RECEIVED and NOTED the Information Governance Performance Report.

PRIMARY CARE SERVICES PERFORMANCE REPORT

The Primary Care General Dental Services (GDS) report was presented, noting that the GDS Commissioning Assurance Framework (CAF) monitors general dental service contracts and during 2021/22 Powys has 23 GDS providers.

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It was highlighted that the number of patients waiting for treatment is not definitive and access to dental services continues to be a national challenge. Following the completion of the contract procurement exercise, an update would be provided for committee members assurance.

The Committee DISCUSSED and NOTED the Primary Care Service Performance Report.

OVERVIEW OF RENEWAL STRATEGIC PORTFOLIO INCLUDING: VALUE BASED HEALTHCARE PROGRESS AND PORTFOLIO RISKS.

The committee received the report, and an overview was provided of the 8 renewal programmes which drive forward recovery and longer-term service renewal. Key areas of focus were noted as:

- £206k has been secured non recurrently from Welsh Government (WG) to support VBHC projects in Powys.
- "Falls Pathway" has progressed, work on the community model is underway; engagement with Clusters about the priority goals 2 and 3 within WG's "Six Goals for Urgent and Emergency Care"
- £284k has been secured (non-recurrently) to assist with the implementation of the community cardiology service.
- £73k has been secured non recurrently from the Wales Cancer Network to enable Powys to build an information platform to track the progress of patients receiving diagnosis and treatment outside Powys.

The Committee RECEIVED and NOTED the Overview of Renewal Strategic Portfolio, including Value Based Healthcare progress and Portfolio Risks.

Due to time constraints, the followings items were taken as read with an opportunity to raise any questions and/or observations outside of the meeting.

- Urgent and Emergency Care: including Frailty and Community Model Update and Performance Report.
- Committee Risk Register
- Committee Programme of Business
- Annual Review of Committee Terms of Reference 2022-2023

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25/11/2022 14:21:59



ANY OTHER URGENT BUSINESS

Representatives of the press and other members of the public were excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

The following items were scheduled for discussion In-Committee:

- Financial Sustainability
- Digital Infrastructure and Cyber Security

Due to time constraints, Digital Infrastructure and Cyber Security was not discussed at this time. The committee AGREED the need for an In-Committee to be held following the Audit, Risk and Assurance Committee on Tuesday 15 November 2022 for confidential discussions to take place.

NEXT MEETING

The next meeting of the Delivery and Performance Committee will be held on 28 February 2023.

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25/11/2022 14:21:59

Reporting Committee:	Charitable Funds Committee
Committee Chair	Vivienne Harpwood (at time of meeting) / Carl Cooper (present chair)
Date of meeting:	23 September 2022
Paper prepared by:	Charity Manager

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The confirmed minutes of the previous meetings of the Charitable Funds Committee held on 14 June can be found on the PTHB website via the following link: [Charitable Funds Committee - Powys Teaching Health Board \(nhs.wales\)](https://www.nhs.uk/charitable-funds-committee-powys-teaching-health-board).

The Charitable Funds Committee met on 23 September 2022 and the meeting was chaired by Vivienne Harpwood.

At the meeting on 23 September, the matters discussed were:

- Funding bids for approval
- COVID response fund bids approved under delegated authority
- Expenditure approved under delegated authority since the last meeting
- Charity Strategy 2022-2025
- RIC hub innovation fund proposal
- Charity activity and income report
- Charitable funds financial summary report
- Investment managers update report and presentation
- Project evaluation updates

General bids for Approval

The Committee APPROVED the proposal made to the Acute Mental Illness (AMI) Legacy fund. The request was to continue the twice a week pottery sessions held for patients at Felindre Ward, in Bronllys Hospital with additional materials/supplies for each session. The proposal was seeking the approximate total of £6,990 for the year.

COVID response fund bids for Ratification

The Committee DISCUSSED and RATIFIED two bids to the COVID response fund which had already been approved.

The two proposals have a combined value of £25,648, and included funding for the Diolch Powys staff event, which had been approved remotely via Chair's action by members of the Charitable Funds Committee in August 2022.

Expenditure Profile Under Delegated Authority since the last meeting (for Ratification)

The Committee RECEIVED the expenditure approved under the £10k delegated authority limit between April 2022 – August 2022, which amounted to £21,609.

The Committee RATIFIED the expenditure.

Charity Strategy 2022-2025

The three-year strategy is a medium-term strategy to help guide the direction of charitable funds activity. 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.

It was developed with help of Board members and the Charity's other key stakeholders following Board development sessions and further detailed feedback. The document also included a risk register for associated risks to review.

The Committee DISCUSSED and APPROVED the strategy with minor NOTED amendments to the ethical investment policy section (page 8).

RIC hub innovation fund proposal for Discussion

The Regional Innovation Coordination (RIC) hub fund proposal was presented to the Committee for discussion ahead of a planned submission to the Executive Committee for support and review with the possible return to Charitable Funds Committee for approval.

The proposal outlined a request for the establishment of a new grant scheme to support innovative projects across the Health Board and regional partnership, with responsibility for the allocation of the fund

delegated to the RIC Hub (with input and oversight by the Executive Committee and the Charitable Funds Committee). This would operate in a similar fashion to the PAVO small grants scheme project previously funded by the Charity.

The RIC Hub is seeking £35,000-£50,000 per year for an initial period of three years, with regular reporting and evaluation during this period.

The Committee DISCUSSED and NOTED the proposal, providing feedback on areas that would require further detail ahead of a full submission.

Charity activity and income report

A summary of the Charity's activity for the period of June – August.

The key points to note were:

- The continuation of the campaign launched in May for the Big Tea.
- A brand-new SharePoint site for PTHB Charity was launched in August as part of the new staff intranet.
- The Charity team has started work with the external marketing agency, Jamjar PR, on drafting the new visual identity and brand guidelines for the PTHB Charity.

The Committee DISCUSSED and NOTED the report.

Charitable funds financial summary report

The Head of Financial Services presented the Financial summary report.

The key messages included:

- GENERAL FUNDS - From an amount of £2,361,101 held within General Purposes or designated funds at the 01 April 2022, income of £31,242 has been received and £148,485 of expenditure has been paid. This equates to 6.29% of funds held at 01 April 2022 have actually been spent.
- LEGACY FUNDS - From an amount of £1,421,712 of funds held within legacies at the 01 April 2022, £0 income has been received and £1,320 of expenditure has been paid. This equates to 0.09% of funds held on 01 April 2022 have been spent.
- BANK BALANCE - The Balance held within the bank account on 30 June 2022 is just over £0.861M. Discussions with the Charity's investment advisors as to whether a short-term investment option was available has been undertaken but they advised against any short-term investments. A minimum term of investment for 3 years is advised to ensure greater investment security. The advice

therefore, was to retain this within the Charity bank account over the short term. Some larger items of expenditure expected in the second six months of the year should reduce the balance to approximately £0.7M but this will still be slightly above the target cash balance of £0.5M.

The Committee DISCUSSED and NOTED the report.

The following Items were presented for Information:

- **Investment Manager's Update Report and Presentation**

The Committee RECEIVED the investment report and presentation from Brewin Dolphin which covers the period of 1 April 2022 – 30 June 2022.

The key challenge for the period was preparing for a recession, with global central banks shifting focus to fight inflation from the previous goal of avoiding recession. The overall portfolio value is down 7% for the quarter but remains up 25% since its inception in 2020. Brewin Dolphin still retains a forecast income of £109k for the present financial year (22/23) against a target of £105k.

It was noted that there is a diminished value of the overall portfolio between 31st March and 30th June, and the fund value has deteriorated by £200,000 which is consistent with the experience of other NHS Charities and similar organisations during the period.

- **Project Evaluation Updates**

The Committee RECEIVED the new project evaluations for the period and NOTED the improved formatting and presentation.

Horizon

The aim of the Horizon project was to establish and embed an arts-based, creative approach to mental health and wellbeing and help develop a potential strategy for the Health Board moving forwards. The Horizon project evaluation comes as the project neared completion but prior to its final evaluation which will be complete later in the year.

Research Midwife

Liz Glyn-Jones has now been in post as the part-time (1 day per week) Research Midwife for over a year, with a further year remaining of the project. Whilst some of the research projects have been delayed, the RM has been able to remain flexible in the time allocated to research

and other work and the extended nature of the project (2-year time frame) has mitigated the effects of these delays.

ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD

Internal Audit of Charitable Funds

The Head of Financial Services had brought to the attention of the Committee that there will be an internal audit taking place in October/November, which will examine Charitable Funds procedures and processes.

Charity Strategy 2022-2025

The Charity team presented its new medium-term strategy to help guide the direction of charitable funds activity. The strategy has been developed to link with the key objectives of the Health Board's recently approved Integrated Medium-Term Plan (IMTP) 2022-2025. It has been created from the input of Board members and the Charity's other key stakeholders following Board development sessions and further detailed feedback earlier this year.

The strategic priorities of the strategy have been divided into four themes with accompanying deliverables: Demonstrating Responsible Leadership, Upholding our Civic Mission, Enhancing NHS Services, Establishing a Culture of Collaboration.

Following its approval by the Charitable Funds Committee, the strategy will now be presented to the Board for final approval.

NEXT MEETING

7 December 2022



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Reporting Committee:	Planning, Partnerships and Population Health Committee
Committee Chair	Rhobert Lewis
Date of last meeting:	14 July 2022
Paper prepared by:	Interim Corporate Governance Business Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The last meeting of the new Planning, Partnerships and Population Health Committee took place on 14 July 2022.

The Board is asked to note that the following matters were discussed at Planning, Partnerships and Population Health Committee on 14 July 2022:

- Healthy Wales Whole System Approach to Obesity Prevention.
- COVID-19 Vaccination Programme 2022/23:
 - Review of Phase 3 Delivery 2021/22
 - Review of Q1 Delivery 2022/23
 - Forward Look to Q2-Q4 2022/23
- Overview of Strategic Renewal Priorities and Arrangements
- Primary Care Cluster Plans
- Delivery of Multi Agency Plan for Additional Learning Needs (ALN) and Education Tribunal (Wales) Act (2018)
- Regional Integrated Fund Update
- Powys Regional Partnership Board Market Stability
- Committee based Risks on the Corporate Risk Register
- Development of Committee Annual Programme of Business

A summary of the key issues discussed at the meeting is provided below.

14 July 2022

COMMITTEE ACTION LOG

The Committee received and noted the action log.



HEALTHY WALES WHOLE SYSTEM APPROACH TO OBESITY PREVENTION

The Committee received the report, and an overview was provided of the approach to Obesity prevention introduced by Welsh Government in 2021/2022. It was highlighted that a national systems leadership programme is in place to support the development of local Obesity systems and plans using system working methodology. The important component of the national approach is critical for Executive-level support across a number of local partnerships for implementation. A workshop has been arranged to map the local approach of the obesity system in September 2022 and to develop an action plan in taking obesity prevention forward.

It was noted that the report has received Executive Committee approval on 26 June 2022. Committee members were sighted on the proposed approach for Powys and oversight of the new programme. The objectives and outcomes are difficult to identify, and it was recommended that further consideration to explore opportunities to support Obesity improvement to be integrated across the whole system.

The Committee APPROVED the Healthy Wales Whole System Approach to Obesity Prevention.

COVID-19 VACCINATION PROGRAMME 2022/2023: Review of phase 3 Delivery 2021/22, Review of Q1 Delivery 2022/23, Forward look to Q2-Q4 2022/23.

The Committee were provided with an overview of the delivery of the Covid-19 vaccination programme.

Committee members were advised that the Health Board has led the way in Wales since the commencement of the vaccination programme, seeing the highest uptake rates of all Health Boards and setting the pace for the whole of the country. Maintaining this pace will be challenging alongside the vital programme of recovery and renewal. It was noted that it remains essential that Powys have the vaccination workforce and wider infrastructure in place to respond to known requirements, expected requirements (e.g., planning for an autumn booster) as well as unknowns (e.g., potential for further expansion of spring boosters as well as surge response).

The Committee DISCUSSED and NOTED the reports.



OVERVIEW OF STRATEGIC RENEWAL PRIORITIES AND ARRANGEMENTS

The report was presented to Committee members and an overview of the progress being made by a portfolio of programmes driving forward recovery and longer-term service 'renewal' was provided.

During the first quarter of the financial year 2022/2023 the following highlights and key issues were reported:

- £284k has been secured (non-recurrently) from the Wales Cardiac Network to assist with the implementation of the community cardiology service for Powys. However, the tight time scales for implementation, including clinical posts, is a significant challenge.
- 972 "FIT" tests were provided across Powys between November 2021 and April 2022 in response to symptoms of bowel cancer to help identify it at an earlier more treatable stage. (189 of the tests were positive).
- The use of temporary insourcing has enabled patients to be diagnosed and treated more quickly.
- A Wet Macular Degeneration service has been extended into mid Powys and a nurse eye care injector is in place.
- The Breathe Well Programme has been subject to an internal audit receiving "reasonable assurance" overall, with 4 areas found to have substantial assurance and one reasonable.
- Recruitment of staff remains challenging, but funding such as that secured for community cardiology should increase clinical capacity.

The Committee DISCUSSED and NOTED the report.

PRIMARY CARE CLUSTER PLANS

The Committee received an update on the process of how Clusters worked to develop their Cluster Integrated Medium Term plan (IMTP) and their priorities.

It was highlighted that Accelerated Cluster Development programme (ACD) was introduced from April 2022 and was seen as a 'transition year' for clusters and the Health Board moves towards the Pan Cluster Planning arrangements and the full implementation of the ACD model.

The cluster plans have focused on projects that were representative of the Welsh Government Ministerial priorities and cluster IMTPs (Integrated Medium-Term Plan) have continued to explore alternative ways to maximise the delivery of services across both Primary and Secondary care.

The Committee NOTED and welcomed the report.

DELIVERY OF MULTI AGENCY PLAN FOR ADDITIONAL LEARNING NEEDS (ALN) AND EDUCATION TRIBUNAL (WALES) ACT (2018)

The report was presented to committee members, providing key focus on the implementation of key activity to date, multi-agency planning and anticipated demand and capacity challenges. It was reported that the ALN Act is now 'live,' with a phased programme for implementation over the period to summer 2024.

It was highlighted to committee members that the Act has been enacted with no additional funding from Welsh Government which has resulted in reconfiguration of services and utilising current staff to support the implementation of the Act.

The Committee DISCUSSED and NOTED the Delivery of Multi Agency plan for additional Learning Needs and Educational tribunal (Wales) act (2018).

REGIONAL INTEGRATED CARE FUND (ICF) UPDATE

The report was presented and highlighted that the Welsh Government's ICF ceased in 2021/22, and is being replaced by the Regional Integration Fund, which consolidates the ICF and other Transformation funding streams into one core Regional Integration Fund. The RPB is in the process of finalising the 22/23 projects that will access this funding.

To access the fund there is a requirement from partners to Match-fund this from core funding. Whilst 2022/23 is a transition year in this respect, this will present organisations with an increasing financial risk in future years as projects transition from new models to becoming embedded, which will need to be considered in the planning cycle.



The Committee DISCUSSED and RECEIVED THE Regional Integrated Care Fund Update.

POWYS REGIONAL PARTNERSHIP BOARD MARKET STABILITY REPORT

The Committee received the report which informed developments in Children's and Adults Social Services, commissioned provider services and community services since 2017, identifying challenges in the market and proposals for actions to be taken in future years via the Area Plan and Commissioning strategies going forward.

COMMITTEE BASED RISKS ON THE CORPORATE RISK REGISTER

The Committee received the report and it was raised that risk management improvements continue to be worked through following the exercise undertaken from a recent Board Development session. These include Partnership working and red risks to mitigate the actions through a targeted approach.

It was advised that the Partnership working risk rating would need to be reconsidered as a significant risk due to the complexity of current Partnership working arrangements. It was confirmed that this would form part of the Board Development exercise of the risk management review.

The Committee RECEIVED the Committee Risk Register.

DEVELOPMENT OF COMMITTEE ANNUAL PROGRAMME OF BUSINESS

The Committee NOTED the Annual Programme of Business.

ANY OTHER URGENT BUSINESS

There was no other urgent business.

ITEMS TO BE ESCALATED TO THE BOARD

There were no items noted.



NEXT MEETING

The next meeting of the Planning, Partnerships and Population Health Committee will be held on 20 October 2022.

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



Reporting Committee:	Workforce and Culture Committee
Committee Chair	Ian Phillips
Date of last meeting:	20 September 2022
Paper prepared by:	Interim Head of Corporate Governance

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that the following matters were discussed at Workforce and Culture Committee which took place on 20 September 2022:

- Workforce Performance Report
- Workforce Futures Strategic Update
 - Workforce Planning
 - Education and Training
- Review of Terms of Reference
- Committee based risks on the Corporate Risk Register

A summary of the key issues discussed at the meeting is provided below.

20 September 2022

WORKFORCE PERFORMANCE REPORT

The Committee received an update on key performance indicators across the organisation. Attention was drawn to the continuing high number of fixed term contracts, not all of which related to mass vaccination. The number of annual appraisals held continued to be below the national target with an organisational focus to improve this measure. Statutory and Mandatory training compliance was very slightly below target. Staff absence was 5.8% which was higher than pre-pandemic levels (4.6%) but lower than the all Wales average (6.9%). High levels of variable pay continue with agency costs above bank costs. The Temporary Staffing Unit had experienced their own staffing challenges which had now been

resolved. High levels of leave between January and March were explored. The leave year ends in March and the meeting explored the potential of having personal leave years (using start dates or birthdays) to avoid high levels of leave been taken over a compressed period. However, the cost of this was deemed prohibitive.

The Committee DISCUSSED and NOTED the Workforce Performance Report.

WORKFORCE FUTURES, (WORKFORCE PLANNING)

The Committee received the report which outlined the progress made in Workforce Planning and planned areas of work for the second half of the year. As part of the International Recruitment programme two International Nurses had joined the workforce with a remaining five vacancies within this programme. Recruitment events have taken place in Knighton, Machynlleth and Llanidloes and attendance at a recruitment event in Birmingham was booked. A move towards hybrid roles was to be encouraged with Members requesting an update on this in the next Workforce Planning report.

The Committee DISCUSSED and NOTED the Workforce Futures – Workforce Planning update.

WORKFORCE FUTURES, (EDUCATION AND TRAINING)

The Committee received the report which outlined how an increase in commissioned learning places from 10-28 over the last four years had been achieved. The health board is taking part in the dispersed learning programme whereby students are able to study for a Nursing degree virtually. This had been developed to address challenges faced in Powys and Hywel Dda health boards. Student streamlining is continuing with the intention of ensuring those who have received bursaries are offered posts in Wales.

REVIEW OF TERMS OF REFERENCE

The Board Secretary invited comments to be submitted by email which would be reviewed to ascertain if any changes were required.

COMMITTEE BASED RISKS ON THE CORPORATE RISK REGISTER

Committee heard the Risk Register was currently under review and the updated Risk Register would be taken to Board.

The Committee CONSIDERED the Corporate Risk Register.

ANY OTHER URGENT BUSINESS

There was no urgent business.

NEXT MEETING

The next meeting of the Workforce and Culture Committee will be held on 13 December 2022.

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

BOARD MEETING		DATE OF MEETING: 30 November 2022	
Subject :	SUMMARY OF JOINT COMMITTEE ACTIVITY		
Approved and Presented by:	Carol Shillabeer, Chief Executive		
Prepared by:	Corporate Governance Business Officer		
Considered by Executive Committee on:	Various aspects covered in Executive Committee business		
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant joint committees.		
PURPOSE:			
<p>The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the Joint Committees of the Board</p> <ul style="list-style-type: none">▪ Welsh Health Specialised Services Committee (WHSSC); and▪ Emergency Ambulance Service Committee (EASC); and <p>It also provides an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC).</p>			
RECOMMENDATION(S):			
<p>It is recommended that the Board:</p> <ul style="list-style-type: none">▪ NOTES the updates contained in this report in respect of the matters discussed and agreed at recent Joint Committee meetings.			
Approval/Ratification/Decision	Discussion	Information	
x	✓	x	

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

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

EXECUTIVE SUMMARY:

This report provides an update of the recent activities of the two Joint Committees of the PTHB Board:

- Welsh Health Specialised Services Committee (WHSSC); and
- Emergency Ambulance Service Committee (EASC).

It also provides an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC).

DETAILED BACKGROUND AND ASSESSMENT:

Welsh Health Specialised Services Committee (WHSSC)

The Welsh Health Specialised Services Committee held a virtual meeting on 8 November 2022. The papers for the meeting are available at: <https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/20222023-meeting-papers/jc-public-agenda-bundle-nov-22/>

A copy of the briefing report for 8 November 2022 is attached at **Appendix A**.

Emergency Ambulance Services Joint Committee (EASC)

A meeting of the EASC held a virtual meeting on 8 November 2022. The papers for the meeting are available at: [November 2022 - Emergency Ambulance Services Committee \(nhs.wales\)](https://www.nhs.uk/emergency-ambulance-services-joint-committee/)

A copy of the assurance report for 8 November 2022 is attached at **Appendix**

Mid Wales Joint Committee for Health and Social Care

A meeting of the Mid Wales Joint Committee for Health and Social Care took place on the 31 October 2022. The papers for this meeting are available at: [**Mid Wales Joint Committee 31st October 2022 - Mid Wales Joint Committee \(nhs.wales\)**](#)

A copy of the update report for 31 October 2022 is attached at **Appendix C**.

NEXT STEPS:

Updates will continue to be brought to each scheduled meeting the Board.

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25/11/2022 14:23:18



WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 8 NOVEMBER 2022

The Welsh Health Specialised Services Committee held its latest public meeting on the 8 November 2022. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at:
<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/>

1. Minutes of Previous Meetings

The minutes of the meeting held on the 6 September 2022 were **approved** as a true and accurate record of the meeting.

2. Action log & matters arising

Members **noted** the progress on the actions outlined on the action log.

3. Draft Integrated Commissioning Plan (ICP) 2023-2026

Members received an informative presentation on the draft Integrated Commissioning Plan (ICP) 2023-2026.

Members discussed the financial elements of the plan and noted the constrained economic environment, recovery challenges and the volatile inflationary pressures. Members noted that the draft ICP was brought to Joint Committee early on in the planning process in order to support Health Boards (HBs) in developing their own Integrated Medium Term Plans (IMTPs), and that WHSSC will work closely with HBs to develop the ICP in line with HB expectations.

Members **noted** the presentation and that the final plan will be considered at the next meeting 17 January 2023.

4. Recovery Update (incl Progress with Paediatric Surgery)

Members received a presentation providing an update on recovery trajectories since the workshops held with the Joint Committee on the 12 July and 6 September 2022.

Member noted updates on recovery trajectories for paediatric surgery recovery and recovery in key speciality areas including for the six accountability conditions specialities – cardiac, neurosurgery, paediatric surgery, bariatrics, thoracics and plastics.

Members **noted** the presentation and that a further recovery update will be provided at the next meeting 17 January 2023.

5. Chair's Report

Members received the Chair's Report and **noted**:

- The recommendation to appoint two new WHSSC Independent Members (IMs) following a fair and open selection process,
- The recommendation to extend the tenure of the of the Interim Chair of the All Wales Individual Patient Funding Request (IPFR) Panel until 31 March 2023,
- Attendance at the Integrated Governance Committee 11 October 2022; and
- Key meetings attended.

Members (1) **Noted** the report, (2) **Approved** the recommendations to appoint two new WHSSC Independent Members (IMs) from 1 December 2022 for a period of 2 years; and (3) **Approved** the recommendation to extend the tenure of the Interim Chair for the Individual Patient Funding Request (IPFR) panel until 31 March 2023.

6. Managing Director's Report

Members received the Managing Director's Report and **noted** the following updates on:

- **Paediatric Radiology Consultant Recruitment** - units in NHS England (NHSE) had agreed to host NHS Wales funded paediatric radiology training posts for trainees on the Wales Radiology Training Programme. HEIW are taking this forward,
- **Cochlear Implant and Bone Conduction Hearing Implant Hearing Device Service – Engagement Process Update** – Further to the HBs agreeing the approach for engagement at their Board meetings in September 2022, it was planned that the engagement process would commence on 24 October 2022, however this had unfortunately been delayed and the engagement will now commence in November,
- **Evaluation of 4th Thoracic Surgeon activity** - WHSSC supporting the appointment of a 4th consultant surgeon post in CVUHB to provide continued support for the Major Trauma Centre (MTC) and to support the future needs of the service; and
- **Briefing Duty of Candour and Duty of Quality** – WHSSC received a briefing from Welsh Government (WG) on the Health & Social Care (Quality & Engagement) (Wales) Act 2022 with a specific focus on the consultation process for the duty of candour and the soon to be launched consultation process on the duty of quality.

Members **noted** the report.

7. Delivering Thrombectomy Capacity in South Wales

Members received a report outlining WHSSC's position on the commissioning of Mechanical Thrombectomy for the population of Wales.

Members noted the proposed plan for a Mechanical Thrombectomy service at the Neurosciences centre, CVUHB and that WHSSC continued to work with CVUHB to progress the Business Case to develop a Mechanical Thrombectomy centre in south Wales and the financial model had been shared and was being worked through. It was proposed that the service would be implemented in a phased approach over a number of years.

Members (1) **Noted** the report, (2) **Noted** the WHSSC Position Statement on the Commissioning of Mechanical Thrombectomy and **requested** that a revised report be brought back to the Joint Committee to include additional detail on the networked approach, interdependencies around the network approach and to include additional elements concerning the stroke pathway, (3) **Noted** the associated risks with the current delivery model for Welsh stroke patients requiring access to tertiary Thrombectomy centres; and (4) **Noted** the NHS Wales Health Collaborative (NWHC) proposal to strengthen and improve regional clinical stroke pathways in Wales to support the Mechanical Thrombectomy pathway to ensure that patients receive this time-critical procedure in a timely manner.

8. Mental Health Strategy Development

Members received a report advising the Joint Committee of the stakeholder feedback received from the engagement exercise for the Specialised Services Strategy for Mental Health and outline the next steps and proposals to move into implementation of the strategy from April 2023.

Members discussed the need for the demand and capacity work to inform the final version of the strategy and to ensure that it is focussed on delivering sustainable services which offer value for money.

Members (1) **Noted** the stakeholder feedback received from the 12-week engagement exercise on the draft Specialist Mental Health Strategy; and (2) **Agreed** the proposals to:

- Undertake an 8 week consultation process using the draft consultation document,
- Commission demand and capacity modelling with immediate effect; and
- Develop a programme approach to implementation of the Strategy following the consultation exercise; and

(3) **Noted** that the final version of the strategy and the timescales for implementation will need to take into account the demand and capacity modelling.

9. Single Commissioner for Secure Mental Health Services

Proposal

Members received a report presenting the options for a single national organisation to commission integrated secure mental health services for Wales for HBs to consider. The report had been prepared following a request received from WG for the WHSSC Joint Committee to provide the mechanism for the recommendation from the "Making Days Count" review to be considered, and for the Joint Committee to make a recommendation to WG on the preferred option.

Members discussed the report and agreed to share the report with HB colleagues and for a response to the options appraisal to be sent to WHSSC by the end of December 2022 in readiness for the Joint Committee meeting 17 January 2023.

Members (1) **Noted** the report, (2) **Considered** the options for a single national organisation to commission integrated Secure Mental Health Services for Wales; and (3) **Agreed** to share the report with HB colleagues and for a response to the options appraisal to be sent to WHSSC by the end of December 2022; and (4) **Noted** that the proposal will return to the Joint Committee for decision on 17 January 2023.

10. Gender Identity Development Service (GIDS)

Members received a report updating members about the Gender Identity Development Service (GIDS) for Children and Young People including what the changes mean for children and young people in Wales and next steps.

Members (1) **Noted** the information presented within the report; and (2) **Noted** the information presented at Appendix 1 regarding the decommissioning of the Tavistock and Portman NHS Foundation Trust (TPNFT) and the NHS England (NHSE) transformation programme.

11. Individual Patient Funding Requests (IPFR) Engagement Update

Members received a report seeking support for the proposed engagement process for the WHSSC Individual Patient Funding Request (IPFR) panel Terms of Reference (ToR) and the specific and limited review of the all Wales IPFR policy.

Members noted that the engagement process would commence on the 10 November 2022 for a 6 week period with key stakeholders, including the All Wales Therapeutics and Toxicology Centre (AWTTC), the IPFR Quality Assurance Advisory Group (QAG), the Medical Directors and the Board Secretaries of each of the HBs and Velindre University NHS Trust (VUNT).

Members noted that the process adhered to the specific request from WG for the engagement for the IPFR panel ToR and the specific and limited review of the All Wales IPFR Policy.

Members (1) **Noted** the report; and (2) **Supported** the proposed process for engagement for the WHSSC Individual Patient Funding Request (IPFR) panel Terms of Reference (ToR) and the specific and limited review of the all Wales IPFR policy.

12. COVID-19 Period Activity Report for Month 5 2022-2023

COVID-19 Period

Members received a report that highlighted the scale of the decrease in activity levels during the peak COVID-19 period and whether there were any signs of recovery in specialised services activity.

Members **noted** the report.

13. Financial Performance Report – Month 6 2022-2023

Members received the financial performance report setting out the financial position for WHSSC for month 6 2022-2023. The financial position was reported against the 2022-2023 baselines following approval of the 202-2023 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2022.

The financial position reported at Month 6 for WHSSC is a year-end outturn forecast under spend of £13,711k.

Members **noted** the current financial position and forecast year-end position.

14. Corporate Governance Matters

Members received a report providing an update on corporate governance matters that had arisen since the previous meeting.

Members **noted** the report.

15. Other reports

Members also **noted** update reports from the following joint Sub-committees and Advisory Groups:

- Management Group (MG),
- Quality & Patient Safety Committee (QPSC),
- Integrated Governance Committee (IGC),
- All Wales Individual Patient Funding Request (IPFR) Panel

16. Any Other Business

- **Skin Camouflage Pilot Service** – members noted that on 28 October 2022 WHSSC received a formal request from WG following agreement at the NHS Wales Leadership Board (NWLB) for WHSSC to commission the national skin camouflage pilot service. This service will support the national commitment to “Pledge to be Seen”. A further formal update will be provide at the next meeting,
- **CMTUHB Audit Lead Independent Member (IM)** – on behalf of the Joint Committee the Chair formally thanked Ian Wells, IM

Patterson, Liz
25/11/2022 14:21:39

CTMUHB for all of his support since he was appointed as CTMUHB audit lead for WHSSC eighteen months ago. The Chair advised that he had been an invaluable member of the team and that WHSSC were extremely grateful to him for his commitment of time and effort, which was especially notable given his normal HB responsibilities; and

- **Retirement of CEO BCUHB** – The Chair acknowledged what would have been Joe Whitehead’s last meeting with the Joint Committee, and on behalf of the Joint Committee offered thanks for her time and commitment to the Joint Committee’s business and wished her well in her retirement.



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Tim Gwasanaethau Iechyd
Arbenigol Cymru
Welsh Health Specialised
Services Team



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25/11/2022 14:21:59



Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	8 November 2022

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link:

<https://easc.nhs.wales/the-committee/meetings-and-papers/november-2022/>.

The minutes of the EASC meeting held on 6 September were approved and the notes from the Briefing meeting held on 27 October 2022.

CHAIR'S REPORT

Members noted:

- the Monthly meetings with Minister, CASC and WAST Chair and CEO (20 September, 18 October)
- Ministerial meeting with Chairs (22 September)
- Chairs' Peer Group (27 September)
- EASC Management Group (20 October)
- Emergency Medical Retrieval and Transfer Service Delivery Assurance Group (EMRTS DAG)(1 November)
- The Chair's latest objectives from the Minister for Health and Social Services including a request that the Committee focus more generally on its key role within the Six Goals for Urgent and Emergency Care Programme.

PERFORMANCE REPORT

- **Ambulance Service Indicators** - September data now available on the EASC website <https://easc.nhs.wales/asi/>
- **Handover delays** including the handover improvement trajectories
- **EASC Action Plan** – most recent version included in the meeting papers and the EASC Team was due to submit the latest version to Welsh Government (WG) and stakeholders following the meeting. Members noted that this was an integrated plan that draws various elements of work together, was developed with health boards and was aligned to actions from the Six Goals for Urgent and Emergency Care Programme.

Members noted the need to use the plan to track progress, to identify and share areas of best practice, to learn from the bad weeks and to ensure mitigating action where required. Two key areas were noted, these were addressing 4 hour waits and generally reducing the variation within the system.

Nick Wood noted the actions being undertaken across NHS Wales, summarised in the consolidated EASC Action Plan and sought assurance from health boards and WAST regarding their organisational commitment regarding their role in the conversations being held and to delivering the actions in the plan.

Jason Killens confirmed the commitment of WAST to its agreed actions and, while noting that further work was required in other areas, reported the progress already made against the roster review programme, working towards stretch targets for 'Consult and Close' and on track in terms of recruitment for the additional 100 full time equivalents by 23 January. The good progress made by WAST was noted.

There was discussion regarding the progress in relation to the shared actions between WAST and health boards with the example of active discussion to expand the provision of advanced paramedic practitioners to direct activity away from Emergency Departments provided.

Members noted that severe pressures exist throughout the system from the 'front door' to community care, and, in addition to the requirement for increased community care capacity, there was a need to maximise the opportunities with regard to admission avoidance schemes and same day emergency care services.

The focus on the winter plan and the actions within the Six Goals for Urgent and Emergency Care Programme with a particular focus on improving handover delays, 4 hour waits, red release and reducing community risk.

It was recognised that the role of local authorities was critical in addressing delayed transfers, also the impact of ambulance services on other emergency services (primarily police services) and there was therefore a requirement for a joint approach and a wider public service message than was currently being conveyed.

Members noted that there was an increasing trend in terms of units of hours produced and this position would further improve once the additional 100 full time equivalents become operational; while red performance was challenging, more patients were receiving a service. Further work was also required in relation to outcomes for patients that do receive a response and outcomes for those that do not.

Highlighting the citizen's perspective, the Chair welcomed the weekly dashboard being widely circulated to the NHS by the EASC Team. This was felt to be helpful in identifying where performance had improved and deteriorated and broadly indicated where actions at the front door might have made an impact. Members noted the use of the dashboard and requested further work to better understand the wider context, the correlation between different elements and to understand the key drivers behind the data.

It was agreed that further work would now be undertaken with the required teams to ensure access to key data and further development of the dashboard.

Members **RESOLVED** to:

- **NOTE** the content of the report.
- **NOTE** the Ambulance Services Indicators

- **NOTE** additional actions that the committee could take to improve performance delivery of commissioned services
- **NOTE** the handover improvement trajectories
- **NOTE** the EASC Action Plan
- **NOTE** the request to progress the dashboard.

QUALITY AND SAFETY REPORT

In presenting the report, Ross Whitehead reminded Members that an increased focus on quality and safety matters was a priority within the EASC Integrated Medium Term Plan (IMTP).

The following areas were highlighted:

- The work of the **Healthcare Inspectorate Wales (HIW) Task & Finish Group** (convened by the EASC Team) established to lead and coordinate the work in response to the recommendations made as part of the HIW 'Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover'.

A formal update was provided to HIW on 30 September, outlining the positions of all health boards and WAST relating to each of the recommendations.

A formal response from HIW had been received requesting further detail on a number of the recommendations. Health Boards and WAST had also been asked for a response.

A further 'Fundamentals of Care' workshop was planned to take place at the end of November to further address recommendations relating to patient care whilst waiting for delayed periods of time, on ambulances, outside hospitals.

- Fortnightly meetings had been held in response to the **NHS Wales Delivery Unit Report on Appendix B** submissions.

As a result of these meetings, a section of the policy had been developed to improve the process for the joint investigation between WAST and other NHS Wales organisations. Members noted this process would be tested over the forthcoming weeks.

The Deputy Chief Ambulance Service Commissioner had written to each health board asking for written confirmation that they accepted the recommended new process.

In order to provide support in the testing of the process a new form had been developed to replace the Appendix B form. A draft all Wales agenda template for joint meetings had also been produced to support this new process.

- **Regulation 28 – Prevention of Future Deaths** – Members were asked to note the Regulation 28 – Prevention of future death notice that had been issued to the Welsh Ambulance Service NHS Trust and Betsi Cadwaladr University Local Health Board.

Whilst the report related to a specific case within the health board, Members recognised similar challenges across Wales in the delivery of effective ambulance services both for community response and inter-hospital transfers.

Members **RESOLVED** to:

- **NOTE** the content of the report and the progress made by both Task and Finish Groups
- **NOTE** the impact of deteriorating performance and the resulting challenges in commissioning the provision of safe, effective and timely emergency ambulance services, including the recent issuing of a regulation 28.
- **NOTE** that Quality and Safety Reports relating to commissioned services would be received at all future meetings.

EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) AND WALES AIR AMBULANCE CHARITY SERVICE DEVELOPMENT PROPOSAL

In introducing the report, Ross Whitehead, provided Members with background information and an introduction to the proposal developed by the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) and the Wales Air Ambulance Charity Trust.

Members noted that the proposal had been received and discussed at the EMRTS Delivery Assurance Group held on 1 November 2022 and further work and scrutiny had been requested, including in relation to weather, modelling and resource requirements.

Members noted that the proposal had been developed following internal service analysis undertaken by the EMRT service (the Charity had carried out a Strategic Review), with key findings indicating under-utilisation of assets and confirming unmet need (geographic, overnight and hours of darkness). The analysis and modelling indicated the opportunity for extended hours of operation and also included changes to base locations.

The proposal suggested that by optimizing the operational configuration the service could:

- potentially attend an additional 583 patients and
- achieve 88% of the total demand compared with the existing model that meets 72% (within the same resource envelope).

Members were aware there had been significant public and political concerns raised around the development of the proposal, particularly in relation to the potential closure of air bases. This has resulted in challenges for both the Charity and EMRTS and there had also been an impact on individual health boards.

Additional challenges were recognised in relation to the Charity including its need to renew aviation contracts and the associated commercial negotiations, both of which could be impacted by the timeliness of the work required to assess the proposal.

The proposal outlined the level of unmet need that exists for the all Wales Service and the Committee would need to understand, and evaluate this, either through the adoption of this proposal or through further work.

Professor David Lockey, EMRTS National Director thanked members for considering the proposal. He noted that it built upon service developments already undertaken by the service since its establishment in 2015, including an increase in the number of air bases, commencement of night operations, the introduction of the Adult Critical Care Service (ACCTS) in both North and South Wales and the work linked to the Major Trauma network.

Prof Lockey also referred to the Strategic Review undertaken by the Charity. Sue Barnes, Chief Executive of the Charity, outlined the process undertaken by the Charity working with EMRTS to understand what further opportunities could be realized. This included alignment with the opportunity afforded by the Charity's required long-term aircraft procurement process with renewal due at the end of 2023.

Members recognised that the EASC Team had not had the opportunity to undertake appropriate due diligence and scrutiny of the proposal ahead of presenting it and making recommendations to Members. However, in view of the public interest it was felt that it was appropriate to receive the proposal at the meeting.

Ross Whitehead explained that there could be an impact on the capacity of the EASC team to support the process of scrutiny and engagement on this proposal, whilst also maintaining business as usual in terms of the commissioning arrangements for all EASC commissioned services. It was agreed that the Committee might need to consider providing temporary additional support once the likely impact has been fully considered.

Stephen Harrhy, the Chief Ambulance Services Commissioner summarised some of the key issues that had been raised and noted by the EASC Team during the activities already undertaken with stakeholders and the comments and questions received to date. These included:

- **clarifying the position regarding resource implications**
- **responding to the significant comments raised and views regarding the importance of response times**
- **understanding how the air and road response model works, recognizing that for urban and rural areas it would be different**
- **further work required regarding the impact of weather**
- **consideration of the data reference period to ensure that this is appropriate and not unintentionally biased**
- **understanding any seasonal variation**
- **improving the understanding of the options available, including to consider whether changing bases is necessary, identifying further options and understanding why options have been discounted**
- **working with health board colleagues to consider the modelling undertaken.**

Members agreed with the proposed approach for additional scrutiny, including the need to develop a streamlined and simplified proposal and to better understand the options identified. Members felt it would benefit health boards to better understand the data and modelling already undertaken and supported utilising the data analysis tool that

was being developed to identify the impact on local communities. It was felt that this approach would ensure that the benefits and risks of each option could be fully understood and appraised including the implications relating to key elements such as air and road response, equity of access for the population and resource effectiveness. Members stressed the need for an open and robust engagement process, in line with the direction provided by the Community Health Councils in Wales and questioned whether the January decision timeline was feasible, considering the need for the development and agreement of suitable engagement material, agreeing the equality impact assessment and the requirements for a mid-process review.

The CASC agreed that there were a number of phases to be undertaken and that there was a need to be transparent and realistic, to ensure the correct process was undertaken and that timelines would need to be revisited. In addition to the initial phase of due diligence and scrutiny already discussed, it was also noted that Community Health Councils had recommended that a meaningful and comprehensive public engagement process should be undertaken for at least 8 weeks, this engagement phase would need to be incorporated in to the timeline. The CASC assured Members that the EASC Team would now work closely with the EMRTS and the Charity to scrutinise the detail in the proposal. Discussions would also need to take place with health board communication, engagement and service change leads to ensure a robust process.

It was recognised that there were many elements to focus on before an update could be provided and next steps agreed at the scheduled EASC session on 6 December.

After discussion Members **RESOLVED** to:

- **NOTE** the content of the EMRTS Cymru and Wales Air Ambulance Charity Service Development Proposal and appendices
- **AGREE** the next steps for additional scrutiny by the EASC Team and the development of a simplified proposal, including suitable engagement materials to meet the requirements of the Community Health Councils in respect of the proposal
- **NOTE** the key risks and any mitigations the Committee need to be put in place.

PROGRESS REPORT ON THE PLAN IN RELATION TO THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE EMRTS CYMRU AND WALES AIR AMBULANCE CHARITY SERVICE DEVELOPMENT PROPOSAL

The progress report on the plan in relation to the EMRTS Cymru and Wales Air Ambulance Charity Service Development Proposal was received. Ross Whitehead presented an update on the activity that had taken place following the request made by Members at the EASC meeting in September and included the:

- Activities already undertaken with stakeholders
- Comments and questions received to date
- Draft Communications and Engagement Plan
- Draft Project Plan
- Initial Equality Impact Assessment.

Members noted that the CASC was continuing to work with Community Health Councils in Wales and was receiving advice and recommendations for the engagement process required. It was confirmed that discussions with health board and CHC colleagues would

continue to take place to agree what would be engaged upon, including the required engagement materials and to further develop the communications and engagement plan.

Following the briefing note issued on 14 October, a second briefing note would be prepared to update stakeholders with regards discussions held at today's meeting and the next steps would be clarified. In addition, the comments and questions received to date would continue to be collated via the online facility on the dedicated page on the EASC website; an important part of the scrutiny process to lead to the engagement phase.

In line with discussions held, the timeline would be reassessed and reconsidered in readiness for an update to be provided at the EASC meeting on 6 December. Members noted the importance of mitigating any impact on the Wales Air Ambulance Charity in the next phase of the work.

In light of the previous agenda item and discussions held relating to the detailed proposal received and the need to undertake appropriate due diligence and scrutiny ahead of a process of engagement, the final recommendation relating to commencement of the formal engagement process was withdrawn.

Members **RESOLVED** to:

- **NOTE** the structured approach adopted since the Committee meeting held 6 September
- **NOTE** the activities already undertaken with stakeholders both face-to-face and online
- **NOTE** the discussions held with CHCs, attendance at CHC meetings as requested by them and completion of the CHC 'Joint Services, Planning & Change Committee Service Change Pro forma'
- **NOTE** the record of activities undertaken to date
- **NOTE** the key themes arising from the questions, comments and letters received by stakeholders
- **NOTE** the Briefing Note sent to stakeholders on 14 October
- **NOTE** the development of a dedicated page on the EASC website
- **NOTE** the draft Communications and Engagement Plan developed to date and a further document would be developed for engagement with the public based on a simplified proposal to be developed
- **NOTE** the draft project plan included for comment
- **NOTE** the Initial Equality Impact Assessment.

WELSH AMBULANCE SERVICES NHS TRUST (WAST) UPDATE

The Welsh Ambulance Services NHS Trust update report was received. In presenting the report, Jason Killens highlighted the following areas:

- challenging red performance in September 2022
- almost 900 patients waiting more than 12 hours
- following temporary cessation of clinical indicator reporting relating to transition to the electronic patient clinical record (ePCR) new data was now available for stroke, fractured neck of femur, hypoglycaemia and ST elevation myocardial infarction

(STEMI). Deep dive audits had been completed for these clinical indicators and the return of spontaneous circulation (ROSC) (at hospital door) deep dive audit was ongoing with this clinical indicator scheduled to be published over the coming months

- increase in red demand
- ambulance production was encouraging with unit hour production at 96% in September against the benchmark of 95%
- improvements in sickness aligned to IMTP trend
- highest ever handover lost hours at 28,500 hours, equating to over 30% of WAST conveying capacity

A verbal update was provided regarding NEPTS and the letting of new contracts as a result of the all-Wales business case with the new providers recently notified of the outcome of the tendering process

The Chair summarised including to:

- Note the positive impact in relation to additional capacity and unit hour production, however it was noted that this was not sufficient to counter the losses across the system as noted above
- Welcome the progress made re the electronic patient clinical record and the next steps in terms of data linkages
- Note the update in terms of NEPTS procurement, resulting efficiencies and the focus on service quality.

Members **RESOLVED** to:

- **DISCUSS** and **NOTE** the WAST Provider Report

CHIEF AMBULANCE SERVICES COMMISSIONER'S (CASC) REPORT

The Chief Ambulance Services Commissioner's report was received. Stephen Harrhy presented the report and highlighted the following:

- Progress on the recruitment of the additional 100 front line staff at WAST
- Ongoing work with Heads of Midwifery in health boards and the particular impact of delayed ambulance response on obstetric emergencies. Work was underway to find out what could be achieved and an urgent temporary position was being sought.

Members **RESOLVED** to: **NOTE** the report.

EASC COMMISSIONING UPDATE

The EASC Commissioning Update was received. Matthew Edwards presented the report and Members noted that it provided an overview of the progress being made against the key elements of the collaborative commissioning approach.

Members noted the many discussions in relation to the commissioning framework for emergency ambulance services over recent months at EASC Committee, EASC Management Group and other related fora. These discussions have resulted in a collaborative approach to transition and transformation through the development of local integrated commissioning action plans (ICAPs).

The commissioning framework was included as a 'focus on' item at a previous meeting of the EASC Management Group and discussions have more recently taken place with all health boards. Work is being undertaken throughout November to use handover improvement plans to populate ICAPs. Health boards are asked to commit to sending appropriate representation to these meetings.

The update also stated that there would be a focus on aligning actions within the ICAPs to the Six Goals for Urgent and Emergency Care Programme.

In addition to the update on the commissioning framework, the update also included a Quarter 2 update against the EASC integrated Medium Term Plan and the agreed EASC Commissioning Intentions for 2022-23, with detailed updates appended.

Members **RESOLVED** to:

- **NOTE** the collaborative commissioning approach
- **NOTE** the progress made in terms of developing the EMS Commissioning Framework, including the development of the local Integrated Commissioning Action Plans
- **NOTE** the progress made against the EASC IMTP in Quarter 2 as set out in the update provided
- **NOTE** the Quarter 2 update against the commissioning intentions for each of the commissioned services.

FINANCE REPORT MONTH 6

The Month 6 Finance Report was received. The purpose of the report was to set out the estimated financial position for EASC for the 6th month of 2022/23 together with any corrective action required.

A forecasted break-even position was reported.

In light of the significant financial pressure within the system, it was agreed that there is a need for robust financial planning. It was reported that the financial assumptions were in line with the assumptions made by health boards and that there is a need to demonstrate the best use of existing commissioning allocations.

Further discussions would be held to ensure alignment with the IMTP process.

Members **RESOLVED** to: **NOTE** the report.

EASC SUB-GROUPS CONFIRMED MINUTES

The confirmed minutes from the following EASC sub-groups were **APPROVED**:

- Chair's Summary EASC Management Group – 20 October 2022 – Members noted that the meeting was not quorate and agreed to consider how their organisation would be represented at future meetings.
- EASC Management Group – 18 August 2022
- NEPTS Delivery Assurance Group – 4 August 2022
- EMRTS Delivery Assurance Group – 7 June 2022.

EASC GOVERNANCE

The report on EASC Governance was received. Governance documentation is available at <https://easc.nhs.wales/the-committee/governance/>

- The EASC Risk Register presented to each meeting of the EASC Committee, EASC Management Group and received for assurance at the CTM UHB Audit and Risk Committee (as the host organisation)
- The 3 red risks within the EASC Risk Register
 1. Failure to achieve agreed performance standard for category red calls
 2. Failure to achieve agreed performance standard for amber category calls.
 3. Failure to take appropriate commissioning actions to support the provider in their management of patient safety and to minimise clinical risk during times of escalation
- EASC Assurance Framework report, it was noted that this was in same style as the host body's assurance framework (CTMUHB)
- The EASC Standing Orders would be reviewed prior to the next meeting in line with arrangements by the Welsh Health Specialised Services Committee and would tie into the review of the WHSSC / EASC Standing Financial Instructions
- The list of key organisational contacts was noted.

Members **RESOLVED** to:

- **APPROVE** the risk register
- **APPROVE** the EASC Assurance Framework
- **NOTE** the EASC Standing Orders would be reviewed prior to the next meeting
- **NOTE** the information within the EASC Key Organisational Contacts.

Key risks and issues/matters of concern and any mitigating actions

- Red and amber performance
- Handover delays (and the development of handover improvement plans in HBs with trajectories) and the impact on WAST - **equating to over 30% of WAST conveying capacity**
- Structured approach relating to the engagement process for the Service Development Proposal by EMRTS Cymru and the Wales Air Ambulance Charity

Matters requiring Board level consideration

- To acknowledge the significant risks for patients in relation to handover delays and the need for health boards to implement the local handover improvement plans and identified trajectories) for every emergency department against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours
- From the Performance Report
 - **highest ever handover lost hours at 28,500 hours**, equating to over 30% of WAST conveying capacity
 - challenging red performance in September 2022
 - almost 900 patients waiting more than 12 hours
- Opportunity for health boards to take part in the public engagement process related to the potential changes to EMRTS Cymru working in partnership with the Wales Air Ambulance Charity
- **The latest EASC Management Group meeting was not quorate and health boards are asked to consider who represents their organisation at these meetings**

Forward Work Programme				
Considered and agreed by the Committee.				
Committee minutes submitted	Yes	✓	No	
Date of next meeting	6 December 2022			

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MID WALES JOINT COMMITTEE FOR HEALTH AND CARE

UPDATE REPORT – OCTOBER 2022

1. Introduction

The Mid Wales Joint Committee met virtually via Zoom on 31st October 2022. The main focus of the Joint Committee's business was to discuss latest update on the Mid Wales Priorities and Delivery plan for 2022/23, proposed future arrangements for the Joint Committee and the Rural Health and Care Wales work programme for 2022/23. Members of the public were offered the opportunity to submit any questions in advance of the meeting as well as being able to join the 'live' meeting to observe and ask any questions / raise any concerns during the Listening to You session.

2. Mid Wales Priorities and Delivery Plan 2022/23

The work of the Mid Wales Joint Committee is co-ordinated by the Mid Wales Planning & Delivery Executive Group which is led by the Chief Executive of Hywel Dda University Health Board in his role as Lead Chief Executive of the Mid Wales Joint Committee. The main focus of the group's work is to oversee the development and implementation of the Mid Wales Priorities and Delivery Plan which is considered alongside individual organisational plans together with the consideration of any other emerging matters which require a collaborative discussion and regional approach.

For 2022/23 the priority areas for joint working across Mid Wales are based on the clinical priorities developed by the Mid Wales Clinical Advisory Group and the key actions within organisational COVID-19 recovery plans and IMTPs in order to support the Welsh Government's expectation for Health Boards to work together to deliver regional solutions to meet the demand of both COVID and non-COVID pathways and work together, across organisational boundaries, to plan and deliver on a regional basis. These priorities will focus on a whole pathway approach with regional links between primary, secondary, community and social care with a Value Based Health Care approach.

Key points to note are as follows:

- **Social and Green Solutions for Health**

Progress on this priority has been delayed due to its reliance on the national work being undertaken by the Welsh Government on the development of an All Wales Framework. The scoping of Social Prescribing in Wales has been completed and the "Understanding Social Prescribing in Wales" report made public in May 2022. The consultation on National Framework for Social Prescribing was launched on 2nd August 2022 with the closing date for feedback on 20th October 2022. The new framework will set out standards, guidance and actions developed at a national level to ensure a consistency of delivery across Wales.

- **Ophthalmology**

The Joint Clinical Lead for Eye Care services / Consultant Ophthalmologist for Mid Wales, which is now a joint arrangement between Powys Teaching Health Board and Hywel Dda University Health Board, was advertised in September 2022 and no applications were received for this post. A meeting of the Mid Wales Ophthalmology group has been arranged for 16th November 2022 on the available options and next steps for this Mid Wales leadership role which has been out to recruitment on three occasions over the last three years. Alternative options which will be considered for this role include

Optometrists and specialist nurses supporting this role. The preferred option will be presented to the Mid Wales Clinical Advisory Group for their approval.

- **Community Dental Services**

A meeting was held on 11th October 2022 with the Hywel Dda University Health Board and Powys Teaching Health Board Dental leads and Bronglais General Hospital General Manager to discuss next steps with the following agreed:

- Referrals for Hywel Dda University Health Board patients (North Ceredigion) to the Newtown clinic for intermediate oral surgery service for complex extractions to be resumed as from January 2023 (start date to be confirmed).
- Work to be commenced on exploring the feasibility of an integrated service for a General Anaesthetic special care service at Bronglais General Hospital.

- **Urology**

Following a number of discussions, the Mid Wales Clinical Advisory Group, agreed that the top three clinical priorities would be 1. Urology, 2. Palliative Care and 3. Rheumatology. A successful first workshop was held on 12th September 2022 (rearranged from 23rd June 2022) to ascertain what current Urology pathways looked like and what the current issues were. Issues identified include monitoring of PSA levels, challenges with capacity in the system and a lack of defined pathway. A second workshop has been arranged for 29th November 2022 to review data and feedback from GP Practices on the current processes in place for monitoring patients.

- **Cross Border Workforce solutions**

The first cohort of nursing students commenced their studies at Aberystwyth University in September 2022. Health Education and Improvement Wales awarded a Welsh Government-funded contract to Aberystwyth University to educate both adult and mental health nurses. The new degree courses offer students who started their studies this year the opportunity to study up to half of their course through the medium of Welsh and will include placements in a range of rural community settings across Mid Wales.. Nursing education at Aberystwyth University has been developed with the support of several partners, including Hywel Dda, Betsi Cadwaladr and Powys Health Boards as well as service users and carers.

To support this Aberystwyth University has created a suite of high-quality clinical practice rooms within its new Healthcare Education Centre, which is located opposite Bronglais General Hospital, Aberystwyth. The £1.7 million development was supported by a grant of £500,000 from the Welsh Government. A central part of the new site is a Clinical Skills Unit with high-fidelity simulation areas that reflect the patient's journey from home and community services through to assessment, planned and acute care. The new teaching equipment includes virtual reality headsets for experiencing ageing and life-size human models that simulate a wide variety of health conditions.

A presentation on workforce modelling provided to the Mid Wales Planning and Delivery Executive Group on 3rd October 2022 was provided by the Hywel Dda University Health Board Workforce Director. The Hywel Dda model which included planning assumptions regarding vacancies, recruitment, training, retention, support worker development etc. was outlined. This could provide a basis for developing a standard template/model approach to outline key interventions planned to address nursing workforce and their associated planning assumptions and also used to model scenarios over the next 5 years to help identify gaps/actions. The consolidated position for the three Health Boards was

outlined and it was agreed that further work be undertaken to between the three Health Board workforce teams to identify the Mid Wales position.

- **Clinical Strategy for Hospital Based Care and Treatment and regional solutions**

The Bronglais General Hospital Strategy Implementation Group met on 15th September 2022 with a focus on undertaking a stocktake of the current position. A review of the strategy is to be undertaken to ensure it is up to date post the COVID-19 pandemic. This review is being supported by the Mid Wales Joint Committee team. The review paper is planned to be presented to the Hywel Dda University Health Board meeting on 24th November 2022. Once the review is complete the strategy will be brought back as a reviewed strategy to ensure it aligns with other plans.

3. Mid Wales Clinical Advisory Group

The Mid Wales Clinical Advisory Group, whose role is to provide clinical advice and make clinically based recommendations, meets bi-monthly. For this reporting period the main focus of work has been on its top priority clinical pathway - Urology. The group has also received updates on the Mid Wales Priorities and Delivery Plan 2022/23, Bronglais General Hospital Strategy, North Powys Wellbeing Programme, recruitment for the Joint Clinical Lead post in Eye Care service and future arrangements for the Mid Wales Joint Committee.

The group noted that Health Boards are being challenged by Welsh Government to start counting delays in hospitals and that Mid Wales is challenged by cross border delays. The next meeting on the group will consider delays in Hospitals including Repatriations and Transfers with members to share their ideas on shared pathways and shared learning

4. Future arrangements for the Mid Wales Joint Committee

Following a post COVID-19 review of the Joint Committee, the detailed proposals on the future arrangements for the Mid Wales Joint Committee have been agreed as follows:

- Joint Committee meetings to be replaced with one annual planning meeting and one annual conference to receive updates on the delivery of the plan.
- Development and delivery of Mid Wales Joint Committee priorities and delivery plan to led by the main Joint Committee sub-groups - Mid Wales Planning and Delivery Group and Mid Wales Clinical Advisory Group.
- Establishment of a Mid Wales Social Care group in order to strengthen the focus on Social Care and the alignment of plans for social care services across Mid Wales.
- Bi-annual Mid Wales plans/reports to be reported to Health Boards and Local Authorities for monitoring and scrutinising.
- Existing engagement and involvement mechanisms for Health Boards and Local Authorities to be used as the main tools for Mid Wales engagement and involvement.
- Explore a more permanent arrangement for Rural Health and Care Wales and an academic home will be explored for Rural Health and Care Wales with the Chair post to be fulfilled by an academic role.

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5. Mid Wales Strategic Commissioning Group

The Mid Wales Strategic Commissioning Group was established for the three Mid Wales Health Boards to fulfil their commissioning role collaboratively, in the development and implementation of equitable, accessible, evidence-based, safe, effective and sustainable services for the residents of Mid Wales. The Group met on 4th July 2022 at which it was agreed that i) Betsi Cadwaladr University Health Board and Powys Teaching Health Board would circulate to the group their commissioning requirements and ii) Hywel Dda University Health Board would circulate the outputs of the work being undertaken to identify what additional capacity was available. Following this, two potential areas - Colorectal and Rheumatology - where there may be potential opportunities for Hywel Dda University Health Board to provide additional capacity were identified and work undertaken to date is as follows:

- Colorectal - Hywel Dda University Health Board has established a Task and Finish Group meeting to look at establishing colorectal clinics at Newtown and a Mid Wales colorectal pathway within a timescale of 6 months. Data on current activity, current waiting lists and potential capacity for Powys Teaching Health Board to provide endoscopy services will be considered at its next meeting.
- Rheumatology - The job description for the Consultant in Rheumatology post, to be based at Bronglais General Hospital, has now been approved by the Royal College.

Work is being undertaken to explore support across the three Health Boards for the Covid-19 recovery programme.

6. Update on Key Programmes across Mid Wales **North Powys Wellbeing programme**

The Strategic Outline Case for the multi-agency campus in Newtown was submitted to the Welsh Government in Spring 2022. Work has commenced on the development of the Outline Business Case which is planned to be submitted to the Welsh Government in 2023.

Workshops have been arranged for November 2022 which will be concentrating on five key areas including Mental Health, Diagnostics and Planned Care, Social Model for Health, Integrated Community Model and Children and Young People. This will support the work on scoping what can be done in North Powys and what can be done in conjunction with neighbouring Health Boards. Work will commence in January 2023 to look at how pathways will work.

Hywel Dda University Health Board: A Healthier Mid and West Wales Programme Business Case - Detail on Bronglais General Hospital

The implementation of the Bronglais General Hospital: Delivering Excellent Rural Acute Care' is one of Hywel Dda UHB's Planning Objectives. 'Planning Objective 5F: Fully implement the Bronglais Hospital Strategy over the coming three years as agreed at Board in November 2019, taking into account the learning from the COVID-19 pandemic. The Programme Business Case Hywel Dda University Health Board's A Healthier Mid and West Wales: Our Future Generations Living Well supports the delivery of this strategy.

The Bronglais General Hospital Strategy Implementation Steering Group leads on the development and implementation of a phased approach to the delivery of the strategy. Work to implement the strategy has slipped during COVID-19, but progress has been made against a number of areas including reducing the number of single handed consultants and developing a frailty model for the site.

A review of the strategy is currently being undertaken to examine what has been learned from the changes made during the pandemic which will influence and enhance the actions set out in the plan. This review is being supported by the Mid Wales Joint Committee team. The review paper is planned to be presented to the Hywel Dda University Health Board meeting on 24th November 2022. Once the review is complete the strategy will be brought back as a reviewed strategy to ensure it aligns with other plans. Project management resource in order to support for the implementation of the strategy is being explored.

7. Rural Health and Care Wales

The two-day Rural Health and Care Wales Conference will be held on 8th and 9th November 2022 and will once again staged as a hybrid event, an in-person audience at the Royal Welsh Showground, Builth Wells, and live streaming for online access. The Conference theme for this year is 'Learning from the Past, Looking to the Future – a focus on best practice, innovation and research that is driving delivery in health and care services in rural Wales with the following conference strands:

- Lessons learnt from the Covid-19 pandemic and their impact on Rural Health and Care;
- The delivery of integrated Health and Care services in Rural areas;
- The role of Rural Communities in Health and Care;
- Telehealth / Telemedicine and the remote delivery of Health and Care services in Rural areas;
- Social / Green Prescribing and their impact on Health and Wellbeing;
- Recruitment, Retention and new roles in Health and Care in Rural areas;
- Education, Training and Continuous Professional Development for Health and Care professionals working in Rural areas.

8. Delivering Value in Rural Wales

Following a review of the Value Based Health Care Project Manager joint post, which was established for an initial period of 12 months, it was agreed by the three Health Boards that the role should not continue beyond its initial establishment period. The decision was based on the fact that two of the three key actions, establishment of connections between Value Based Healthcare teams for the three Health Boards and the case based education programme around delivering Value Based Health Care, had been delivered. The one outstanding action was in relation to utilising academic collaborations including a Professorship in Health Economics post at Aberystwyth University, supported by two Postgraduate Research Fellows, to deliver a body of research on what the unique challenges were for delivering Value Based Health Care in a rural economy and how to look beyond these challenges. An appointment was made to Professorship in Health Economics post in August 2022 and when in post they will lead on the recruitment to the Postgraduate Research Fellows.

9. Membership of the Joint Committee

Lead Chair

Maria Battle, Chair of Hywel Dda University Health Boards, has taken on the role of Interim Lead Chair for the Joint Committee in place of Professor Vivienne Harpwood whose role as Chair of Powys Teaching Health Board ended on 16th October 2022.

Thanks were extended to Professor Harpwood for her support and leadership of the Mid Wales Joint Committee and the former Mid Wales Healthcare Collaborative over the last 8 years

Other changes to leadership roles across Mid Wales include:

- Jack Evershed ended his role as Chair of the Mid Wales Public and Patient Engagement and Involvement Forum on 31st July 2022. This role will no longer continue with engagement and involvement with the Mid Wales population being undertaken through existing mechanisms for Health Boards and Local Authorities had strengthened significantly over the years.
- Carl Cooper has been appointed as the new Chair of Powys Teaching Health Board for a term of four years and commenced in the role on 17th October 2022.
- Dylan Owen has replaced Morwena Edwards as the Corporate Director Lead for Adult Social Services and Health (Strategic) for Gwynedd Council.
- Nina Davies has replaced Alison Bulman as the Director of Social Services for Powys County Council.
- Audrey Somerton Edwards has been appointed to the role of Interim Statutory Director of Social Services for Ceredigion County and will replace Sian Howys who has recently retired.

10. Mid Wales Joint Scrutiny Working Group

Following the Local Authority elections in May 2022 the Ceredigion County Council and Gwynedd Council representation on the Mid Wales Joint Scrutiny Group has now been confirmed. Powys County Council ceased their membership of this group due to re-structuring and pressures on time, however, it is hoped that they will be in a position to re-engage with the group in the future.

The Mid Wales Joint Scrutiny Group will be meeting at a time and date to be confirmed to discuss its work programme and to consider what members wish to scrutinise following the Joint Committee meeting held on 31st October 2022.

11. Feedback from the public

Matters raised by the public during the Joint Committee meeting included the following:

- Concerns over how much engagement Betsi Cadwaladr and Hywel Dda University Health Boards have had with Powys Teaching Health Board regarding the new development at Bro Ddyfi, Machynlleth.
- Difficulty in accessing GPs at the Tywyn Medical Practice.
- Proposed closure of the air ambulance sites at Caernarfon and Newtown.
- Lack of a Minor Injuries Unit at Tywyn Hospital.
- Reduced number of beds at Tywyn Hospital.
- Lack of NHS Dentistry services in the South Meirionnydd area.

Given the wide ranging issues raised the Interim Lead Chair agreed that she ask the Chair of Betsi Cadwaladr University Health Board and Powys Teaching Health Board for public meetings to be held at Tywyn and Machynlleth to allow members of the public the opportunity to share their concerns directly with the Health Boards. These meetings will be facilitated by the Joint Committee teams.

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25/11/2022 14:21:59

AGENDA ITEM: 3.8

BOARD MEETING		DATE OF MEETING: 30 NOVEMBER 2022
Subject :	SUMMARY OF PARTNERSHIP BOARD ACTIVITY	
Approved and Presented by:	Carol Shillabeer, Chief Executive	
Prepared by:	Corporate Governance Business Officer	
Considered by Executive Committee on:	Various aspects covered in Executive Committee business	
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant partnership board.	

PURPOSE:

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent partnership board meetings, including the following:

- NHS Wales Shared Services Partnership Committee (NWSSPC).
- Powys Public Services Board (PSB);
- Regional Partnership Board (RPB);
- Joint Partnership Board (JPB).

RECOMMENDATION(S):

It is recommended that the Board DISCUSSES and NOTES the updates contained in this report in respect of the matters discussed and agreed at recent partnership board meetings.

Ratification	Discussion	Information
✗	✓	✗

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

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

BACKGROUND AND ASSESSMENT:

Powys Teaching Health Board is a member of the following partnership boards. This report provides an update in relation to the work of these Partnership Boards.

NHS Wales Shared Services Partnership Committee (NWSSPC): established under Velindre NHS Trust which is responsible for exercising shared services functions including the management and provision of Shared Services to the NHS in Wales.

A meeting of the Shared Services Partnership Committee was held 22 September 2022. [Committee Schedule and Papers - NHS Wales Shared Services Partnership.](#)

This meeting considered the following matters:

- Chair's update
- Managing Director Update
- Procurement SLA
- Provision of Digital Patient Pathways
- Provision of Remote Advice and Guidance
- Welsh Risk Pool Risk Sharing Agreement
- All Wales Agency Audit
- Finance Report
- Corporate Risk Register

A copy of the Assurance Report from 22 September 2022 is attached at **Appendix A**.

The Powys Public Services Board (PSB): established by the Well-being of Future Generations (Wales) Act 2015. Its role is to improve the economic, social, environmental and cultural well-being of Powys through better joint working across all public services. This includes a yearly review of the Powys Wellbeing Plan to show progress.

A meeting of the PSB was held on 3 October 2022. This meeting considered the PSB Terms of Reference, the Annual Performance Plan and the Powys County Council Annual Self-Assessment Report. The papers for this meeting can be found at: [Agenda for Public Service Board on Monday, 3rd October, 2022, 2.00 pm Cyngor Sir Powys County Council \(moderngov.co.uk\)](#)

The Powys Regional Partnership Board (RPB): established under the Social Services and Well-being (Wales) Act 2014, which came into force in April 2016. Its key role is to identify key areas of improvement for care and support services in Powys and to identify opportunity for integration between Social Care and Health.

A meeting of the RPB is due to take place on 24 November 2022.

The Joint Partnership Board (JPB): established under The National Health Service Bodies and Local Authorities Partnership Arrangements (Wales) Regulations 2000 (S.I. 2000/2993 (W.193)) made under section 33 of the NHS (Wales) Act 2006. JPB brings together County Council and Powys Teaching Health Board to provide strategic leadership to ensure effective partnership working across organisations within the county for the benefit of Powys' citizens.

- The Joint Partnership Board has not met since the last meeting of Board.

NEXT STEPS:

Updates will continue to be brought to the Board and where necessary, specific decision-making matters will be scheduled.

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25/11/2022 14:21:55

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	22 September 2022
Summary of key matters including achievements and progress considered by the Committee and any related decisions made.	
<u>Matters Arising – Recruitment</u>	
<p>G Hardacre, Director of People, Organisational Development and Employment Services, gave a verbal update on the position with the pre-employment checks software system.</p> <p>The Home Office have announced that from 1st October 2022 organisations will be able to use a certified Identification Document Verification Technology service provider to carry out digital identity checks on their behalf for those appointees who have an in-date UK or Irish Passport or Share Code. Those who do not meet these criteria will still require a face-to-face pre-employment check from 1st October 2022. Without this system, all appointees would require a face-to-face pre-employment check meeting.</p> <p>NWSSP Recruitment Services have procured a service provider to enable digital identity checks for NHS Wales as part of the Recruitment Modernisation Programme, which will be implemented on 28th September 2022. This will improve the experience for appointees and also provide process efficiencies for NWSSP Recruitment Service and internal Health Board/Trust recruitment services such as Medical and Bank Recruitment, as most appointees will be able to complete their pre-employment checks via this route. NWSSP have agreed to fund this software for the first year for all organisations due to the benefits this will bring to NHS Wales.</p> <p>The Committee NOTED the update.</p>	
<u>Matters Arising – Programme Management Office Highlight Report (Student Awards).</u>	
G Hardacre provided members with an update on the replacement of the Student	

Awards system which had been noted at the May Committee as a red risk within the Programme Management Office Report. He reported that good progress was now being made with the new system having received confirmation of funding from Welsh Government and the conclusion of the procurement process he now expected the new system to be in place and fully operational by April 2023.

The Committee **NOTED** the update.

Deep Dive – Energy Price Risk Management Group

Eifion Williams (EW), Chair of the Energy Price Risk Management Group (EPRMG), introduced a deep dive into the work of the Group, particularly focusing on recent weeks and months, due to the significant increase in energy prices.

EW has chaired the EPRMG since it was set up in 2005. Prior to that electricity and gas was purchased on behalf of NHS Wales by an individual Procurement Officer who would purchase for the year ahead with little strategic input. The Group was established with representation from all NHS Wales organisations together with a British Gas market specialist who provides an overview of the energy market at each meeting. Based on this, the Group considers its pricing strategy. Currently British Gas provide both electricity and gas to NHS Wales and there is an ability to purchase energy on a monthly or quarterly basis. The Group currently meets on a weekly basis to consider its purchasing strategy but in times of extreme volatility (e.g. when Russia first invaded Ukraine) it has met three times a week. Prices are monitored daily which enables tranches of volumes of energy to be secured when appropriate.

EW demonstrated the current volatility in the market through a comparison of prices in the month of August for the last five years. Between 2018 and 2021 inclusive, the price being paid for gas by NHS Wales in each August was in the range of 39p to 44p a therm. In August 2022, the price per therm was 281p. The same comparison for electricity saw a range of £40 to £47 per megawatt hour between 2018 and 2021 and the price in August 2022 was £218. The price had been falling prior to the Ukraine conflict, and is also affected by the weather, the world economy outlook, and the price of oil. Although the price of energy is totally unpredictable, the forward purchasing strategy adopted by the EPRMG delivered savings of £33.8m for NHS Wales against the actual average daily cost of gas and electricity in 2021/22. It is also important to note that the prices quoted are the global prices on the energy markets which all suppliers use.

The current contracts with British Gas are due to end in March 2025 for electricity and March 2027 for gas. British Gas has given notice that it will not seek new Commercial energy contracts but will fully support existing contracts. Whilst the EPRMG has served NHS Wales well, there was a need to consider whether the current approach remains the best option for NHS Wales given the volatility in the energy market. Liaison is currently taking place with Crown Commercial Services to assess the options that they have available. It was agreed that EW would come

back to the Committee later in the year to provide an update on progress.

The Committee **NOTED** the presentation.

Chair's Report

The main update was on the planned IMTP / Committee development sessions, where invites have been issued for Friday 11th November. The Chair stressed the importance of attending and that if members cannot make this date that they nominate another Executive Director to attend in their place.

The NWSSP Senior Leadership Group held a number of internal workshops to provide some initial reflections and ideas for the sessions. The indicative agenda will focus on where NWSSP will be in 2033, assessing where we feel NWSSP is now, identifying opportunities to improve and develop further, and taking a fresh look at our strategic objectives and overarching goals/outcomes. There will also be some discussion on our appetite for risk as a Committee.

The Committee **NOTED** the update.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- The CEO NHS Wales / DG Health and Social Care Group WG wrote in July confirming acceptance of NWSSP IMTP recognising the continued development and maturing of integrated planning across NWSSP and demonstrating the positive position that the organisation is in as we move from the pandemic towards recovery. The letter highlights the continued role of the Committee to scrutinise and monitor progress against the plan throughout the year;
- As part of the decarbonisation work the NWSSP Head of Operations – Procurement Services, is currently working with Health Boards, Trusts, and Special Health Authorities, in reviewing fleet management arrangements with the purpose of defining a common set of data standards and management information to support the decarbonisation agenda. Specialist Estates Service is also supporting Health Boards in establishing a national infrastructure plan for electric vehicle charging. Health Boards have been approached to nominate representatives to sit on the various decarbonisation sub-groups that support the above agendas;
- The Payroll team within Employment Services are currently experiencing an exceptionally busy period responding to the implications of the recent pay rise and processing of pay arrears. This is in addition to implementing the changes to the pension tiers.
- The NWSSP Medical Director, has been asked to work with health organisations to review how the Single Lead Employer rotational and recruitment processes can be further streamlined to improve overall

experiences for the trainees; and

- In terms of major projects, the Laundry and TrAMs projects are continuing but in the context of extreme limitations on available capital funding. In particular NWSSP were waiting for formal feedback from WG on the laundry OBC scrutiny panel.

The Committee **NOTED** the update.

Items Requiring SSPC Approval/Endorsement

Chair's Appraisal Process

G Hardacre, NWSSP Director of People, Organisational Development and Employment Services introduced a report setting out a proposed revised formal framework process for the appraisal of the Chair.

Following discussion, the Committee **APPROVED** the revised framework which will be implemented during the next few months and **AGREED** to increase the Chair's time commitment given the requirements of the role. Committee members asked to review the various time commitments of the other Chairs at other NHS organisations at the next November meeting.

Procurement SLA

The Chair reminded Committee members that the Service Level Agreements for 2022/23 had already been agreed at the May meeting. However, it was previously agreed that the Procurement element of the SLA would be brought back for approval as it was important to reflect the recent changes which were as a direct result of implementation of the new procurement Operating Model.

The Committee **APPROVED** the Procurement SLA element.

Provision of Digital Patient Pathways and Remote Advice and Guidance

A Butler, Director of Finance & Corporate Services introduced a number of reports which outlined the procurement for two separate contracts for which funding had already been secured and agreed by Welsh Government. Given the nature of the clinical digital elements of the contracts it was felt important to ensure that DHCW were clear on how they linked into the current strategy and processes.

Following discussion the Committee **NOTED** the reports and **ENDORSED** both contracts. Further discussions would be needed with DHCW to ensure the digital elements were aligned to the national strategies.

Welsh Risk Pool – Risk Sharing Agreement

The Committee received a paper setting out the risk sharing details for the current financial year. Committee members were informed that the proposal within the paper had been endorsed at the Welsh Risk Pool Committee on the 21st

September 2022.

The Welsh Risk Pool receives an annual funding stream to meet in-year costs associated with settled claims, the Departmental Expenditure Limit (DEL). When expenditure rises above the DEL allocation, the excess is recouped from Health Boards and Trusts via a Risk Sharing Agreement approved by the Shared Services Partnership Committee. The core DEL allocation is currently £109.435M per annum for Clinical Negligence, Personal Injury and Redress claims. The 2022/23 IMTP DEL forecast is £134.780M and therefore the estimated Risk Share charge for 2022/23 is £25.345M. In 2021/22 this figure was £16.495m.

The current Risk Share methodology was approved by the Welsh Risk Pool Committee and Directors of Finance in March 2017. The overarching principles are set out below:

- a risk-based contribution, based on size and activity levels;
- a contribution based on paid claims experience over five years; and
- a contribution based on known outstanding claims.

These principles have been translated into five specific measures and a weighting applied to each. This results in those organisations that can demonstrate learning and who have implemented strategies to lower risk weightings benefitting as their share of the overall total should be lower.

Applying these measures to the forecast risk share for the current year has meant that although some Health Boards percentage share has reduced compared to last year, the expected 2022/23 monetary charge has increased for all, due to the substantial overall increase in the total charge to be apportioned.

The Committee **NOTED** the report and **APPROVED** the updated Risk Share charges to NHS Wales for 2022/23.

Items for Noting

All-Wales Agency Audit

The Committee received a paper on audit arrangements for agencies supplying nursing staff.

The Temporary Staffing Group is a workstream which reports directly to the National Nursing Workforce Group (NNWG). The Temporary Staffing Group is responsible for the award and monitoring of contracts for agency workers throughout Wales. The contract was awarded in March 2021 for a period of three years with an option to extend for a further year to February 2025. There are 146 agencies on contract and each agency is aware that failure to abide by the contract specification would result in their removal from the framework.

Implementing appropriate audit measures is essential to ensure that all contracted agencies supplying nurses and health care support staff to NHS Wales uphold the conditions of the contract. Agency audits have typically been undertaken internally on an ad-hoc basis when issues arose rather than via a proactive approach linked to a planned audit programme. Following discussions at the Temporary Staffing Group it was agreed that a robust audit programme should be put in place and that various options to achieve this should be explored, including the use of external audit firms and the potential use of NWSSP Audit & Assurance Services.

The Committee **NOTED** the Report and **AGREED** for NWSSP's Audit and Assurance team to carry out the necessary audits providing an audit specification (All-Wales Agency Audit Checklist) was developed and utilised. A risk-based programme of audits will be undertaken focussing initially on the highest spend and highest usage providers. Usage data will be used to agree a priority list of agencies to be audited. It is anticipated that:

- 30 audits will be carried out per year;
- Audit plans will be annually set out based on provider usage and spend; and
- The audit plan will be discussed and created annually by the Temporary Staffing Group led by procurement.

Based on 30 audits in the first year (2022/23), the total auditor time required would be 60 days at a cost of £19,870. This amounts to less than £3k per Health Board.

Finance, Performance, People, Programme and Governance Updates

Finance – A Butler, NWSSP Director of Finance and Corporate Services reported a balance position at Month 5. The year-to-date position includes a number of non-recurrent savings that will not continue at the same level during the remaining months of the financial year. Divisions are currently reviewing budgets with a view to accelerating initiatives to generate further benefits to NHS Wales and a potential increase in the distribution. The forecast outturn remains at break-even with the assumption of £4.985m of exceptional pressures funding being allocated from Welsh Government.

The current Capital Expenditure Limit for 2022/23 is £1.947m. Funding for the Welsh Healthcare Student Hub (Student Bursary and Streamlining) was approved in early September. Capital expenditure to Month 5 is £0.366m and plans are in place to fully utilise all available capital funding. A priority list of capital projects is being finalised in case additional funding becomes available later in the year. Since the transfer of the All-Wales Laundry Service in 2021/22 there is increased pressure on the discretionary capital allocation as this was not increased following the transfer of the new Service.

The Committee **NOTED** the Report.

Performance – The Committee Members reviewed the KPIs and felt that this was positive position with only six KPIs not meeting target. These in the main related to the recruitment position and call handling within the Payroll Helpdesk. Committee members were asked to advise their organisations that prior notice of local recruitment plans is very helpful in that it enables NWSSP to adapt demand and capacity within teams to meet those peaks in demand. There was also a short-term issue with Payroll call handling in August because of increases in activity driven by the new Doctor intake and rotation, and this was not helped by the loss of the phone system for a few hours. Peaks in demand are also anticipated in September because of the payment of pay award arrears and again in October because of the pension changes. The Quarter Two individual Performance Reports will be issued at the end of October.

The Committee **NOTED** the Report.

Project Management Office Update – The Committee Members noted the report and in particular the ongoing supplier dispute with regard to the Legal & Risk Case Management system replacement which had temporarily halted the implementation. Contingency arrangements have been put in place to ensure that there is no risk to the continuity of services. A question was raised as to whether projects not covered by the PMO (e.g. the Once for Wales Concerns Management System) should be included in the report. This will be included going forward. It was also suggested that a separate and more detailed briefing on the TrAMs programme would be helpful – this will be issued in December.

The Committee **NOTED** the Report.

People & OD Update – The Committee **NOTED** the Report.

Corporate Risk Register – The Committee **NOTED** the Report. In particular members discussed the risk relating to the threat of industrial action had been added to the register.

Papers for Information

The following items were provided for information only:

- Disposal of Surplus Beds to Moldova;
- Audit Committee Assurance Report;
- Welsh Risk Pool Annual Report 2021/22
- Finance Monitoring Returns (Months 4 and 5)

AOB

N/a

Matters requiring Board/Committee level consideration and/or approval	
<ul style="list-style-type: none">The Board is asked to NOTE the work of the Shared Services Partnership Committee.	
Matters referred to other Committees	
N/A	
Date of next meeting	19 January 2023

Patterson, Liz
25/11/2022 14:21:56

AGENDA ITEM: 3.9

BOARD MEETING		DATE OF MEETING: 30 November 2022
Subject:	Summary of Activity of the Board's Local Partnership Forum	
Approved and Presented by:	Interim Director of Workforce & OD	
Prepared by:	Corporate Governance Manager	
Other Committees and meetings considered at:	Not presented at any other meeting	

PURPOSE:

The purpose of this report is to provide the Board with an update on the work of the Board's Local Partnership Forum.

RECOMMENDATION(S):

It is recommended that the Board RECEIVES and DISCUSSES the update report appended to this report.

Approval/Ratification/Decision	Discussion	Information
x	✓	x

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

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

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

DETAILED BACKGROUND AND ASSESSMENT:

Powys Teaching Health Board has a statutory duty to take account of representations made by persons who represent the interests of the communities it serves, its officers and healthcare professionals. To help discharge this duty, a Board may be supported by Advisory Groups to provide advice to the Board in the exercise of its functions.

PTHB's Advisory Groups include a Local Partnership Forum (LPF). The LPF's role is to provide a formal mechanism where PTHB, as employer, and trade unions/professional bodies representing PTHB employees work together to improve health services for the citizens served by PTHB - achieved through a regular and timely process of consultation, negotiation and communication.

A meeting of the Local Partnership Forum took place on 6 October 2022. A copy of the Chair's Report is attached at **Appendix A**.

NEXT STEPS:

The next update will be presented to the Board on 29 March 2023.

Patterson, Liz
25/11/2022 14:21:39

Reporting Committee:	Local Partnership Forum
Committee Chair	Cathie Poynton & Carol Shillabeer (Joint Chairs)
Date of last meeting:	6 October 2022
Paper prepared by:	Interim Head of Corporate Governance

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that at the meeting of LPF on 6 October 2022 the following matters were discussed:

- Finance Performance Month 05 2022/23
- Development of Integrated Medium Term Plan
- Update on services at Knighton Hospital and Mental Health Services

A summary of key issues discussed on 6 October 2022 is provided below.

FINANCE PERFORMANCE MONTH 05

The Director of Finance and IT gave a presentation and drew attention to the deteriorating financial position with the end of year forecast expected to be a £7.5m deficit. This was largely driven by increases in Continuing Health Care (CHC) costs, commissioned services costs and emergency health care costs together with non-delivery against savings targets. The health board were on course to spend the capital resource allocation of £9,634k. All health boards were seeing an increase in costs but in relation to increases in CHC costs these were proportionally higher in Powys. The health board was now in financial recovery and a new group had been set up to monitor and report on the financial position in each department.

DEVELOPMENT OF INTEGRATED MEDIUM TERM PLAN (IMTP)

The Interim Director of Planning and Performance gave a presentation on the development of the IMTP 2023-2026. Figures for waiting times for care over 104 weeks were shared which showed 22 patients waiting in England with 682 patients waiting in Wales, noting that 50% of commissioned care was provided in England. Members were invited to consider the position statement and SWOT analysis and what were identified as the 'must do's'. These included communicate with staff to explain the reason for change, outline what has been achieved and appreciate staff for what is being done. The IMTP would continue to be developed over with a draft submission due by January 2023.

UPDATE ON SERVICES AT KNIGHTON HOSPITAL AND MENTAL HEALTH SERVICES

There are ongoing staffing issues both in Mental Health services and at Knighton Hospital. Community Hospital open days have been held which have been an opportunity to explain to the community what services are available in community hospitals beyond inpatient care and to attract staff. Together with a recruitment event held in Birmingham efforts are being made to recruit staff and when the series of open days has concluded the position will be reviewed and next steps will be considered.

Information Items

LPF received updates for information on:

1. Director of Workforce and OD Summary Report
2. Chief Executives Report from Board – July and September 2022
3. LPF Work Programme

NEXT MEETING

The next meeting of LPF will be held on 31 January 2022