Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 2.8

BOARD	**Date of Meeting: 26 July 2023**
Subject :	Annual Review of PTHB Major Incident and Emergency Response Plan and PTHB Corporate Business Continuity Plan
Approved and Presented by:	Director of Public Health
Prepared by:	Civil Contingencies Manager
Other Committees and meetings considered at:	Executive Committee – 14 June 2023

PURPOSE:

The purpose of this paper is to seek APPROVAL from the Board on the revised PTHB Major Incident and Emergency Response Plan and RECEIVE and take ASSURANCE from the revised PTHB Corporate Business Continuity Plan.

RECOMMENDATION(S):

The Board is asked to:

- **APPROVE** the attached revised Major Incident and Emergency Response Plan.
- **RECEIVE** the attached revised Corporate Business Continuity Plan for the purpose of assurance.

Approval	Discussion	Information
✓	✓	✓

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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	×
	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 Civil Contingencies Act (2004) outlines a single framework for civil protection in the UK. Part 1 of the Act establishes a clear set of roles and responsibilities for those involved in emergency preparedness, resilience and response at a local level. PTHB is described as a Category One Responder under the Act. As a Category One Responder, the Health Board is required to undertake risk assessments, produce emergency plans, and have in place business continuity management arrangements.

The attached PTHB *Major Incident and Emergency Response Plan* and *Corporate Business Continuity Plan* have been reviewed and updated to incorporate changes at local, regional and national levels, as part of the Health Board's annual review process.

A brief overview of the main changes applied to the two plans are outlined in the detailed background and assessment section below.

The Health Board is committed to testing the arrangements outlined in the *PTHB Major Incident and Emergency Response Plan* and supporting operational major incident procedures during 2023.

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DETAILED BACKGROUND AND ASSESSMENT:

The Civil Contingencies Act (CCA) 2004, outlines a single framework for civil protection in the UK. Part 1 of the Act establishes a clear set of roles and responsibilities for those involved in emergency preparedness, resilience, and response at a local level. Powys Teaching Health Board is described as a Category One Responder under the Act. As a Category One Responder, the Health Board is subject to the following civil protection duties, including:

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

Additionally, within the Welsh Government's *Emergency Planning Core Guidance 2015,* the Health Board is required to have up to date plans to deal with major incidents and emergency situations that are compliant and tested in accordance with national guidance.

A full review of both plans has taken place as part of the annual review process.

Major Incident and Emergency Response Plan

The main changes incorporated into the *Major Incident and Emergency Response Plan* available at Appendix 1 (paper 2.8a), include:

- Updates following changes in arrangements that have been implemented at regional and national levels;
- The inclusion of the Health Board's operational level of response into the plan, which (subject to approval of the plan) will be followed by a review of the operational major incident procedures available at PTHB community hospital sites;
- General updates to ensure that any lessons identified from the NHS Wales Lessons Identified Register and early transferable lessons identified from the Manchester Arena recommendations that are applicable to PTHB;
- Feedback received back from Welsh Government following the annual review process, where applicable.

Senior members of the Community Services Group have been consulted on the specific changes made to the plan in relation to the operational response and support the revised plan.

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The Health Board is committed to testing the arrangements outlined in the *PTHB Major Incident and Emergency Response Plan* and supporting operational major incident procedures during 2023. Any learning identified following the exercise will be incorporated into future reviews to strengthen the Health Boards future response.

Corporate Business Continuity Plan

There have been minimal updates made to the *PTHB Corporate Business Continuity Plan* (available at Appendix 2, paper 2.8b) since the last review took place in 2021. The main changes that have been incorporated into the review of this plan, include:

- A general review with updates made throughout the plan;
- A full review of the prioritised service list, which is a key element of the annual review process, as outlined in the *PTHB Business Continuity Policy*.

The Health Board has stood-up elements of the arrangements outlined in this plan over the last twelve-month period in response to a number of planned and no-notice incidents, including the ongoing response to the NHS Trade Unions Industrial Action and disruption following a ransomware attack on an NHS system supplier in August 2022.

The *PTHB Corporate Business Continuity Plan* and the *PTHB Major Incident and Emergency Response Plan* continue to be fully aligned to ensure that the two documents are integrated and align appropriately in response scenarios.

NEXT STEPS:

Subject to the Board approval of the *PTHB Major Incident and Emergency Response Plan* and the *Corporate Business Continuity Plan*, the next steps are to:

- Update the revised plans onto the PTHB staff intranet page and communicate to staff, as appropriate.
- Distribute hard copies revised plans, as appropriate.
- Share the updated plan with Welsh Government Health Emergency Planning Advisor.
- Complete the review of the operational major incident and emergency procedures across the PTHB community hospital sites.
- Complete a full review of the Civil Contingencies Training Plan and resubmit for Executive Committee approval and agree schedule of exercises to test these arrangements for 2023/24.

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

IMPACT ASSESSMENT					
Equality Act 2010, Protected Characteristics:					
	No impact	**Adverse**	**Differential**	**Positive**	**Statement**
Age	√				No adverse or differential impacts have been identified.
Disability	√				
Gender reassignment	√				
Pregnancy and maternity	√				
Race	√				
Religion/ Belief	√				
Sex	√				
Sexual Orientation	√				
Marriage and civil partnership	√				
Welsh Language	√				
Risk Assessment:					
	Level of risk identified				**Statement**
	None	**Low**	**Moderate**	**High**	
Clinical	√				No additional risks have been identified.
Financial	√				
Corporate	√				
Operational	√				
Reputational	√				

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POWYS TEACHING HEALTH BOARD

(Civil Contingencies)

MAJOR INCIDENT AND EMERGENCY RESPONSE PLAN

NB – some content has been redacted to protect sensitive details.

This Plan remains current until July 2024

Last Approved by Board: xxxxxx

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RECORD OF AMENDMENTS

This plan will be reviewed annually.

Any amendments required should be referred to the Civil Contingencies Manager, Powys Teaching Health Board.

Date	Amendment Reference	Page/s Amended	Comment
March 11	Version 1.0	n/a	Revised Plan as part of annual review
Aug 12	Version 2.0	n/a	A number of minor changes have been made as part of the annual review. The plan now contains the room layout of the HECC.
March 14	Version 3.0	Complete document	A full review of the plan has taken place as part of the annual reviewing process. The response element remains unchanged. Contact list has been updated to reflect organisational changes. The series of specific response plans previously contained as appendices within the plan are referenced and can now be located on intranet site and hard copies in Major Incident Cupboard.
September 2015	Version 4.0	Complete document	The review reflects recent organisational changes and latest guidance in response to CBRN incidents. Supplementary information has been included in the command and control, debrief and Information Sharing
June 2016	Version 4.1	37 & 38	Updates to telephone numbers listed on communications cascade in Exec on Call Action Card
November 2016	Version 4.2	37 & 38	Updates to telephone numbers listed on communications cascade in Exec on Call Action Card
December 2016	Version 5.0	Complete document	Annual review of Plan. The review reflects organisational changes,

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			reference to PTHB representation at multi-agency Tactical Coordination Group, latest PHW Decontamination guidance for Health Boards and a change of heading in Section 9 from 'Large Scale Incidents' to 'Mass Casualty Incidents' – this section also reflects latest WG Mass Casualty Guidance.
June 2017	Version 5.1	38 – 41	Updates to contact numbers.
November 2017	Version 6.0	Complete document	Updates to reflect • latest All Wales 'Mass Casualty Incident Arrangements for NHS Wales' (May 2017, version 1.3) • lessons learnt from 'Exercise Powys Coldstart' • enhancement to the section on command and control and joint working arrangements, including the Joint Emergency Services Interoperability Programme (JESIP) • enhancement and additions to Action Cards
May 2018	Version 6.1	Page 6/7	Inclusion of flow chart to provide quick overview of activation arrangements.
Dec 2018	Version 7.0	Complete document	Updates to reflect • minor changes throughout, reflecting organisational, regional, national updates. • Inclusion of 'Senior Nurse, Patient Flow' Action Card • Reference to update in All Wales Mass Casualty Arrangements (August 2018) & new structure diagram.
Dec 2019	Version 8.0	Complete document	Updates to reflect: • Changes following organisational realignment.

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			• Changes to internal On-Call terminology i.e. now referred to as Gold and Silver On-Call. • Reference to update of All Wales Mass Casualty Arrangements (July 2019) & new structure diagram.
Nov 21	Version 9.0	Complete document – learning lessons from current COVID-19 response	Main updates to the plan are: • changes to the Plan include plan title to ensure clarity of purpose, • the relocation of the HECC to the Board Room, (content removed).; • updates.to the classifications of incidents; • a new system for determining the level of response required to incidents; • strengthened links and alignments to PTHB Corporate Business Continuity Plan and other plans and procedures.
April 23	Version 10.0	Updates throughout document	• updated to reflect changes in WAST major incident alert notification; • updated to reflect changes to the Mass Casualty Arrangements for Wales, including removal of reference to the Mass Casualty Dashboard; • incorporates operational response of PTHB Community Hospitals and removal of supporting hospital title which the arrangements now encompass for all community hospital sites.

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Determining the Level of Response and Actions

Gold On-Call receives alert advising that an incident has occurred or has the potential to occur.

Gold On-Call assesses the information available to determine the level of response.

The incident can be managed under 'business as usual' arrangements or it is considered that there is no impact for PTHB	The incident does not meet the definition of a business continuity, major or critical incident however requires **enhanced** coordination	The impact of incident is on **Business Continuity**	**Major Incident or Critical Incident**
No action required. Gold On-Call to be advised if situation changes that requires further escalation	Gold On-Call to start incident log and convene PTHB Internal Silver level Group. Membership to be determined by the nature of the incident. Follow Joint decision Model (page 24) to coordinate response.	Gold On-Call to start incident log and refer to PTHB Corporate Business Continuity Plan to determine level of response required	Gold On-Call to start incident log and follow Gold On-Call Action Card (page 55). Overview of process is shown in diagram overleaf.

Definitions of incident classifications are outlined at page 16

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Overview of PTHB Major Incident Activation Arrangements

Brecon Switchboard receives Major Incident alert using METHANE (see note 1 overleaf) and notifies the Gold On-Call (GoC) also providing GoC with name of the Silver On-Call for that period

GoC liaises with the CEO/Deputy CEO to determine level of PTHB response required:

MULTI-AGENCY COORDINATION
Confirm PTHB representatives required to attend/standby for multi-agency coordination groups (if/as required) & notify individuals

PTHB nominated Strategic Coordination Group (SCG) Rep

Attends the Strategic Coordination Centre (SCC) or via Ms Teams (as detailed in alert notification)

Agrees lines of communication with PTHB TCG rep and PTHB Gold On-Call/Chair of the ERT

PTHB nominated Tactical Coordination Group (TCG) Rep

Attends the TCG group - location to be confirmed at time of incident where appropriate or via Ms Teams (as detailed in alert notification)

PTHB SCG & TCG Reps to request the following support staff, as required:

√ Loggist support *
√ Gold or Tactical Support (if required)
*** contact details for trained loggist available in PTHB Emergency Contacts Directory if required**

INTERNAL COORDINATION
Confirm if PTHB internal major incident arrangements are required (N.B. in the event of a Critical or Mass Casualty Incident – also see note 6)

Q: Is PTHB Emergency Response Team (ERT) Required?

If Yes,

√ activate the HECC (Bronllys- see note 2) or meet virtually via Ms TEAMS (see note 3)

√ determine who is required to be part of the PTHB internal ERT and commence communication cascade (see note 4), as required.

If No, determine if any other action is required and review decision if situation changes.

Q: Are there any casualties involved?

If yes, consider need to activate operational Major Incident response procedures at PTHB community hospital sites.

To activate the operational response contact the Silver On-Call (see note 5), provide them with METHANE and agree actions required, ensuring that lines of future communications are agreed.

Silver On-Call to alert PTHB MIUs and inpatient wards (as required) using the METHANE & request the activation of the operational Major Incident procedures arrangements as determined by the nature, scale and location of the incident.

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Note 1	**METHANE situation Report** **Major Incident Declared?** **Exact location** **Type of incident** **Hazards - present or expected** **Access – routes that are safe to use** **Number, type severity of casualties** **Emergency services present and those required**
Note 2	The Health Emergency Coordination Centre (HECC) is located in (content removed). During in hour periods the Corporate Service Team will assist in the setting up of the HECC (where available) and providing admin support for the duration of the incident (N.B. trained loggists details available in Emergency Contacts Directory). Keys to access (content removed).
Note 3	(content removed). meeting room Tel No is: [*for internal use only]*
Note 4	Brecon Switchboard hold a copy of the PTHB Emergency Contacts Directory and will assist in contacting key individuals to participate in the Emergency Response Team as instructed by the Gold On-Call if not already responding to the major incident at an operational level. The Gold On-Call will need to advise Brecon Switchboard staff who is required to be contacted together with any additional further instruction to pass onto these key individuals i.e. if they need to attend the HECC or join a Microsoft Teams/teleconference call, providing times etc. or be placed on standby. Brecon Switchboard staff will issue the METHANE to all individuals contacted, ensuring that there is consistent communication being issued in this initial phase of the incident response. When the Emergency Response Team (ERT) is in place, the ERT will be responsible for calling in other support staff and communicating with external partners.
Note 5	It is agreed that in the event of a Major Incident, the Gold On-Call will contact the Silver On-Call to implement the activation of the operational major incident response procedures (i.e.PTHB MIU sites/inpatient wards for accelerated patient flow); this arrangement covers both in and out of hour periods. If the Silver On-Call cannot be contacted during 'in hours periods', then a Community Service Manager or relevant senior manager should be contacted to undertake this role.
Note 6	In the event that a **Mass Casualty Incident** has been declared using by issuing the alert "Major Incident – Mass Casualty Incident", the Gold On-Call must follow all other actions listed, in addition they MUST ensure that the CEO and Medical Director are advised of the alert at the earliest opportunity as they will both be required to attend relevant NHS Wales's Ms Teams calls. **Critical Incident:** The arrangements outlined for a major incident should be followed in a declared 'Critical Incident' scenario. If a 'Critical Incident' is declared by PTHB, then the PTHB ERT will need to assess the requirement for external support in response to the incident.

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1.0 INTRODUCTION

The Civil Contingencies Act (CCA) 2004 and accompanying non-legislative measures, delivers a statutory framework of roles and responsibilities for organisations involved in civil protection at the local level.

The Act is separated into two parts:

Part 1: Local arrangements for civil protection
Part 2: Emergency powers (allows for the making of temporary special legislation to help deal with the most serious of emergencies).

Powys Teaching Health Board (PTHB) is defined as a Category 1 responder under the CCA and is subject to the full set of civil protection duties. These are to:

- assess the risk of emergencies occurring and use this to inform contingency planning;
- put in place emergency plans;
- put in place business continuity arrangements;
- put in place arrangements to make information available to the public and maintain arrangements to warn, inform and advise the public in the event of an emergency;
- share information and co-operate with other local responders to enhance coordination and efficiency.

Furthermore, the Welsh Government issued *NHS Wales Emergency Planning Core Guidance (2015),* sets out the requirements on NHS organisations in Wales in developing their ability to response to a major incident or emergency and to manage recovery whether the effects are local, regional or national.

In order to meet these requirements, PTHB is required to have a major incident plan that is current and regularly reviewed and updated. This Civil Contingencies ***Major Incident and Emergency Response Plan*** has been produced to ensure that PTHB is able to respond to the demands of a major incident or emergency and to minimise the risks to patients, staff and anyone else likely to be affected by it. PTHB aims to achieve this by providing an overarching coordinated response that links with the operational management structures that are in place to support the needs of the health community within Powys.

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2.0 PURPOSE OF THE PLAN

2.1 AIM

The aim of this plan is to provide a framework for Powys Teaching Health Board (PTHB) to respond to major incidents and emergencies that require a coordinated response.

It is essential that all PTHB staff should familiarise themselves with those parts of the plan in which they may become involved.

ACTION CARDS FOR KEY ROLES ARE AVAILABLE AT PAGE 55 OF THIS PLAN

2.2 OBJECTIVES

- to maintain compliance with the CCA (2004) and all relevant guidance or statutory expectations;
- to provide a sound and resilient organisational structure capable of escalating up to the needs of a major incident or emergency with staff who are aware of their role and that of the organisation during a major incident or emergency;
- to provide a scalable internal command and control structure;
- to provide an infrastructure which supports the coordinated management of PTHBs ability to respond to a major incident or emergency, through resilient, effective and appropriate information technology resource allocation and suitable Health Emergency Coordination Centres (HECC);
- to ensure that all staff with a designated role with this plan receive appropriate training.

2.3 SCOPE

The plan details specific arrangements to support the Health Board's coordination and management for all levels of response, in the event of a major incident or emergency. This is a generic plan that supports the response to any type of incident rather than a specific risk or hazard. As a provider of Primary, Community and Mental Health services, the plan aims to provide a flexible, integrated, and scalable approach, that can be tailored to respond to a particular situation.

Plans and procedures that have been developed for specific risks and hazards i.e. pandemic, are detailed at page 46.

Operational procedures are in place across all Powys Community Hospital sites (currently under development), to underpin the arrangements outlined in this plan. These operational procedures detail the site-specific arrangements to respond to a major incident or emergency.

2.4 GOVERNANCE

The Chief Executive holds overall responsibility for Civil Contingencies.

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The Director of Public Health has been designated as the Executive Lead with delegated responsibility for the overall coordination of Civil Contingencies within PTHB.

This plan is reviewed by the Welsh Government Health Emergency Planning Unit on a regular basis. It is only a guide and those NHS personnel on duty at the time of an incident should use their discretion regarding any need for which provision has not been made within the plan.

The Civil Contingencies Manager is responsible for ensuring this plan is reviewed on an annual basis or after a significant incident has occurred, to ensure PTHB to meet its statutory duties under the CCA (2004).

PTHB commissions acute services from a number of external providers, both in England and Wales. PTHB will seek assurance from its commissioned service providers in relation to the legislative duties placed on them under the CCA; this will be achieved through the Health Board's Integrated Performance Framework and through other means such as regular Contract Quality Performance Review meetings, annual reporting mechanisms and participating in joint exercises.

The plan is underpinned by a range of specific response policies, plans and procedures, which can be invoked in isolation or as part of a wider Health Board response, as determined by the nature and scale of the incident. These include:

- PHB's Emergency Contacts Directory;
- PTHB's Corporate Business Continuity Plan;
- Mass Casualty Arrangements for NHS Wales, Version 4 October 2022;
- PTHB operational procedures for responding to major incidents and emergencies;
- PTHB's Health and Safety Policy and Procedures;
- PTHB's Security Protective Measure Policy;
- PTHB Birth Centre Abduction Guideline V.7;
- Once for Wales Reporting System.

In addition,

- specific Welsh Government guidance is also available on a range of issues to support response to emergencies, as referenced within the content of this plan.
- specific Public Health Wales Guidance is also available on a range of issues to support the response to emergencies, as referenced within the content of this plan.
- Dyfed Powys Local Resilience Forum's Emergency Command Protocol and Joint Manual Incident Procedures and other risk-specific multi-agency response plans.

The Civil Contingencies Manager should be made aware of any revisions that have been identified within the plan. Both internal and external stakeholders will be consulted on where significant changes have been made to the plan, prior to seeking formal approval of the revised plan from the Executive Committee and the PTHB Board, if determined necessary.

Distribution of the Plan

Access to the plan will be available to all staff via the Civil Contingencies and Emergency Planning service area page on PTHB staff intranet site.

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A hard copy of the plan will be held:

- In the members of the Gold On-Call folder;
- in the Major Incident Cupboard, (content removed).

Any revisions made to the plan will be documented and cascaded effectively. It is the responsibility of the nominated holder of the plan to ensure that revisions are incorporated, any departmental plans altered, and staff advised accordingly.

2.5 TRAINING & EXERCISING

In accordance with the CCA (2004), the Health Board is required to include provision for the training of staff and carrying out of exercises to ensure that plans are effective and staff informed and practiced.

The Major Incident and Emergency Response Plan will be tested through internal and multi-agency exercises, as follows:

- a 'live' exercise every three years;
- a 'table-top' exercise every year;
- a 'communications' test every six months.

The PTHB Training and Exercise Plan provides an overview of Training and Exercise requirements based on an assessment of need and can be located on the Civil Contingencies and Emergency Planning service area of the PTHB staff intranet site.

The Health Board uses learning from incidents and exercises captured internally and on the NHS Wales Lessons Learnt Register, to identify improvements in the Health Board's civil contingencies planning and response arrangements.

2.6 HAZARD AND RISKS ASSESSMENTS

PTHB has a process in place to regularly assess the risks to the population it serves. This process considers the risks identified in the National Risk Register and Dyfed Powys Community Risk Register and records them on the appropriate risk register as outlined in the PTHB Risk Management Framework.

Strategies for responding to identified risks within PTHB are detailed within the PTHB Corporate Business Continuity Plan. Many risks are dealt with through business continuity planning, whilst some risks will require specific plans i.e., for pandemics or severe weather events.

Arrangements for the management of specific risks are detailed at page 46.

2.7 KEY ROLES AND RESPONSIBILITIES

Roles of PowysTeaching Health Board

In an incident, PTHB will provide overarching health command and control, coordination and support to primary, community and secondary healthcare responses within the boundary of Powys.

This plan is most likely to be invoked in an emergency that requires a response that compromises the normal working of the service and sets out coordination arrangements that will be implemented by PTHB.

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The role of PTHB during an emergency will be to deliver a coordinated, effective and proportionate response.

PTHB will:

- have in place a 24-hour call-out system for emergencies together with facilities/communication systems and protocols to ensure that an effective response can be launched;
- instigate a local and/or regional level of response and coordinate and mobilise primary community and mental health services resources;
- implement appropriate command and control arrangements and support representation at multi-agency meetings including the Dyfed Powys Local Resilience Forum Strategic Coordination Group (SCG), Tactical Coordination Group (TCG), Recovery Coordination Group and NHS Wales mass casualty structures in the event of a declared mass casualty incident;
- provide direction and coordination for the health communications strategy linked to that at the Strategic Coordination Group;
- liaise and provide support to other agencies including neighbouring Health Boards/Trusts, Public Health Wales, the police, local authorities and Welsh Government as deemed necessary by the circumstances of the emergency;
- put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency;
- coordinate the heath recovery phase of the incident with partner organisations and restore 'normality' or return to new normal;
- support the overall humanitarian assistance requirements of the incident and directly lead the specific health involvement;
- support the public health response at a local level;
- assess the ongoing situation and identify emerging issues and implement necessary actions to mitigate further escalation, or expediate return to normality;
- provide resources to support the local effort using mutual aid at local or regional levels;
- coordinate screening, epidemiology and long-term assurances and management of the effects of the emergency;

In responding to any incident type PTHB will aim to:

- protect life;
- protect the health and safety of personnel;
- prevent the escalation of the situation;
- warn and inform the public;
- restore normality as soon as possible;
- debrief staff, identify and take action to implement lessons identified.

Primary, Community and Mental Health Care Services in the event of a Major Incident or Emergency.

As a provider of Primary, Community and Mental Health Care services, Powys community hospitals are not equipped to deal with major trauma casualties, these acute hospitals are referred to as 'Receiving Hospitals' in a major incident. For PTHB, Powys Community Hospitals provide a supporting role to:

Reference Liz 19/10/2023 09:47:16

- provide treatment of casualties who are presenting with minor injuries that are in line with PTHB's MIU policy. Pre-identified casualty numbers have been agreed for each

of the Powys Minor Injury Units to support the dispersal of casualties during the first 2 hours of a major or mass casualty incident; this forms part of the NHS Wales Mass Casualty Dispersal Plan. The pre-identified numbers for PTHB MIU's are outlined at **Appendix 1** of this plan**;**

- facilitate accelerated patient flow to create inpatient capacity to support the acute hospitals responding to the major incident;

In addition, the list below provides an overview of potential resources that PTHB primary, community and mental health care services may be required to mobilise in response to a major incident or emergency:

- support people evacuated to humanitarian centres and rest centres in respect to health checks and pharmaceutical requirements;
- establish close liaison with Powys County Council Adult Social Care services, other Local Authority departments, PAVO and other agencies to meet the needs of people affected;
- provide arrangements for social and psychological support;
- recognise signs and symptoms of patients referring to PTHB Community Hospitals or GP surgeries who have been exposed to chemical/biological or other agents;
- deal with a large influx of patients needing healthcare advice or re-assurance following exposure to hazardous materials;
- provide support to mass vaccination and treatment programmes i.e. administering of vaccines or emergency antidotes/health countermeasures.

General Medical Practitioner Services

General Medical Practitioner Services will be the natural focus of health care in the community in the aftermath of an emergency. They will be expected to maintain accurate records of patient /doctor contacts relating to the emergency. In addition to the above, General Medical Practitioner Services may be called upon to:

- deal with minor consequences, such as eye irritations, in their surgery / health centre, if requested to do so;
- be alert to the signs of post-traumatic stress in casualties and their families ensuring access to counselling / mental health services;
- assist Public Health Wales in the identification of patients who have or may have been exposed in a chemical / biological incident and facilitate appropriate sampling;
- provide medical support to Powys Community Hospital;
- provide additional medical support to acute hospitals in an escalating emergency necessitating the drafting of extra medical help. PTHB will arrange for general practitioner support after liaison with the Medical Director of the Receiving Hospital.

Out of Hours Services

The out of hours primary care service {SHROPDOC} may be called upon to support an emergency out of hours in the same way that General Medical Practitioner Services may be called upon to respond to an emergency that has taken place during in hours periods.

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The out of hours primary care service may be required to mobilise general practitioners to support the emergency and maintain accurate records of patient / doctor contacts and calls.

Roles and Responsibilities of Other Category One Responder Agencies

A summary of the roles and responsibilities of other Category 1 Responder agencies are outlined in Dyfed Powys Local Resilience Forum's (DP LRFs) Joint Major Incident Procedure Manual summary document, which is made available for Gold and Silver On-Call officers. Other Category One Responders include: Welsh Ambulance Service NHS Trust (WAST), Public Health Wales, Local Authorities, Police, Fire and Rescue Service, Maritime Coastguard Agency, Natural Resources Wales.

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3.0 DEFINITION OF A MAJOR INCIDENT AND EMERGENCIES

This section describes the various definitions and types of emergencies and major incidents.

3.1 DEFINTIONS OF AN EMERGENCY

Section 1 of the Civil Contingencies Act 2004 defines an 'emergency' as:

'An event or situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or war or terrorism which threatens serious damage to the security in the UK.'

Examples
This terminology could be applied broadly to major incidents, critical and business continuity events. In the context of the Civil Contingency Act definition, the current COVID-19 pandemic may best fit with this definition and be described as a 'major emergency'.

The Joint Emergency Services Interoperability Programme (JESIP) defines an 'emergency as:

"An event or situation with a range of serious consequences which requires special arrangements to be implemented by one or more emergency responder agency".

3.2 NHS CLASSIFICATION OF INCIDENTS

For the NHS, incidents can be classed as either:

- Major Incident
- Critical Incident
- Business Continuity Incident

Major Incident

For the NHS, a major incident can be described as any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented. Major incidents usually involve casualties and are declared by the emergency services and involving casualties. NHS organisations should, therefore, be confident of the severity of any incident that may warrant a major incident declaration, particularly where this may be due to internal capacity pressures, if a critical incident has not been raised previously through the appropriate local escalation procedure.

Examples: Any event involving casualties where the emergency services and NHS resources need to be activated and deployed and major incident plans triggered.

Major Incidents involving Mass Casualties

Can be defined as' a disastrous single or simultaneous event(s) or other circumstances where the normal major incident response of several NHS organisations must be augmented by extraordinary measures as set out in the *Wales NHS Mass Casualty Arrangements* in order to maintain an effective, suitable and sustainable response'.

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Critical Incident
A critical incident is any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from other agencies, to restore normal operating functions.

Examples: Serious supply disruption impacting on NHS delivery of key functions. Major IT failure for whatever reason requiring a contingency response.

Business Continuity Incident
A business continuity incident is an event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level.

Examples: This could be a surge in demand requiring resources to be temporarily redeployed or supply of products disruption or IT failure).

In the event of a business continuity incident, the PTHB Corporate Business Continuity Plan should be invoked. Whilst business continuity and emergency planning are separate processes, a major incident or emergency may occur at the same time as a business continuity issue or be triggered by it. It is likely that the arrangements set out in the Corporate Business Continuity Plan will also be stood-up in response to a major incident or emergency if there is impact on the Health Boards ability to maintain the delivery of key functions. It is therefore critical that the arrangements outlined in the two plans are integrated and aligned to each other.

3.3 TYPES OF EMERGENCIES
A major incident may arise in a variety of ways. The following list provides commonly used classification of types of emergencies. This list is not exhaustive and other classifications may be used as appropriate. The nature, scale and impact of the incident will determine the appropriate level of response required to be activated in response to the emergency.

TYPE	DEFINITION
Internal incident	Fire, breakdown of utilities, significant equipment failure, hospital acquired infections, violent crime.
Big Bang	A sudden event, for example a serious transport accident, explosion, or series of smaller incidents
Rising Tide	A developing infectious disease epidemic, or a capacity/staffing crisis or industrial action
Cloud on the horizon	A serious threat such as a significant chemical or nuclear release developing elsewhere and needing preparatory action
Headline news	Public or media alarm about an impending situation, reputation management issues

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Deliberate release of chemical, biological, radiological, nuclear and explosives (CBRN) materials.	CBRN terrorism is the actual or threatened dispersal of CBRN material (either on their own or in combination with each other or with explosives) with deliberate criminal, malicious or murderous intent.
Hazardous materials (HAZMAT)	Accidental incident involving hazardous materials
Cyber-attacks	Attacks on systems to cause disruption and reputational and financial damage. Attacks may be on infrastructure or data confidentiality
Severe Weather	Any extreme weather event impacting upon the health, wellbeing and safety of the population e.g. Heatwave, flooding, snow
Mass Casualty	Typically events with casualties in the 100s or in cases where there are multiple incident sites where the normal incident response must be augmented with extraordinary measures.

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4.0 COMMAND AND CONTROL STRUCTURES

During a major incident or emergency, PTHB will participate in a hierarchical framework known as “Command and Control”. This framework works on the basis of three levels of command:

Internal Command and Control	Multi-agency Command and Control	Roles
Gold	Strategic	*Sets the strategic aim, co-ordinates responders, prioritises resources*
Silver	Tactical	*Interprets strategic direction, develops tactical plan, co-ordinates activities and assets*
Bronze	Operational	*Executes tactical plan, commands single service response, co-ordinates actions*

4.1 PTHB INTERNAL COMMAND AND CONTROL STRUTURE

The level of coordination required for PTHB in response to an incident will be determined by the Gold On-Call in liaison Chief Executive Officer or Deputy, depending on the nature and scale of the incident.

PTHB Gold Command

The PTHB Gold On-Call Officer provides 24/7 strategic leadership for PTHB.

The Chief Executive Officer (CEO) or Deputy CEO will determine if there is a need to establish a separate internal Gold Command Group; this decision will be based on the nature and scale of the incident that has occurred.

The main role of Gold is to provide:

- strategic management and coordination of PTHB resources during an incident or emergency by ensuring secondary, community and primary care service delivery for both the incident and for the normal service delivery;
- sets objectives;
- establishes and communicates policy and determines priorities for the Silver command to implement;
- allocate resources to ensure appropriate tactical and operational response;
- provides regular updates the Chief Executive (if Gold Command Group not established);
- establishes strategies for the return to normality;
- communicates with Welsh Government, the public and other key stakeholders.
- represents PTHB at Dyfed Powys Local Resilience Forum (DP LRF) multi-agency Strategic Coordination Group (SCG), if established in response to the incident or emergency.

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Membership of the PTHB Gold Group will consist of members from the Executive Management Team, to be determined by the nature and scale of the incident.

PTHB Silver Group/PTHB Emergency Response Team
The Silver Group will be chaired by the Gold On-Call or other nominated Executive Director. This role may be delegated to an appropriate Senior Manager, depending on the level of response required.

Where a **formal major incident alert** has been received, the PTHB Silver Group will be referred to as the 'PTHB Emergency Response Team (ERT)'. The PTHB ERT will have direct lines of reporting to the PTHB Gold representative attending the Dyfed Powys SCG and PTHB tactical representative at the DP LRF multi-agency Tactical Coordination Group (TCG) and additional NHS Wales Mass Casualties structures, in the event of a mass casualty incident.

The main role of Silver Group/PTHB Emergency Response Team is to provide:

- tactical management and coordination of PTHB resources during the incident or emergency with strategic oversight;
- implements strategic policy and priorities;
- prioritises the allocation of resources;
- liaises with Powys County Council, and other key partners (i.e., PAVO) at a local level and through the Dyfed Powys LRF multi-agency coordination group structures to ensure effective coordination of the tactical response;
- provides direction to Bronze commander(s) according to the nature of the incident e.g. the Powys-wide coordination and flow of accelerated inpatient transfers/ discharges to support the acute hospitals during a major incident/mass casualty incident or evacuation of a PTHB Community Hospital;
- represents PTHB at DP LRF TCG, if established in response to the incident or emergency;
- to handle media issues/enquiries;
- to facilitate the collation of all relevant data and specialist advice.

The membership of the PTHB Silver Group/PTHB ERT will be made up from members of the PTHB Senior Management team which will be determined by the nature of the incident or emergency. Sufficient administration officers and trained Loggists should be called upon to support the operations of the ERT.

Depending on the nature, scale, and location of the incident the PTHB Silver Group/PTHB Emergency Response Team will be convened either:

- virtually i.e., Microsoft Teams
- located at the Health Emergency Coordination Centre (HECC), the Board Room, (content removed).

The Health Emergency Coordination Centre (HECC)
As a Category One Responder, PTHB is required to have access to an Incident/Emergency Coordination Centre. The PTHB HECC is located in (content removed).

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The purpose of the HECC in a major incident is to facilitate Powys-wide coordination, mutual aid and support between all health-related services and other organisations involved. The key functions of the HECC include:

- to provide a focal point for coordination of PTHB resources;
- to act as a tactical communications control centre;

Health Emergency Coordination Centre (HECC)
The responsibility for activating the HECC sits with the Gold On-Call. Members of PTHB's Corporate Service Team will assist in setting up the HECC and will provide ongoing administrative support to the HECC (if established) during times where they are available, alternatively the responsibility will fall to the first person arriving on site to attend the HECC. .

Key PTHB emergency response plans and other useful resources are held securely in a major incident cupboard located in the HECC for reference in the event of any activation, including a step-by-step guide, outlining the arrangements for setting up and the suggested layout of the HECC.

Access to the Health Emergency Coordination Centre
(content removed).can be accessed during normal office operating hours. Details on how to access (content removed) and the major incident cupboard during both in and out of hours periods are included in Action Card 7.

PTHB Bronze
The operational level of command (bronze) refers to those who will manage the main working elements of a response to an incident, carrying out specific operational tasks within a service area, geographical area or functional area depending on the time, nature or scale of the incident scenario i.e. key individuals providing coordination of the response across a range of departments at PTHB Community Hospital sites.

Due to the size and structure of the organisation, it may not always be necessary to establish all levels of command in response to an incident or emergency. The level of response required will be determined by the nature, scale and an assessment of impact on the Health Board and its population.

4.2 MULTI-AGENCY COORDINATION
The process for activation of the multi-agency structures is detailed in the Dyfed Powys Local Resilience Forum's Emergency Command Protocol. Hard copies of the activation process will be made available to the Gold On-Call officers for reference.

Strategic Coordination Group (Multi-agency Gold)
The purpose of the strategic level group is to consider the emergency in its wider context; determine longer-term and wider impacts and risks with strategic implications; define and communicate the overarching strategy and objectives for the emergency response; establish the framework, policy and parameters for lower level tiers; and monitor the context, risks, impacts and progress towards defined objectives.

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Depending on the nature of the incident or emergency, this multi-agency strategic level group will either meet virtually using Microsoft Teams or in person at the Strategic

Coordination Centre (SCC), [*for internal use only*]. The group will usually be led by the Police Gold Commander, but depending on the type of incident, the chair may move to another agency.

The Chief Executive, Gold On-Call Officer or a member of the Executive Management Team (as determined by the Gold On-Call in liaison with the Chief Executive or Deputy) of PTHB will attend the SCG at the request of Dyfed Powys Police with trained Loggist support and other support staff, as determined by the nature and scale of the incident.

Tactical Coordination Group (Multi-agency Silver)
The purpose of the tactical level group is to formulate tactics that are to be adopted by their organisation to ensure that the strategy agreed at strategic level is turned into actions taken at the operational level and to ensure that all response activities are coordinated, coherent and integrated in order to achieve maximum effectiveness and efficiency. The tactical level will determine priorities for allocating available resources; plan and coordinate how and when tasks will be undertaken; obtain additional resources if required; assess significant risks and use this to inform tasking of operational commanders; and ensure the health and safety of the public and personnel.

This multi-agency Senior Manager level group will normally be located in the County Police Stations, but other venues may also be utilised if more appropriate, this includes the use of Microsoft Teams.

Health representation at the TCG will depend upon the event or type of emergency however as a guiding principle, in an emergency where both the SCG and TCG have been stood-up, PTHB will nominate appropriate representation to attend the TCG. At the request of Dyfed Powys Police, the Gold On-Call will task an appropriate Senior Manager to attend the TCG with trained Loggist support. During OOH periods may be a requirement of the Silver On-Call officer to attend in the initial response to an incident.

Operational Coordination Group (Multi-agency Bronze)
Operational is the level at which the management of “hands on” work is undertaken. Operational commanders are responsible for implementing the tactical commander’s plan within their geographical area or functional area of responsibility.

It is unlikely that PTHB representation will be required at multi-agency Operational level Group.

Dyfed Powys Local Resilience Forum Joint Major Incident Procedure Manual
To compliment, and inform the above structures, Dyfed Powys Local Resilience Forum have produced a manual which details the framework used to respond to, and manage, on a multi-agency basis, a major incident which occurs within or affects the Dyfed Powys area. The manual describes the responses and responsibilities of key responders during a major incident and outlines how responding organisations will work in collaboration as part of a coherent multi-agency effort to coordinate the response, implement the measures necessary to control and contain an incident and protect people, emergency responders and the environment from the effects of such an event.

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Dyfed Powys LRF may also convene a lower tier or pre-event Microsoft Teams meeting in response to an emerging situation, incident or emergency that does not meet the threshold for convening a coordination group.

All Dyfed Powys LRF plans are located on Resilience Direct (a secure on-line portal). Links to the site are available on the Civil Continencies and Emergency Planning service area of the PTHB staff intranet site.

PTHB Request to Initiate a Multi-agency Coordination Group
All Dyfed Powys LRF partners have the ability to request to convene a multi-agency coordination group. This is described in the Dyfed Powys LRF Emergency Activation Protocol. Key contacts for PTHB Gold On-call to discuss the activation of multi-agency coordination groups are listed within PTHB's Emergency Contacts Directory.

4.3 INTEROPERABILITY - Joint Emergency Service Programme (JESIP)
In order to improve a multi-agency response JESIP establishes five principles which Category 1 responders need to be aware of, including:

1. **Co-locate** - of commanders as soon as practicable at a single, safe and easily identified location near the scene.
2. **Communicate** - clearly using plain English.
3. **Coordinate** - by agreeing the lead service, identify priorities, resources and capabilities for an effective response, including the timings of further meetings.
4. **Jointly understanding risk**- by sharing information about the likelihood and potential impacts of threats and hazards to agree potential control measures.
5. Establish **shared situational awareness** - using METHANE (shown at page 27) and the Joint Decision Model (shown below 3.3.3).

Arrangements for Joint Working
Decision making in incident management follows a general pattern of:

a. working out what's going on (situation);
b. establishing what you need to achieve (direction);
c. deciding what to do about it (action), all informed by a statement and understanding of overarching values and purpose.

Joint Decision Model (JDM)
The JDM (as shown on page 24) identifies best practice to support all decision makers. The JDM can be applied to decision making at any emergency incident and is suitable for use by Commanders throughout the chain of command.

JESIP App
The official JESIP App supporting the use of the JESIP Joint Doctrine: the interoperability framework. The App is a useful tool for all levels of staff working in emergency response including within the emergency services and the Category 1 & 2 responders. The main feature of the App is that it easily follows the five principles of joint working using the JDM.

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More information about JESIP can be found at: https://www.jesip.org.uk/

An overview of the key components of the JDM is shown in the table below:

Gather information & intelligence	Assess risks & develop a working strategy	Consider powers, policies & procedures	Identify options and contingencies	Take action & review what happened
Defining the situation	**Assessing the situation**	**What is applicable to the situation**	**Consider the options with least risk of harm**	**Make & implement action, then review**
● What is happening? ● What do you know so far? ● What further information/ intelligence do you want/need?	● Do you need to take action immediately? ● Do you need to seek more information? ● What could go wrong or go well? ● How probable is the risk or harm? ● How serious would it be? ● Is that level of risk acceptable? ● Is this a situation for the Health Board alone to deal with? ● Are you the appropriate person to deal with this? ● What are you trying to achieve? ● Develop a working strategy to guide subsequent stages.	● What legislation applies? ● Does the Health Board have the power to initiate action? ● Is there any guidance covering the situation? ● Do any NHS, LRF or WG plans or guidance apply?	● What options are open to you? ● Will the response be proportionate, legitimate and necessary? ● What will you do if things do not happen as anticipated?	● Implement option selected. ● Does anyone else need to know what you have decided? ● Record what you did and why. ● Monitor ● What happened as a result of your decision? ● Was it what you wanted or expected to happen? ● Review your decisions using the JDM. ● What lessons can you take from how things turned out? ● What might you do differently next time?

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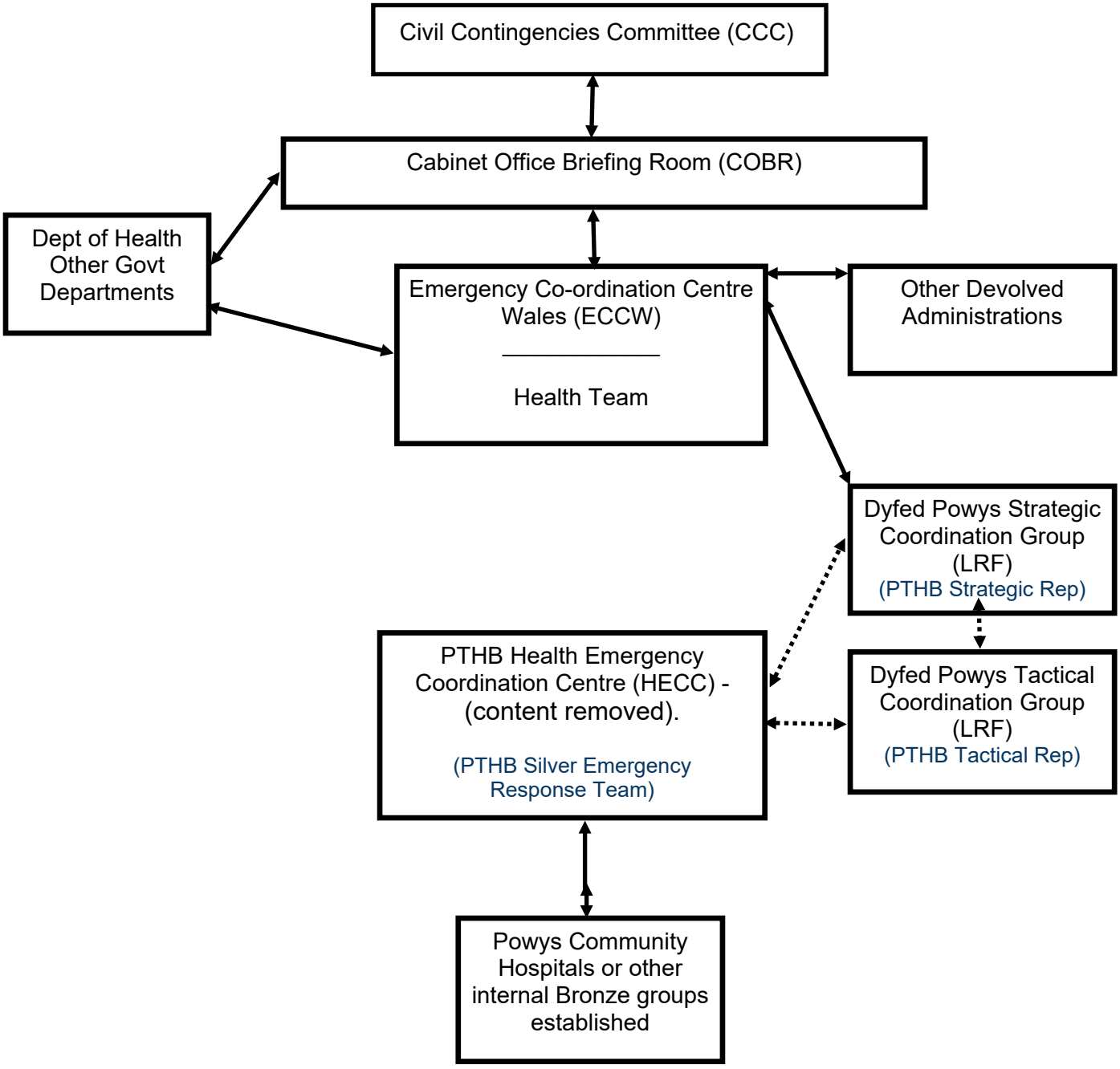
PTHB Integration with multi-agency partners in a Major Incident or Emergency.



Note:

- ---- Ensure that there are clear lines of communication between PTHB representatives at the Strategic and Tactical level Coordinating Groups and internal HECC as considered appropriate
- The NHS Wales Mass Casualty structure will also be established in the event that NHS Wales is responding to a declared mass casualty incident; a diagram showing the NHS Wales Mass Casualty response structure and how it links into the above structure diagram, can be found at page 48.

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5.0 INCIDENT NOTIFICATION PROCESS

Brecon switchboard provides a single point of contact for all emergencies.

PTHB may be alerted to developing incidents or emergencies through a variety of routes. All incidents and emergencies should be escalated to the Gold On-Call, in line with 'business as usual' escalation arrangements.

5.1 FORMAL NOTIFICATION OF A MAJOR INCIDENT DECLARATION

A formal notification of a major incident alert involving casualties will usually arise through the Welsh Ambulance Service NHS Trust (WAST) control room, by providing Brecon Switchboard staff with a METHANE situation awareness report, as detailed below. This does not preclude that an incident might arise due to incidents which do not affect WAST and therefore notification may arise from other sources or through an internal request to the Gold On-Call, to declare a major incident. It is important that the METHANE situation report is used for all onward communication to partners in the event that PTHB declares a major incident.

Where a formal notification of a major incident alert has been received, Brecon Switchboard will immediately notify the Gold On-Call with details of the METHANE report. Gold On-Call officers should be aware that in the event that WAST declare a Major Incident in Wales, the alert will be cascaded to all NHS Wales organisations via the designated single point of contact, irrelevant of the incidents geographical location. It will be the responsibility of the Gold On-Call to determine the impact of the incident on PTHB population or services, based on the information provided through the METHANE and any follow conversations with WAST where considered necessary.

METHANE Situational Awareness Report

A METHANE is a structured situation report (as shown in the table below) that all emergency services control rooms use to ensure that responding organisations receive a shared situational awareness of the incident.

Major incident declared	Has another agency e.g. WAST, Emergency Services or Local Authority declared a Major Incident?
Exact location	Where is the incident occurring exactly?
Type of incident	What is happening?
Hazards present or suspected	Damaged building, rising flood water, infectious disease?
Access - routes that are safe to use	Information known on available access routes
Number, type, severity of casualties	Or patients or staff affected?
Emergency services present and those required	Any other assistance required?

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Further updates to the METHANE may be provided throughout the response phase as more detail on the incident emerges.

5.2 MAJOR INCIDENT STATUS

In the event of a major incident the following alerts may be used:

Major Incident "Standby" -
This is when the incident does not require an immediate response but where there is considered to be the potential for the incident to escalate. A decision will be made to send out a 'standby alert' to the Health Board while the incident is being monitored and if necessary a major incident can be declared.

Major Incident "Declared" –
An immediate response is required for the Health Board to activate the Major Incident and Emergency Response Plan and mobilise additional resources to respond to the major incident.

Major Incident "Declared – Mass Casualty Incident"
when the threshold of the mass casualty definition has been met (where the number/type of casualties overwhelms the conventional major incident response) and the action of the Mass Casualty Incident Arrangements for NHS Wales is required.

Major Incident "Cancelled" –
this message signifies the "stand down" of the Major Incident. This message should then be cascaded down to all staff involved in the incident.

Major Incident "Stand Down" –
This message signifies the "Stand Down" of the Major Incident. This message should be cascaded down to all staff involved in the incident.

5.3 DYFED POWYS LOCAL RESILIENCE FORUM ALERT NOTIFICATIONS

Dyfed Powys Local Resilience Forum have adopted a text alert notification system (Gov.UK Notify) to alert the Health Board and other multi-agency partners that they are establishing a multi-agency Coordination Group in response to an incident or where there is potential for disruption i.e., to review any adverse impacts to partner organisations in the lead up to potential severe weather events (pre-event activation).

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6.0 ACTIVATION AND RESPONSE

6.1 INCIDENT STAGES

The table below outlines the three key stages for response:

Stage 1 – Initial Response	• establishing the scope of the incident; • gathering the relevant information and disseminating it to those people who need to be involved; • deciding aims and objectives; • establishing command and control.
Stage 2 – Containment	• preventing exacerbation; • caring for those affected; • staff briefing; • public information; • liaison with partners; • considering recovery.
Stage 3 – Resolution and Recovery	• restoration/returning the situation to normal or 'new normal'; • maintaining communications with patients, staff and stakeholders; • providing support to staff and patients; • debriefing staff; • ensuring lessons learnt are adopted into practice.

6.2 ACTIVATION OF THE PLAN

The decision to activate the arrangements outlined within this plan will be made by the Gold On-Call.

Where the Gold On-Call has been advised that an incident or emergency has occurred, the Gold On-Call officer will need to consider the information provided to assess the impact of the major incident or emergency on PTHB and determine the level of response required.

Assessment

Questions to consider:	
What is the size and impact of the incident?	Area likely to be affected, restricted or widespread, level of immediacy of potential danger, timing – has the incident occurred or is it likely to happen?
What is the status of the incident?	Under control, contained but possibility of escalation, out of control and threatening?
What is the likely impact?	On geography, people involved, on property, the environment, transport, communications.

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	On external interests, media, relatives, adjacent areas and partner organisations.
What specific assistance is being requested?	How urgent is the assistance required?

The decision on the level of response required to be activated by PTHB in the event of a major incident or emergency will be confirmed by the PTHB Gold On-Call. In circumstances where a **formal major incident alert has been received**, the decision will be made in liaison with the Chief Executive Officer or their Deputy.

The Gold On-Call will then confirm the immediate course of action to be taken by PTHB.

In the event of a formal 'major incident' alert, the initial METHANE report provided will subsequently be used to form the basis of the initial briefing for the Health Board's internal and external communications cascade procedures, on the instruction of the Gold On-Call. Internal and external emergency contacts are detailed in the PTHB Emergency Contacts Directory.

Updated METHANEs will then be provided by WAST to the Health Board when new information becomes available from the scene of the incident.

6.3 PTHB INTERNAL LEVELS OF RESPONSE

The table below provides a guide for the command and control arrangement activity based on three different levels of incident.

Level	Command and Control
NORMAL - An incident that can be managed as within 'Business as Usual' structures.	No formal command and control structure required.
ENHANCED - An incident that requires a coordination of response, that does not met the definition of a major incident for PTHB.	PTHB internal Silver Group Representation at Dyfed Powys LRF Coordination Group may be required if established.
MAJOR - Critical Incident or Major Incident Major Emergency i.e. *national scale emergency*	PTHB Emergency Response Team (silver) Representation at Dyfed Powys LRF Tactical Coordination Group. PTHB nominated Gold commander for the incident to attend Dyfed Powys Strategic Coordination Group. CEO to determine requirement for PTHB Internal Gold Command Group Internal Gold, Silver, Bronze Groups to be established.

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6.4 ENHANCED LEVEL RESPONSE ACTIONS

The Enhanced response will be managed by an internal Silver Group. The Silver Group will be staffed flexibly with the requirements of the incident dictating its membership. The below list provides an outline of the actions of the Silver Group:

- follow the Joint Decision Model (page 24) to coordinate information, maintain shared situational awareness, record and share dynamic risk assessments and develop the tactical plan and procedures in response to the incident;
- ensure that PTHB is represented at multi-agency coordination groups and provide support as necessary;
- coordinate tasks;
- determine priorities in allocating resources;
- agree internal/external communications;
- provide accurate and timely information;
- regularly update the Chief Executive;
- keep a decision log.

6.5 MAJOR INCIDENT RESPONSE ACTIONS

In response to a major incident a PTHB (Silver) Emergency Response Team (ERT) will be convened. The ERT will be chaired by the Gold On-Call officer or other PTHB Executive officer, as considered appropriate to ensure strategic oversight. Membership of the PTHB ERT will be staffed flexibly with the requirements of the incident dictating its membership.

The Gold On-Call officer should ensure that WG are contacted at the earliest opportunity to advise that PTHB is responding to a major incident.

Using the Joint Decision Model (page 24) to coordinate information, maintain shared situational awareness, record and share dynamic risk assessments and develop the tactical plan and procedures in response to the incident, the ERT will follow the actions described in Action Card 3 (see below) to coordinate the tactical level internal response to the incident.

Detailed Action Cards for the following key roles in a major incident are available at page 55 of this plan.

Action Card 1 Gold On-Call	**Action Card 2** Silver On-Call	**Action Card 3** Chair of the Emergency Response Team	**Action Card 4** PTHB SCG Representative	**Action Card 5** PTHB TCG Representative
Action Card 6 Comms Lead	**Action Card 7** Accessing the HECC	**Action Card 8** Loggist	**Action Card 9** Patient Flow Coordinator	**Action Card 10** Operational Response

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6.6 MAJOR INCIDENT DECLARED – MASS CASUALTY INCIDENT ACTIONS

In the event that a mass casualty incident has been declared, NHS Wales will activate the *Mass Casualty Arrangements for NHS Wales*. The Gold On-Call will undertake of the all immediate actions as outlined in the Gold On-Call Action Card in response to a 'Major Incident Declared' alert and in addition, will immediately:

- notify the CEO of the declaration of the Mass Casualty Incident to ensure CEO/Executive level representation at NHS Wales Strategic Health Group Teams call;
- ensure PTHB representation at the NHS Wales Clinical Capacity Group Teams call (suggested Medical Director or Operations lead).

An Action Card for Health Boards is incorporated within the *Mass Casualty Arrangements* for NHS Wales document.

6.7 CRITICAL INCIDENT

If the incident is declared as a 'critical incident' follow the arrangements outlined for a major incident. The ERT will need to determine if support from other agencies is required in response to a declared 'critical incident'.

6.8 BUSINESS CONTINUITY INCIDENT

If the incident is a business continuity incident, then follow the arrangements set out in the Corporate Business Continuity Plan, which are closely aligned to this Major Incident and Emergency Response Plan.

In the event that there are business continuity impacts in a major incident, the Gold On-Call officer or Chair of the ERT will need to determine if there is a need to establish a Business Continuity Incident Management Group to respond to the business continuity aspects of the response. In this circumstance the Chair of the ERT will remain in overall charge of the internal response.

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7.0 ADDITIONAL CONSIDERATIONS FOR RESPONSE

The emergency services will continue to update the initial METHANE situation report throughout the major incident response.

7.1 SITREPS

Depending on the nature of the incident, the Health Board may be required to submit regular SitReps to DP LRF. SitReps will be coordinated through the PTHB Silver/PTHB ERT. The battle rhythm for SitReps will be determined by the SCG.

7.2 RECORD KEEPING

During a Major Incident, it is imperative that accurate records are kept of all key decisions and actions, including the date and time that they were made. It is also vital to accurately record the rationale behind the decisions and actions taken. Should there be any adverse effects created as a result of actions or decisions taken by PTHB in response to a Major Incident or emergency, each of those decisions needs to be reasoned, lawful and justifiable and this can only happen within the context of detailed and accurate record keeping.

As a minimum, the record should include:

- date;
- time;
- situation;
- hazards and risks;
- options available;
- options chosen;
- rationale for option chosen and those not taken.

Each responsible manager should also keep their own decisions, whether personally or supported by a trained Loggist if attending a multi-agency coordination group or undertaking the role of Chair of the PTHB ERT.

There are three types of record logs:

I. **Incident log** (minutes) – a minute taker will complete this and will record everything from the meeting for the “minutes”
II. **Decision log** – a trained loggists logs all the “decisions made”. PTHB has a number of trained Loggists who may be called upon in response to a major incident or emergency. Relevant contact details are detailed within the PTHB Emergency Contacts Directory. Trained Loggists are not responsible for taking minutes of incident meetings, a separate minute taker should be used to undertake this role.
III. **Contemporaneous notes** – are notebooks, pieces of paper, on call book, templates etc. All these need to be retained with the completed logbook and marked as exhibits, initialled and numbered (for e.g.; Exhibit SW 1 and so on).

All trained Loggist will be provided with a copy of the PTHB Decision Logbook and an electronic log template on completion of their training. Copies of the Decision Logbook. Copies will also be held in the Major Incident Cupboard, located in the HECC.

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7.3 TEMPLATES

A series of useful electronic templates for use in an incident *i.e. electronic record decision log,* risk register, action tracker, financial log are available on the Civil Contingencies and Emergency Planning service area of the PTHB staff intranet site.

7.4 LEGAL FRAMEWORK - PRESERVATION OF DOCUMENTS

Following a major incident or emergency PTHB may be invited or required to provide evidence to an appropriate enforcement agency (e.g. HSE), a judicial inquiry, a coroner's inquest, the Police or a civil court hearing compensation claims. In the course of any or each of these, we may well be obliged or advised to give access to documents produced prior to, during and as a result of the incident. Under no circumstances must any document which relates or may in any way relate (however slightly) to the incident, be destroyed, amended, held back or mislaid. PTHB Corporate Governance Lead will advise on the retention, storage and management of documents for this purpose.

Definition of "Documents"

For these purposes "documents" means not only pieces of paper but also photographs, audio and videotapes, and information held on computers. It also includes internal electronic mail. The vital message 'Preserve and Protect' – needs to be spread very quickly during a major incident and must reach those who might quite unknowingly hold significant documents.

7.5 LIAISING WITH THE MEDIA

Emergencies may generate huge media interest on a National, and even an International scale. Both professional media and members of the public have a great appetite for information and it is important to handle this appropriately. Media handling is an integral part of emergency planning arrangements because:

- Without appropriate procedures in place, large volumes of media enquiries have the potential to reduce the effectiveness of the responding agencies. By having an efficient media team, responding agencies can concentrate on their core business of responding to the incident;
- The media are the main, sometimes only, source of information for the public in an emergency. In the early stage, this will include the families of those involved. By issuing regular updates to the media, the number of direct enquiries can be reduced.

Social Media

The advent of Social Media (Facebook, Twitter etc.) means that we can put messages directly into the public domain without the time delay of going through professional media and without the editorial bias that they can put onto our messages. Managing Social Media requires a careful balance between not being involved enough and allowing it to take up too much time.

Co-ordination of the Media Response

The Local Resilience Forum Media Cell will usually take the lead in joint-agency co-ordination of media information. Liaison must occur between the nominated Communications Lead and other agencies to agree media involvement and press statements. PTHB and Public Health Wales [if involved] will need to give proactive advice, for example in the case of chemical incident, or may be asked for comments by the media.

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On occasions when emergencies are ongoing, without the Strategic Coordination [Gold] Group being established, the police will be responsible for co-ordinating joint press releases.

7.6 STAFF WELFARE

Responding to incidents puts staff under more pressure than normal. It is therefore vital that staff welfare issues are given a high priority. In order to achieve this, those staff with management responsibility will ensure that the following issues are continually addressed:

- health and Safety;
- the availability of food and other refreshments;
- working hours;
- rest breaks;
- travel arrangements;
- consideration of personnel circumstances;
- emotional support during and after the incident;
- human factors as a result of an incident especially when dealing with protracted incidents.

To assist staff in the response to an incident, regular briefings will be given by senior staff, particularly during handovers.

7.7 HEALTH AND SAFETY

The Health & Safety at Work Act 1974 places a general duty on employers to ensure, as far as is reasonably practicable, that the health, safety and welfare of their employees is safeguarded. This duty also applies to persons contracted to them and to members of the public. This duty extends to emergency situations placing a responsibility on Health Boards to ensure the health and safety implications of all activities are considered.

A major incident may involve staff working in areas that they are unfamiliar with. During the response to an incident, members of staff will not be expected to compromise their personal health and safety and the PTHB Staff must follow the PTHB Health and Safety and Risk Management Policies and Procedures will continue to apply.

Personal Protective Equipment (PPE)

PTHB staff will not be required to work within the inner cordon at an emergency. Only personnel who are trained and appropriately equipped will be requested to scene of an incident in support of the Welsh Ambulance Service Trust as recommended in the all Wales MERIT (Medical Emergency Response Incident Team) Guidance.

PTHB hospital sites with Minor Injury Units have access to standard precautionary PPE, including FFP3 respirators.

7.8 VULNERABLE PEOPLE

In partnership with the local authority, PTHB may be asked to identify members of the public who are vulnerable or who may become vulnerable due to the nature of the incident. Increased support in the community would be arranged through provider services. Examples of vulnerable people are:

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- those already ill, either with acutely or chronic health conditions;

- people with dependencies;
- people with physical or mental health disabilities;
- parents with babies or young children, or pregnant women;
- people receiving extensive social or health home care such as renal dialysis;
- the young or elderly and confused;
- people whose social circumstances have altered in such a way as a result of the emergency that they can no longer care for their own needs.

Further Planning Advice can be found in the Cabinet Office Identifying people who are vulnerable in a crisis guidance for emergency planners and responders. A copy of the guidance is available in the Major Incident Cupboard.

7.9 PSYCHOLOGICAL SUPPORT

PTHB will explore options for the provision of social and psychological support in conjunction with Powys County Council in the event of a major incident. PTHB will work with the PTHB mental health services, general practitioners and social services to ensure that all individuals have access to appropriate short and long-term support.

Debriefing is a core component of a major incident response and provides a helpful and meaningful means of coping with feelings and concerns.

C.A.L.L. Helpline

Community Advise and Listening Line offers emotional support and information/literature on Mental Health and related matters to the people of Wales. **C.A.L.L Helpline** offers a confidential listening support service. Freephone: 0800 132 737 or Text 'call' to 60062. http://www.callhelpline.org.uk.

7.10 FINANCE

A designated financial emergency cost code will be provided by the Finance Department, for use in the event of a major incident or emergency.

7.11 MUTUAL AID

Mutual Aid is an agreement to lend assistance across neighbouring boundaries and partner organisations. This may occur due to a significant incident response that exceeds local resources. It can involve offering resources to help support partners e.g. man hours, materials etc. Prior to Mutual Aid being agreed, the Health Board will take reasonable appropriate steps to assess that all services and supplies are self-protected during a major incident.

7.12 VERY IMPORTANT PEOPLE (VIP)

The Chair of PTHB should be notified immediately, if intelligence becomes available to notify PTHB of any VIP (or VIPs) who may be or has the potential to be present in Powys during the incident. Normal arrangements will be required (i.e., early liaison with the Police etc. for advice on security) as with any VIP and consideration should be given to minimise the impact on operational services and communications.

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7.13 MILITARY AID TO THE CIVIL AUTHORITIES (MACA)

All requests for MACA support will be considered by the multi-agency Strategic Coordination Group.

Requesting MACA should always be the last resort, having first explored mutual aid between civil agencies and other private sector options. Military Assistance may incur costs on the organisation or government department making the request.

7.14 INFORMATION SHARING

Under the Civil Contingencies Act, Category 1 and 2 responders have a duty to share information with other Category 1 and 2 responders.

In emergencies and major incidents information relating to patients, employees and Health Board assets may be shared with another agency. It is important that this is handled in accordance with appropriate guidelines.

Information sharing guidance to consider:

- it is the job of the Data Protection Act 1998 to balance individuals' rights to privacy with legitimate and proportionate use of personal information by organisations;
- during an emergency it is more likely than not that it will be in the interest of the individual data subjects for personal data to be shared;
- when considering the issues and to help get the right decision in an emergency it is acceptable for responders to have in mind some fairly broad-brush and straightforward questions;
    - is it unfair to the individual to disclose their information?
    - what expectations would they have in the emergency at hand?
    - am I acting for their benefit and it is in the public interest to share the information?
- these suggested perspectives are not a substitute for decision about fair and lawful processing, whether a Data Protection Act 1998 condition is met or whether a duty of confidentially applies, but they are useful tools in getting the right view;
- the absence of a data sharing agreement should not prevent us from sharing data, particularly when responding to an actual emergency event;
- always document any decision to share or not to share information.

Key Principles

- data protection legislation does not prohibit the collection and sharing of personal data – it provides a framework where personal data can be used with confidence that individuals 'privacy rights are respected';
- emergency responders' starting point should be to consider the risk and the potential harm that may arise if they do not share information;
- emergency responders should balance the potential damage to the individual (and where appropriate the public interest of keeping the information confidential) against the public interest in sharing the information;
- in emergencies, the public interest consideration will generally be more significant than during day-to-day business;
- always check whether the objective can still be achieved by passing less personal data;
- Category 1 and 2 responders should be robust in asserting their power to share personal data lawfully in emergency planning, response and recovery situations;
- the consent of the data subject is not always a necessary precondition to lawful data sharing;

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- you should seek advice where you are in doubt – though prepare on the basis that you will need to make a decision without formal advice during an emergency.

UK Government Data Protection Sharing in an Emergency Guidance is available in the major incident cupboard.

7.15 HUMANATARIAN ASSISTANCE CENTRES/ REST CENTRES

Led by the Local Authorities, who have responsibility to ensure the economic, social and environmental well-being of the community they serve. In a major incident or emergency, the provision of a Humanitarian Assistance Centres/Rest Centre will be provided to enable those affected by the event have a central point of access to information, assistance, care and advice/temporary shelter following evacuation. PTHB may be asked to contribute to these arrangements by providing staff to signpost those affected by an emergency to relevant NHS services or to provide resources for the provision of health care to those evacuated; this may include health checks.

7.16 CROSS BOUNDARY/BORDER ARRANGEMENTS

Where an incident crosses Health Board boundary, the following measures need to be considered: -

- establish appropriate co-ordination arrangements between the Health Boards (or Trusts) concerned;
- agree a lead Health Board/Trust – this will normally be the one where the incident has occurred and should take account of Police arrangements for providing Strategic (Gold) control.

7.17 VOLUNTARY AID SOCIETIES

The title “Voluntary Aid Society” is taken in this context to mean PAVO, WRVS, Red Cross, CRUSE, League of Friends and St John’s Ambulance Brigade, all of whom have skills and resources, which may be relevant to the health care and welfare of casualties.

If the incident involves large numbers and/or is likely to be prolonged the Voluntary Aid Societies can provide much valuable support to the PTHB. Voluntary Agencies are coordinated via the Duty Emergency Planning Officer, Powys County Council in an emergency.

7.18 RELIGIOUS AND CULTURAL SENSITIVITY

PTHB’s response in an incident must continue to respect the religious, ethnic and cultural background of patients who may present for treatment. Staff should continue to display sensitivity in working with patients and their families in the event of an incident. The Needs of Faith Communities in Major Emergencies. Some Guidelines *Home Office and Cabinet Office 2005,* contains culturally specific advice on:

- diet and fasting;
- medical treatment;
- hospital and rest centre stays;
- dying and death customs.

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7.19 RECOVERY PHASE

Post the initial phase longer-term action can be planned and absorbed into normal services. This will include:

- providing extra support to hospitals or diversion of work;
- assessing the continuing need for primary and community health services (such as psychosocial support and counselling);
- checking adequate arrangements have been made to protect the immediate and longer-term health of NHS staff that may have been personally affected through Occupational Health;
- consideration of the legal and financial risks arising from the incident;
- coordinating and maintaining long-term recovery of healthcare services;
- assessing the impact of the Major Incident on everyday healthcare, including waiting lists;
- providing psychiatric and psychological help to people in need;

The Cabinet Office Guidance on Recovery provides guidance to for staff of responder agencies, particularly senior officers or managers involved in emergency response and recovery preparations

Recovery Coordination Group

A multi-agency Recovery Coordination Group may be required in response to a major incident or emergency. This will initially be set up as a sub-committee of Dyfed Powys SCG (Strategic Coordination Group). Under normal circumstances this will be chaired by the Local Authority.

Debrief

In order to identify lessons learnt, a series of debriefs post incident are seen as good practice:

- a hot debrief – held immediately after the event;
- organisational debrief – as soon after the event as is practicable;
- multi-agency group debrief – should be represented by all involved in the response.

A debrief will seek to identify:

- what was supposed to happen?
- what actually happened?
- why were there differences?
- what did we learn?
- are there any improvements to be made and procedures?

The debrief process will be supported by a post incident report and action plan which will be signed off by the Executive Committee, in order to update PTHB plans and identify any future training and exercising requirements.

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7.20 EQUALITY AND DIVERSITY

Equality is about creating a fairer society where everyone has the opportunity to fulfil their potential, while diversity recognises and values difference in its broadest sense. In

developing emergency preparedness plans all Health organisations must be mindful of their duties under the Equalities Act 2010.

The equality duty requires public bodies to consider the needs of all individuals when developing policy, delivering services and in relation to employees. It encourages public bodies to understand how different people will be affected by their activities so that services are appropriate, accessible to all and meet different people's needs.

7.21 HUMAN RIGHTS

Health organisations must uphold the UK Human Rights Act (1998) in delivering services which requires that account is taken of a range of factors including the dignity of individuals receiving treatment; end of life considerations; prioritisation of treatments and transparency in relation to decision-making as well as an individual's preferences.

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8.0 SPECIFIC OPERATIONAL ARRANGEMENTS

This section covers areas of specific operational arrangements and risks.

8.1 INCIDENT SITE ACTIONS

Whilst it is very unlikely that PTHB will be required to attend the incident site itself, it is important that the Health Board has an overview of the actions that will be undertaken by partner organisations who have a role in responding directly at the scene of incidents.

Coordination of operations at the site of the incident will normally be in the hands of the Police. In the case of a major fire, this coordination will be in the hands of the Senior Fire Officer. If the incident is within the premises of a major industrial concern (e.g. the oil industry) coordination may be in the hands of a Senior Officer of that industry.

Medical Advisor

Overall responsibility for the management of medical resources at the scene of the major incident will be that of the first doctor or Ambulance Paramedic on site, until relieved by the Medical Advisor. The Emergency Medical and Retrieval Transfer Service (EMRTS) will fulfil the Medical Advisor role at the scene of a major incident.

Casualty Clearing Station

In conjunction with the Ambulance Incident Officer, the Medical Incident Officer should establish a Casualty Clearing Station to sort casualties and direct their evacuation.

The Medical Incident Officer is a senior clinician, who has the managerial responsibility for the deployment of medical and nursing staff at the scene of an incident and will liaise closely with the Ambulance Incident Officer to ensure effective management of resources.

Priorities for evacuation from scene should follow the coding shown in the table below.

Triage Priority	Order of Treatment	Description of Casualties Needs
P1	1st	**IMMEDIATE** – Likely to require immediate clinical interventions
P2	2nd	**URGENT** – Likely to require urgent clinical interventions
P3	3rd	**DELAYED** – Less serious cases where treatment can be delayed
P4		**EXPECTANT** – Casualties who would require so much input from the limited resources available, that their treatment would seriously compromise the treatment of large numbers of less seriously injured casualties. The implementation of this category must be authorised by the WAST Medical Director in liaison with the Chief Medical Officers' office at Welsh Government. Resource implications sit with strategic decision makers.
Dead		Casualties who have an absence of spontaneous breathing once the airway has been opened.

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Medical Emergency Response Incident Team (MERIT)
Where it considered appropriate that the treatment of casualties should be carried out at the incident site, WAST will request that a MERIT team is dispatched to the site. The MERIT team consists of registered general nurses from Emergency Departments who have received appropriate training to enable them to be called up to support a major incident pre-hospital response. WAST will request MERIT assistance as required via the designated acute hospitals Switchboards.

Casualty Dispersal Plan – First 2 hours Capacity Modelling
The NHS Wales Casualty Dispersal Plan has been developed by Health Boards and contains capacity modelling detailing capacity figures for Wales in the event of a mass casualty incident. This information is held as a 'live' annex to the NHS Wales Mass Casualty Arrangements for Wales and may be updated as influencing factors change.

An overview of the capacity modelling for PTHB, in the context of dispersal of 'P3' casualties to PTHB MIU site/s (casualties to be in line with the PTHB MIU Policy) can be found at **Appendix 1** of this plan.

8.2 PTHB Minor Injury Sites Response to a Major Incident Involving Casualties
The Silver On-Call or other senior manager will alert the PTHB Community Hospital sites where a Major Incident has occurred that requires the activation of local operational major incident procedures, this will be at the direction of the Gold On-Call officer. WAST or a member of the Major Trauma Network will also notify the MIU directly if 'P3' casualties are being dispersed from the scene of an incident using the Casualty Dispersity Plan (as referenced above).

Influx of "Self-referring" Casualties at a PTHB Community Hospital MIU in the Event of a Major Incident
In certain scenarios, it may be possible that a sudden influx of casualties may self-present at a Powys MIU site without receiving any medical intervention at the scene of the incident. In this scenario it is very likely that it is the Minor Injury Emergency Nurse Practitioner who will realise that a Major Incident could be developing. In this circumstance, the Emergency Nurse Practitioner should notify Ambulance Control and provide the control room with the information regarding the casualties using the METHANE mnemonic.

The Minor Injury Nurse should then immediately escalate the information to the Gold On-Call officer for their information and decision on any further action required.

8.3 NETWORKS (CRITICAL CARE AND TRAUMA, BURNS)
Major Trauma Networks are made up of hospitals, emergency services and rehabilitation services across a region, working together to ensure patients with life-threatening or life-changing injuries receive the best possible treatment and care.

Clinical networks exist in many specialist areas of care and ensure that patients can access the optimum care for their condition, work is undertaken at a national and local level to ensure that the arrangements set out in the Health Board's major incident plan dovetails with the relevant network plans.

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8.4 ARRANGEMENTS FOR CHILDREN

Health Boards must consider the special needs of children and their families resulting from emergencies. Where children are involved in a major incident then immediate advice should be sought from a Consultant Paediatrician.

Acute Hospitals follow the principle that where adults and children from the same family are involved in a major incident and the facilities for adults and children are in separate hospitals:

- if both adults and children are seriously injured, they may need to be taken to separate facilities, but a balance needs to be struck between the benefits to children of being kept close to their parents, and their distress at seeing severely injured patients;
- if adults are seriously injured, but children are uninjured or have only minor injuries, then the family should be taken to the hospital receiving the adults where arrangements for the care of the children should be made;
- if the children are seriously injured, but the adults uninjured or have only minor injuries, then the family should be taken to the children's hospital where one exists, where the adults can be treated and help in the children's care;
- at the hospital, the assistance of Paediatricians should be sought to work in conjunction with the Emergency Department Consultant and, wherever possible, children will be cared for by paediatric-trained medical and nursing staff.

Children who self-present with minor injuries will be dealt with in accordance with the Powys Minor Injuries Policies and relevant Safeguarding policies and procedures.

8.5 POLICE DOCUMENTATION TEAMS

Depending on the scale and nature of the incident, a Police Documentation Team may be deployed to the hospital(s). The Gold On-Call/Chair of the Health Board's Emergency Response Team should be notified of their arrival at a PTHB Community Hospital site.

The role of the Police Documentation Team is to pass generic casualty information to the Police Casualty Bureau which may be established at Police Headquarters, Carmarthen during an incident involving casualties.

8.6 ACCELERATED PATIENT FLOW IN A MAJOR INCIDENT

In the event of an acute hospital needing to increase their bed capacity in response to a major incident, PTHB will need to manage patient flow in an accelerated time scale and the Health Board must ensure that it is done in the most efficient and safe way. In the event of a major incident, the acute hospital bed management teams will identify all those inpatients who:-

- with appropriate community care, will be able to be discharged to their usual place of residence;
- would be suitable for discharge into a residential placement;
- are suitable for transfer to a Powys Community Hospital.

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PTHB Community hospital inpatient wards will be required to compile a list of patients who could be discharged or transferred without comprising their safety on receipt of a major incident alert notification as part of their operational major incident procedures. This

information must be passed to the Health Boards ERT via agreed communications processes at the time of the incident.

If available, PTHB's Senior Manager for Unscheduled Care or their deputy will be requested to participate in the ERT to provide advice and expertise to the Health Board's Emergency Response Team in relation to bed capacity management. (Action Card 9).

It is important that any arrangements to discharge patients from Powys Community Hospitals are not put into place until such a time when the acute hospitals have confirmed the number of beds required as the ambulance service resources may be better utilised to transfer casualties if required.

To keep anxiety and disruption to the patients to a minimum, community hospital staff are asked not to inform the patients of their potential discharge/transfer, until it has been confirmed by the acute hospital that the discharge/transfer is required.

Though patients will be discharged/transferred prematurely to their estimated discharge date and in a much quicker time scale as normal this does not mean that every effort will be taken to follow the normal discharge policy, in that all of the multi-disciplinary team is involved.

8.7 HOSPITAL COORDINATION

Depending on the nature and scale of the major incident or emergency, it may be considered necessary to establish an operational Coordination Team at the hospital site to respond to the major incident or other emergency situation. This will be led by the most senior member of staff on site and will link into the silver level of command for direction i.e. the ERT.

The operational Coordination Team at the hospital site will act as the focal point for the co-ordination of the operational response to the major incident or emergency across multiple departments based in the community hospital site, and for the consolidation and necessary dissemination of information.

In addition, in the event of a major incident or emergency, the operational Coordination Team at the hospital site will:

- coordinate the notification of relatives respective GP, and as may be appropriate, social services, in the event of the implementation of accelerated discharge or any relocation of in-patients.
- assume the leading role in requesting any additional resources required by the hospital in response to the emergency, as necessary including transport, calling on the advice of the Health Board's Emergency Response Team as and when required.

8.8 DEALING WITH FATALITIES

This is the responsibility of Her Majesty's Coroner (via the Police). As a general rule, no such persons shall be moved without the advice of the Police.

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Dyfed Powys Mass Fatalities Plan

The temporary mortuary arrangements within Dyfed Powys are facilitated by the *Dyfed Powys LRF Mass Fatalities Plan* and *Dyfed Powys LRF Excess Deaths Arrangements*. This plan details the multi-agency arrangements. Local Authorities have the statutory duty to

provide temporary mortuary facilities on behalf of the Coroner. The four Local Authorities within Dyfed Powys maintain contracts with specialist providers of such services (e.g. Blake Emergency Services) and are the identified licence holders. The Coroner will request the commissioning of a Temporary Mortuary at one of the designated sites within the county.

Any such temporary mortuary facility will be jointly operated by the Police and Local Authority on behalf of the Coroner in premises arranged by the Lead Local Authority, in whose area the incident takes place.

Powys community hospital mortuaries (body storage only) have only a limited capacity to expand to accommodate fatalities (subject to existing occupancy). PTHB may be called upon to provide support, staff or equipment, as considered appropriate.

8.9 FORENSIC CONSIDERATIONS

Any major incident (which is not a natural occurrence) where fatalities occur, will be the subject to a criminal inquiry and every effort must be made to preserve forensic evidence for subsequent investigation.

All forensic material including clothing, personal effects and any other artefacts brought into a Powys NHS facility in relation to a patient/victim of a major incident must be retained in a clear plastic ag and labelled with details, if known, of the owner. Any materials not identifiable as being the property of an individual must also be clear bagged and labelled with the date, time and location at which found. Dyfed Powys Forensic Officers will collect material from hospitals.

Under the authority of the Coroner, Dyfed Powys Police will undertake work relating to the identification of bodies and management of their belongings etc. known as **Disaster Victim Identification (DVI).**

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9.0 SPECIFIC THREATS

9.1 MASS CASULATIES INCIDENTS

Definition of a mass casualty incident

NHS Wales Emergency Planning Guidance, Mass Casualty Incidents: A Framework for Planning, November 2015 defines a Mass Casualty Incident as:

"A disastrous single or simultaneous event(s) or other circumstances where the normal major incident response of several NHS organisations must be augmented by extraordinary measures in order to maintain an effective, suitable and sustainable response"

A mass casualty incident will consequently be defined by the circumstances and apparent numbers of the episode and not by the initial assessment of numbers of casualties. Numeric assessments are not possible in such incidents often for hours or days. It will generally be recognised by its scale and the fact that normal major incidents responses will be insufficient.

Mass Casualty Incident Arrangements for NHS Wales

The *Mass Casualty Incident Arrangements for NHS Wales*, issued by Welsh Government (Version 4, October 2022 Working Draft), sets out the over-arching arrangements for NHS Wales to respond collectively to a mass casualty incident in Wales at strategic, tactical and operational levels.

Whilst the key elements of PTHB's strategic and tactical level response to a mass casualty incident have been incorporated within the response section of this Civil Contingencies Plan; the Mass Casualty Incident Arrangements for NHS Wales's document should be referred to in the event of a mass casualty incident. A copy of the Arrangements document is available in the Major Incident Cupboard and has also been issued to:

- Gold On-Call officers;
- Silver On-Call officers.

General Information

Responding effectively to a mass casualty incident requires an integrated approach to service delivery by Health Boards working in partnership with other Health Boards, Trusts and partner Category 1 and 2 responders. In planning their response to these types of incidents, all health organisations will need to ensure business continuity and escalation processes, and the on-going provision of services for patients who require urgent medical attention but who are not associated with the incident/s.

Command, control and co-ordination arrangements of NHS Wales for dealing with a mass casualty incident, building on existing major incident plans, are set out in 'Mass Casualty Incident Arrangements for NHS Wales'.

The Arrangements provide a response framework for NHS Wales organisations to escalate and combine their capabilities, while allowing each of their respective major incident plans to address internal capacity, staffing and resource issues and/or within local multi-agency arrangements.

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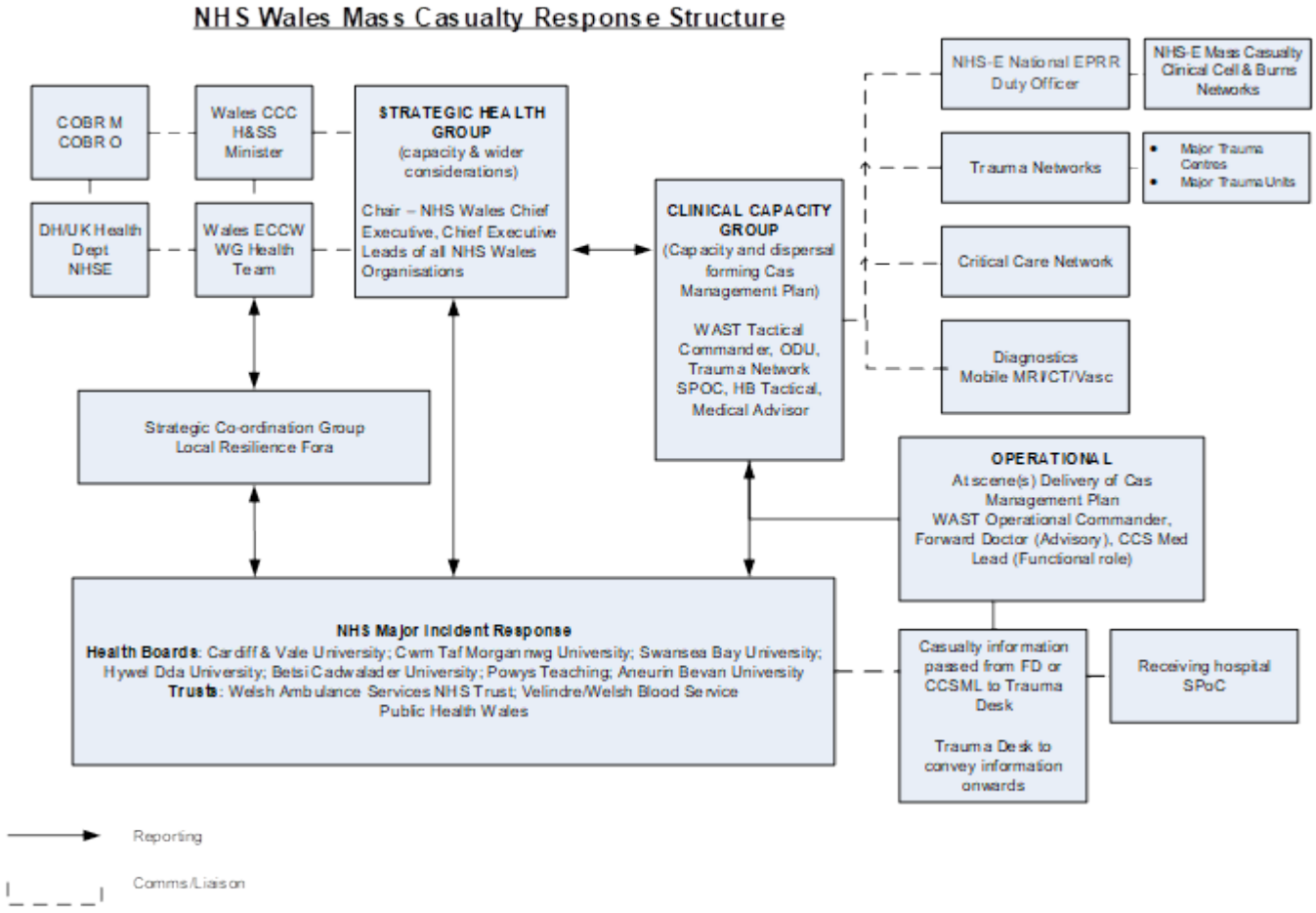
NHS Wales Mass Casualty Response Structure



Role of Health Boards in a Mass Casualty Incident

In addition to standing up command and control structures and activating their internal major incident response, all Health Boards will:

- activate arrangements to care for an increased number of potentially seriously ill or injured patients simultaneously;
- ensure representation at over-arching mass casualty incident co-ordination structures (as shown above), including Clinical Capacity Group and Strategic Health Group, informing WAST of appropriate membership to receive meeting invites;
- consider the care of existing casualties whilst meeting the clinical needs of those affected by the MCI as opportunities to transfer on-going day to day emergency patients will be limited;
- identify the location and availability of all trained MERIT Passport Nurses
- work with partners to ensure casualties are treated at the most appropriate location.
- ensure implementation of the All Wales Critical Care Escalation Guidance & Plans.
- prepare to release staff to make up Burn Incident Response Team(s) for deployment if incident is outside of Wales (SBUHB only)

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- Health Boards/Hospitals receiving burn casualties from scene should be prepared to support BIRTs deployed to their hospital to assess patients prior to transfer to a burn service.

As a provider of primary care and community health services, PTHB may also be required to:

- manage and facilitate accelerated patient discharges from Hospitals;
- establish close liaison with Social Services, other Local Authority departments and other agencies to meet the needs of people affected;
- explore options for the provision of social and psychological support;
- ensure that the health needs of people at survivor rest centres and rest centres have effective access to health care and support;
- recognise signs and symptoms of casualties referring to surgeries who have been exposed to chemical/biological agents and be aware of appropriate treatment pathways;
- deal with a large influx of patients who need healthcare advice and re-assurance;
- provide support to ongoing mass vaccination and treatment programmes.

The following challenges may be experienced by the Health Board in the event of a mass casualty incident: Health Boards may also need to consider the following challenges:

- maintaining services for routine emergency admissions;
- maintaining on-going service continuity in a protracted incident;
- demand for increased capacity in community settings;
- caring for accelerated discharges within the community;
- impact on tertiary or regional services (where provided);
- potential loss of services/infrastructure;
- potential shortage of essential supplies;
- CBRN response;
- security of Health Board staff & premises;
- consequence management;
- business continuity;
- maintenance of public confidence in the organisation;
- recovery.

9.2 ENVIRONMENTAL INCIDENTS

Managing Public Health Risks from Environmental Incidents; Guidance for Wales 2014 should be used when the following definition of an environmental incident (with public health impacts) is met:

“Any event (usually acute) in which there is, or could be, public exposure(s) to chemical or other hazardous substances which cause, or have the potential to cause, adverse health impacts”.

Environmental incidents may be the result of accidental or deliberate actions. The guidance describes arrangements by the core organisations (Local Authority, Public Health Wales, Public Health England, Health Board’s, Natural Resources Wales) for the managing the public health aspects of environmental incidents in Wales, from those incidents requiring

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coordinated action through an Incident Management Team to those that escalate or are immediately significant requiring a Civil Contingency level coordinated response.

Note: Plans implemented under the Civil Contingencies Act will always take precedence over this guidance.

9.3 HAZARDOUS MATERIALS (HAZMAT) AND CHEMICAL, BIOLOGICIAL, RADIOLOGICAL NUCLEAR AND CHEMICAL INCIDENTS

Hazardous Material (HAZMAT): an accidental release of a substance, agent or material which results in illness or injury to the public or the denial of an area or the interruption of the food chain.

Control of Major Accident Hazard [COMAH]

[for internal use only]

Chemical Biological Radiological Nuclear and explosive (CBRNe): a deliberate murderous and malicious act, the intention of which is to kill, sicken or prevent society from continuing with their normal daily business.

In a deliberate terrorist release, the police will establish a Strategic Coordination Group. The Dyfed Powys Local Resilience Forum *CBRN Plan* is in place for this type of incident.

In June 2016, Public Health Wales published *Decontamination Update: Guidance for Health Boards.* The key principles set out in this document are:

- first aid approach to decontamination;
- dry decontamination is the default response to chemical exposure for non-caustic chemicals;
- wet decontamination may still be required for caustic chemicals.

In the event of a major incident involving chemicals consideration should be given to activate hospital lockdown procedures, to prevent contaminated personnel entering the hospital building and potentially spreading the contamination.

The PTHB ERT must ensure that advice is obtained and implemented in relation to any contamination of the hospital environment by means of biological/chemical/radiation agents.

24 Hour Response
In the event of a Chemical incident advice must be sort from the on-call Public Health Consultant.

Note: Contact numbers are listed in PTHB Emergency Contacts Directory.

Dealing with Radiological Incidents
In the event of a major incident involving radiation, consideration should be given to activate the Hospital Lockdown procedures, to prevent contaminated personnel entering the Hospital building and potentially spreading the contamination.

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The National Health Service does not normally provide the lead in responding to a release of radioactive materials unless occurring on NHS premises. The most likely scenarios involving radioactive materials are:

- Accidents during the transport of radioactive materials;
- Incidents involving lost or stolen radioactive material:
- The effects of a nuclear incident.

Radiation Protection Adviser
Current advisors are able to monitor casualties and advise on decontamination requirements. The current advisors are based at Singleton Hospital, during out of hours contact can be made by requesting the Medical Physics on call.

Response Standby
The extent of the response will depend upon the type of incidents and its impact. The response to three types of Incident are summarised below:

Where an Incident may involve the release of radiation the National Arrangements for Incidents involving Radioactivity (NAIR scheme) should be instigated by the Dyfed Powys Police (with assurance of the Fire Service who possess a mobile de-contamination unit).

Type 1 – Non-Injured Persons
These incidents are usually reported to the Radiation Protection Adviser at Singleton Hospital. If there is a need for the administration of drugs for treatment of internal contamination, the Ambulance Service should ensure that casualties are conveyed to the Emergency Department, Morriston Hospital, Swansea.

Type 2 – Injured Persons [e.g. Road Traffic Accident]
For these types of Incidents, there are two national schemes in place to provide support to the police who will lead any response these are:

- **RADSAFE –** This scheme provides expert assistance to the emergency services following an Incident involving the transport of radioactive material.

- **The National Arrangements for Incidents involving Radioactivity (NAIR)** - This scheme is administered by the National Radiation Protection Board and activated by the Police. In such situations, Physicists would be alerted to attend the scene to provide advice on protection measures and to respond to the Emergency Department receiving contaminated or irradiated casualties, this would usually be Morriston Hospital, Swansea.

Type 3 – Multiple Person Involved (e.g. Power Station Incident)
An incident of this magnitude will require a multi-agency response, the involvement of the National Radiation Board, and the Welsh Government. The Welsh Government will establish an Incident Response Team to coordinate the health response and provide support to the Police arrangements.

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Reception and Treatment of Casualties
As soon as severely irradiated casualties have been decontaminated and stabilised, they should, in liaison with the Medical Team and the Radiation Advisor, be transferred to an appropriate facility which is suitably equipped to deal with them.

Radiation Monitoring for Members of the Public
The Radiation Protection Advisor may need to establish a temporary Radiation Monitoring Unit (RMU) to carry out health monitoring.

Public Health Information
Public Health Wales will provide appropriate advice to the Strategic Co-ordination Group who are responsible for coordinating mobile media information.

A Radiation Incident, however small, can cause widespread public anxiety and will require a robust public information and media response by the agencies involved. In such a situation, the Radiation (Emergency Preparedness and Public Information) Regulations 2001 (REPPIR) will apply.

The Management of Biological Incidents
Public Health Departments are responsible for preparing and maintaining their plans for the management of incidents of communicable disease including clusters or outbreaks. This excludes incidents of food and water borne infections for which plans are maintained by the Local Authority environmental health departments.

Public Health legislation for the control of communicable disease is vested in Local Authorities;

- Public health (Control of Diseases) Act 1984;
- Public Health (Infectious Diseases) Regulations 1986.

Public Health Wales has a lead role in managing an outbreak of infectious diseases. The *All Wales Communicable Disease Plan* is available on the intranet and a copy is available in the Major Incident Cupboard.

Within PTHB, the Quality and Safety Unit are responsible for Infection Control Policies.

If requested by the Strategic Co-ordination Group (Gold), Public Health Wales will establish and Chair a Scientific and Technical Advisory Cell (STAC). Public Health Wales is responsible for appointing members of the STAC. This would not necessarily be a local group but is more likely to be a virtual group or based in Cardiff.

In major biological incidents in which large numbers of people need treatment the Health Board may be under pressure to maintain services. In such situation arrangements will need to be put into place to ensure adequate resources are in place. This may include invoking emergency planning procedures such as issuing health countermeasures as described in (8.6) Deliberate Chemical, Biological, Radiological and Nuclear (CBRN) Incidents and under (8.2) Chemical Incidents under sub-heading ‘for caustic chemicals’.

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Where investigations lead to suspect that clusters of a communicable disease may be due to bioterrorism, the Police should be informed, and arrangements for handling deliberate release should be put into place.

NHS Medical Countermeasures for use in a CBRN Incident
As part of the health service preparedness to respond to major emergencies the Welsh Government, in conjunction with DOH and other UK Health Departments, have established a UK stockpile of equipment, antibiotics, antidotes, vaccines and other health countermeasures for use in the event of a deliberate attack resulting in release of chemical, biological, radioactive or nuclear materials.

This stockpile should only be used in circumstances when the scale or nature of an incident demands counter measures that are beyond what is available routinely or what is held as part of the planned response to locally identified risks.

Welsh Government have issued guidance on the national stockpile to all Health Boards; a copy of this guidance is located in the Major Incident Cupboard ((content removed). Depending on the incident, the decision to deploy equipment or items will normally be made by the:

- Hospital Emergency Department Consultant or by the Ambulance Service;
- Public Health Wales in consultation with Health Boards (including Heads of Pharmacy and Public Health Directors) and Welsh Government.

9.4 SECURITY INCIDENTS
The *PTHB Security Protective Measures Policy* acknowledges the links between a security incident and the arrangements set out in this plan e.g., the command and control arrangements that may be required in response to incidents requiring full lockdown of a hospital site, including:

- suspected child abduction, as outlined in the *PTHB MAT 027 Birth Centre Abduction Guidelines v7*;
- violent behaviour in a hospital department;
- contamination following accidental or deliberate release of chemical, biological or radiological substances;
- Increase in UK Government Threat level to 'Critical – an attack is highly likely in the near future'.

Lockdown can only be effective if is conducted quickly, either in response to a localised incident or intelligence received.

9.5 OP PLATO (Marauding Terrorist Firearms Attack)
Operation PLATO is the agreed national identifier for the multi-agency response to a no-notice marauding terrorist attack (MTA). The declaration of an Operation PLATO incident triggers a multi-agency response designed to rapidly inform, mobilise and operationally deploy the most appropriate resources in order to identify, locate, confront and neutralise the threat and save life. In order to support an effective response, it is important that the relevant partner agencies and specialist national assets are informed as a priority to ensure multi-agency coordination in response.

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9.6 CYBER ATTACKS

Much work is currently being undertaken at national and local level to respond to the increasing risk and levels of cyber-attack on public organisations.

In the event of a cyber-attack within the PTHB, the technical response will be led by PTHB ICT/Digital Leads whilst the service level response will be led from a business continuity perspective. However, if the impact is significant the activation of arrangements outlined with this plan may be required.

9.7 PANDEMICS

The *Powys Pandemic Framework* provides a framework for responding to a pandemic and is aimed to be used in response to other high infectious diseases. The Framework was adapted for use as part of the initial response to Covid-19.

9.8 SEVERE WEATHER

The *PTHB Severe Weather Plan* provides a framework for responding to potential and actual severe weather events.

9.9 EVACUATION

Where a total evacuation of a hospital site is required, the activation of arrangements outlined in this plan will be required. PTHB may also require drawing upon the arrangements set out in the *Dyfed Powys LRF Evacuation and Shelter arrangements*.

9.10 MAJOR POWER OUTAGE

Further work to develop internal response arrangements to a major or national power outage scenario are currently being developed following a series of multi-agency exercises that the Health Board has participated in during 2023.

9.11 INFECTIOUS DISEASES

The arrangements outlined in the *PHW Communicable Outbreak Plan for Wales* will be drawn upon in response to an outbreak of infectious disease.

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List of Abbreviations

CCA	Civil Contingencies Act 2004
LRF	Local Resilience Forum
SCC	Strategic Coordination Centre
SCG	Strategic Coordinating Group
TCG	Tactical Coordinating Group
HECC	Health Emergency Coordination Centre
ERT	Emergency Response Team
ECC(W)	Emergency Control Centre (Wales)
CBRN	Chemical, Biological, Radiological and Nuclear
STAC	Scientific Technical Advice Cell
WAST	Welsh Ambulance Service Trust
MERIT	Medical Emergency Response Incident Team
EMRTS	Emergency Medical Retrieval and Transfer Services
JESIP	Joint Emergency Services Interoperability Programme
METHANE	Situational Awareness Report (***M****ajor incident declared,* ***E****xact location,* ***T****ype of incident,* ***H****azards present or suspected,* ***A****ccess,* ***N****umber, type, severity of casualties,* ***E****mergency services present and those required)*
JDM	Joint Decision Model

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

POWYS TEACHING HEALTH BOARD

Civil Contingencies

CORPORATE BUSINESS CONTINUITY PLAN

NB – some content has been redacted to protect sensitive details.

Version 4.0

Plan Approved by Executive Committee: 14th June 2023

Review Date: June 2024

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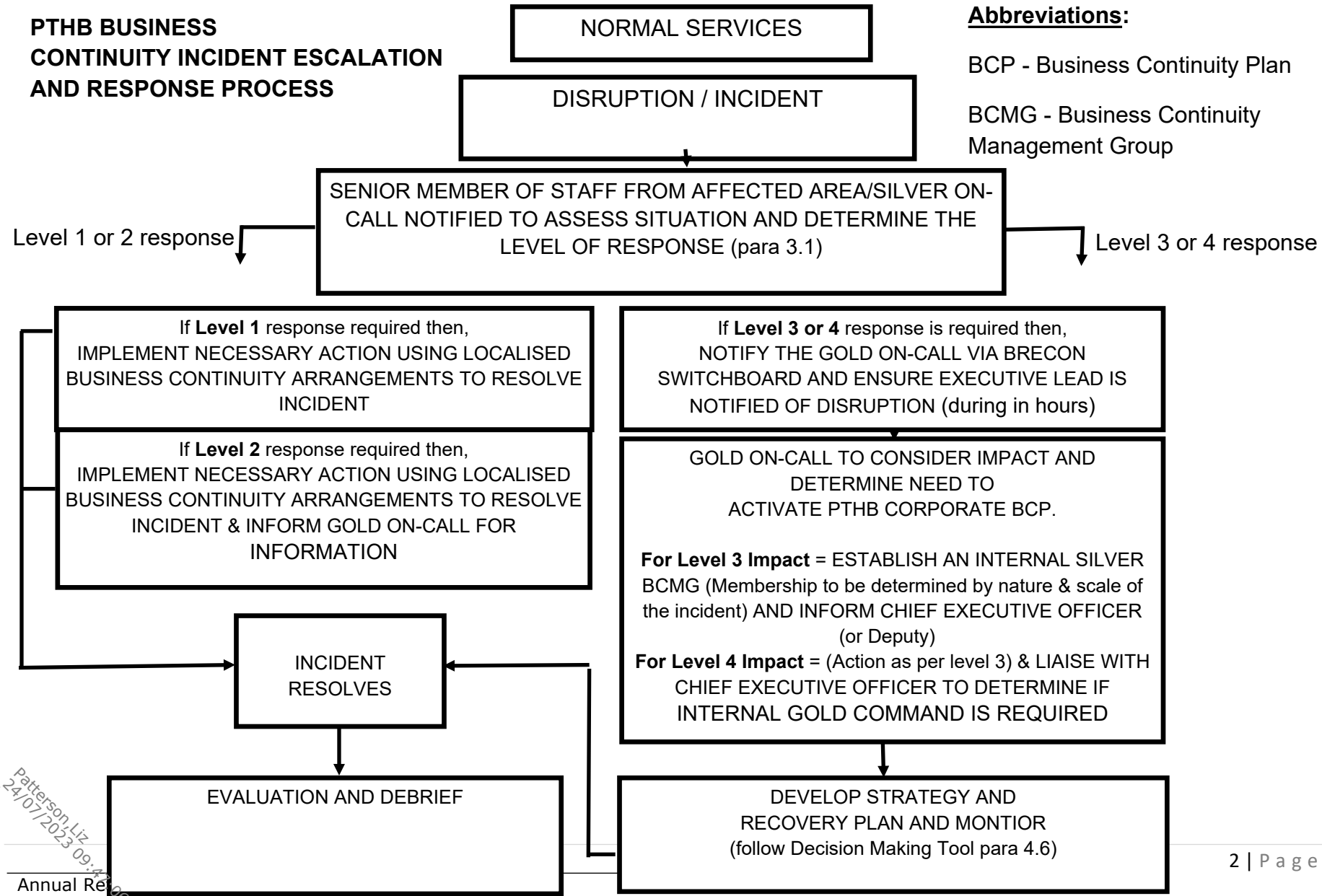
PTHB BUSINESS CONTINUITY INCIDENT ESCALATION AND RESPONSE PROCESS



Abbreviations:

BCP - Business Continuity Plan

BCMG - Business Continuity Management Group

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VERSION CONTROL

Date	Amendment Reference	Page/s Amended	Comment
06/03/19	Initial Publication of Plan	n/a	
Dec 19	Annual Review	All	Main updates reflect: • Changes to internal On-Call terminology i.e. Gold and Silver On-Call • Changes following organisational realignment • Updates to Annex B & C.
Nov 21	Annual Review – learning lessons from current response to COVID-19	All	Main updates reflect: • Alignment of plans with Major Incident and Emergency Response Plan • Update on previous Brexit 'no-deal' status; • Update to Annex B;
May 23	Annual Review	All	Main updates reflect: • Full review of Annex B: • Minor updates throughout to reflect organisational changes incorporated throughout the document.

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SECTION 1 - INTRODUCTION

1.1 Introduction

The Civil Contingencies Act (CCA) 2004 and accompanying non-legislative measures, delivers a statutory framework of roles and responsibilities for organisations involved in civil protection at the local level.

The Act is separated into two parts:

Part 1: Local arrangements for civil protection
Part 2: Emergency powers (allows for the making of temporary special legislation to help deal with the most serious of emergencies).

Powys Teaching Health Board (PTHB) is defined as a Category 1 responder under the CCA and is subject to the full set of civil protection duties. These are to:

- assess the risk of emergencies occurring and use this to inform contingency planning;
- put in place emergency plans;
- put in place business continuity management arrangements;
- put in place arrangements to make information available to the public and maintain arrangements to warn, inform and advise the public in the event of an emergency;
- share information and co-operate with other local responders to enhance coordination and efficiency.

In the context of the Health Boards duty to put in place business continuity management arrangements, the CCA requires Category 1 responders to '*maintain plans to ensure that they can continue to exercise their functions in the event of an emergency, so far as is reasonably practicable'*. Business continuity plans should incorporate the principles of Integrated Emergency Management (assessment, prevention, preparation, response, and recovery).

In order to meet these requirements, PTHB has produced a Civil Contingencies ***Corporate Business Continuity Plan*** which is regularly reviewed and updated. The plan has been developed to ensure that the Health Board is ready and able to anticipate, prepare for, prevent, respond to and recover from disruptions, whatever their source and whatever part of the business they affect, so that priority patient services can be maintained.

Whilst business continuity management and emergency planning may be described as separate processes within an organisation, a business continuity incident may occur at the same time as a major incident or emergency or be triggered by it. It is critical therefore that the PTHB Corporate Business Continuity Plan and PTHB Major Incident and Emergency Response Plans are integrated and complementary to each other.

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1.2 Aim of the Plan

This plan provides a framework that sets out the procedures and strategies that the Health Board will take to ensure that it is able to maintain its critical functions in the event of an incident that

causes serious or widespread interruptions to business operations. This corporate level Business Continuity Plan (BCP) should be implemented when an incident cannot be contained and managed at a local level.

The Corporate BCP is not intended to provide specific details of the response that the Health Board will take. This will be decided at the time of the disruption and will change depending on factors such as the type of disruption, when it occurs, which services it affects and the likely duration. The specific details on how a service is recovered e.g. what equipment and resources are needed is contained within service level BCPs.

1.3 Objectives

The objectives of this plan are to detail the arrangement to ensure that:

- disruption to PTHB's critical activities are minimised;
- the response to a business continuity disruption is effectively managed;
- the risks that may be faced by the Health Board are understood and measures are put in place to prevent or mitigate impact of these identified risks;
- the links to plans activated in response to any emergency are understood;
- lessons learnt during exercises or in response to disruptions are captured and inform the plan review process;
- PTHB complies with the statutory requirements of the Civil Contingencies Act 2004;

1.4 Guiding Principles

- business continuity disruptions are managed at the appropriate level;
- a business continuity response can be required to either prepare for an anticipated business continuity disruption, or to respond to such a disruption;
- business continuity management is a dynamic process;
- lessons identified from training events, exercises and incidents are factored into the plan review process.

1.5 Scope

The plan details specific arrangements for the strategic and tactical level coordination and management of a business continuity incident that requires corporate level coordination of resources, to provide a flexible, integrated and scalable approach, that can be tailored to respond to a particular situation.

This is a generic plan that supports the response to any type of incident rather than a specific risk or hazard. Section **2.3** of this document outlines the relationship between this Corporate BCP and other plans.

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1.6 Governance

The Chief Executive holds overall responsibility for Civil Contingencies.

The Director of Public Health has been designated as the Executive Lead with delegated responsibility for the overall coordination of Civil Contingencies within PTHB.

PTHB commissions acute services from a number of external providers, both in England and Wales. PTHB will seek assurance from its commissioned service providers in relation to the legislative duties placed on them under the CCA; this will be achieved through the Health Board's Integrated Performance Framework and through other means such as regular Contract Quality Performance Review meetings, annual reporting mechanisms and participating in joint exercises.

PTHB's Business Continuity Management Policy establishes the arrangements for ensuring that the principles of business continuity management are embedded throughout the organisation. This plan is based on standards defined by the good practice guidelines set out by the Business Continuity Institute, the Civil Contingencies Act (2004), and ISO22301 and forms part of a hierarchy of BCPs that are in place to ensure that PTHB can meet its core business continuity objectives, as detailed within the policy. The business continuity objectives include, to:

- protect life;
- reduce the impact or harm to patients as a result of the disruption of treatments, appointments and services provided by PTHB;
- maintain critical infrastructure and facilities;
- maintain normal business operations as far as reasonably possible;
- minimise any negative impact on the reputation of PTHB or its employees as a result of a business continuity incident;

1.7 Plan Ownership and Review

As a minimum. this BCP will be reviewed on an annual basis, and will be subject to audit and review in light of a range of factors including:

- revised and new guidance and good practice e.g. that which may arise from the review of the CCA;
- Welsh Government requirements;
- feedback from internal and external audits and review;
- learning from actual incidents experienced by PTHB and others;
- re-structures and service redesign affecting critical services.

The **Civil Contingencies Manager** is responsible for updating this Plan, for version control and for ensuring that any major revisions to its content are agreed by the Executive Committee.

Any requests for changes to the plan should be made via the Civil Contingencies Manager.

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1.8 Training and Exercising

In accordance with PTHB's Business Continuity Management Policy, the Health Board will ensure that:

- training is made available and completed to ensure that staff are familiarised with the Health Board's Corporate BCP and service level BCPs;
- an exercise will be carried out annually to test the response outlined in the BCP;
- this plan and any service specific plans will be reviewed and revised in light of any lessons learnt following an exercise or live incident.

The PTHB Civil Contingencies and Business Continuity Training Plan is available via the PTHB staff intranet site.

All records of staff training and exercising will be kept for audit purposes.

1.9 Publication and Distribution

This document is an internal document. Any changes to the published Corporate BCP will be cascaded through routine Powys-wide communication channels (i.e. Powys Announcement).

The Corporate BCP will be held on the Civil Contingencies & Emergency Planning service area of the PTHB intranet site.

Hard copies of the Corporate BCP will be made available to the Gold On-Call officers and in the 'major incident cupboard', located within xxx.

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SECTION 2 - GENERAL INFORMATION

2.1 High Level Risk Assessment

Risk assessments are regularly carried out as a part of the Health Board's daily business.

Corporate business continuity/emergency response plans are based on the national, regional and local risk registers e.g. the National Risk Register, Dyfed Powys Local Resilience Forum Community Risk Register and PTHB Risk Management Strategies and procedures.

The Dyfed Powys Community Risk Register provides information on potential emergencies that could have a major impact on communities The risks described are natural hazards (non-malicious risks). The highest risk identified on the Dyfed Powys Local Resilience Forum Community Risk Register are:

- Pandemic;
- Flooding (coastal, river and surface water);
- Severe Weather;
- Loss of Infrastructure (electricity, water, gas, oil, fuel, transport, telecommunications, food, health, and financial services).

Risks described as deliberate acts of third parties or terrorism are detailed in the UK Gov's National Risk Register and also include threats of malicious nature i.e. Cyber-attacks, CBRN attacks.

Service level BCPs plan for the impact to services on a range of threats that might lead to disruption of services including:

- Loss of staff.
- Loss or denial of access to workplace.
- Loss of ICT/key data.
- Loss of key supplies (i.e. utilities, consumables, equipment etc.).

In addition to the above, individual services are asked to consider external risks as identified by the National Risk Register and Dyfed Powys Community Risk Register e.g., pandemics, severe weather events, cyber-attacks, together with any identified risks that feature on their respective Directorate Risk Registers as part of the ongoing development and review of service level BCPs.

Links to the UK Governments Risk Register (2022) can be found:
National risk register: Preparing for national emergencies

Links to Dyfed Powys LRF Community Risk Register can be found:
Dyfed Powys LRF Community Risk Register (dyfed-powys.police.uk)

The table shown at **Annex A** provides an example of potential threats that may cause disruption to PTHB services and maps out any associated emergency response plans or local measures that are in place to mitigate against these risks.

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2.2 Prioritisation of Services

PTHB provides a diverse range of primary and community care services to the population of Powys.

In line with PTHB Business Continuity Management Policy, all services within each of the individual Directorate areas have completed a high level business impact analysis. As a result, each service has defined its 'recovery time objectives' i.e. the timescale in which the service needs to be recovered and is operational (to pre-determined minimum level) again.

The timescales are as follows:

CRITICAL - a service needing to be recovered within 0 - 1 hours.
CORE - a service needing to be recovered within 1 to 24 hours.
REDUCED - a service needing to be restored within 5 working days.
SUSPENDED - a service that can be restored progressively after 5 working days.

The analysis, which provides a reference guide for PTHB decision makers to use in the event of 'no notice' type disruption to services, outlines the key timescales in which individual services need to be resumed to a minimum pre-determined level following disruption. The analysis can also be referred to for use when planning for potential disruption i.e. industrial action. Furthermore, decision makers should use the outcome of the high-level business impact analysis, shown at **Annex B**, to base their decisions on during periods where resources are scarce, ensuring that the availability of key resources are directed to most 'critical' areas of the organisation as part of the overall recovery strategy. This decision will be informed in relation to the nature, scale and duration of the incident.

Local Options Framework
In the context of the COVID-19 pandemic, and more recently to support decision making in the context of supporting system resilience during extreme pressures, Welsh Government published guidance relating to *Maintaining essential healthcare services during the COVID-19 pandemic – summary of services deemed essential*. The guidance provides a framework to ensure that there was a consistent approach in defining 'essential services', to support decision makers across NHS Wales. The updated '**Local Options Framework'** issued by Welsh Government on 16/12/22, has been developed to support decision makers when considering activities/services that can be reduced or suspended in response to system-wide pressures.

2.3 Associated Plans

PTHB Corporate BCPs should be read in conjunction with a variety of other plans, which will be determined by the nature and impact of the disruption. An overview of other associated plans is provided below:

Service Level Business Continuity Plan.
Service Level BCPs provide information on an individual service's immediate response and recovery actions; the service level BCP also includes key information regarding the minimum resource requirements of the service and key contacts etc.

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The service level BCPs may be activated on its own by the service lead or deputy, or as part of the activation of the health board's Corporate BCP. The Gold On-Call should be notified when a BCP has been activated.

PTHB Major Incident and Emergency Response Plan

The generic Major Incident and Emergency Response Plan provides a framework for the Health Board's management, response, co-ordination and controlling of its resources in a major incident or emergency.

It may be necessary to activate service level and recovery actions as a result of, or during a declared major incident response.

PTHB Integrated Performance Framework (IPF) and Escalation Processes
The provisions of the PTHB Integrated Performance Framework (IPF) are used to ensure that issues of performance are managed and resolved at the appropriate level of accountability and authority. Identifying areas of poor performance which require escalation should be based on informed analysis of performance taking into consideration local context, national and local targets, trajectories, benchmarking and risk management.

The purpose of escalation is two-fold. It is to ensure oversight at the appropriate levels of authority in order to provide assurance to the board that performance and delivery is being robustly managed and poor performance addressed. Secondly, escalation serves to highlight issues where solutions require intervention and or support from higher levels of authority within the organisation. Individual thresholds for escalation should be determined on a case-by-case basis for services or measures based on an assessment of risk including confidence in associated controls and assurance.

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

PTHB Pandemic Framework
This plan sets out a framework for PTHB to respond to a pandemic. The Framework outlines the appropriate command and control structures that should be adopted in a Pandemic scenario, to ensure coordination of resources to maintain PTHB's critical activities. The impact on a Pandemic scenario will be on business continuity. The Pandemic Framework is currently under review.

PTHB Severe Weather Plan
This plan outlines the coordination arrangements and an aide memoire of immediate actions that PTHB will consider implementing in the event of a severe weather event.

ICT Disaster Recovery Plan
This ICT Disaster Recovery Plan details the processes carried out by ICT department when responding to and recovering critical IT and communications systems, in the event of an unplanned outage. It may be necessary to activate the Corporate BCP in response to an ICT outage that affects multiple services.

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Regional (Dyfed Powys Local Resilience Forum) and National Plans
There are some situations that, should they occur, will trigger a regional and/or national response in addition to the need to activate this BCP. One example is a fuel shortage, the impacts of which may cause serious and widespread disruption to the Health Board e.g. if staff are unable to travel to work. In such a situation, the Health Board would refer to the Corporate BCP plan to

manage the internal impacts on service delivery, whilst also ensuring it meets its responsibilities under the relevant regional and national arrangements.

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SECTION 3 - BUSINESS CONTINUITY DISRUPTION LEVEL OF RESPONSE AND ESCALATION ARRANGEMENTS

3.1 Level of Response and Escalation

The scale and impact of a business continuity disruption determines how PTHB will coordinate and manage its response.

	Level of Business Continuity Disruption	Scale of Impact	Level of Response and Escalation
Manage through BUSINESS AS USUAL Operational Management Processes	**Level 1**	One or more of the following apply: • The incident is not serious or widespread and is unlikely to affect business operations to a significant degree. • No significant impact on patient or staff safety. • The incident can be dealt with by relevant managers/implementation of local BCPs.	**Incident managed within affected areas.** Where the initial impact assessment grades the situation as **level 1,** the affected areas should deal with this using localised business continuity plans/contingency arrangements.
	Level 2	One or more of the following apply: • Limited impact on patient and staff safety. • Incident expected to be fully resolved and closed in 24 hours. • Limited but some impact on critical area. • Incident is expected to be managed through localised contingency arrangements. • Limited financial/performance impact. • Limited Governance issues. • Possible public/media/political interest.	**Incident managed using local contingency arrangements.** Where the initial impact assessment grades the situation as **level 2**, the incident should be managed by senior members of staff for the affected area/s, using localised business continuity plans/contingency arrangements. Service leads will escalate where necessary and inform the Gold On-Call for information.

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ENHANCED COORDINATION	**Level 3**	One or more of the following apply: • Disruption to a number of critical services likely to last for more than 1 working day. • Some impact on patient and staff safety. • Access to one or more sites denied where critical services are carried out for more than 24 hours. • Suspension of a number of services are required. • Access to systems denied and incident. expected to last more than 1 working day and therefore impacting on operational service delivery. • A number of critical services seeking to activate service level contingency plans thus requiring overall management. • Some impacts on finances and performance and governance issues. • Possible public/media/political interest.	**Incident requiring tactical coordination of response by calling together an internal Silver Business Continuity Management Group.** Where the initial impact assessment grades the situation as **level 3**, the incident will need to be formally managed to ensure that resources and activities are effectively coordinated. The Gold On-Call should be notified to consider how best to manage the incident and to determine activation if this Corporate Business Continuity Plan in part or full is required. The Gold On-Call to notify the Chief Executive (or deputy) for information.

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MAJOR	**Level 4 BC/ Significant Incident**	One or more of the following apply: • Incident is expected to impact on critical services for more than 48 hours. • Wide spread disruption, loss of significant site/s. • Significant impact on patient and staff safety. • Wide-scale incident in a geographical area affecting multiple critical services. • Local contingency plans inadequate to deal with incident. • Response requires additional strategic coordination that may require assistance from other partners. • Likely public/media/political interest. • COVID-19 pandemic (future pandemics).	**Widespread disruption/Significant incident requiring overall strategic management.** Where the initial impact assessment grades the situation as **level 4**, the incident will need to be formally managed to ensure that resources and activities are effectively coordinated. The Gold On-Call will, in liaison with the Chief Executive (or Deputy) determine if the full command structure including Internal Gold, Silver, Bronze Command Groups will be convened.
	N.B. Where the disruption has the potential to spill into the evening / weekend the Silver On-Call/ and Gold On-Call where appropriate, should be notified and informed of the contingencies that have been put into place.		

The level of command detailed above has been aligned to the command and control arrangements outlined in the PTHB Major Incident and Emergency Response Plans. This will support the transition of business continuity responses that require escalation to a Major Incident.

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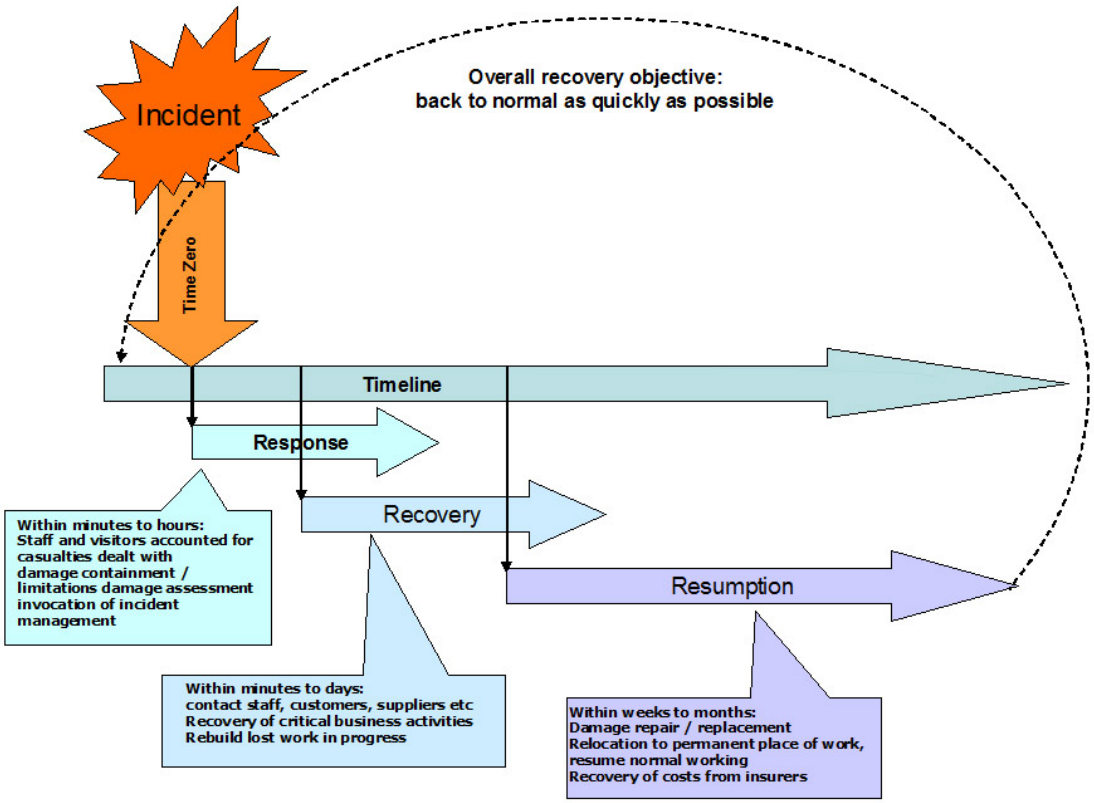
SECTION 4 - MANAGING THE RESPONSE TO LEVEL 3 OR 4 DISRUPTION

4.1 Key Stages of Response

Response to all sizes of business continuity disruptions tend to follow these key stages:

I. **Incident Management Response** – notification and activating the response.
II. **Recovery** – coordinating and managing the response, including stand down the response.
III. **Resumption** – return to normal or 'new normal' strategy.



The following section outlines the key actions to be undertaken for disruption that has been initially assessed as a level 3 or 4 disruption.

The flow chart shown at **Page 2** of this plan outlines the sequence for escalation and response.

4.2 Activating the Response to a Level 3 or 4 Disruption – Something has happened that impacts on or has the potential to impact on critical business functions.

The **Gold On-Call** is responsible for implementing this BCP, however generally the chain of events will be:

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- A business continuity disruption can happen to any of the Health Board's services. Once identified as an actual or potential disruption, the member of staff will gather further information on the known nature and scale of the disruption and notify their line manager or Silver On-Call during out of hours' periods.

- If deemed appropriate, this alert will be escalated and brought to notice of the service lead/senior member of staff who will assess the impact of the disruption and notify the Gold On-Call. Or;
- The Health Board has been notified of an external incident that may threaten impact on its services.
- The Gold On-Call will assess the impact of the disruption to determine the response required.
- If a level 3 or 4 disruption (see Section 3) is confirmed, the activation of the Corporate BCP will be made by the Gold On-Call.

4.3 Incident Management Response and Coordination (Command and Control)

The response to serious and wide scale disruption cannot be planned for in exact detail. What is required will depend on the nature of the incident, when it occurs and its unique impacts. To ensure that an effective joined up response is in place to limit the impact on any business continuity disruption on PTHBs services, it is essential that the individual actions taken by each service area is coordinated.

Adopting an appropriate level of incident management will ensure that there is a fully coordinated response to any level of business continuity disruption. In broad terms, the larger the scale and impact of the disruption, the greater the level of coordination is required.

The Health Board's command and control arrangements are based upon the nationally recognised three-tiered command and control structure known as:

- Internal GOLD (Strategic)
- Internal SILVER (Tactical) Business Continuity Management Group (BCMG)
- Internal BRONZE (Operational)

The **Gold On-Call** is responsible for determining the level of response that is required to respond to the disruption/incident. This decision will be based on the information available at the time of disruption.

On notification of a level 3 or 4 disruption, it is most likely that the **Gold On-Call** at the time of the incident will be required to Chair a PTHB internal Silver Business Continuity Management Group (BCMG) in the first instance. This role may be passed to another Executive Director or Deputy where considered appropriate.

The Chair of the internal Silver BCMG will coordinate and manage the health board's response to the disruption and will request the support of other senior managers to assist in the response.

In the event of a level 4 disruption, the **Chief Executive Officer** is responsible for determining if an internal Gold command group is required to provide additional strategic level coordination of the response.

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4.4 Coordinating Business Continuity During a Major Incident

In the event that disruption to services occurs during / or as a result of the health board's response to a declared major incident, the Chair of the Health Board's major incident Emergency

Response Team will be concerned with managing PTHB's major incident response. In this scenario, consideration should be given for transferring the responsibility for managing the impacts of disruption on services to, as detailed within this plan, to another Director.

4.4.1 Internal Silver Business Continuity Management Group (BCMG)

On notification of a level 3 or level 4 disruption, the Gold On-Call will determine if a PTHB internal Silver BCMG is required to ensure tactical level coordination of the incident.

The composition of the internal Silver BCMG responsible for managing the health board's response will vary depending on the incident.

Depending on the nature, scale and likely duration of the incident, the internal Silver BCMG may comprise of:

- **Chair of the BCMG** — Gold On-Call (or other member of the Executive Committee or deputy)
- **Incident Management Team** — To be determined by the incident
- **Subject Matter Experts** — To be determined by the incident
- **Communications Lead** — To ensure effective communications are put in place
- **Loggist** — To record decisions and actions
- **Administrative Support** — To manage the admin and coordinate actions

Action cards for each role are set out at **Annex C.**

4.4.2 Roles and Responsibilities of the PTHB Internal Silver Business Continuity Management Group (BCMG)

The generic roles and responsibilities of the internal Silver BCMG include but are not limited to:

- provide tactical leadership of the incident with strategic oversight;
- manage the Health Board's tactical response to the incident, providing a single focus for decisions likely to affect the whole organisation;
- to coordinate the Health Board's operational response in liaison with Health Board service leads/managers;
- plan and coordinate the recovery phase of the incident;
- provide appropriate advice on tactical issues to Gold (if established) and Bronze controls.
- implement, coordinate and monitor service level BCPs;
- develop a communications plan for internal/external communications;
- provide representation at multi-agency business continuity meetings/groups were implemented.

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A suggested Agenda for the first internal Silver BCMG meeting is set out at **Annex D.**

4.4.3 Communications

The internal Silver BCMG will develop a Communications Plan to cover communication with:

- Staff;
- Media;
- Patients and the Public;
- Other Providers;
- Key Stakeholders;
- Partner organisations.

This work will be led by the Communications Lead.

4.4.4 Location and Frequency of Meetings

The location of PTHB's internal Silver BCMG will be determined by the nature, scale and duration of the incident.

In the first instance, it is likely that the meeting will take place via Microsoft Teams (or via teleconference). This will enable colleagues from across PTHB to be quickly updated on the nature and impact of the disruption and agree necessary next steps.

Alternatively, the internal Silver BCMG may:

- co-locate at the PTHB Health Emergency Coordination Centre (HECC). The HECC is located in the [content removed]. The keys are located in the [content removed].

- co-locate close to the area disruption or incident.

The frequency of meetings will be determined by the scale and impact of the incident.

4.4.5 Internal Gold Command

On notification of a level 4 disruption, the Gold On-Call in liaison with the Chief Executive Officer or their deputy, will consider the incident details to determine whether it is necessary to convene an internal Gold command group.

The Gold command determines the coordinated strategy and policy for the overall management of the incident. This level of management also formulates media handling and public communications strategies, as required and necessary. The Gold command will then delegate the actions to the respective tactical control level for them to implement a tactical plan to deliver the strategic aim and objectives.

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The Gold command group will comprise of:

- Members of the Executive Committee.
- Assistant Director of Communications.

- Loggist.

4.4.6 Roles and Responsibilities of PTHB Internal Gold Command

The generic roles and responsibilities of the internal Gold command include but are not limited to:

- ensure a safe, effective and coordinated response and recovery to the business continuity/significant incident. Gold command will undertake the health board's leadership role. They will provide strategic direction where required, supporting the internal Silver BCMG;
- coordinate decision making and effective use of resources during the incident; ensuring key supporting roles are covered;.
- liaise with other Health Boards and agencies as required;
- provide appropriate response to the media and other external agencies if required;
- protect the wellbeing of staff and patients within the health board;
- ensure a strategic oversight of the incident and the Health Board as a whole;
- decide when the incident arrangements should be stood down and recovery phase implemented.

A suggested Gold command group agenda is available at **Annex E.**

4.4.7 Internal Bronze Controls

These are the locations where resources are deployed to carry out the tasks required in response to the incident. The operational teams i.e. hospital service managers, will manage the physical response to achieve the tactical plan, as advised by the internal Silver BMCG. Depending on the nature and scale of the incident, there is likely to be a number of operational teams included as part of the response.

4.5 Contact Details

PTHB will contact members of the internal Silver and Gold command groups via email, if appropriate or via key contacts, as listed within the PTHB Emergency Contacts Directory.

4.6 Decision Making Tools

It is recommended that the principles of the Joint Emergency Services Interoperability Programme' s (JESIP), multi-agency 'Joint Decision Making Model' should be adopted for use by all PTHB internal command group leads throughout the duration of the incident.

Further details on the Joint Decision Model and the JESIP principles are outlined at **Annex F**

4.7 Record Keeping

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PTHB is responsible for maintaining its own records during an incident.

A comprehensive record should be kept of all events, decisions, actions, reasoning behind each key decision and actions taken. There are three types of record logs:

I. **Incident log** (minutes) – a minute taker will complete this and will record everything from the meeting for the "minutes"
II. **Decision log** – a trained loggists logs all the "decisions made". PTHB has a number of trained Loggists who may be called upon in response to a major incident or emergency. Relevant contact details are detailed within the PTHB Emergency Contacts Directory. Trained Loggists are not responsible for taking minutes of incident meetings, a separate minute taker should be used to undertake this role.
III. **Contemporaneous notes** – are notebooks, pieces of paper, on call book, templates etc. All these need to be retained with the completed logbook and marked as exhibits, initialled and numbered (for e.g.; Exhibit SW 1 and so on).

All trained Loggist will be provided with a copy of the PTHB Decision Logbook and an electronic log template on completion of their training. Copies of the Decision Logbook. Copies will also be held in the Major Incident Cupboard, located in the [content removed].

A list of PTHB trained Loggists is maintained in PTHB's Emergency Contacts Directory or via Brecon Switchboard.

All documentation will need to be saved and produced for the purpose of internal/multi-agency debrief, public inquiry, civil or criminal proceedings, or coroner's court. Any log produced is disclosable and as such becomes legal evidence.

4.8 Finance

The Finance Department will provide an emergency cost code, as required by the incident. The BCMG should maintain a log of all expenses authorised by the BCMG.

4.9 Templates

A series of useful templates for use in an incident *i.e. electronic record decision log,* risk register, *action tracker, financial log* are available via the Civil Contingencies & Emergency Planning service area on the PTHB intranet site, as required.

4.10 Mutual Aid

The Health Board may receive a request for assistance or similarly request mutual aid from another organisation. The Health Board Executive Committee/ PTHB Gold command Group will need to consider whether the resources can be made available without impacting the organisation's service delivery obligations with respect to external mutual aid requests and similarly another organisation will undertake the same process prior to agreement of any mutual aid requests from PTHB.

4.11 Health and Safety

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All Health Board staff are required to follow PTHB's health and safety policies, procedures and protocols.

All levels of command and control should consider the health and safety policies, procedures and protocols in directing tasks to operational staff and should be made aware of any identified or potential risks.

Every member of staff has a statutory duty of care under the Health and Safety at Work Act 1974 to take reasonable care of their own health and safety and of others who may be affected by their acts or omissions.

4.12 Staff Welfare

Responding to incidents puts staff under more pressure than normal. It is therefore vital that staff welfare issues are given a high priority. In order to achieve this, those staff with management responsibility will ensure that the following issues are continually addressed:

- health and Safety;
- the availability of food and other refreshments;
- working hours;
- rest breaks;
- travel arrangements;
- consideration of personnel circumstances;
- emotional support during and after the incident;
- access to appropriate Personal Protective Equipment (PPE);
- human factors as a result of an incident especially when dealing with protracted incidents.

To assist staff in the response to an incident, regular briefings will be given by senior staff, particularly during handovers.

4.13 Equality and Diversity

Equality is about creating a fairer society where everyone has the opportunity to fulfil their potential, while diversity recognises and values difference in its broadest sense. In developing emergency preparedness plans all Health organisations must be mindful of their duties under the Equalities Act 2010.

The equality duty requires public bodies to consider the needs of all individuals when developing policy, delivering services and in relation to employees. It encourages public bodies to understand how different people will be affected by their activities so that services are appropriate, accessible to all and meet different people's needs.

4.14 Human Rights

Health organisations must uphold the UK Human Rights Act (1998) in delivering services which requires that account is taken of a range of factors including the dignity of individuals receiving treatment; end of life considerations; prioritisation of treatments and transparency in relation to decision-making as well as an individual's preferences.

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SECTION 5 - MANAGING THE RECOVERY FOLLOWING DISRUPTION

5.1 Recovery – Return to Normal

Depending on the scale and impact of any level of business continuity disruption, there may not be an immediate 'return to normal' due to e.g. the need to treat the backlog of patients who were delayed by the incident, whilst at the same time responding to new referrals.

Planning for recovery can also be one of the areas included in the coordinating and managing response stage. However, it is at the recovery stage that the full recovery strategy is implemented.

5.2 Recovery Strategy

The internal Silver BCMG will develop a recovery strategy to ensure that 'return to normal' is appropriately managed, coordinated and resourced to continue to manage stakeholder expectations.

As part of this strategy, the cost of recovery should be recorded so that the full impact of the incident can be captured during the debrief and lessons learned.

A generic recovery strategy template is available at **Annex G**.

5.3 Stand Down

The Chair of the internal Silver BCMG will be responsible for standing-down this BCP at the stage it considers most appropriate. When satisfied that the serious and wide scale disruption has ended, the Chair will formally close down this BCP.
The 'stand-down' of this BCP may mean that there are no further actions required in relation to the disruption. Or, the internal Silver BCMG may decide that further actions are still necessary, but that these are able to be managed at a service group/service level or via a separate 'Recovery Group' that may be established to coordinate the management of longer term recovery actions.

5.4 Debrief and Lessons Learned

In all instances, where this plan has been activated (level 3 or 4), it is essential to capture lessons learned by a process of debriefing and plan review.

The Chair of the internal Silver BCMG will ensure that arrangements are in place to undertake debrief following the disruption. A debrief will seek to identify:

- what was supposed to happen?
- what actually happened?
- why were there differences?
- what did we learn?
- are there any improvements to be made and procedures?

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The debrief process will be supported by a post incident report and action plan which will be signed off by the Executive Committee, in order to update PTHB plans and identify any future training and exercising requirements.

The Debrief Report will be scrutinised by the Executive Committee, who will require assurance that any longer-term actions required by the Health Board to mitigate against future disruption can be taken.

Other records relating to the incident must be submitted to the Civil Contingencies Manager, who will hold these centrally in case they are required for any future use e.g. in a public inquiry or to respond to a complaint etc.

All incidents debrief reports will be made available on the intranet to promote sharing of good practice.

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SECTION 6 – KEY ROLES AND RESPONSIBILITIES

6.1 Roles and Responsibilities within the Business Continuity Plan

Individual/ Team	Day to Day Role	Level of Disruption	Responsibilities
Service Leads	Normal roles and responsibilities within Directorate	Individual service or one or more services affected	Coordinate response in line with Corporate BCP; escalate upwards within the Health Board; maintain communication
Gold On-Call	Providing strategic leadership during period of on call cover	Threatened or actual disruption	Determining the level of response required if disruption cannot be managed by individual service (level 1 or 2), alerting the CEO; Chairing the internal Silver BCMG; member of internal Gold command group. This role may be undertaken by relevant Executive Lead or Deputy Assistant Director if disruption is contained to one Directorate.
Internal Silver Business Continuity Management Group (BCMG)		Confirmation of a level 3 or 4 business continuity incident / significant BC incident	Overall tactical level coordination of the response. Manages the key stages of response (incident management response, recovery and resumption of 'business as usual').
Internal Gold Command Group		Confirmation of a level 4 business continuity/significant incident that requires strategic level coordination	Overall strategic level coordination of the response. Sets the strategic direction and objectives and considers for longer term recovery strategies
Communications Lead	Dealing with communications and engagement (internal and external)	If individual service is affected, internal communications are as in normal day to day business. If command and control structures in place Comms will form part of the internal coordination groups.	Providing direct support to managers and/or internal Silver BCMG and internal Gold command group, if established.

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Corporate Issues (i.e. workforce and OD, finance, legal and insurance matters	Via normal routes	Provide support to all levels, which will be determined by the nature and scale of the disruption.	Establish cost codes, provide relevant/specialist advice as determined by the nature of disruption.
Estates and Works and Properties	Via normal routes	Threatened or actual disruption, response and recovery.	Report when an estates issue threatens service provision; supports Internal Silver advising on impacts and corrective actions. Including the managing internal accommodation requests.
ICT	Via normal routes	Threatened or actual disruption response and recovery.	Critical role in ensuring that ICT services throughout are available to support the recovery of response.
Support Services	Via normal routes	Threatened or actual disruption response and recovery.	Supports all aspects of response and recovery of the disruption in all service function areas, including H&S advice, security advice, links to NWSSP Health Courier services and non-emergency transport.

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[ANNEX A-G FOR INTERNAL USE ONLY]

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 2.9

Executive Committee	**Date of Meeting:**
Subject:	**Digital Strategic Framework**
Approved and presented by:	Deputy Chief Executive Director of Finance, Information and IT Services
Prepared by:	Vicki Cooper – Assistant Director Digital Transformation & Informatics
Other Committees and meetings considered at:	Executive Committee, Board Development, Local Partnership Forum.

PURPOSE:

The purpose of this report is to present Powys Teaching Health Board's first Digital Strategic Framework for Board Approval.

The paper outlines the key actions and engagement process to support the development of the framework and a recommendation that performance against delivery of the framework is reported annually to Board via the Delivery and Performance Sub Committee.

RECOMMENDATION(S):

The Board are asked to:

- **Approve** the Powys teaching Health Board Digital Strategic Framework noting the next steps and reporting and assurance arrangements.

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

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

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EXECUTIVE SUMMARY:

The Digital Strategic Framework is a first for Powys THB and is an important stage in the Powys Digital Journey. 'A Healthy Caring Powys 2017 – 2027' first set out the ambition for 'Digital First' as an enabler as part of the shared, long term, health and care strategy.

The Digital Strategic Framework has been completed following a series of engagement workshops, user surveys, clinical cooperation and feedback, independent reviews, national Service Management Boards and crucially input from front line staff. The framework builds on the efforts made to date to create a 'Digital First' clinically led approach and has been considered at Executive Committee, both informally and formally, Board Development sessions in Oct 2022 and June 2023, and in addition shared with Digital and Clinical Peers in NHS Wales for review.

DETAILED BACKGROUND AND ASSESSMENT:

The Health Board established a new "Assistant Director of Digital Transformation & Informatics" role within the Finance and Informatics Directorate in February 2020, to increase awareness, enthusiasm, focus and to enhance the appetite for Digital as an enabler to improve and enhance our care offering to the people of Powys.

The change, progress and improvements made over the last 3 years have been significant, the pandemic acted as a catalyst for rapid digital improvement, and this has improved the Digital Maturity of the Health Board. There are however still gaps where further improvement is required and work, action and investment needed to improve the Digital service provided.

In the NHS 75th year, the framework reflects the Health Board's renewed ambition, leadership, and delivery against a much changed and rapidly evolving environment in relation to technology, people and wider socio-economic and political changes impacting on the health of the population and the delivery of healthcare.

Digital transformation has progressed at pace, with many programmes of work, and as such with the introduction of additional capability and capacity, the Digital Transformation and Informatics team has been strengthened and formed a strong partnership with the Chief Nurse Informatics Officer (CNIO) and Chief Clinical Informatics Office (CCIO) for Powys.

The Health and Care Strategy for Powys, "Digital First" details three strategic objectives: -

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1. Digital Care:
   Telehealth/Care: - Improve access to information about health and wellbeing and use of digital technologies.

2. Digital Access:
   National ICT programme: - Implement systems to improve digital access to support care co-ordination, referral, and diagnostics.

3. Digital Infrastructure & Intelligence:
   Including information storage, hosting, security, and recovery, back up and archiving, connectivity, and professional/user skill development of digital transformation.

Whilst there have been several successes in new ways of working and implementation of new systems there is still further action needed to upgrade and improve the infrastructure, enabling access to the right information at the right time, and achieving the aim to deliver more care in the community, reducing waste, reducing admissions and relieving other pressures in the system.

Since 2019 various workshops have been held with services and engagement included:
Clinical staffing, North Powys Wellbeing programme, Research, Innovation and Improvement, Directorate Teams and with The Executive Team and Board Development Days. This has informed the Digital Strategic Framework five key themes:

Digital as an enabler is key to help the Health Board to meet people's health and social care needs in the coming years, this will depend on building and maintaining effective digital and clinical capability and capacity. The Digital Strategic Framework will provide the focus and actions to enhance Digital capability to support delivery of care in terms of patients, workforce, and organisation requirements. There are underpinning programmes and projects already in place or in development, designed to successfully prioritise and deliver the Digital Strategic Framework ambition.

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The Board held a Board Development session on the 29 June where the draft framework was presented and discussed.

Next Steps:
Supporting readiness assessments and Operating Models (delivery plans) are being completed to support delivery of the Framework and this will be used as the basis for performance management and reporting to the Board.

Reporting and Assurance:

Digital and Data assurance forms part of the remit of the Delivery and Performance Committee, 6 monthly reports (starting from December 2023) will be provided to the Committee culminating in a report to the Board on an annual basis (via the Committee).

It is also proposed that further Board Development time be allocated to the Strategic Digital agenda to allow the whole Board opportunity to further consider and be involved in the strategic developments.

Conclusion:

The NHS is in a period of significant challenge both locally and nationally, the scale of this challenge is significant and ongoing socio-economic pressures and global political events add to this pressure.

In this context, new digitally enabled ways of working will be key to supporting sustainable services, the Digital Strategic Framework is fundamental in enabling and supporting the Health Board to deliver the best care to the residents of Powys and is a key enabler to support the Health Board n delivering against its priorities and objectives.

The Board is recommended to approve the Digital Strategic Framework noting the next steps and reporting and assurance arrangements.

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	✓

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

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Digital First Strategic Framework

Final Draft 2023 - 2027

DRAFT

Version 4.0

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4.0	15/06/2023	Updated from IP comments received & Board Development

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Foreword

We live in a time where the movement of information and expertise can be instantaneous through video conferencing, access to digital records, knowledge, and research. Our citizens are used to using technology and expect to be able to interact with services digitally, as they do with so many other aspects of their lives.

In Powys, we are keen to exploit these new opportunities as we know how problematic it is with our geography and rurality to provide services in a way that is easily accessible and convenient to the people we serve. Therefore, whether we directly provide, or commission services, good quality information is vital to contribute to our residents' health records. We also need to ensure that we can interact in similar ways with our providers (both Welsh and English).

This Digital Strategic Framework provides us with an opportunity to not only maintain but to accelerate our efforts to ensure that what we do meets our ambition of Digital First.

Hayley Thomas

Interim Chief Executive

Digital innovation can be challenging to many and can be perceived as daunting for some of our staff members as well as our service users.

The specific nature of our business, namely delivering Healthcare services to some of the most vulnerable in our society, creates a challenge to ensure that our digital offerings provide choice and accommodate the needs of all. It is critical that digital and clinical innovation go hand in hand, and this Digital Strategy and Transformation Plan is ambitious in aiming to achieve this.

It lays the foundation for the introduction of new technologies that will enable the transformation of healthcare to be future fit. It will support our staff to deliver high quality care and improve the interface of the broader Healthcare network, including primary and social care, as well as facilitating direct service users' participation in their own healthcare management.

Pete Hopgood

Director of Finance/IT

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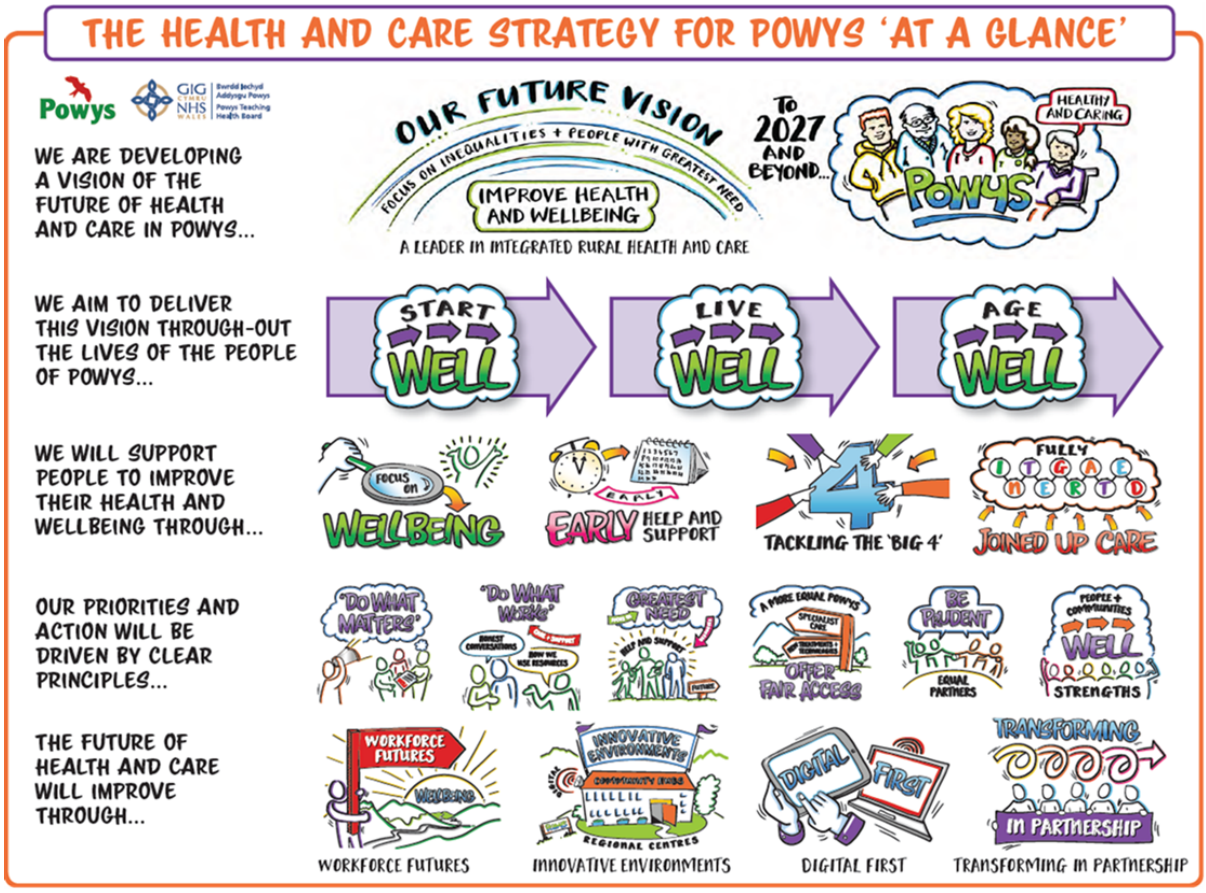
Introduction

What is the Digital First Strategic Framework?

The Digital Strategic Framework is the first of its kind for Powys and marks an important stage in the Powys Digital Journey. 'A Healthy Caring Powys 2017 – 2027' first set out the ambition for 'Digital First' as an enabler for this shared, long term, health and care strategy, which formed the Area Plan overseen by the Regional Partnership Board.



This framework builds on the efforts made to date to create a 'Digital First' approach, working in partnership locally, regionally and nationally. It provides a framework for renewed ambition, leadership and delivery against a much changed and rapidly evolving context, in relation to technology, people and wider socio-economic and political changes impacting on the health of the population and the delivery of healthcare.

It is proposed that the delivery arrangements will be reviewed and reset to best support and enable this approach, which will involve a review of the current Digital arrangements and our existing bilateral 'Section 33' arrangement to determine the best way forward to ensure and enable each partner to respond most effectively to the complex and changing context across health and care and the more agile collaborations that will

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be required, including those with Digital Health and Care Wales and alignment with the National Digital Health and Care Strategy.

Strategic Context

Significant challenges have been faced since publication of 'A Healthy Caring Powys', not least of which being the Covid-19 pandemic. This required agencies to refocus energy to deliver life critical, essential care and protection for the population. Whilst this meant that some work on the delivery of the strategy was paused or changed, it also accelerated some areas where that was supporting the public health emergency response. This is particularly relevant to 'Digital First'.

The last three years have seen major changes in the way digital is used in the healthcare and other sectors, with a shift to more flexible ways of working and modes of delivery of healthcare. There was a need to support remote delivery through digital, where that was appropriate and necessary for public health protection. As the Covid-19 restrictions and requirements changed, this has evolved into more hybrid ways of working. The scale and pace of these changes were driven by the immediate and pressing necessity of the response to the pandemic. The legacy of this is complex, with benefits in relation to greater agility and competency in digital use but also challenges in relation to the stability and security of systems and infrastructure.

This remains a period of unprecedented challenge, locally as it is across NHS Wales and across the border. Recovery from the pandemic remains a key priority and is reflected in the Ministerial Priorities set out in the NHS Wales Planning Framework 2023 – 2026. The scale of this challenge is great, in the context of significant and ongoing socio-economic difficulties and global political events. The impacts are being experienced close to home, not only in relation to public sector cost pressures and supply chains but also for each resident in Powys, in terms of the cost of living increases and household incomes.

In this context, progress will not be achieved by traditional ways of working. As the NHS moves into its 75th year, it is important to celebrate those things that make it successful, whilst looking forward, even as far as NHS 100, to what will be needed to make healthcare sustainable, and meet the future needs of the population.

Digital First is more important than ever, in this final phase of delivery against the health and care strategy, in enabling the development of a sustainable model of care. An important programme of work has been initiated by the health board, working with partners in the Regional Partnership Board. To develop an 'Accelerated Sustainable Model of Care', aligning with the national ambition for 'A Healthier Wales' and key to the next phase of delivery of 'A Healthy Caring Powys'.

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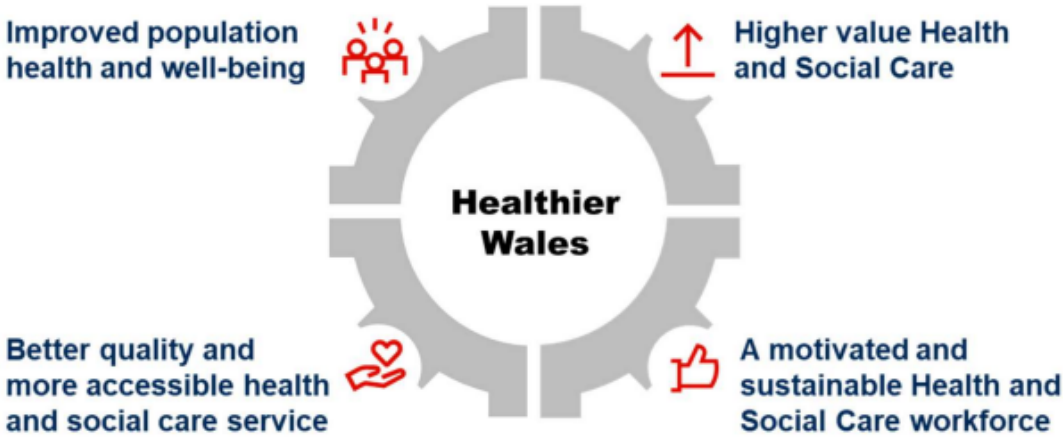
The Health Board is both a provider and a commissioner of healthcare for the Powys population who access services in both Wales and England, and the health board has demonstrated a strong track record in a 'whole system approach' to Digital First, with partners. Alliances will be key going forward and the refresh of the National Digital Health and Care Strategy will be important in achieving those ambitions where collective efforts are required at a wider regional and national scale.

This builds on the key steps taken within NHS Wales to date to respond to the parliamentary review into health and social care in Wales in 2018, which described the increasing demands and new challenges facing the NHS and social care, including an ageing population, lifestyle changes, public expectations, and new and emerging medical and digital technologies. In response to this review, in June 2018, the Welsh Government published A Healthier Wales: Our Plan for Health and Social Care. The ambition is for the health and social care systems to work together, to help people live well in their communities, meet their health and care needs effectively and provide more services closer to home, so that people only need to access a hospital for treatment that cannot be provided safely anywhere else. The plan describes four goals for the health and social care system in Wales, which is referred to as the Quadruple Aim:



It also set out how Digital teams and Clinical professionals together with simpler, easy to use technologies are key to achieving these aims and recognised the importance of business change in enabling fuller integration of health and care, setting out the priority for the NHS and Local Authorities to implement the Welsh Community Care Information System (WCCIS).

In 2019, Welsh Government commissioned an architecture review which set out several principles for the development of technology for the NHS in Wales. This was followed by the establishment of Digital Health and Care Wales to provide national digital services and to work with other

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NHS Wales organisations, and NHS Trusts England in delivering technology that will transform the way that care is delivered.

Current State

A full analysis of the key planning parameters including an assessment of external political, economic, social, technological, legislative and environmental (PESTLE) and internal strengths, weaknesses, opportunities and threats / challenges (SWOT) can be found in the PTHB Integrated Plan and RPB Area Plan.

- The Covid-19 pandemic impacted on the wellbeing of the population and the delivery and health and care. There are challenges ahead, some of which are shared not only across Wales but the UK and Western Europe, as well as internationally. The evidence base is still emerging about the consequences of both the direct and indirect harms, compounded by other complexities such as cost of living increases and a challenging economic climate.
- The NHS Wales Planning Framework for 2023 to 2026 recognises that economic and financial outlook is extremely challenging. A set of Ministerial Priorities have been published (which are detailed in full in the PTHB Integrated Plan) and focus on the importance of relationships as well as focused work on key areas of healthcare access and delivery.
- Additional resource constraints have been introduced into the health and care system in recent years, given this complexity. A renewed focus on cost reduction and value-based healthcare is key to develop sustainable services.
- There has been significant change in the use of technology over the pandemic and this has created a complex legacy, with innovations in digital and increased uptake and confidence in its use, but also consequences in relation to the increased pressure on systems, infrastructure, and related security.
- Legislative changes notably the Health and Social Care (Quality and Engagement) (Wales) Act with a Duty of Candour and Duty of Quality, the establishment of a new Citizen's Voice Body, Llais and legislative reform in England, with the implementation of the Health and Care Act and the establishment of Integrated Care Systems
- The continued importance of other key legislative drivers and duties, including the Future Generations Act and Social Services and Wellbeing Act, and the overarching ambition set out in 'A Healthier Wales'.
- The Welsh Government Net Zero Carbon Status Route Map and Decarbonisation Strategic Delivery Plan published in 2021 build on existing legislation in the form of the Environment Act 2016 and Planning Act 2015.

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- The work being done in partnership on the Accelerated Model of Care is particularly important in this respect, in setting out the both the case and the levers for change, in a highly complex and challenging environment.
- Intensive, focused efforts are required to continue to build a stronger understanding of what health inequalities look like in Powys and how that impacts on population wellbeing (more detail relating to population health and inequalities is available in the PTHB Integrated Plan).

Trends in Digital

A number of trends have been identified by Digital Health and Care Wales (DHCW) in their recently published Integrated Plan. DHCW note that the digital landscape is moving fast and has its own challenges, with growing cyber threats, supply chain issues, variable data resource availability and affordability, and legacy technology.

There are risks noted in relation to digital inflation, workforce, finance, supplier dependency and complexity in the current context. Nonetheless, there is also opportunity to use digital to drive efficiencies and improve patient outcomes. DHCW note several key trends which are important in understanding both the national and local context:

- The growing importance of data
- Digital services driving service transformation
- Moving to Cloud services
- Protecting against ever increasing sophistication of cyber attacks
- International technical and data standards
- Tackling a shortage of technology talent
- Cost optimisation – digital inflation and funding pressures
- A shift from capital funding to a recurrent revenue based model
- Organisations shifting from programme to 'product' based delivery models
- Continuous agility in delivering digital services, modular components and mix and match
- Automation, eg in testing
- Open architecture where data exchange is facilitated between public and private sector providers
- The increasing need to ensure robust, secure and solid digital foundations to enable successful digital delivery
- Patient empowerment Apps

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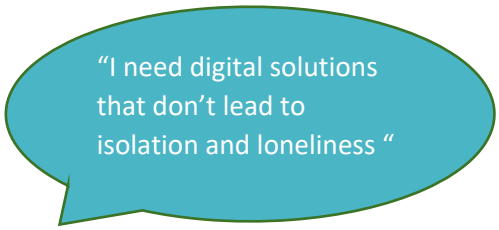
Powys Insights

A full analysis of the current state has been carried out by the health board to identify the key insights for Powys (the full report is available separately).

In summary, the key issues and opportunities are as noted below:

- There are opportunities to deliver better care for the Powys population by maximising the use of technology and increasing digital confidence.
- Digital is critical to achieving the ambition to deliver more care closer to home, changing the nature of provision, as part of the Accelerated Sustainable Model.
- Working across Powys borders is key for our population, so it will be critical to strengthen alliances. This will support standardisation in interfaces across multiple systems to track the patient journey and improve value and outcomes for Powys residents.

- Our staff and services are enthusiastic about digital transformation and have made significant steps in the past few years, with a strong commitment to maintaining and progressing digital improvements.
- There is potential for further innovation including remote monitoring, virtualisation of services, use of artificial intelligence and self-management tools and resources.
- There is potential to transform the legacy platform and the way in which information is held and stored to a secure, resilient, easy to access fast solution which attracts greater scope for information sharing, business intelligence and agile working.
- However, there are significant issues in relation to ageing digital infrastructure and equipment at the end of its life. Digital exclusion remains an issue given the rurality of Powys, with mixed levels of confidence. Significant modernisation is still required to support a fully digital first approach, the pace of which is constrained by available resources and some supply chain issues.



- There are significant paper processes still in use and where electronic systems are used, there are high volumes of data across various systems, some with poor or no interoperability. Wi-Fi is not yet optimum and whilst improvements are planned, there is a recognised mobile connectivity signal problem amongst Mid rural Wales.
- There are challenges in relation to cyber security, attacks and privacy risks. In addition, there are frequent network and outage issues which require significant resources to deliver short term resolutions.

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- There is a need for training, upskilling, and deeper cultural change, to move fully to Digital First. There is a strong foundation for collaborative effort. Understanding how to use new tools effectively and how this affects the way services work will require standardisation of ways of working, shared learning and review of current practice.
- The Powys Regional Partnership and Public Service Board have both refreshed partnership plans, providing a longer term and 'intergenerational' view for these ambitions.
- Digital ambitions are noted in each of the three Powys Cluster Plans as well as being a critical enabler for transformation programmes in North Powys and Pan Powys.
- It is essential that digital is integrated into the planning of all model's of care so that all the 'digital opportunities' for ways of working are understood and considered. Digital needs to be an integral part of the planning and investment as it will be the forerunner of the change we're trying to implement across the HB as part of the Accelerated Sustainable Model
- The national Digital Health and Care Strategy is currently being refreshed, and there are a number of existing and evolving national programmes, brought together with oversight through Digital Health and Care Wales.
- It is essential that there are robust, safe information sharing protocols together with the right access to information for services and dual roles across all commissioned services, particularly those 'cross-border' partnerships within England and Wales.
- It is a significant problem the national Digital Health and Care Wales clinical systems are not interoperable with care providers for those residents of Wales needing care from cross border providers. This poses a clinical risk in terms of access to the patient history when needed most for informed clinical decision making.

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Powys Principles and Outcomes

A set of principles and Outcomes (in the form of 'I Statements' were developed as part of the Health and Care Strategy. These have been reviewed in the light of the context and insights noted on previous pages and reaffirmed as fundamentally important in the current PTHB Integrated Plan and the RPB Area Plan:

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

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Alignment with PTHB Integrated Plan

This framework drives forward the digital priorities set out in the PTHB Integrated Plan published in March 2023 as a working document in recognition of the complexity and further development required in year.

Digital solutions are noted throughout the Integrated Plan, ranging from virtual consultations, digital cancer and maternity records, cluster developments and condition specific apps for self-care management.

The Digital Strategic Framework defines how, as an organisation, we will enhance the quality of community care provision for the people of Powys through digital innovation, now and over the next five years. This will be delivered in partnership with clinical services, and external alliances, supported by programmes of work that are performance measured through the Accelerated Sustainable Model and the Integrated Performance Framework.

This framework seeks to provide a challenge to how we do things and enable a sustainable model for change. To ensure that any changes can be sustained by the technology in place and delivered within a robust governance framework, it recognises that investment is needed in

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different places to make this happen and that all our workforce needs to understand what we are doing and why. This change needs to be user driven to be sustainable and will not all happen at once.

What are we aiming for?

This strategic framework sets out how the health board will achieve our shared ambition to enhance the quality of care through digital innovation. Powys aims to lead as a digital exemplar in the community healthcare field, with a holistic approach to how we 'use digital'.

We want to enable the people of Powys (especially our workforce) to feel confident and safe in any new technologies we introduce. We aim to improve patient outcomes by using a joint digital/clinical approach to technology to support independence and promote well-being. The front line will have access to simpler easy to use tools to support the delivery of care and enable timely responses to get it right first time.

Using data driven insights will improve decision making and experience while transforming processes, interactions and decision making. We will facilitate digital inclusion and adoption, working collaboratively to act on feedback, offering targeted guidance, mentoring and support. This will involve exciting new and innovative approaches, supporting news ways of working between multi-professional teams, from data driven redesign of care pathways to the use of applications, artificial intelligence, wearable devices, robotics and voice assistants.

Our ambition is to work more efficiently within a safe and secure infrastructure, that future proofs in light of rapid changes in technology and interoperability. This will mean a redesign and upgrade of the core infrastructure. Given constraints, this will be prioritised and phased.

This will be supported by business change, strong governance and a robust framework for evaluation for quality, safety, and integrity. Collaboration with the people of Powys, partners and service leads on the design of Value-Based healthcare will underpin how we operate.

A **mission statement** has been developed for this Digital First Strategic Framework, through engagement with staff, users and partners:

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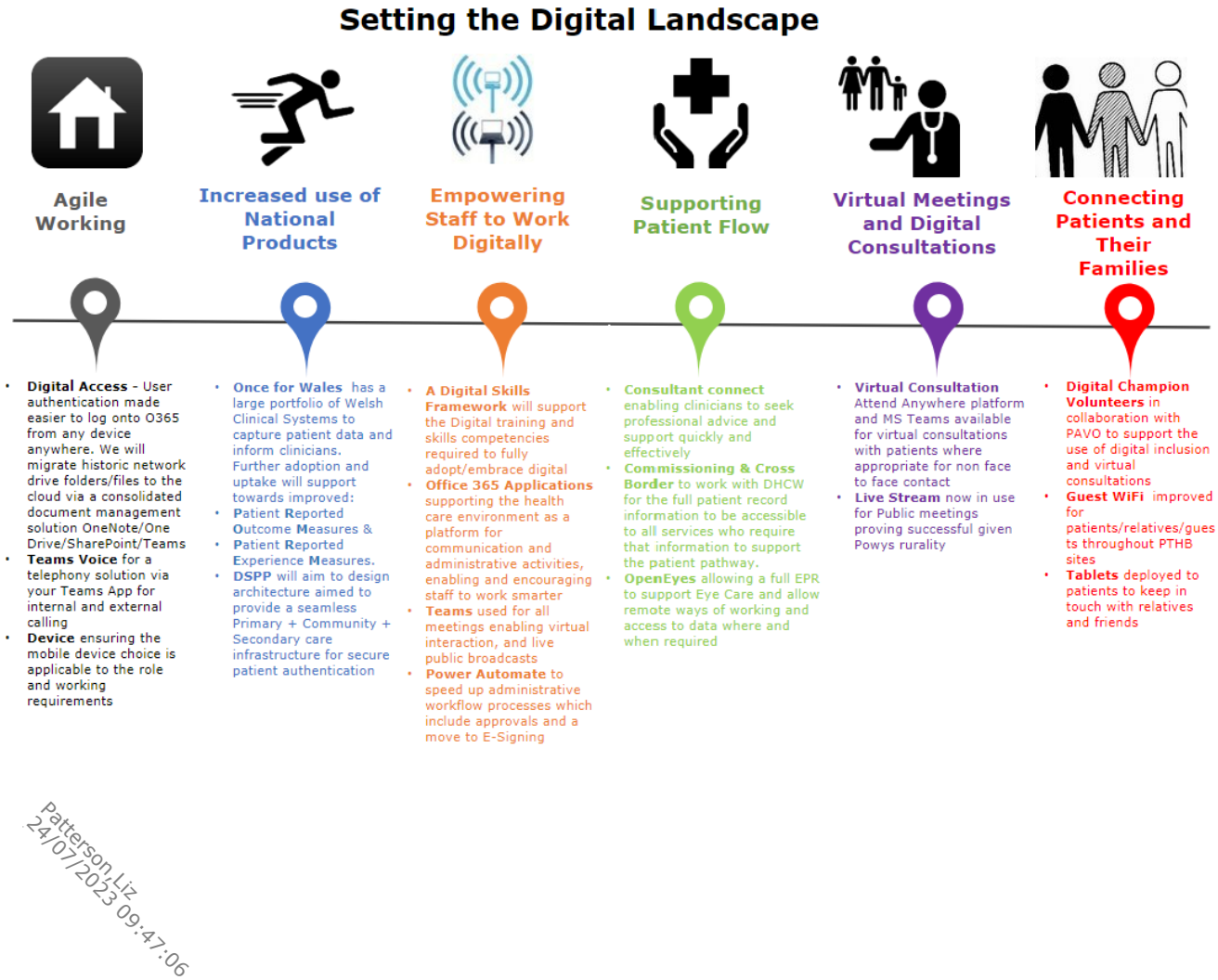
Key Themes

Five key themes were identified though engagement on the development of this framework, informed by consideration of the current state and context as noted earlier in this document:

- Citizen-centred care and support
- Leadership, partnership and alliances
- Infrastructure and security
- Enabling efficiency and effectiveness
- Big Data and Artificial Intelligence

This builds on the 'Digital Journey' set out in earlier plans:



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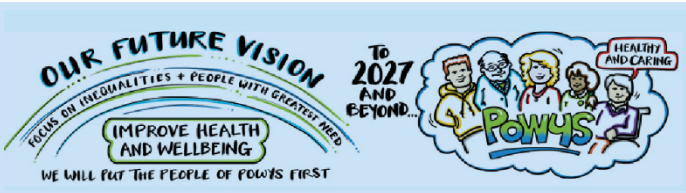

Our MISSION for 'Digital First'

- Empower individuals to care for themselves and take control of their own health and wellbeing
- Make Powys an area of digital innovation in community health and care
- Achieve a joined up, efficient and informed patient journey, based on secure, real-time patient data
- Enable our staff to have access to high quality information, equipped with the digital resources they need to deliver safe, high quality and efficient care

WILL BE Driven Forward BY FIVE THEMES:

- Citizen-centred care and support
- Leadership, partnership and alliances
- Infrastructure and security
- Enabling efficiency and effectiveness
- Big Data and Artificial Intelligence

...AND DELIVERED THROUGH:

→ Digital Leadership, Alliances and Multi-Professional Team Working
→ A Phased Portfolio of Programmes
→ A new Target Operating Model

RESULTING IN:

→ Whole population health intelligence
→ Shared Care Record
→ Digital Care Pathways
→ Patient experience and journey tracking
→ Self Help and Service Portal
→ Apps, wearables, home devices
→ Intelligent automation
→ Interoperability of systems
→ Standardisation of processes
→ Shared decision making
→ Flexible and Agile Estates Strategy
→ Digital skills and capability
→ Resilient and reliable data platform
→ Greater cyber security and data protection

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Citizen-centred care and support

The potential of cutting-edge technologies to support preventative, predictive, and personalised care is phenomenal, and our aim is to unleash this potential across our services.

Using more data-driven technologies to help diagnose conditions and to gain better insights into treatments and preventions that will improve and better manage the health of the population in Powys.

We want to ensure our processes and interactions are designed for our patients' needs. As professionals, clinicians, and service users, we need to be informed consumers of the tools and programmes we choose.

We need to understand what works well, what various platforms, applications and tools help us do better, and reassure ourselves that the governance structures around these products are strong enough to enable us to use them as part of a safe NHS service.

We need to consider the impact of digital technology on workforce planning. Digital technology is a game changer in terms of how we design and deliver services. The implications for what this means, and the knowledge and skills needed from our workforce to drive change forward and developing a community of practice learning network so people can interact and learn from each other.

We need a robust and speedy framework for evaluation for their application, quality, safety, and integrity.

What the staff told us:

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AS A PATIENT, CARER, OR FAMILY MEMBER

Improved access to and choices about healthcare

- I will have online options that improve and simplify access to the support I need
- I can book & change my appointments online
- I can access Welsh and English advice online
- I can have online consultations (but still have face-to-face if preferred)
- I can be signposted to other services and support in my local area (social prescribing)

Improved experience of healthcare services

- My experience of healthcare will be improved through digital options as it will take less time and be provided closer to home
- I will have improved communication with health care staff and can give feedback on the quality of my care

Improved experience of healthcare services

- I can access online resources and suitable home devices that allow me to manage and personalise my care
- I can better manage and personalise the care of someone I care for via digital opportunities/tools
- I can be signposted to other services and support in my local area
- I will be able to access devices and data that can advise on preventing ill-health, allowing me to be healthier and independent for longer

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Digital

AS A PATIENT, CARER, OR FAMILY MEMBER

Tell us once

- I only need to tell my story once to a healthcare professional and not have to repeat it to others
- I am confident that information I am happy to be shared will be available to all those involved in my care

Personal Health Record

- I will have online access to my health record, or the record of someone I care for, and can input into it if I wish
- I have confidence that my personal information is safe and secure when shared across organisations supporting my care
- I have greater ownership of my personal Health Record

Deliverables

- Shared Care Record
- Self Help and Service Portal
- Apps, wearables, home devices
- Tools to capture & analyse patient experiences/journeys
- Patient & Clinical suite of apps
- Interoperability of systems
- 'Record Once, used many times'
- Whole population health data collection analysis

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Leadership, Partnership and Alliances

We want to develop our capability and capacity, creating leaders that are digitally focused and growing the digital skills of our workforce to maximise efficiency and effectiveness. We will have in place a flexible and responsive workforce, digitally open to meet patient needs by ensuring:

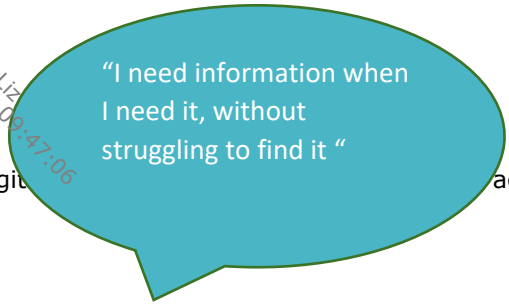
- Representing the diversity of our local population and bilingualism – we ensure all service areas provide a completely bilingual service and all staff are encouraged to develop their linguistic skills in both languages.
- Staff continually engaging in digital development regardless of role.
- Effective workforce planning ensuring the right technology is available to carry out their role.
- Take a proactive approach to developing our future workforce digital skills by engaging with partners, the local community and education providers
- Our staff will feel valued, included, and recognised

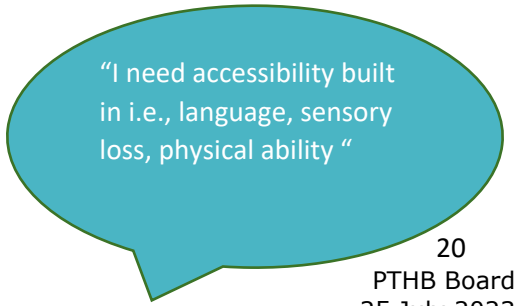
Each person should be given the opportunity to think about their job differently. To think how I would provide this service if it were a new service? What difference does access to information have on the treatment pathway for my patients? How can I use patient access to information to improve care? What can we do differently? How do I as a patient wish to receive health services and information about my health?

The Target Operating model will ensure digital staff work in partnership with clinical professionals to develop new working models combining clinical knowledge with wider organisational knowledge and experience of what digital tools can do and how they can help deliver services and the day-to-day role. We want Powys THB to be a place staff want to work and will stay through their career feeling supported and confident in how digital works for them and enhances their role to be easier allowing more time to care.

The development of a Board Level Chief Clinical Information Officer (CCIO) role will direct the seriousness and significance of Digital Leadership, development and investment but also act to create a multi professional team of clinicians working together and across the organisation on enabling clinical practice to adopt and develop digital and data capabilities.

What the staff told us:





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AS AN EMPLOYEE OF PTHB

Freeing up more time to care (reducing admin time, smarter data capture)

- I will have better access & guidance at the point of care
- Digital tools will reduce the time I spend on admin giving me more time to deliver care and support my colleagues
- I can be sign posted to other services and support in my local areas
- I will be able to easily capture data at the point of care (improving data quality)

The tools needed to do my job

- I will have real-time read & write access to patient records anytime, anywhere
- Our systems align with those of other health and social care organisations
- I will be fully mobile having access to apps via Office 365
- I will only need to update one system with my or my teams information
- I will have access to responsive ICT support and new equipment when needed

Sustainability and efficiency

- The Health Board will be digitally efficient
- The Health Board will use digital options to reduce its Co2 emissions (e.g. virtual working)
- Procurement standards will include single sign-on and interoperability requirements to improve internal efficiencies and external collaboration

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AS AN EMPLOYEE OF PTHB

Digital Leadership and confidence

- My induction will give me excellent training and understanding of Health Board systems.
- I have opportunities to develop my digital skills and confidence, and the time to identify and test new digital ways of working.
- I will share good practice and encourage the use of digital tools for real time data entry
- I will feel I'm part of a 'digital by default' organisation where we place a high value in data, technology and user experience.
- I will be confident that the Health Board has robust cyber security arrangements and high levels of IT resilience to protect patients and staff records.
- I will have data protection training and identify it as key part of patient safety.
- I can securely access / share data via the interoperability of our systems.
- I will understand where to get data and support to turn that into knowledge to influence practice.

Deliverables

- Regular ongoing training and 'digital induction'
- Visible digital 'Leadership'
- Accurate and timely data
- Digital care pathways
- Reducing Physical Journeys
- Increase clinical space
- Procurement standards
- Clinical systems that are fit for purpose (interoperable) and allow mobile and flexible working
- Efficient data capture (intelligent automation)
- Efficient processes linked to PROMS/PREMS
- Cyber security training
- Data protection

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We want to use digital capabilities and business intelligence in decision making to enable value-driven choices, working closer with our people of Powys, and making our information open and accessible wherever, whenever. Using information from interpreted data as a key corporate asset, will enable improved decision making and resource allocation.

We aim to:

- ✓ Create performance dashboards to monitor performance.
- ✓ Integrate data with partners and solutions.
- ✓ Improve our data integrity, ensuring high quality data.
- ✓ Embed predictive analytics in our reporting systems.
- ✓ Provide data that supports improved decision making.
- ✓ Use information to put resources where they are most needed.

Public cloud first – we get the resilience and backups of the most cyber-aware and heavily invested accredited suppliers.

Building a robust data storage solution using modern data technologies will ensure the highest digital standards are adhered to. A multi-layered Data Governance framework will be built to ensure that the flow of data is mapped, from start to finish, while ensuring compliance with relevant legislation and data storage best practices. This will ensure that data is available to those who need it, at all levels, while ensuring that the use of that data is monitored. What the staff told us:

We want to provide a fit for purpose, robust and safe infrastructure to support digital capability and an agile workplace, while ensuring it is cost effective. We deserve software and hardware that helps us meet our goals, and we should adhere to these architectural principles to achieve this.

We will adopt, monitor and maintain industry and government endorsed cyber security standards and protection , including keeping our software, networks, and systems up to date so that we can maintain the confidence of our users and we are assured we are able to build and buy securely.

Utilise modern and secure browsers: we should move to a mobile first approach and make the same digital services easily accessible from all mobile devices, i.e., phones, tablets, laptops, and assistive technologies like screen readers. We recognise that our users across digital services are in a variety of contexts and technology like mobile alerts and responsive design can be critical to supporting the workforce in their roles.

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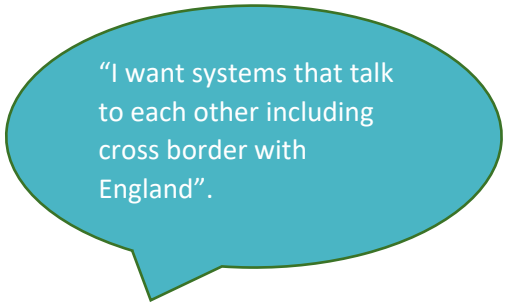
We will benefit from continual security and functionality improvements that come with 'evergreen' ecosystem of modern browsers and web technologies.

We will aim to conduct a series of readiness assessments on modern digital technologies to support on demand delivery of digital resources over the internet i.e., cloud, application usage for efficiencies, and device reviews focussing on leading a workforce that is paper light, mobile and constantly challenging for improvement.

We need to work smarter and support the spread of innovations that work. While there is a plethora of projects able to attract investment, if proven, investment and support is not there to help that product reach the next level. We need to identify those technologies that have already shown potential in health and business processes and invest in them to take them to the next stage.

What the staff told us:



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POWYS HEALTH BOARD WILL

IT Infrastructure

- Upgrade and improve the IT infrastructure, so that the maximum benefit of digital opportunities can be realised.
- Develop the capabilities of our systems and services to tolerate inevitable failures and environmental issues through robust business continuity and disaster recovery processes.
- Ensure collaboration with All Wales Infrastructure programme and other nationally driven programs.
- Facilitate increased agility and speed of adoption of new local and national services.
- Update and improve Wi-Fi provision at Powys Sites – providing greater coverage and more secure and reliable access for patients, staff and partners.

Devices refresh

- Implement a rolling refresh program for workforce IT devices, providing staff with IT equipment capable of dealing with the demands of modern application and systems required, and taking advantage of the latest security capabilities.
- Provide sufficient and appropriate devices to enable meet current and future demands for a workforce better equipped to take full advantage of digital ways of working

Data Centre servers & Storage

- Provide new resilient, reliable and expandable capacity to meet the growing needs of the organisation.
- The Data Centre will be physically and Cyber secure, protecting the Health Board's information assets alongside a wider defence-in-depth cyber controls.
- Develop a cloud first approach where appropriate.

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POWYS HEALTH BOARD WILL

Interoperability – access to information systems & applications

- Work with current and future suppliers to implement single sign-on capability to core systems
- Implement self-service support for the workforce, reducing time spent by staff seeking advice and assistance for common issues or tasks e.g. self-service password reset

Deliverables

- Provision of a secure, resilient, and reliant infrastructure
- HIMMS level Assessments
- Provide devices for staff that meet their needs and work style and are modern, efficient, and reliable.
- Install and commission new IT data equipment.
- Migrate services to new Data Centre
- Ensure reliable, effective, and high-speed access across all HB sites
- Delivery of clinical and patient portals
- Provide a Digital Support service for all technical related queries / issues
- Provide skilled capability and capacity to maintain and continuously improve the infrastructure foundations required as technology and demand evolves
- Resolve and support knowledge gaps.
- Communicate hints and tips
- Adopt common data standards to ensure Interoperability between IT systems

Age

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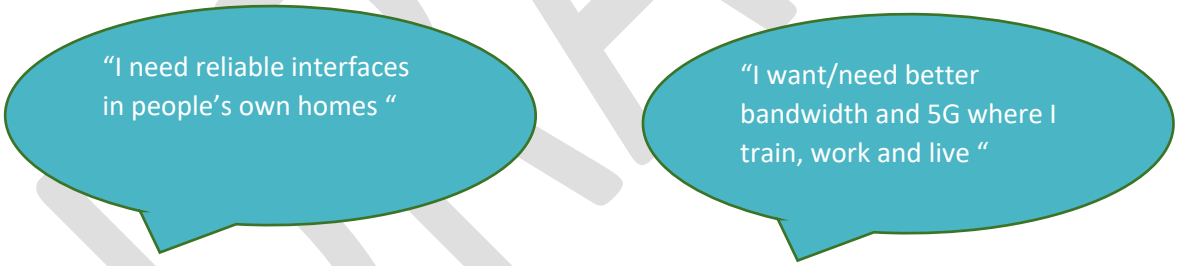
Enabling efficiency and effectiveness

We want to work with stakeholders to create Digital Hubs i.e., internet café, library, educational setting across Powys to connect and support health care delivery, patients, and partners in order to:

- ✓ Ensure where care is delivered it will be digitally enabled and accessible for all.
- ✓ Create virtual spaces and online waiting rooms.
- ✓ Help those with limited or no access to Wi-Fi to connect to our services
- ✓ Develop digital pathways to encourage and enhance self-care.
- ✓ The number of missed appointments decreases through effective digital tools.

Putting in place the right infrastructure so hospitals, GP's, pharmacies, community and social services can join up people's care and reduce the need for patients to repeat their medical history or care needs to different people, where systems can talk to each other safely and securely. Digital services must ensure that people's needs are met and understood, whether that be a website or service area.

What the staff told us:



To fully maximise technology requires skills and confidence within the workforce. The Topol Review (2019) explored how technology would impact healthcare, specifically and concluded that the NHS should focus on 'building a digitally ready workforce that is fully engaged and has the skills and confidence to adopt and adapt to new technologies in practice and context' Topol Review

As well as having the skills and confidence to engage in a digital workplace, developing the workforce digitally will act as a catalyst to realising the benefits of digital technologies and improving outcomes more broadly.

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Opportunities to develop digital skills and capabilities are already available via the Health & Care Academy, and in partnership with Health Education in Wales and this includes support training and development in new and more effective technology rich ways. This framework will ensure work with healthcare professionals to become highly digitally capable by mandating the appropriate level of digital literacy for users of digital systems including ethical and patient safety considerations.

Sufficient capacity for transformation also needs to be included in workforce plans and solutions, to enable Powys THB to have the capacity to transform. It is vital to give staff the time and space to think about, prepare and engage with digital system projects. This will help influence the service requirements for digital systems and aim to make technology easy and simple to use, and adequate for staff to carry out their professional role without being disruptive to service delivery.

User research and engagement is fundamental to drive the strategic direction for digitally delivered health care services and particularly Value-Based healthcare.

Exploring opportunities to test theory, academically research, engage with people through focus groups, surveys to improve on what digital technology we have available for our staff and patients, and what the demand is using market research to review what our people of Powys want and need, and how they can get involved.

Every service must be designed considering the public, the clinicians, practitioners, business partners and charitable organisations such as the voluntary sector. Services co-created and designed with users and their needs through engagement, research and development which will facilitate confidence and buy in and people will get the right outcome for them, and prove more cost effective.

Innovators must be supported, and we will commit to facilitating and building a collaborative ecosystem for their ground-breaking discoveries. We will put collaboration and co-development at the heart of innovation in health and care.

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POWYS HEALTH BOARD WILL

Research & Collaboration

- Actively collaborate with UK based and international academic and research institutions / networks to develop and apply pioneering new methods to solve established or emerging problems
- Open appropriate access to research related software to conduct required levels of statistical and qualitative analysis making available e.g., remote log in, and remote editable access within SharePoint

Whole population insight (prediction and prevention)

- Use machine learning, intelligent automation, advanced analytics, data science, risk stratification (identifying high-risk people and groups)
- Use population health management analytics will help to identify and prioritise healthcare planning and decision making

Commercial development

- Explore options for strategic relationships across industry and academia - focused on innovation to improve health outcomes.
- User digital opportunities as a 'common ground' for partnership working focused on collaboration and integration

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POWYS HEALTH BOARD WILL

Data-rich decisions

Deliverables

- Academic and research collaborations
- Improve access to research software and systems.
- Accurate and timely data
- Clear pathways
- Clear understanding of flow with alerts and triggers
- Development of outcomes tracking and reporting
- Explore new commercial relationships focused on healthcare innovation.
- Install and commission.

Value based Healthcare

- Joined up services, information sharing
- Report against patient reported outcome measures
- Report against patient experience outcome measures
- Work locally, regionally and nationally with Health organisation partners to deliver efficient and effective services
- Remove professional silos

Deliverables

- Share information securely
- Implement robust business change and benefits realisation structure, policy and process
- Academic and research collaborations
- Improve access to research software and systems.
- Clear understanding of flow with alerts and triggers
- Development of outcomes tracking and reporting
- Explore new commercial relationships focused on healthcare innovation.

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Agenda

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Big Data and Artificial Intelligence

A local data resource (LDR) is being developed to create a new data platform that brings together data about health and social care services across Powys. It will make data easier to access, share and analyse so that users, whether they are health and care professionals or patients, can make informed decisions. This will better enable Powys Teaching Health Board to improve patient experience and service outcomes. The LDR will provide improved analytics capability and will enable better decision making for clinicians, operational managers, data scientists and other users.

A national data resource (NDR) driven in partnership with Digital Health and Care Wales, Welsh Government and All Wales Heath Boards and NHS Trusts, to improve the way data is collected, shared and used across the healthcare organisations in Wales and will drive forward the interoperability of health and care systems.

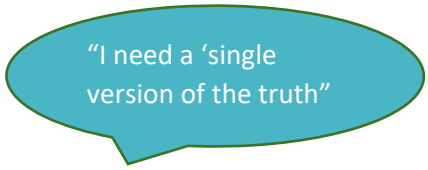
Artificial Intelligence (AI) and 'big data' analytics of healthcare data will be an enabler and support to the delivery of the organisation's strategic objectives. The abundance of information and opportunities will improve quality, safety and cost efficiencies and further improve productivity, services and care. Implementing advanced technologies and AI based tools to directly improve the data analytics within the organisation will deliver valuable insight that is both scalable and adaptable.

To briefly state, data analytics will help with:

- Improving patient care and outcomes
- Supporting health management
- Help make informed commissioning decisions and develop policies, practices and services
- Improve and create patient centric analysis

The key to this is obtaining high quality data, that is accurate and consistent. Providing high quality data will help enhance patient care and improve decision making not just locally, but regionally and nationally.

What the staff told us:



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POWYS HEALTH BOARD WILL

Data-rich decisions

- Improve the collection, quality and triangulation of diverse data sources (data sets, trials, records, patient feedback) to provide greater insight with which to make decisions
- Improved operational system, infrastructure and access for front line staff to do their job
- Routine operational data reported through key performance indicators
- Achieve interoperability of systems and data sets
- Continue to secure confidentiality of patient records by improving early anonymization of information ensuring that data remains non-identifiable across systems.

Whole population insight (prediction and prevention)

- Its capabilities to predict and/or improve early diagnosis to prevent or slow the onset of ill-health and reduce the future need for more urgent care. Focus areas will include working with young people to improve school based mental health wellbeing support
- Use machine learning, intelligent automation, advanced analytics, data science, risk stratification (identifying high-risk people and groups)
- Use population health management analytics will help to identify and prioritise healthcare planning and decision making

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POWYS HEALTH BOARD WILL

Using Data to improve the health of others

- Know and be assured that only anonymised health information is used to improve care quality
- Know that health data will be used to predict and prevent ill-health, address needs and inform clinical decision-making
- Use its capabilities to predict and/or improve early diagnosis to prevent or slow the onset of ill-health and reduce the future need for more urgent care.
- Use machine learning, intelligent automation, advanced analytics, data science, risk stratification (identifying high-risk people and groups)
- Use population health management analytics will help to identify and prioritise healthcare planning and decision making

Deliverables

- Provision a Secure, resilient, and reliant data platform using the latest technologies
- Adopt common data standards to ensure Interoperability between IT systems
- Provide Information as intelligence.
- Develop integration of systems to be able to share data between them, improving workflow efficiency and interoperability
- Accurate and timely data
- Efficient data capture (intelligent automation)
- Data security

Digital First Target Operating Model

Most healthcare seeks to bring together the patient, a clinician/carer, and a record of the patient's clinical history. The NHS was formed at a time when to unite a patient, clinician and the information meant going to the GP surgery or to a hospital. Digital technology allows this to be different, however the changes involved can seem difficult and challenge the status quo. The NHS tends to quickly revert to the way we have always done it, without thinking "why did we do it that way?".

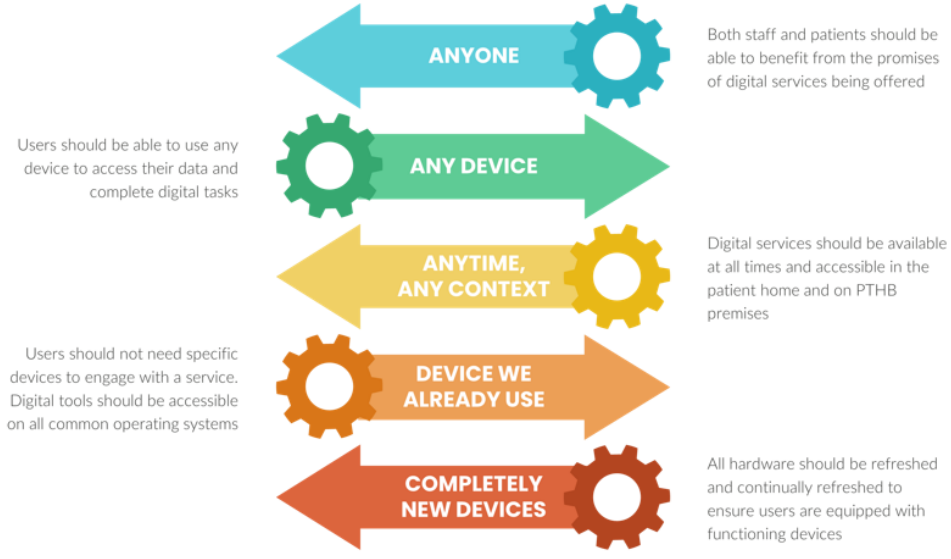
A redesign and new IT Service Delivery Target Operating model will be introduced which will move the focus of PTHB Digital and IT Service Delivery to a user engagement and experience model. We will develop a PTHB led service that builds upon regional and national alliances with partners and suppliers and industry best practices. Key performance indicators in place will primarily measure the user experience and the security and availability of the underpinning infrastructure. There will be a business change function to support staff to work differently and access and research those ideas for improvement and sustainability.

Supporting our workforce

Digital tools should be providing greater freedom and opportunities to do things differently and provide better treatment and care.

A culture of the system says yes, however, there can be a significant knowledge/experience/empowerment hurdles to get over that need to be acknowledged and worked at. This will require organisational support to overcome. There are digital ingredients that can be mixed for better care.

Operational Digital services should be sufficiently resourced, and each service should have improvement plans that evidences value for money.



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Where Are We Now	Where would we like to be by 2027
Not all care pathways are digitalised	Paper light via services connected across integrated care systems, implementation of an electronic document management system
At the moment there are a small number of operational dashboards available	More services utilize operational delivery dashboards to inform decision making
A small number of people have access to technology that helps them self-care	Most people who need it will have access to technology that helps them live independently
Demand for care closer to home is rising	Staff will have access information real time, when and where they need it
Wi-F**i** Connectivity needs to be improved and resilient in some areas	Easily accessible and available Wi-Fi with 5g connectivity for staff, patients and guests
Demand for digital and data capability in services is rising	Develop leaders and confidence in digital and data
In some areas there are multi-professional silos are created through localized system configuration	Multi professional teams of clinicians working together and across the organisation adopting standard clinical practice to adopt and develop digital capability
In some cases**,** Digital governance and decision-making processes could be more robust and transparent	Aligned governance and decision-making processes including prioritisation, benefits realisation, incident management, performance management, project and programme initiation, reporting and management. Implementation of a Digital First Health Board steering group
The infrastructure has limited resilience and bandwidth to support digital system onboarding	In partnership with Estates and Facilities, Digital Services and systems will be underpinned by a modern digital and data platform, fit for purpose and future proofed for continued digital transformation
Small numbers of people are not digitally included	As an organisation we proactively approach members of the public, and specific patient groups/communities and the staff/services who support them
In some areas digital adoption could be improved in operational services	A strong policy approach to the development and implementation of digital will be in place, and will include standardised Service Operation Procedures, and regular audit of leading and managing service implementations.
There are complex data systems that are not fully integrated and support easy accessible information sharing	All data systems will be managed centrally to ensure data standards, data quality and consistency of configuration aligned to Information Governance, Cyber, and organisation reporting requirements
In some areas organisational capability in presenting and interpreting data, and reporting information is fragmented.	Following an organisational and development plan to educate and train services in consistent and confident use of information reporting and ensure there is a single source of the truth.

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5 Key Themes Digital Outcomes 2023 – 2027 (delivered via IMTP & Digital Programme of Work)

	Digital Roadmap				
	Citizen – centred care and support	**Leadership, Partnership and Alliances**	**Infrastructure and Security**	**Enabling efficiency and effectiveness**	**Big Data and Artificial Intelligence**
2023/24	Improved interoperability to support clinical decision making, improved patient outcomes and efficiencies. Maximise existing tools to capture & analyse patient experiences and outcomes. Evaluate the effectiveness of the community electronic patient record in comparison to alternative simple to use systems.	Review target operating model to support the development of new ways of working between Digital & Clinical. Introduce a clinical function to support the Clinical Information Officer (CCIO) to change behaviours to digital and standardise approaches. Expand on the on-site pan-Powys support days to include representation from across digital transformation. Review of workforce IT equipment to ensure staff have the right equipment to work remotely	Prioritise improvement plans needed to ensure the infrastructure works as staff expect and need, making Powys a place staff want to work in Redesign the network topology to introduce resilience and mitigate ongoing cyber threat. Sustained network and hosting infrastructure ensuring it is fit for purpose and resilient. Adopt and expand cyber security detection and response capabilities. Implement cloud platform to support the adoption of cloud where appropriate.	Scope the number of systems with the aim to simplify and standardise systems clinicians are required to use. Ongoing development of virtual consultations to support care closer to home and improve staff efficiencies. Implement health care communication tools to reduce the number of missed clinical appointments. Access to mobile devices to allow health care professionals to record digitally whilst out in the community. Improve documented working practices to focus on quality and results.	Adopt a Cloud first modern data architecture. Promote ownership of data to the services. Removal of data silos throughout the Health Board Putting the Data Team at the 'heart' of the HB creating 'One source of the Truth' Develop a data catalogue to promote transparency.
2024/25	Develop data-driven technologies to help diagnose conditions using wearables, home devices and apps to record information. Access to digital technology to support independence,	Develop the capability and capacity of digital leaders. Improved digital learning experience by introducing ongoing training around cyber security, data protection, applications, and business intelligence.	Ongoing network and hosting infrastructure expanding on core infrastructure investments from 23/24. Improve cyber security posture through introduction of service segmentation,	Improved Wi-Fi coverage across the health board to ensure those with limited access can connect to our systems and services. Implement robust business change and benefits	Expansion of Data Estate to include additional Data Items. Training and education to increase Data Literacy throughout the Health Board Replacement of Manual/Paper Data Collection Push to more 'Real-Time' data collection & reporting.

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	promote well-being and care closer to home.	Opportunities to provide a digital induction and educate new staff groups.	detection and response capabilities and procedures. Improve health board service resilience, removing single points of failure.	realisation structure, policy, and processes. Implementation of a full Telephony upgrade including Welsh Language	Increased focus on automation and agility from all aspects of business intelligence Explore the user of emerging innovation coupled with AI to improve data quality
2025/26	Opportunities to create and maximise the use of clinical decision support tools. Development of a full integrated shared care record where notes are recorded once and used many times.	Empower staff to use digital tools and applications confidently. Expand digital champion's network. Expand the digital offer to support virtual working and reduce the HBs Co2 emissions.	Plan infrastructure lifecycle management for infrastructure investments 2025/2028. Focus on delivery of new services at a rapid pace, making PTHB able to respond to local and national programmes without delays.	Reduce the number of systems required and focus on the full pathway reducing professional silo's Removal of many pw's Opportunities for partnership working focused on collaboration and integration.	Further expansion of data estate to include data Items from Social Care and other organisations. Use data to inform clinical services to build knowledge and confidence where clinicians can provide coaching and triaging of patients to reduce emergency dept admissions Create multiple automated workflows to reduce data entry. duplication Adopt more of an Enabler/Account Manager role so that services own, understand & report on their own data.
2026/27	Develop self-help and service portals. Improved communication with health care staff where patients can feedback on the quality of their care.	Improved clinical systems that are fit for purpose that support mobile and flexible working. Grow internal and external capacity (succession planning). Digital seen as an enabler	End-to-End infrastructure lifecycle plans in place for all infrastructure. Ensure PTHB can take advantage of new local or national services without infrastructure constraints. Robust cyber security detection and response policies, procedures and technologies in place minimising the impact and possibility of an incident occurring.	Use machine learning, intelligent automation, advanced analytics, data science, risk stratification (identifying high-risk people and groups). Ensure collaboration and co-development are at the heart of innovation in health and care.	Adoption of AI & Machine Learning using expanded Data Architecture & Data Landscapes. Full adoption of Proactive not Reactive Data Derived Insights & Advanced Analytics as standard practice. Lead in the community informatics field with full transparency of health information processes to support audit, quality check Access to all relational information required for the role reducing multiple information searching
In partnership with Estates Facilities, Planning and Performance & Workforce Futures					

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Key Priorities for a new Digital Services Target Operating Model

The Staff Experience

Staff expect to be provided with appropriate software and hardware tools that allow them to undertake their job. This means reliable infrastructure and easy to use tools. This requires sustainable investment, easy to understand policies and procedures, and accessible training to create digital first leadership. ICT should just work, and be easy to understand and easy to use making the role of our workforce more enhanced and pleasurable.

Digital devices

Employees will be able to securely access the information they need to do their job. The device that an individual will have will depend on their role, where they work and to a lesser degree their personal preference. e.g., using their own Phone or tablet to access work systems and information.
Policies are required which reflect this, along with a list of acceptable devices and support arrangements.

Digital Mobility

Staff should have access to a secure and fast network with access to the information resources available within the NHS and on the internet. This includes Wi-Fi access to enhance mobility. Over time the IT network will need to provide the bandwidth and reliability for the telephone service as the technologies continue to merge. A site-by-site review has been undertaken and an improvement plan developed to ensure that the network re-design is appropriate and that the bandwidth and Cyber assurance requirements are known. By ensuring that our network infrastructure is stable, capable and scalable, we aim to provide transparent foundations that will support our other strategic aims.

Administrative

Systems exist that help with administration e.g., access to the Electronic Staff Record, E-Expenses, e-mail etc. Each of these systems should be continually developing with new features being added over time. There should be a move to use commodity IT, which is standardised software that is continually being updated. A good example of this is the adoption of Microsoft Office 365, which has many applications that people may be unaware of, or how they can enhance their role and provide administrative efficiencies which will improve productivity. There will be digital facilitators, guides and videos available to make sure that people know how they should use systems and to have the confidence to use them. Some of these

products will be optional and users can explore how and when they use them themselves or within their teams.

Support - for patient care

Our workforce are responsible for having the digital skills and confidence to use the systems to deliver safe and effective care. Standard operating procedures along with good practice guides must be in place. Those with access to patient information will have completed mandatory Information Governance training. Staff must be aware of the requirement to update the information as they provide care as others using the systems will be reliant on, and assume that, the information is up to date. As new models of care are developed using the freedom that digital brings the use of systems becomes part of good care. All patient care applications should be available on mobile devices.

Sustainability for transformation

Staff should be given the opportunity to think about their job differently. The new IT Service Target operating model will support staff to develop new working models combining clinical knowledge with wider organisational knowledge and experience of what digital tools can do and how they can help deliver services and the day-to-day role.

Digital Support

Access - Each person will know how to get the digital support they need with a single contact point and multiple ways of engaging such as a centralised portal, email, chat, video, telephone, text and in person. There will be a 'Tech Bar' available for walk ins to offer digital support, advice and guidance.

Engagement

Staff will be made aware of the product development pipeline and have a way of contributing ideas, innovation, and suggestions for continual service improvement. Benefits realisation exercises and sharing best practice case studies will be developed through Digital and organisation wide communications.

Supporting our Population

What the public should expect

People increasingly expect to interact with services using digital services and using technology. This includes access to their health records and the progress of their treatment including details of appointment referrals and what is happening next. In addition to this there is an expectation that information about their condition and

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treatment options should be available in various electronic formats and should be easily available and to some degree tailored to them personally.

People should know that their information is being held to benefit them and that they can be confident in the way that Powys hold and maintain the information about them. They should know that they will be asked for information once as we securely share it with other health and care providers to enhance their care.

Information Governance and cyber security manage the protection of sensitive information stored by the health board, and this will be a high priority. We aim to ensure that required and recommended security and governance standards form a key part of every digital service. We will ensure that security is considered throughout the service's lifecycle, from procurement to decommissioning. We will continuously adapt our cyber security posture to respond to the latest risks and vulnerabilities in this evolving landscape across all of our services.

People should know that they will not be excluded from services if they lack digital skills or capability. The health board will sign up to the digital inclusion charter and lead on digital inclusion using our facilities and skills to help people to use technology. Noting that not all digital health services require patients to be end users and so progress can be made in transformation without necessarily giving people technology.

The health board will support the national case for investment in patient records and the use of My Health On-line. Digital Services for Patients and the Public (DSPP) will need to support people's ability to look after their own well-being whilst connecting more efficiently and effectively with health and care, with online access to information and their own records; undertaking a variety of health transactions directly, using technology, and using digital tools and apps to support self-care, health monitoring and maintaining independent living.

This will mean participating in the provision of on-line accounts for people in Powys helping to make the case for national investment. Recognising that to make it easy for patients, the NHS will need to work as one organisation, avoiding the temptation to create on-line accounts for every different service a patient might have contact with. The approach also needs to operate across the border with England.

The PTHB website should be reviewed continually to make sure it has the information patients want and need.

Digital Project and Programme Management

Clarity on the status of projects and digital services

A project should have a lifecycle that ends and delivers operational services that require support. Projects need organisational visibility and need to end. They also need to be supported and aligned to the delivery of strategic objectives. We must

describe our requirements 'generically', drawing parallels with services provided in other sectors. This will help vendors understand that our requirements are only bespoke in exceptional circumstances or where we provide niche services.

A new project dashboard to allow progress to be monitored will provide assurance to governance groups and the board as well as acting as a means of communication to the rest of the organization. Streamlined governance arrangements will group projects to reduce the number of boards required to fit with the Digital First headings.

We must recognise that a digital solution procurement is not a project in itself. In the vast majority of cases, the project is a business change that is underpinned by a digital solution. We must therefore construct the project accordingly with appropriate resourced plans and clinical engagement not only to deliver and implement the business change, design and implement the service management wrap and address the business continuity implications.

Data Driven

Making information key to decisions

The statement that we are data rich and information poor is still true but increasingly we are information rich but do not always manage to link this with service planning and decision making. Ways of working will and can change with the knowledge provided by the data intelligence. There needs to be greater awareness of the data available and better on-line access to it. Healthcare is an increasingly data driven industry and plays a critical role in helping to make informed decisions and optimize operations. A centralised Business and Analytics function will work closely with services to analyse activity and maximise intelligence that can improve health and prevent admissions.

Services will be clear on what data and information they require to sustain, improve, and ensure efficiency in their healthcare delivery. This collaboration will result in improved quality and consistency of data input and reduce duplication of data collection where possible.

Local Data Resource

Care Teams and Senior Managers need data for decision making by embedding a local data repository via a redesigned data architecture platform, with Power BI reports and dashboards within the organisational portals that they already use. Safeguarding sensitive data as required using access controls and governance policies will allow secure provision to care teams access to the data they need. This is made possible by modernising the data platform, and will integrate with the many complex systems, internal and 3rd party partners, to provide greater visibility into our data and will collect real time insights for Key Performance Indicators. This will help make sense of multiple sets of data at once. Having access to information related to internal operations, the patient experience, workforce agendas/schedules

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will contribute to providing evidence-based causes and solutions from a single platform. This will allow deeper analysis whilst continuing to sustain productivity.

Value Based Healthcare

The Welsh Government Value-Based Healthcare Programme (VBHC) is seeking to develop visual information products and analysis incorporating patient data, clinical outcome /audit data, patient reported outcome measures (PROMS) and financial costing data to inform a Value-Based approach to service transformation and sustainability. To improve the health outcomes of the people of Wales in a financially sustainable way, through the creation of a data-driven care system that seeks to provide timely information to citizens, clinical teams, and organisations to inform better, safer decision-making. Powys will engage with this work to develop and implement dashboards for "the Big Four" and to continue to promote the use of Patient Reported Outcome Measures (PROMS) and Patient Reported Experience Measures (PREMS).

Policy and Standards

We will continue to ensure that there are processes in place to adopt, contribute to and implement local and national digital policies. Through collaboration with national boards, peer groups and policy leads we will seek to influence policy direction where appropriate.

Local policies will be introduced to support consistent and standardised use of systems, working in partnership with Workforce Futures to develop confidence in digital systems, and with planning and performance to ensure the business intelligence from data entry is available to enhance and improve service delivery.

The Digital Services Support Structure

Digital Transformation and Informatics

Recognising the demand and requirement for a fully supportive Digital business service, we will continue to shift the focus of the ICT support model by exiting the bilateral S33 ICT Service agreement of operational delivery and focus more on supporting service leads to enact business change that is underpinned by digital solutions.

We will expand the scope of our relations with key partners such as alliances with NHS Wales organisations, and voluntary and regional 3rd party partnerships and Digital Health Care Wales to deliver a broader range of support and service management. This will require negotiation of SLA provision to move further towards a fully managed service offering where possible.

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We have an opportunity for 'green field' solutions development i.e., development that introduces brand new business processes and requires untried development techniques that provides opportunities to invest in solution architecture skills and staff development on emerging technologies, such as the use of remote devices

(HoloLens for remote ward rounds) and robotics. The digital services will be internally established and provide the necessary capability and capacity within the Health Board.

Core Digital Informatics Service Functions

Digital Information Technology Provision of end-to-end IT support for our services to ensure staff have the right equipment and access to the information they need to carry out their role.	**Procurement Services** Responsible for the procurement and supplier management of all related digital assets and applications and management of the software and configuration management database	**Telephony Services** Management of the full telephony service offering including maintenance of mobile telephony, Switchboards, call centers and line usage and billing	**IT Service Management** Leading IT Service management process and functions, best practice alignment including Incident, problem and change, service transition, service design, continual service improvement and alignment with the Service Desk Institute
Data Architecture Responsible for the safe, secure & governed storage and processing of Data from multiple disciplines throughout Powys Teaching Health Board	**Business Intelligence** Leading and enabling the Health Board and stakeholders' access to Data & Information via multiple delivery methods – ultimately to drive more Data driven decisions & ownership	**Application and product specialist Support** Responsible for the maintenance, training & standards of multiple administration & clinical systems used by the Health Board. This includes both locally implemented & National Systems	**Application Development Team** The App Development Team is responsible for the development, security, training & maintenance of low-code apps developed within the Health Board to replace a number of instances of manual collection of Data with a more standards driven approach under a common framework
Clinical Coding Responsible for coding patient activity within Powys Teaching Health Board to enable accurate recording & reporting on diagnosis' and procedures within Powys	**Cyber Security and Resilience** Manage and protect the infrastructure, applications, network and devices and collaborate with digital Governance to ensure the supplier chain meets the Cyber assurance framework. To monitor and alert risk and prevent unauthorized access. To lead user education in Cyber Threat awareness	**Network & Connectivity** Lead and management of Network capacity, availability, resilience and configuration including WiFi coverage across multiple sites. Event management and robust change management activities to ensure a secure well performing network.	**Cloud & Hosting** Management of moving to a modernized virtualized and cloud hosted estate, including license management and compliance. As services move to cloud hosting demand will drive better understanding of associated demand and costs
Digital Transformation Leading innovation collaboratively with the Research and Innovation Hub, and the Health Care Learning Academy to maximise the use of new and existing technology such as HoloLens, Pepper and AI	**Information Governance & Records Mgmt** Responds to the rise in digital data and concerns about data privacy and security. Accountable for Freedom on Information, Subject Access Requests and adhering to GDPR and associated legal compliance. Leading and support for the	**Digital Capabilities** Working in collaboration with the Chief Clinical Information Officer, Clinical Nurse Informatics Lead, Workforces Futures to deliver confidence, capability, and skills. Continued support for services to adopt digital ways of working.	**Programme and Project Management** Leading, planning, engaging and delivery of all digital projects and programs locally, regionally, and nationally. Full project management and programme management support including risk management and benefits management. Responsible

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	implementation of processes for directing and controlling the organisations information (records)		for associated business cases and bid submission where applicable

Success Criteria & Benefits

There are several essential criteria for successful IT Service Delivery:

- ✓ **Assess levels of maturity in line with industry best practice**
- ✓ **Alignment of Digital IT to meet business needs.**
- ✓ **Clinically led collaboration and improved communication**
- ✓ **Creating better staff and patient experience**
- ✓ **Enhanced Security and improved quality**
- ✓ **Reduction of technical debt and outdated technology**
- ✓ **Ensuring confidentiality, integrity and availability of patient and staff data**
- ✓ **Build robust resilience to ensure system up time and availability**
- ✓ **Simplify and optimise our use of Digital resources.**
- ✓ **Rationalise on-premises data centre count.**
- ✓ **Operating a maximum securely managed hybrid cloud platform**
- ✓ **Enable future proof estate and platform for digital growth and innovation**
- ✓ **Improved Decision making, planning and performance through a single source of the truth and improved data analytics**

How will the Strategic Framework be implemented?

Our digital aims and the related outcomes are being used to help guide our decisions, and a programme of work will be developed and included as part of the IMTP and tracked by the PTHB Senior Leadership group and the Delivery and Performance Group. We will review the overall strategy annually to ensure it remains relevant and fit for purpose.

There will be a prioritisation and planning exercise to critically review the programmes of work to ensure they are in line with the organisations needs.

There will be several programmes and projects to deliver the ambition, over the next four years. Those requiring funding will follow business case approval, where applicable and be managed through best practice project management principles.

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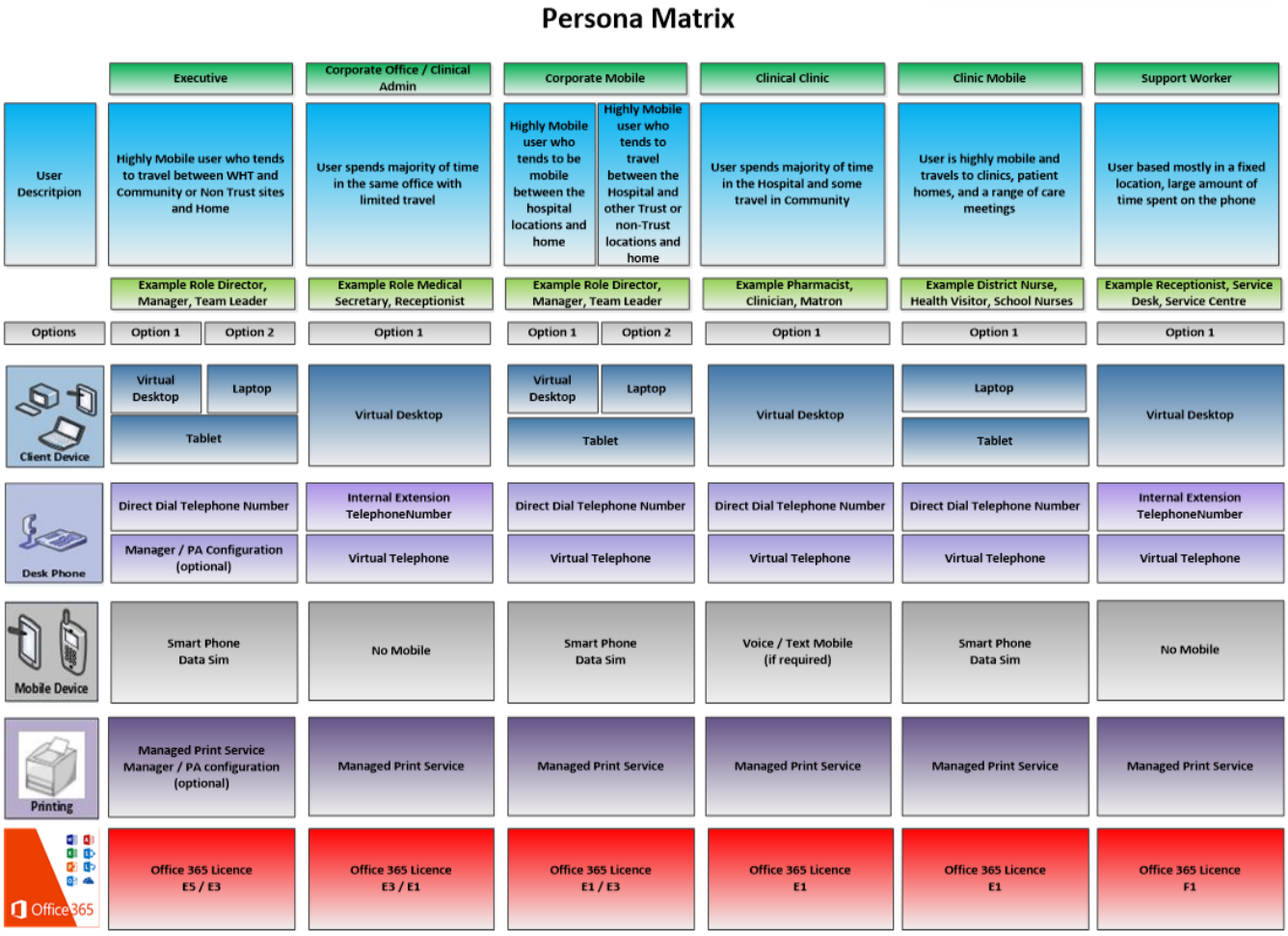
Established projects within the programme will be designed to deliver the optimal Target Operating Model aligned to role-based requirements and sustainability. An indicative approach to Role based requirements is included as Persona Story Boards in Appendix 1.

A persona matrix of requirements is shown below:



Current Digital Programme of Work

Project	Quarter	Year Complete
Cross Border (Interoperability)	**Q1**	**2024/25**
Health Care Communications (Text messaging Hybrid Mail)	**Q2**	**2023/24**
Electronic Prescribing of Medicines Administration	**Q4**	**2025/26**

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Attend Anywhere Video Consultations Re-Launch	**Q4**	**2023/24**
Electronic Referrals (Welsh Admin Portal)	**Q1**	**2023/24**
Scan 4 Safety	**Q2**	**2023/24**
Digitisation of Records	**Waiting to start**	
EyeCare Digitalisation	**On Hold**	
Sharepoint Migration	**Q1**	**2023/24**
Telephony Upgrade (PSTN Switch off 2025)	**Q3**	**2023/24**
Follow Me Printing, Managed Print Service	**Q1**	**2023/24**
UPS replacement	**Q1**	**2023/24**
Cabling Upgrade	**Q4**	**2023/24**
Cloud migration	**Q1**	**2023/24**
Digital Portal Implementation	**Q2**	**2023/24**
Replacement of Backup Hardware and Licensing	**Q1**	**2023/24**
Wi-Fi Upgrade	**Q3**	**2023/24**
RISP	**Waiting to Start**	

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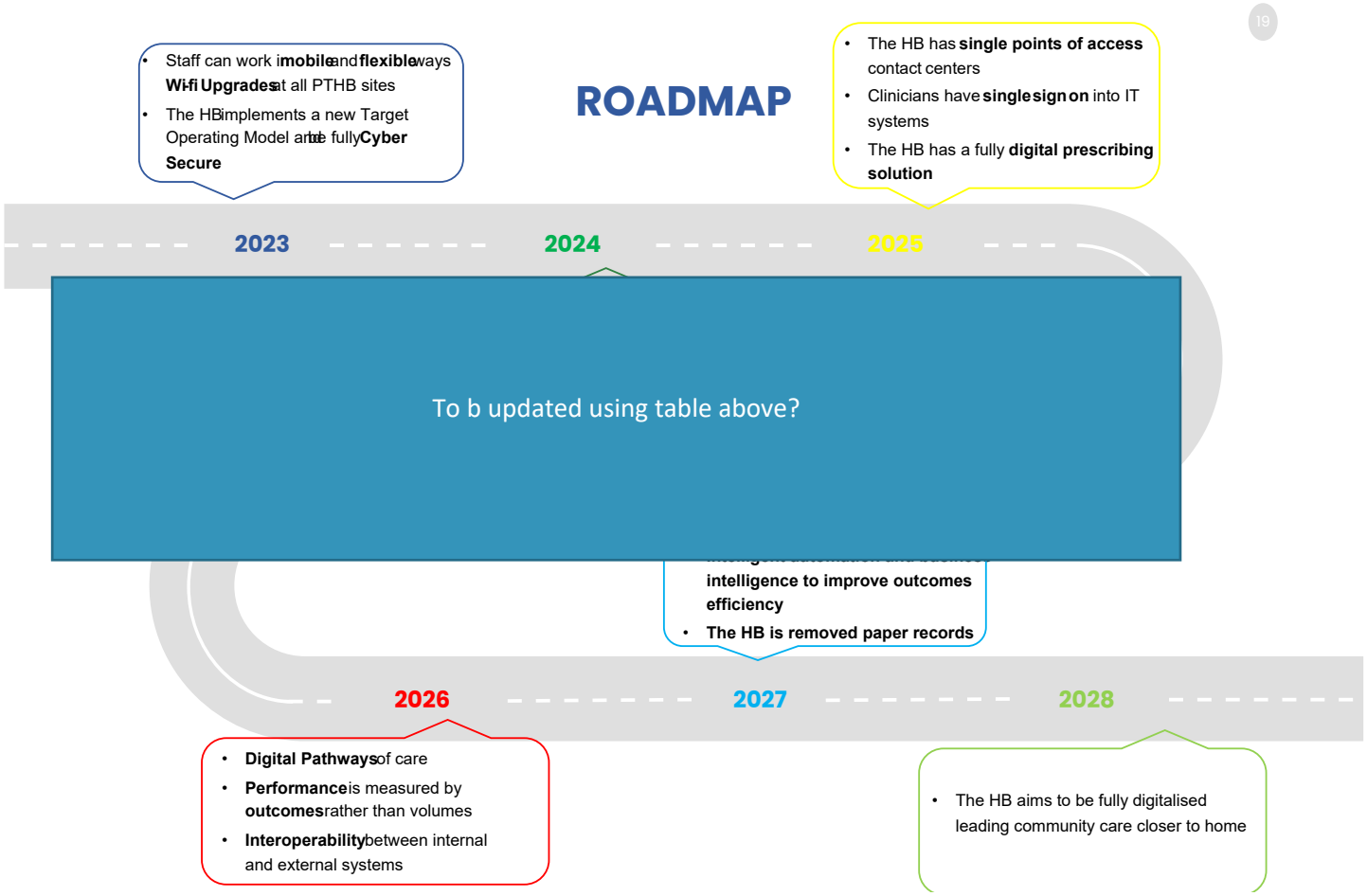
Our Vision Digital First



Appendix 1 - Persona Story Boards

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 2.10

Board Meeting	**Date of Meeting: 25 July 2023**
Subject:	**DIRECTOR OF CORPORATE GOVERNANCE REPORT**
Approved and Presented by:	Director of Corporate Governance / Board Secretary
Prepared by:	Director of Corporate Governance and Board Secretary Interim Corporate Governance Manager
Other Committees and meetings considered at:	N/A

PURPOSE:

The purpose of this paper is to provide the Board with a series of updates and request approval of various decisions in relation to Board related corporate governance.

RECOMMENDATION(S):

It is recommended that the Board:

1. **APPROVE** the revised Scheme of Delegation (in relation to Executive Directors, Other Directors and Officers) – Appendix A;
2. **APPROVE** the Board and Executive Committee work programmes for the remainder of 2023/24 – Appendices B and Ci,ii,iii;
3. **RATIFY** the application of the Common Seal applied on 7 occasions since 1 April 2023 and receive **ASSURANCE** that the action was taken in accordance with Section 9 of the Standing Orders;
4. **RATIFY** the Chair's Action taken on the 2 June 2023 to approve the Powys Public Services Board Wellbeing Plan – Appendix D; and take **ASSURANCE** that the action was taken in accordance with Section 2.1 of the Standing Orders;

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5. **RECEIVE** the contents of Register of Interests for PTHB Board Members at 26 June 2023 (Appendix E) and take **ASSURANCE** that the Audit and Corporate Governance Committee has taken its own assurance that the organisation has appropriate processes to support the collection, management and reporting of declarations of interest, in line with the Standards of Behaviour Policy.

Approval/Ratification/Decision	Discussion	Information
✓	x	x

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

BACKGROUND AND ASSESSMENT:

Scheme of Delegation (Executive Directors, Other Directors and Officers)

The Scheme of delegation (for Executive Directors, Other Directors and Officers) forms schedule 1 of the Health Boards Standing Orders. The full document can be seen here - Microsoft Word - C. Board Approved July 2021 Amended May 2022 Schedule 1 Scheme of Delegation and Reservation of Powers (nhs.wales)

As per the Model Standing Orders, the Board is required to make appropriate arrangements for certain functions to be carried out on its behalf so that the day-to-day business of the LHB may be carried out effectively, and in a manner that secures the achievement of the organisation's aims and objectives. This includes the Board making relevant delegations to the Executive.

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The Scheme of Delegation was last updated in May 2023. Following one change to the executive team portfolios in July (the Director of Performance and Commissioning now has the portfolio for planning), the relevant extract of schedule 2 has been updated – see **Appendix A** where changes are highlighted.

The Board is asked to note the schedule 2 outlines other aspects of delegation, including the matters reserved for the full Board and delegations to Board Committees. No changes have been made to these aspects of the schedule, the only changes made are in relation to the executive team responsibilities as outlined in the table above and highlighted in appendix 1.

The Board is asked to **APPROVE** the revised Scheme of Delegation (in relation to Executive Directors, Other Directors and Officers).

Board and Committee Work Programmes 2023/24
In May 2023, the Board approved the work programmes for the following Committees:

- Audit and Risk Assurance
- Delivery and Performance
- Patient Experience, Quality and Safety
- Planning, Partnerships and Population Health
- Workforce and Culture.

In developing the work programmes, the following actions have been taken:

- Review of 2022/23 work programmes
- Review of Committee terms of reference taking into Committee responsibilities and delegations
- Discussion with Committee members and the Committee Chair
- Consideration of the Integrated Plan for 2023/24 and the corporate risk register

In considering the Board and Committee work programmes, the Board is asked to note that work programmes will continue to be reviewed throughout the year in recognition of the changing, complex environment in which the organisation continues to operate. The extent of change in the Executive Committee will be far greater due to both the frequency of the Committee and the changing and complex nature of the internal and external environments.

The Board is asked to **APPROVE** the work programmes for remainder of 2023/24 for the following Board Committees:

- The Board
- Executive Committee

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The work programmes are contained as **appendices B and C i,ii,iii.** Reports from each Committee will continue to be presented at each Board meeting.

Affixing of the Common Seal
In accordance with Section 9 of the Standing Orders, the Powys Teaching Health Board Common Seal may be affixed and entered onto the Register of Sealing when the entry is signed by the Chair and the Chief Executive and is witnessed by the Director of Corporate Governance / Board Secretary.

Affixing of the Common Seal was taken on seven occasions since the 1 April 2023. This was taken in accordance with Section 9 of the Standing Orders. All 7 documents have been authorised and signed by the Chair and Chief Executive then sealed by the Director of Corporate Governance / Board Secretary. Contrary to the Standing Orders the documents were not signed in the presence of the Director of Corporate Governance/Board Secretary due to the modern working environment of remote working and application of electronic signatures. Additional steps to check the confirm the authenticity of signatures are taken.

The affixing of the Common Seal has been applied as follows:

Date	Document /Purpose
Non-Emergency Patient Transport - novation of contracts x3	Contracts - transfer of function (as agreed at Board in May 2023)
Red Cross Lease, Ystradgynlais Hospital	Estates based lease
Unit 11, Vastre Industrial Estate, Newtown	Estates based lease
Machynlleth hospital boiler contract	Contract
Llandrindod Wells hospital boiler contract	Contract

The Board is asked to **RATIFY** the application of the Common Seal on 7 occasions and receive **ASSURANCE** that the action was taken in accordance with Section 9 of the Standing Orders.

Chair's Action
In accordance with Section 2.1 of the Standing Orders there may occasionally be circumstances where decisions that would normally be made by the Board need to be taken between scheduled meetings, and it is no practicable to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary as appropriate, may deal with matters on behalf of the board – after first consulting with at least two other Independent Members.

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There has been one occasion since the last report where Chair's Action was taken on behalf of the Board.

On 2 June 2023, the Chair's Action was approved as follows:

- Approval of the Powys Public Services Board Wellbeing Plan.

The Action was supported by the Chair, Chief Executive and two other Independent Members, supported by the Director of Corporate Governance / Board Secretary. The approved plan is attached as **Appendix D**.

The Board is asked to **RATIFY** the Chair's Action taken on the 2 June 2023 to approve the Powys Public Services Board Wellbeing Plan – Appendix D; and take **ASSURANCE** that the action was taken in accordance with Section 2.1 of the Standing Orders.

PTHB Board Member Declarations of Interest 2023/24

The Standards of Behaviour Policy enables the Board to ensure that its employees and Independent Members of the Board practice the highest standards of conduct and behaviour.

The Board is strongly committed to the health board being value-driven, rooted in 'Nolan' principles and high standards of public life and behaviour, including openness, customer service standards, diversity and engaged leadership. In support of these principles, employees and Independent Members must be impartial and honest in the way that they go about their day-to-day functions.

The Register of Interests is maintained by the Corporate Governance Department with each Declaration reviewed and checked by the Director of Corporate Governance / Board Secretary with any queries addressed prior to entry on the register. The Department is responsible for issuing periodic invitations to employees and Independent Members to declare their interests. The register for 2023-2024, as at 26 June 2023 is attached at Appendix E. The register is available on the Health Boards website.

On the 21 July 2023, the register and supporting report was presented to the Audit and Risk Assurance Committee who took assurance that the organisation has appropriate processes to support the collection, management and reporting of declarations of interest, in line with the Standards of Behaviour Policy.

The Board is asked to **RECEIVE (Appendix E)** the contents of Register of Interests for PTHB Board Members, at 26 June 2023 and take **ASSURANCE** that the Audit and Corporate Governance Committee has taken its own assurance that the organisation has appropriate processes to support the

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collection, management and reporting of declarations of interest, in line with the Standards of Behaviour Policy.

NEXT STEPS:

The Board is asked to note that the Committees of the Board Terms of Reference were scheduled to be reviewed at the July Board meeting, they are now rescheduled to the September 2023 Board meeting.

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SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS*

The LHB Standing Orders and Standing Financial Instructions specify certain key responsibilities of the Chief Executive, the Director of Finance and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the Standing Financial Instructions form the basis of the LHB's Scheme of Delegation to Officers.

Executive Director	Delegated Matter
Director of Operations (Community Care, and Mental Health)	Delivery of Powys Teaching Health Board primary and community services (as a provider) in line with related strategies. Services to include: ▪ Women and Children's Services ▪ Planned care and specialties ▪ Learning Disability Services ▪ Mental Health Services (including CAMHS) ▪ Palliative Care Services ▪ Rehabilitation Services ▪ Intermediate Care Services ▪ Diabetes Services ▪ Respiratory Conditions Services ▪ Older Peoples Services ▪ Unscheduled Care ▪ Diagnostic Services ▪ Powys Live Well Service
	Integration Agenda with Powys County Council in relation to operational delivery: ▪ Older People ▪ Mental Health ▪ Learning Disabilities ▪ Children
	Meeting of Access Targets / Referral to Treatment Times – Powys provider services
	Oversight of the performance of Ambulance Services

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	Delayed Transfers of Care
	Medicines Management *[in conjunction with the Medical Director – professional]*
	Continuing Healthcare and Funded Nursing Care – operational application (in conjunction with Director of Nursing and Midwifery – strategy)
Medical Director	Caldicott Guardian
	Medical Legislation and National Policy
	Clinical Leadership and Engagement
	Admission to the performers list
	Blood Safety and Quality
	Human Tissue issues
	Executive lead for Organ Donation
	Research and Development – including clinical trials
	Innovation and Service Improvement
	Clinical Audit
	Resuscitation
	Mortality Review
	Professional lead for Medicines Management including Patient Group Directions - written instructions to help supply or administer medicines to patients, usually in planned circumstances
	Development of and Engagement with Clinical Networks
	Individual Patient Commissioning
	Implementation and compliance with Medical Royal College Standards
	Implementation and compliance with National Institute for Clinical Excellence (NICE) guidelines.
	Library Services
	Professional Medical and Dental Workforce: ▪ Standards; ▪ Education; ▪ Regulation; and ▪ Revalidation
	Professional leadership of Nursing and Midwifery

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Director of Nursing and Midwifery	Lead Executive for implementation of the Quality and Engagement Act, quality of Health and Care Services, Patient Experience and Satisfaction, including raising Concerns – patients and public (Putting Things Right, NHS Redress), review and addressing of clinical incidents
	Infection Prevention and Control
	Decontamination
	Implementation and compliance with Patient Safety Alerts
	Carers
	Funded Nursing Care and Continuing Health Care – strategy
	Executive lead for children and young people services
	Safeguarding Adults and Children (CYSUR & CWMPAS – the Regional Safeguarding Boards) *Safeguarding, protecting and promoting the health and well-being of children, young people, vulnerable adults and victims of domestic abuse* PTHB actively contribute locally, regionally and nationally on a number of Safeguarding agendas including: Child Protection, Adult Protection, Looked After Children, VAWDASV and Gender Based Violence, Community Safety Partnership, Youth Offending Board, Deprivation of Liberty Safeguards, MAPPA, Female Genital Mutilation, Modern Day Slavery and Trafficking and Child Sexual Exploitation.
	Deprivation of Liberty Safeguards
	Nutrition and Hydration
	Dementia
	Professional Nursing and Midwifery Workforce: ▪ Standards; ▪ Education; ▪ Regulation; ▪ Supervision of Midwives; and ▪ NMC Revalidation
	NHS Wales Statutory Financial Duties and requirements set out in Standing Financial Instructions (*see Schedule 1e*)
	Professional leadership of Finance staff

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Director of Finance, Information and Information Technology **Interim Deputy Chief Executive with effect from 3 May during period substantive CEO is on secondment*	Financial Planning (Revenue and Capital)
	Financial Management, Monitoring and Reporting
	Financial Systems and Controls
	Provision of Financial Services to Directorates
	Procurement including tenders and post tender negotiations. Liaison with Shared Services to enable delivery of robust procurement services
	Counter Fraud including PPV
	Liaison with External Financial Auditors
	Charitable Funds Accounting
	Health and Care Research Wales financial arrangements including accounts
	Asset Accounting
	Preparation of Annual Accounts
	Business Intelligence
	Data quality and clinical coding
	Delivery of Information management and Technology Strategy and Services
	Provision of Clinical Information Systems - hosting and enabling connectivity. This does not include system administration or management.
	Provision of ICT management systems
	Provision of ICT infrastructure and telephony
	Information Governance
	Records Management Framework
	Intellectual Property Rights and Commercialisation
	Primary Care Out of Hours arrangements, including 111
	Primary care development including Clusters (with support from CEO)
	Primary Care contractor performance management, including accreditation of enhanced services (with support from Medical Director)
	Continuing Healthcare and Funded Nursing Care – financial authorisation up to £75k
	Removal of violent patients from GMS Services
	Operational Capital Estates – financial authorisation to to £50k to ensure segregation of duties for CEO

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Director of Planning, Performance and Commissioning	Commissioning development, monitoring and performance monitoring across the organisation
	Performance management across the organisation, including the development and implementation of the Improving Performance Framework and integrated reporting
	Meeting of Access Targets/ Referral to Treatment Times – commissioned services
	Commissioning development and governance of Long-Term Agreements and Service Level Agreements for NHS health care
	Executive lead for commissioning relationship with WHSCC and EASC
	Executive lead for liaison and engagement with third sector
These delegations previously within remit of the Director of Therapies and Health Science	Planning (strategic and operational), including strategic planning with key partners and partnership working
	Continuous engagement and consultation and liaison with the CVB on those matters relating to service change (supported by Director of Corporate Governance)
Director of Public Health	Health Improvement Strategy (as part of overarching health and care strategy)
	Health Needs Assessment
	Public Health Planning
	Public Health Initiatives linked to the NHS Wales Delivery Framework: ▪ Stop Smoking ▪ Vaccination and Immunisation ▪ Flu ▪ Obesity Screening
	Professional Public Health Workforce: ▪ Standards; ▪ Education; and ▪ Regulation
	Outbreak Control
	Public Health Monitoring and Surveillance
	Provision of Public Health Advice
	Production of Director of Public Health Annual Report
	Executive lead for Armed Forces and Veterans

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	Civil Contingency, Emergency Planning, Business Continuity
	Executive lead for Prudent Health and Care
	Executive lead for the Well-being of Future Generations Act
	Executive lead for Armed Forces and Veterans
Director of Therapies and Health Science	Chief Clinical Informatics Officer
	Medical Devices
	Professional Therapies and Health Sciences: ▪ Leadership ▪ Standards; ▪ Education; and Regulation
	Stroke and Neurological Services
	▪ Facilities and Support Services
	Site Coordination
	Logistics
	Fire Safety
	Health and Safety
	Pain Management Services / Powys Living Well service
Director of Workforce and Organisational Development	Professional Workforce and Organisational Development Workforce: ▪ Standards; ▪ Education; and ▪ Regulation
	Employment and staff relations
	Workforce Planning
	Workforce Policies and Practices
	Employee Health and Well-being including the provision of Occupational Health Services
	Employee Engagement
	Trade Union partnership arrangements
	Employee Record Management
	Workforce Information Management Systems

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	Values and Standards of Behaviour Framework
	Raising Concerns
	Barring and Disclosure Arrangements
	Human Rights
	Equality and Diversity
	Welsh Language provision
	Hosting arrangements – Health and Care Research Wales
	Volunteering
	Executive Lead for Violence & Aggression
Director of Corporate Governance / Board Secretary	Risk and Assurance Framework
	Board and Committee Arrangements and Annual Work Programme
	Board Development Programme
	Production of the Annual Governance Statement and Coordination of the Annual General Meeting
	Compliance with Standing Orders incl delivery of the Board governance structure
	Legislation and Legal Services
	Use of the Common Seal
	Register of Interests and Gifts and Hospitality
	Policies Management
	Internal and External Audit Liaison
	Board level lead for Communications and Engagement
	Compliance with national guidance on service delivery change - engagement and consultation
	Continuous engagement and consultation and liaison with the CVB on those matters relating to service change
	Public inquiries, including COVID-19
	Board level lead for the Health Board's Charity
Associate Director of Capital, Estates and Property* (overseen by the Chief Executive Officer)	Estates including environmental sustainability
	Development and delivery of the Capital Programme

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	Climate Change and Decarbonisation
	Operational Capital and Estates
	Senior Responsible Officer for the North Powys Programme

*The Associate Director of Capital, Estates and Property will be responsible for these areas of work, overseen by the Chief Executive during the period the substantive CEO is on secondment (starting 3 May 2023).

This scheme only relates to matters delegated by the Board to the Chief Executive and their Executive Directors, together with certain other specific matters referred to in Standing Financial Instructions.

Each Executive Director is responsible for delegation within their department. They shall produce a scheme of delegation for matters within their department, which shall also set out how departmental budget and procedures for approval of expenditure are delegated.

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Board 2023-24									
Theme	**Item Title**	**Public/Private**	**Exec Lead**	**Duration (mins)**	**Role of Board**	**27/09/2023**	**29/11/2023**	**31/01/2024**	**20/03/2024**
Governance	Minutes of previous meeting	Public	Chair		Approval	✓	✓	✓	✓
Governance	Declaration of Interests	Public	Chair		Compliance	✓	✓	✓	✓
Listening and Learning	Patient Experience Story	Public	DoN			✓	✓	✓	✓
Listening and Learning	Staff Experience Story	Public	DWOD			✓	✓	✓	✓
Governance	Update from Chair	Public	Chair		Assurance	✓	✓	✓	✓
Governance	Update from Vice-Chair	Public	Vice-Chair		Assurance	✓	✓	✓	✓
Governance	Update from Chief Executive	Public	CEO		Assurance	✓	✓	✓	✓
Governance	Assurance Reports of Board Committees	Public	Committee Chairs		Assurance	✓	✓	✓	✓
Governance	Minutes of previous meeting	Public	Chair		Apprvoal	✓	✓	✓	✓
Governance	Board Action Log	Public	DCG		Apprvoal	✓	✓	✓	✓
Risk	Corporate Risk Register	Public	DCG		Assurance	✓	✓	✓	✓
Risk	Risk Appetite	Public	DCG		Approval		✓		
Risk	Review of Risk Management arrangments	Public	DCG		Approval			✓	
Governance	Assurance Reports of Board Partnership Arrangements	Public	CEO		Assurance	✓	✓	✓	✓
Governance	Assurance Reports of Joint Committees	Public	CEO		Assurance	✓	✓	✓	✓
Governance	Assurance Report of Local Partnership Forum	Public	Chair of LPF		Assurance	✓	✓	✓	✓
Governance	Committee Terms of Reference	Public	DCG		Approval			✓	
Governance	Committee Work Plans	Public	DCG		Approval				
Governance	Board Work Programme	Public	DCG		Approval				
Governance	Standing Orders	Public	DCG		Approval			✓	
Governance	Scheme of Delegation	Public	DCG		Approval				
Governance	Common Seal	Public	DCG		Assurance				
Governance	Committee Membership	Public	DCG		Approval				
Governance	Annual Assessment of Committee and Board Effectiveness	Public	DCG		Approval	✓			
Governance	Committee Annual Reports	Public	DCG		Approval				✓
Governance	WHSSC Standing Orders	Public	DCG		Approval				
Governance	Socio-economic duty assurance report	Public	DPH		Assurance				✓
Governance	Register of Interests	Public	DCG		Assurance			✓	
Governance	Whistleblowing Report	Public	DCG		Assurance		✓		
Governance	Structured Assessment	Public	DCG		Assurance			✓	
Primary Care	Belmont Branch Surgery Application for closure	Public	CEO/MD		Decision				
Planning	Integrated Plan 2023-24 Supplementary Submission	Public	CEO		Approval				
Planning	IMTP Approach to development	Public	CEO		Approval	✓			
Planning	IMTP Draft Plan	Public	CEO		Approval		✓	✓	
Planning	Integrated Plan 2024-25	Public	CEO		Approval				✓
Planning & Finance	Annual Delivery Plan 2023-24 including budget allocation and framework	Public	CEO		Approval				✓
Planning	Primary Care Cluster Planning Reporting against delivery	Public	DFIT		Approval	✓			
Partnerships	RPB Delivery Plan	Public	CEO		Approval	✓			
Partnerships	RPB Delivery (6 monthly)	Public	CEO		Assurance	✓			✓
Partnerships	PSB Wellbeing Plan (Future Generations Act)	Public	DPH		Approval				
Partnerships	Partnership Governance Framework	Public	CEO/DCG		Assurance		✓		
Population Health	Annual Report of Director of Public Health	Public	DPH		Assurance				✓
Performance	Integrated Performance Report	Public	DPC		Assurance	✓	✓	✓	✓
Performance	Integrated Quality Report - incorporated into IPR						✓		
Finance	Approach to the Annual Accounts	Public	DFIT		Assurance				✓
Finance	Annual Report and Financial Statements	Public	CEO/DFIT		Approval				
Finance	Financial Performance	Public	DFIT		Assurance	✓	✓	✓	✓
Finance	Finance Savings Report					✓			✓
Finance	Charitable Funds Annual Accounts and Report	Public	DFIT/DCG		Approval			✓	
Finance	Appove contracts and financial delegations above the CEOs limi	Public/Private	Lead Director		Approval				
Governance	Community Health Council transfer to Llais	Public	DWOD		Assurance				
Partnerships	Llais Regional Director Report	Public	RD Llais		Assurance	✓	✓	✓	
Compliance	Anti Racism Plan	Public	DWOD		Approval				
Equality, Diversity & Inclusion	Equality, Diversity and Inclusion Annual Report	Public	DWOD		Approval				
Equality, Diversity & Inclusion	Strategic Equality Plan 2023-27	Public	DWOD		Approval				✓

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Equality, Diversity & Inclusion	Welsh Language Annual Report	Public	DWOD		Approval				
Compliance	Safeguarding Annual Report	Public			Approval				
Quality	IPC Assurance Report	Public	DoN		Assurance				
Listening and Learning	Patient Experience Approach	Public	DoN		Assurance				
Compliance	Wellbeing of Future Generations Act Report	Public	DWOD		Assurance				✓
Civil Contingencies	Major Incident and Emergency Response Plan	Public	DPH		Approval				
Planning	Corporate Business Continuity Plan	Public	DPH		Approval				
Capital and Estates	Health and Safety Annual Report	Public	DoTH		Approval	✓			
Capital and Estates	Capital and Estates Strategy	Public	AD Estates		Approval		✓		
Capital and Estates	Llandrindod Wells Hospital Phase 2	Public	AD Estates		Approval	✓			
IN-COMMITTEE	Financial Sustainability					✓	✓	✓	✓
	CRR (cyber security)	Private	DGC		Approval	✓	✓	✓	✓
	Minutes of previous IC meeting	Private	Chair		Approval	✓	✓	✓	✓
	Legal Dispute	Private	CEO		Approval				
	Radiology Infomatics System Programme FBC	Private	DoTHS		Approval				
	NEPTS transfer to WAST	Private	DoTHS		Approval				
	RaTS Committee Annual Report	Private	DCG		Assurance				

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Executive Committee Q2 2023-24

Theme	Item Title	Role of Committee	Reason / Rationale	Exec Lead	28th June 2023	12th July 2023	25th July 2023	9th August	23rd August	6th September	20th September
Governance	Minutes of previous meeting	Approval		DCG	✓	✓	✓	✓	✓	✓	✓
Governance	Declaration of Interests	Compliance		DCG	✓	✓	✓	✓	✓	✓	✓
Governance	Action Log	Approval		DCG	✓	✓	✓	✓	✓	✓	✓
Governance	Chief Executive Briefing	Discussion		CEO	✓	✓	✓	✓	✓	✓	✓
Governance	Situational Awareness	Discussion		CEO	✓	✓	✓	✓	✓	✓	✓
Governance	Welsh Government Correspondence Summary	Information		CEO	✓	✓	✓	✓	✓	✓	✓
Governance	Draft Board Committee Agendas	Information		DCG	✓	✓	✓	✓	✓	✓	✓
Governance	Executive Committee Forward Look	Information		DCG	✓	✓	✓	✓	✓	✓	✓
Tranforming in Partnership	Register of Interests	Assurance		DCG	✓						
Tranforming in Partnership	Register of Gifts and Hospitality	Assurance		DCG	✓						
Tranforming in Partnership	All Wales Policy for the Storage of Records	Discussion		MD	✓						
Early Help and Support	Carers Annual Report	Assurance		DoNM	✓						
Early Help and Support	Getting It Right First Time (GIRFTH) Reviews	Discussion		DoTHS	✓						
Transforming in Partnership	Corporate Risk Register	Assurance		DCG		✓				✓	
Transforming in Partnership	Integrated Performance Report	Assurance		DPC		✓					
Transforming in Partnership	Finance Performance Report	Assurance		DFIT		**Month 3 (Flash)**				✓ **[Board]**	
	Financial Savings/Financial Sustaibility	Assurance		DFIT		✓					
Transforming in Partnership	Equality, Diversity and Inclusion Annual Report	Approval		DWOD	✓						
Promoting Innovative Environments	Review of items in environment due to COVID-19	Discussion		DoNM	✓						
Escalated Issue	Infection, Prevention and Control Assurance Report	Assurance		DoNM	✓						✓
Transforming in Partnership	Investment Benefits Group Summary Report	Assurance		DFIT			✓				
Governance	Pre-Board Discussion	Discussion		DCG			✓				✓
Early Help and Support	Expansion of Home First	Discussion		DoO			✓				
Transforming in Partnership	All Wales Outcomes Framework for PROMs	Approval		DoTHS							✓
Transforming in Partnership	IMTP-Approach for Development	Assurance		DoTHS				✓			
Transforming in Partnership	Strategic Change Report	Assurance		DoTHS				✓			
Transforming in Partnership	Primary Care Cluster Planning Report against delivery	Assurance		DFIT				✓			
Transforming in Partnership	Regional Partnership Board: •Start Well	Assurance		DoNM				✓			
Transforming in Partnership	Regional Partnership Board Delivery Plan	Assurance		CEO				✓			
Transforming in Partnership	Public Service Board: •Wellbeing of Future Generations Act	Assurance		DPH				✓			
Transforming in Partnership	North Powys Wellbeing Programme Update •Models of Care	Assurance		ADE&P				✓			
Focus on Wellbeing	HepB/C Action Plan	Assurance		DPH		✓					
Promoting Innovative Environments	Health and Safety Assurance Report	Assurance		DoTHS				✓			
Joined Up Care	Primary Care Services reports: •Out of Hours (OOH)	Assurance		DFIT				✓			
Digital First	IT Infrastructure and Asset Management (update against audit report & progress)	Assurance		DFIT				✓			
Digital First	Cyber Security (In-Committee)	Assurance		DFIT				✓			
Transforming in Partnership	Quarterly IMTP Report	Assurance		DoTHS				**[Q1 Apr-Jun]**			
Transforming in Partnership	AGM Update	Assurance		DCG					✓		
Developing Workforce Future	Workforce Performance Report	Assurance		DWOD					✓		
Tackling the Big Four	PTHB Cancer Plan 2023-2026	Approval		MD						✓	
Transforming in Partnership	Annual Governance Programme	Assurance		DCG							✓
Transforming in Partnership	Audit Recommendation Tracker	Assurance		DCG							✓
Transforming in Partnership	WHC Tracker	Assurance		DCG							✓
Transforming in Partnership	Register of Interests	Assurance		DCG							✓
Transforming in Partnership	Whistleblowing Report	Assurance		DWOD							✓
Transforming in Partnership	Review of the Risk Management Framework	Approval		DCG							✓
Transforming in Partnership	Performance and Engagement Workstream	Approval		DPC		✓					

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Developing Workforce Future	HR083 Retirement Policy	Approval		DWOD		✓						
Developing Workforce Future	Medical Locum and Agency Update	Assurance		DWOD		✓						
Developing Workforce Future	Nurse Staffing Levels Act Assurance Report	Assurance		DoNM		✓						
Promoting Innovative Enviror	Llandrindod Wells, Phase 2, BJC	Approval		ADCE&P								✓
Joined Up Care	Continuing Health Care (CHC) Issues	Discussion		DoO/DPC			✓					
Escalated Issue	Variable Pay	Discussion		DoO		✓		**Deep Dive**				
Joined Up Care	Patient Flow and Escalation	Discussion		DPC			✓					

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Executive Committee Q2 2023-24

Theme	Item Title	Role of Committee	Exec Lead	4th October 2023	18th October 2023	1st November 2023	15th November	30th November	13th December	27th December [HOLD ONLY]
Governance	Minutes of previous meeting	Approval	DCG	✓	✓	✓	✓	✓	✓	✓
Governance	Declaration of Interests	Compliance	DCG	✓	✓	✓	✓	✓	✓	✓
Governance	Action Log	Approval	DCG	✓	✓	✓	✓	✓	✓	✓
Governance	Chief Executive Briefing	Discussion	CEO	✓	✓	✓	✓	✓	✓	✓
Governance	Situational Awareness	Discussion	CEO	✓	✓	✓	✓	✓	✓	✓
Governance	Welsh Government Correspondence Summary	Information	CEO	✓	✓	✓	✓	✓	✓	✓
Governance	Draft Board Committee Agendas	Information	DCG	✓	✓	✓	✓	✓	✓	✓
Governance	Executive Committee Forward Look	Information	DCG	✓	✓	✓	✓	✓	✓	✓
Transforming in Partnership	Corporate Risk Register	Assurance	DCG				✓			
Transforming in Partnership	Integrated Performance Report	Assurance	DPC	17-Oct				19-Dec		
Transforming in Partnership	Finance Performance Report	Assurance	DFIT	17-Oct				19-Dec		
Transforming in Partnership	Finance Savings Report	Assurance	DFIT	17-Oct				19-Dec		
Transforming in Partnership	Finance Sustainability	Assurance	DFIT	17-Oct				19-Dec		
Focus on Wellbeing	Infection, Prevention and Control Assurance Report	Assurance	DoNM		✓					
Governance	Pre-Board Discussion	Discussion	DCG							
Transforming in Partnership	Strategic Change Report	Assurance	DPC			✓				
Transforming in Partnership	Quarterly IMTP Report	Assurance	DoTHS							
Transforming in Partnership	Audit Recommendation Tracker	Assurance	DCG						✓	
Transforming in Partnership	Register of Gifts and Hospitality	Assurance	DCG						✓	
Transforming in Partnership	Register of Interests	Assurance	DCG						✓	
Transforming in Partnership	Structured Assessment	Assurance	DCG						✓	
Supporting Innovative Enviro	Capital and Estates Strategy	Assurance	ADCE&P	✓						
Digital First	IT Infrastructure and Asset Mangement	Assurance	DFIT	17-Oct				19-Dec		
Transforming in Partnership	Integrated Quality Report	Assurance	DoNM		✓					
Transforming in Partnership	IMTP Draft Plan	Recommendati	DPC			✓				
Transforming in Partnership	Live Well	Assurance	?			✓				
Transforming in Partnership	Partnership Governance Framework	Recommendati	CEO/DCG			✓				
Focus on Wellbeing	Child Immunisations Annual Report	Assurance	DoNM			✓				
Transforming in Partnership	Anti Racism Plan	Assurance					✓			
Transforming in Partnership	Records Management Update	Assurance						✓		
Joined Up Care	General Dental Services	Assurance						✓		
Joined Up Care	Community Pharmacy	Assurance						✓		
Digital First	Cyber Security Audit Progress	Assurance						✓		

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Executive Committee Q2 2023-24

Theme	Item Title	Role of Committee	Exec Lead	10th January 2024	24th January 2024	7th February 2024	21st February 2024	6th March 2024	21st March 2024
Governance	Minutes of previous meeting	Approval	DCG	✓	✓	✓	✓	✓	✓
Governance	Declaration of Interests	Compliance	DCG	✓	✓	✓	✓	✓	✓
Governance	Action Log	Approval	DCG	✓	✓	✓	✓	✓	✓
Governance	Chief Executive Briefing	Discussion	CEO	✓	✓	✓	✓	✓	✓
Governance	Situational Awareness	Discussion	CEO	✓	✓	✓	✓	✓	✓
Governance	Welsh Government Correspondence Summary	Information	CEO	✓	✓	✓	✓	✓	✓
Governance	Draft Board Committee Agendas	Information	DCG	✓	✓	✓	✓	✓	✓
Governance	Executive Committee Forward Look	Information	DCG	✓	✓	✓	✓	✓	✓
Transforming in Partnership	Integrated Quality Report	Assurance	DoNM	✓					
Tackling the Big Four	MH Power of Discharge Annual Report including MH compliance with legislation	Assurance	DoO	✓					
Transforming in Partnership	Annual Programme (Clinical Audit)	Assurance	MD	✓					
Transforming in Partnership	Annual Report of Accountable Officer for Controlled Drugs	Assurance	MD	✓					
Focus on Wellbeing	IPC Progress/Focus	Assurance	DoNM	✓					
Transforming in Partnership	Corporate Risk Register	Assurance	DCG	31-Jan				20-Mar	
Transforming in Partnership	Socio Economic Duty	Assurance	DPH			✓			
Transforming in Partnership	Strategic Change Report	Assurance	DPC			✓			
Transforming in Partnership	Age Well	Assurance	MD			✓			
Transforming in Partnership	North Powys Wellebing Programme including Models of Care	Assurance	ADCE&P			✓			
Focus on Wellbeing	Annual Report for the Director of Public Health (including reducing inequalities)	Assurance	DPH			✓			
Transforming in Partnership	Intgerated Performance Report	Assurance	DPC			✓			
Transforming in Partnership	Finance Report	Assurance	DFIT			✓			
Transforming in Partnership	Finance Savings Report	Assurance	DFIT			✓			
Transforming in Partnership	Financial Sustainability	Assurance	DFIT			✓			
Transforming in Partnership	6 Month Report on CHC Costs	Assurance	DoO			✓			
Transforming in Partnership	Compliance with Regulations and Standards	Assurance	DoTHS			✓			
Joined Up Care	GMS Report	Assurance	DFIT			✓			
Transforming in Partnership	Cyber Security In-Committee Update	Assurance	DFIT			✓			
Transforming in Partnership	Strategic Equality Plan 2023-27	Recommendati	DWOD				✓		
Transforming in Partnership	Clinical Equality Plan	Assurance	MD?				✓		
Transforming in Partnership	Wellbeing of Future Genertaion Act Report	Assurance	DPH				✓		
Transforming in Partnership	Internal Audit Annual Plan	Approval	DCG				✓		
Transforming in Partnership	Counter Fraud Annual Plan	Approval	DFIT				✓		

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WELL-BEING PLAN

Powys Public Services Board

A Fair, Sustainable and Healthy Powys

Mae’r ddogfen hon hefyd ar gael yn Gymraeg

If you require this document in an alternative format, please contact:

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A message from the Chair

Public Services Boards were set up under the Well-being of Future Generations (Wales) Act in 2015 to improve the social, economic, environmental and cultural well-being of Wales. The role of Powys Public Services Board (PSB) is to lead a strategic, evidence-based and collaborative effort to maximise well-being in Powys, now and for future generations. Powys PSB has a pivotal role in leading a whole system approach to change in the county.

Powys is experiencing significant challenges to the well-being of people and the natural world we depend on. For more than two years, COVID-19 deeply affected well-being in Powys and continues to impact many. We are experiencing the first-hand effects of the deepening climate and nature emergencies. And the cost-of-living crisis is widening economic inequality and pushing many into hardship. This hardship is impacting well-being in multiple ways.

Action is needed to prevent long-term harm to well-being, such as supporting people to have the best start in life to avoid obesity. But there are also great opportunities as we bridge to a zero-carbon, more nature-friendly future that strengthens the local economy and supports residents' well-being.

Our new 2022 Well-being Assessment has helped us to identify key areas for Powys PSB to work on together that add particular value driven by the public sector coordinating efforts in the county.

Three priorities emerged: responding to the climate emergency, healthy weights, and strengthening public sector evidence and insights. These have been chosen because they have the potential to be transformational to Powys' well-being.

The Powys PSB Well-being Assessment and Well-being Plan were developed with the involvement of PSB members, stakeholders and the public across Powys. I extend my sincere thanks to everyone who contributed evidence and ideas, to the Future Generations Commissioner's Office which has supported with time and expertise, and to colleagues across the PSB who have worked to crystallise this Well-being Plan.

From all of our public and stakeholder engagement, it is clear that there is a strong will to develop Powys PSB as an exemplar of best practice and to deliver transformational change for Powys. I am pleased to have the opportunity to chair the PSB at this time of challenge and change.

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Councillor James Gibson-Watt, Powys Public Services Board Chair, and Leader of Powys County Council.

What is a Well-being Plan?

A Well-being Plan is a document agreed by the Public Services Board (PSB) to agree what objectives and steps they will be undertaking to improve the well-being of the people of Powys.

The last local government election took place in May 2022. As set out in the statutory guidance, the local well-being plan must be published no later than 12 months after each subsequent ordinary local election. The PSB must seek the advice of the statutory Future Generations Commissioner for Wales on how to take steps to meet the local objectives in a manner which is consistent with the sustainable development principles, which is often referred to as the "Five Ways of Working".

These principles are:

1. **Long term:** The importance of balancing short-term needs whilst safeguarding the impact on future generations.
2. **Prevention:** How acting to prevent problems occurring or getting worse may help public bodies meet their objectives.
3. **Integration:** Considering how our well-being objectives may impact upon the well-being goals, or on objectives set by other public bodies.
4. **Collaboration:** Acting in collaboration with others and different organisations that could help us meet our well-being objectives.
5. **Involvement:** The importance of involving people with an interest in achieving the well-being goals and ensuring that those people reflect the diversity of the area which the body serves.

The last Future Generations Report was published in 2020. In setting its local objectives the PSB must also consider the latest Future Generations Report as prepared by the Commissioner, which provides an assessment of the improvements public bodies should make in order to set and meet well-being objectives in accordance with the sustainable development principle. This plan also considers how the objectives set contribute towards the well-being goals outlined below:

1. **A prosperous Wales:** An innovative, productive, and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and that develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work.

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2. **A resilient Wales:** A nation which maintains and enhances a biodiverse natural environment with healthy functioning ecosystems that support social, economic, and ecological resilience and the capacity to adapt to change (for example, climate change).
3. **A healthier Wales:** A society in which people's physical and mental well-being is maximised and in which the choices and behaviours that benefit future health are understood.
4. **A more equal Wales:** A society which enables people to fulfil their potential no matter what their background or circumstances (including their socio-economic factors).
5. **A Wales of cohesive communities:** Attractive, viable, safe and well-connected communities.
6. **A Wales of vibrant culture and thriving Welsh language:** A society which promotes and protects culture, heritage and the Welsh language, and encourages people to participate in the arts, and sports and recreation.
7. **A globally responsible Wales:** A nation which, when doing anything to improve the economic, social, environmental and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well-being.

What is the Powys Public Services Board?

The Public Services Board (PSB) is a statutory strategic partnership established under the Well-being of Future Generations (Wales) Act 2015**.** The Act requires key local organisations in Powys to work together and take a more co-ordinated and long-term approach to the issues that really matter to the people of the county. In doing so, the PSB must assess the state of well-being locally (a copy of the most recent Well-being Assessment can be found here: Full Well-being Assessment analysis). The findings from the Well-being Assessment have been used to inform objectives and produce a plan designed to improve economic, social, environmental, and cultural well-being in the Powys area.

The statutory partners are the organisations that are required by the Act to be members of the PSB, these are:

- Mid and West Wales Fire and Rescue Service - www.mawwfire.gov.uk
- Natural Resources Wales - https://naturalresources.wales
- Powys County Council - www.powys.gov.uk
- Powys Teaching Health Board - www.powysthb.wales.nhs.uk

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Other invited organisations who play a key role in the PSB include:

- Bannau Brycheiniog National Park - www.beacons-npa.gov.uk

- Powys Association of Voluntary Organisations - www.pavo.org.uk
- Dyfed Powys Police - www.dyfed-powys.police.uk
- Dyfed Powys Police and Crime Commissioner - www.dyfedpowys-pcc.org.uk
- Department for Work and Pensions
- Welsh Government
- Probation Service
- Powys's Towns and Community Councils

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What is our vision and draft well-being objectives?

The Public Services Board vision is for **a Fair, Sustainable and Healthy Powys.**

The three well-being objectives which shape the work to achieve the vision are:

- People in Powys live happy, healthy and safe lives
- Powys is a county of sustainable places and communities
- An increasingly effective Public Service for the people of Powys

How our objectives consider the Sustainable Development Principle

Sustainable development means the process of improving the economic, social, environmental, and cultural well-being of Wales by taking action, in accordance with the sustainable development principle, aimed at achieving the well-being goals. These have been considered as below:

Sustainable Development Principle	How our objectives consider the Sustainable Development Principle
Long term	Whilst we will be making decisions that support people's immediate needs, we will focus on creating an environment of sustainable places and communities fit for the future. Powys will be a healthy, fair, safe, and prosperous county, contributing to a healthier Wales that is globally responsible in its approach.
Prevention	We will become a resilient county by proactively adapting to change. The effectiveness of public services will be improved through enhanced partnership working, and having people's health, safety, and well-being at the heart of everything we aim to do.
Integration	We will work as a PSB to align our organisational and shared plans to have the greatest positive impact for the people of Powys. The Well-being Goals are embedded throughout all partners' work.
Collaboration	We understand the immense value that diverse people and organisations can bring to the development of the county and the work of the PSB. We will encourage others to collaborate as part of our work and will also identify opportunities for the PSB to contribute to the work of others.
Involvement	We believe involvement is vital to ensure that we are focusing on the right things to meet the needs of Powys. Our 2022 Well-being

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Sustainable Development Principle	How our objectives consider the Sustainable Development Principle
	Assessment engagement and consultation provided a wealth of insight that will be used by the PSB to inform our future plans and decisions. However, we are committed to engaging and consulting with our communities on a regular basis to ensure that our activities remain appropriate and relevant, with particular focus upon reaching those who have not participated before, to ensure all voices are heard.

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What other plans and strategies have been considered when producing these objectives?

A wide range of information, legislation and statutory guidance was considered to shape priorities including national and regional legislation, plans and strategies listed in Appendix B.

Intersectional and cross-cutting impacts and opportunities were considered in developing the Well-being Plan.

Alongside this, the previous Well-being Plan was also of critical importance in shaping the well-being objectives, as there was a significant amount of work undertaken (as highlighted in the Plan's annual reports) to improve the well-being of the people of Powys. This plan also provided lessons learned which have been taken forward by the PSB during the planning process.

What other partnerships will help deliver these objectives?

There are a range of partnership arrangements that will help support delivery of the PSB Well-being Objectives. We will explore and develop how these partnerships interact with the PSB to ensure all are improving the well-being of the people of Powys whilst seeking to identify opportunities for additional PSB value.

The below provides an example of key identified partnerships which all have plans which will help support meeting the PSB Well-being Objectives:

- Powys Regional Partnership Board
- Powys Community Safety Partnership
- Mid Wales Corporate Joint Committee
- Growing Mid Wales
- Powys Nature Partnership

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What are the PSB's well-being Objectives?

People in Powys live happy, healthy, and safe lives

What has the Future Trends report and the Future Generations Report identified? (Appendix C)

- Healthy life expectancy
- Health inequalities
- Living standards
- Educational attainment
- Incomes and income inequality
- Supporting an ageing population

Further evidence of supporting information used to form this objective from the Well-being Assessment can be seen within the Social, Economy, Environment, Culture and Community summaries within Appendix A.

How does this objective support the Well-being Goals?

Well-being Goal	How does this support the Well-being goals?
A prosperous Wales	The PSB will seek to improve the resilience of people and nature to reduce climate impacts and cope with those that are unavoidable. Taking a whole system approach will help members of the PSB understand how its actions influence population health and the factors that determine health, for example in relation to obesity.
A resilient Wales	By protecting and growing the natural assets of Powys, enhancing biodiversity and promoting access to green and blue spaces, we will strengthen the resilience of people and nature.
A more equal Wales	When mapping the whole system of the county and engaging to understand what matters to people, we will seek to reach those who are seldom heard to ensure their voices are heard. Focusing upon young people to improve the system surrounding healthy weight means we will be looking to support the best start in life for all young people, irrespective of background.

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Well-being Goal	How does this support the Well-being goals?
A healthier Wales	Through our climate work, we will be improving the resilience of people and nature to cope with climate impacts that are unavoidable. By taking action collectively, this should help those who are experiencing anxiety related to the climate emergency. There are a range of physical and mental health benefits aligned to healthy weight, which would support happy, healthy lives.
A Wales of cohesive communities	Access to suitable spaces that support people to be active such as outdoor green spaces, safe roads for cycling, safe paths for walking and leisure and community facilities are important in encouraging physical activity, an important factor in maintaining good health. Improving access and affordability of fresh, seasonal and nutrient-dense food offers a range of ways to support people to eat more healthily.
A Wales of vibrant culture and thriving Welsh language	Through engaging with a range of communities such as those who are Welsh language speakers, we will seek to understand what matters to them in being healthy and happy and use this to shape the future work of the PSB. We are also seeking to build upon the county's heritage, particularly its natural assets which are at risk due to the climate emergency, and encourage people to connect with its history and landscapes to engage in physical activity and promote mental health and well-being.
A globally responsible Wales	Improving access to and affordability of fresh, seasonal and nutrient-dense food is a priority, whilst also seeking to reduce the County's food mileage by supporting the development of local supply chains instead of exporting unseasonal goods. Access to fresh seasonal produce will support an environment in which people may eat more healthily.

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Powys is a county of sustainable places and communities

What has the Future Trends report and the Future Generations Report identified? (Appendix C)

- Internet usage and access
- Welsh Language

Further evidence of supporting information used to form this objective from the Well-being Assessment can be seen within the Social, Economy, Environment, Culture and Community summaries within Appendix A.

How does this objective support the well-being goals?

Well-being goal	How does this objective support the well-being goals?
A prosperous Wales	We will be acting as a territorial leader. We recognise communities as a key group of the whole system, and will seek to empower both individuals and communities to help inform the future of Powys, whilst supporting community based action and local economies.
A resilient Wales	We have committed to scaling-up carbon sequestration as part of the work of the PSB, increasing the space for nature to absorb carbon which will enhance our biodiverse natural habitat.
A more equal Wales	By enhancing Powys through our work in tackling the climate emergency, we will take our fair share of the action to decarbonise, in line with the Paris Agreement. Any decarbonisation will be approached as an equal and just transition, working to ensure that no-one is left behind within communities.
A healthier Wales	Whilst engaging with communities, we will seek to understand what matters to them, including their physical and mental health, and how they experience the wider system as part of taking a whole system approach. We will aim for communities to understand how they can play a role in the system, and seek to engage with them to be actively involved in shaping their health.
A Wales of cohesive communities	The PSB's response will seek to act as a territorial leader, acting as agents for change through their respective organisations, whilst also being advocates within communities and bringing people together to

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Well-being goal	How does this objective support the well-being goals?
	improve their understanding surrounding and responding to the climate emergency. Through this approach, diverse voices across Powys will be engaged based on their connection to the county to improve their communities and sense of belonging.
A Wales of vibrant culture and thriving Welsh language	Through engaging with a range of communities such as those who are Welsh language speakers, we will seek to understand what matters to them in living within their communities and use their voices to shape the future work of the PSB. We are also seeking to build upon the county's heritage, particularly its natural assets which are at risk due to the climate emergency, and to encourage people to connect with its history and landscapes and be proud of the communities in which they live.
A globally responsible Wales	By democratising well-being and encouraging community action in response to climate change, and influencing the system surrounding healthy weight, people will better understand the importance of these issues beyond Powys' borders. As a county with a high number of visitors, both nationally and internationally, there is an opportunity for communities to share how they have been supported to improve their well-being by being involved within responding to the climate emergency.

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An increasingly effective public service for the people of Powys

What has the Future Trends report and the Future Generations Report identified? (Appendix C)

- Public sector employment
- Online public services

Further evidence of supporting information used to form this objective from the Well-being Assessment can be seen within the Social, Economy, Environment, Culture and Community summaries within Appendix A.

How does this objective support the well-being goals?

Well-being goal	How does this objective support the well-being goals?
A prosperous Wales	Through the enhanced sharing of information, PSB members will be using their resources more efficiently, enabling better insight and increased effectiveness in decision-making. Greater peer support, networking, and the sharing of best practice will develop the skills for the sector and wider public.
A resilient Wales	Collaboration of expertise, drawing on the skills of Partners and the voices of Communities, will seek input into how to improve the natural environment. Increased access to a greater range of data will enable partners to develop longer term plans to meet current and future needs.
A more equal Wales	All public bodies and the wider community are invited to participate to contribute to this work, irrespective of any background factors. We will seek to engage and understand communities from all backgrounds, including seldom heard voices to influence our work.
A healthier Wales	Through the embedding of the whole system approach across PSB partners, there will be a wider understanding of how their actions influence areas such as physical and mental health.
A Wales of cohesive communities	Establishing dialogues with our communities and testing our understanding from the data will seek to improve the dynamic relationship between communities and PSB members.

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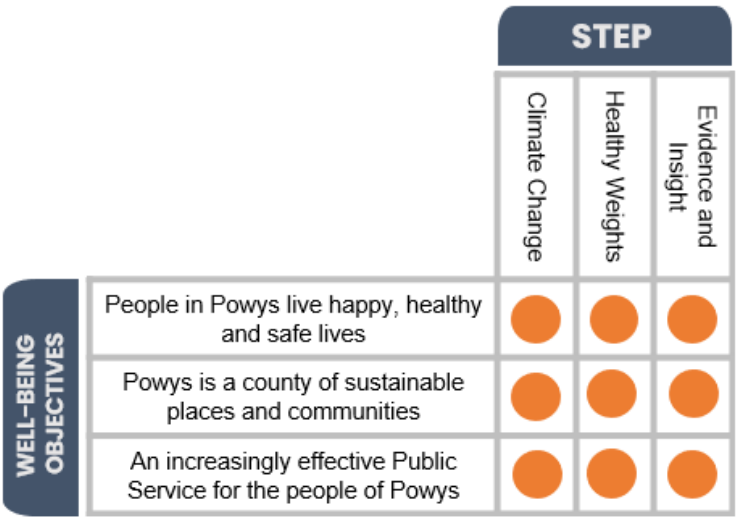
Well-being goal	How does this objective support the well-being goals?
A Wales of vibrant culture and thriving Welsh language	Throughout all work undertaken, we will ensure the Welsh language is treated equitably and provide opportunities to promote this. We will seek to actively reach Welsh speaking groups to understand what matters to them.
A globally responsible Wales	We are committed to joining the UN's Race to Zero initiative as a PSB, becoming the first to do so.

What action is planned to achieve the well-being objectives?

To deliver our well-being objectives, we will need to undertake a series of steps. A step is a delivery mechanism, which may include a project, work focus, or board that helps us to make progress against our objectives. Three priorities have been identified as the most important focus to help achieve the Well-being Objectives:

- Responding to the Climate Emergency
- Taking a whole systems approach to healthy weight
- Shaping the future by improving our understanding of what matters to the people of Powys through evidence and insight

The areas of work are interconnected and will contribute to achieving all three well-being objectives.



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Responding to the climate emergency

What is the context?

The impacts of climate breakdown are happening sooner and at even lower temperatures than scientists predicted. The window of opportunity to maintain a liveable planet for humans and nature as we know it is closing very rapidly.

This is an emergency situation and the next five years will be critical.

What are the action plan aims?

This is a plan for Powys to:

- Take our fair share of the action to decarbonise, in line with the 2025 Paris Agreement
- Scale up carbon sequestration - increasing the space for nature to absorb carbon
- Adapt to climate impacts - improving the resilience of people and nature to cope with climate impacts that are unavoidable

Why is climate action in Powys important?

Action on climate is essential to achieve all three Powys PSB Well-being Objectives:

Objective 1: People in Powys will live happy, healthy, and safe lives

- People in Powys will be exposed to increasing climate risk which needs to be identified and mitigated to keep them safe.

Objective 2: Powys is a county of sustainable places and communities

- People in Powys consume significantly more than our fair share of global resources (including carbon), and the local natural world that we all depend upon is in steep decline
- Powys communities are more directly reliant on and impacted by the natural environment than other urbanised regions of Wales

Objective 3: An increasingly effective Public Service for the people of Powys

- People in Powys require and rely upon climate-informed public services and planning decisions for current and future generations

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How does this step consider the Sustainable Development Principles?

Sustainable Development Principle	How does this step consider the Sustainable Development Principle?
Long Term	Developing a Powys-wide evidence-based climate action plan across sectors will enable an understanding of the future threats and opportunities posed by climate change and the transition to a net zero economy. In particular it will: ● enable strategic support to accelerate the development of the net zero goods and services needed in Powys in a way that benefits local people ● enable strategic planning and support for a just transition ● catalyse investment in the low carbon infrastructure, projects, organisations and practices needed in Powys ● inform how the nature and climate emergencies can be addressed together in a way that maximises nature recovery and supports people's well-being
Integration	Having a planned approach will enable work to be shaped in a way that contributes to achieving all the well-being Goals. Synergies will be actively identified and maximised between the three PSB well-being Steps, and the wider work of PSB organisations.
Involvement	Having a planned approach will enable high quality engagement with a diverse range of stakeholders and communities. This will enable plans to be informed and tailored to meet the needs of local communities including in particular people with protected characteristics and those facing socio-economic disadvantage.
Collaboration	A Climate Well-being Working Group has been set up to facilitate collaboration between Powys PSB members. It will also engage with wider statutory bodies and other stakeholders.
Prevention	Developing a Powys-wide climate risk assessment will enable a medium and long-term understanding of the anticipated impact of the climate crisis on the

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Sustainable Development Principle	How does this step consider the Sustainable Development Principle?
	well-being of people and nature. This will inform plans to reduce and manage risk.

How will the PSB deliver the Climate Well-being Action Plan?

Powys PSB will work towards joining the United Nations' Race to Zero. This global initiative supports public bodies and organisations to take action aligned to the Paris Agreement, and to build a fairer, more resilient future.

Powys PSB's work will be shaped by the five membership criteria of Race to Zero:

Pledge: to take concrete action toward or beyond a fair share of the 50% global greenhouse gas reduction needed by 2030, and to reach net zero by 2050 at the latest.

The fair share decarbonisation target will be based on expert advice and will include embodied emissions in the goods consumed in Powys, not just emissions produced directly in the county.

Plan: within 12 months develop an evidence-based emissions reduction plan in line with the pledge.

A set of research and analysis will be developed to understand the biggest climate interventions needed across Powys that will also bring well-being benefits for this and future generations of people, and for nature recovery. This action planning will involve engagement with local communities, businesses and third sector organisations to ensure actions are tailored to local needs. A pipeline of funding-ready projects will be developed with partners.

Proceed: take immediate action towards meeting the pledge.

Powys PSB will work in partnership across the county to scale up climate action, and to attract investment in the projects needed.

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Publish: commit to report data and actions in relation to meeting the pledge, publicly and at least annually - feeding into the United Nations Framework Convention on Climate Change Global Climate Action Portal.

Powys PSB will make public the analysis, plans, and delivery record to maximise transparency, accountability and public confidence.

Persuade: align lobbying and advocacy activities with net zero by proactively supporting climate policies consistent with the Race to Zero criteria.

Powys PSB will work with people, businesses, and organisations across the county and wider to make the case for a zero-carbon nature-friendly Powys that supports local well-being and a strong local economy.

How will the PSB add value?

There is currently no Powys-wide plan to respond to the climate emergency and maximise the benefits of a zero-carbon economy for local people and nature.

The public sector has a unique role to play in leading and enabling this strategic shift, working closely with local communities, businesses and third sector organisations to ensure plans are tailored to meet local needs.

By working collaboratively, the public sector can use its procurement power to support the skilling and scaling up of local zero-carbon goods and services needed to underpin a sustainable future local economy. A strategic approach to public service provision can enable a just transition and help to ensure no one is left behind.

PSB collaborative working can maximise efficiency in the use of public resources and can enable economies of scale.

Delivering the Climate Well-being Action Plan will build directly on and support county, regional and national workstreams, plans and strategies (see Appendix B).

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A Whole System Approach to Healthy Weight

What is the context?

Obesity is a significant issue for individuals and for wider society and is one of the greatest challenges for health and social care services. In Powys, over one quarter of 4-5 year olds and over half of the adult population are an unhealthy weight. There is a strong link between obesity and deprivation, with the prevalence being higher in our most deprived areas. There is evidence that the gap between those in the most deprived and least deprived communities has widened over time.

Being overweight or obese increases the risk of developing a wide range of common and potentially preventable health problems including heart disease, type 2 diabetes, joint problems such as osteoarthritis, mental health issues such as anxiety and depression and some types of cancer. An unhealthy weight can also influence a range of factors that affect people's life-chances such as self-confidence, educational attainment, employability and sickness-related absence from school and work.

Unhealthy weight places a significant cost on the economy of Wales. Obesity has been estimated to cost the NHS in Wales over £73 million per annum. If rates of overweight and obesity continue to rise in line with current trends it has been estimated that the costs to society and the economy will be around £2.4 billion per year in Wales by 2050.

The factors that influence unhealthy weight lie for the most part outside of the health service. Health (including a healthy body weight) is influenced by the interaction of a range of factors which include individual factors such as age, sex, genetics, lifestyle and behavioural factors, social and community factors, and socio-economic, cultural and environmental conditions. The complexity of the obesity system means there is no simple solution to tackling obesity and that no single agency can tackle it alone. However, adopting an approach which seeks to understand the system as a whole offers a way forward.

What are the Action Plan aims?

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The aims are to:

- engage with and bring together stakeholders who contribute to the local obesity system in Powys

- work collaboratively to identify points of leverage within the system to action sustainable system-wide change
- identify and test local solutions to tackling overweight and obesity at a system level

Why is Healthy Weight important?

Addressing the increasing levels of overweight and obesity in the population has the potential to contribute to each of the PSB's three well-being objectives:

Objective 1: People in Powys will live happy, healthy, and safe lives

- Tackling unhealthy weight has a clear link to this objective. Obesity is a leading contributor to many major long-term conditions including type 2 diabetes, hypertension, cardiovascular disease including stroke, some types of cancer, kidney disease, obstructive sleep apnoea, gout, osteoarthritis and liver disease
- Being an unhealthy weight can impair well-being, quality of life and contribute to low self-esteem, poor self-image and low confidence levels
- Obesity lowers healthy life expectancy and high BMI is a large contributor to the number of years lived with disability
- Children living with obesity are more likely to become adults living with obesity and have a higher risk of morbidity, disability and premature mortality in adulthood
- Health and social problems normally seen in adults (such as type 2 diabetes, musculoskeletal conditions, low self-esteem and depression) are becoming more prevalent in children and young people as a result of the rise in childhood obesity
- Children who are obese are more likely to be bullied and to have higher levels of school absence with negative consequences for their learning and educational attainment

Objective 2: Powys is a county of sustainable places and communities

- Physical activity is an important factor in healthy weight and the environment has an important role to play in supporting people to be more active. Access to suitable spaces that support people to be active such as outdoor green spaces, safe roads for cycling, safe paths for walking and leisure and community facilities are important in encouraging physical activity
- Improving access and affordability of fresh, seasonal and nutritious food offers a range of ways to support people to eat more healthily

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Objective 3: An increasingly effective Public Service for the people of Powys

- Taking a whole system approach to tackling unhealthy weight will help unite programmes of work and align strategic priorities
- A shift from looking at individual actions to addressing actions at a system level will increase the effectiveness across agencies and help facilitate positive changes at a population level

How will the PSB deliver this work?

A whole system approach involves a number of key steps which aim to understand the local system as a whole and its constituent sub-systems. Through engagement with strategic stakeholders we will identify one or more sub-system(s) to focus on and develop an action plan to achieve positive change by identifying and testing out local solutions. Engagement and partnership working are key.

- We will work closely with partner organisations and strategic stakeholders to map out and understand the local obesity system in Powys
- We will gather data and insight from partners and actively engage key organisations in Powys in agreeing our initial sub-system of focus
- We will develop a shared action plan to capture agreed actions and test out local solutions.
- A steering group will be established to coordinate and steer the work

How does this step consider the Sustainable Development Principle?

Sustainable Development Principle	How does the step consider the Sustainable Development Principle?
Long Term	Tackling overweight and obesity in Powys is a long-term goal. Taking a whole system approach will encourage long-term, sustainable changes. Benefits can be expected mostly in the medium to long-term although some may be seen in a shorter time-frame.
Integration	This programme forms part of the local implementation of the national obesity strategy Healthy Weight: Healthy Wales and has considerable scope for synergy with other PSB priorities. For

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Sustainable Development Principle	How does the step consider the Sustainable Development Principle?
	example, there is considerable potential for synergy and collaborative working in relation to: Climate emergency: Climate change and healthy weight are intrinsically linked. Access to healthy, affordable food, considering local food/food miles, reducing food waste, use of green and blue spaces for physical activity, active travel, planning are all areas that cross-cut both the climate change and healthy weight agendas. Evidence and Insight - An enhanced understanding of the well-being of our population will help to inform the whole system approach to healthy weight. Data and insight will help ensure work is tailored to meet the needs of the Powys population, particularly those in greatest need.
Involvement	The whole system approach aims to understand the strengths, levers, gaps and deficits that exist in the local system. It is a strengths-based approach that aims to mobilise and build on existing community assets to strengthen the system and make it more conducive to attaining and maintaining a healthy weight. The views of strategic stakeholders and partner organisations as well as local communities will be important in identifying these strengths and levers.
Collaboration	Whole system approaches bring organisations together to work on shared goals. The whole system approach to healthy weight is a national programme with many opportunities to draw on learning and expertise from other areas.
Prevention	Acting now is essential to halt the current trends in overweight and obesity. Current predictions show that obesity rates and the associated consequences for individuals and society are likely to worsen if action is not taken. This includes increasing economic

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Sustainable Development Principle	How does the step consider the Sustainable Development Principle?
	costs for health and social care and increasing pressures on society as a whole.

How will the PSB add value?

The high and increasing rates of people living with overweight or obesity present challenges and costs that impact on all public services and are not confined to the health and social care sectors. Many of the factors influencing body weight at the local level fall, at least to some degree, within the remit of PSB partner organisations. Examples include education and skills, employability, employment and working conditions, planning, transport and access to healthy food at school and in the workplace.

Similarly, the causes of and potential solutions to unhealthy body weight are largely socio-economic, cultural and environmental and for the most part are not within the control of health services. A coordinated, strategic partnership approach will therefore be required in order to reduce the rates of overweight and obesity in the population.

The Public Services Board will provide senior strategic leadership, strong leadership across the system, and long term commitment and delivered through incremental steps in collaboration with a range of partners. These factors are critical to the success of a whole system approach to tackling overweight and obesity.

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Shaping the future by improving our understanding of what matters to the people of Powys through evidence and insight

What is the context?

Currently, there is a range of evidence and insight about Powys. This information, however, is held by individual organisations and only shared on request and does not allow for a robust understanding of the well-being of Powys. Examples of this sharing work can be seen in the Well-being Information Bank. This step proposes the creation of a formal partnership to share information including data, analytics, research and engagement, and to create a "live, breathing" well-being assessment.

Collaboration with the people of Powys is of paramount importance in decision making in securing the future of the County. There is currently a range of engagement being undertaken by partners, which can result in potential engagement fatigue for the people of Powys (when they receive too many requests from too many organisations in a short period of time), resulting in their voices often not being heard in shaping the future of the county.

What are the action plan aims?

This action plan aims to:

- Build community conversations to involve people in the future of Powys
- Develop a shared understanding of Powys
- Raise awareness of the Well-being of Future Generations (Wales) Act 2015

Why is Evidence and Insight in Powys important?

A shared understanding of our communities is imperative to the PSB meeting its well-being objectives as detailed below:

Objective 1: People in Powys will live happy, healthy, and safe lives

- The sharing of quantitative and qualitative data, alongside engagement activity will allow for the PSB and partner organisations to have an enhanced understanding of the well-being of members of the population
- Will allow for the PSB and organisations to understand what interventions are required to support people to live healthy, happy and safe lives

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Objective 2: Powys is a county of sustainable places and communities

- This will allow for the PSB and partner organisations to have an enhanced understanding of the wider environment in which we live, improve our understanding of climate and nature, and various other place based themes such as crime, community resources, assets etc, and what the residents of Powys think we need to futureproof the county
- The establishment of dialogues with communities will support places to build upon their assets and strengths

Objective 3: An increasingly effective Public Service for the people of Powys

- The sharing of insight and evidence through better coordination, knowledge sharing, joint campaigns/working, project proposals, and the sharing of technical knowledge will ensure an increasingly effective public service for the people of Powys

How does this step consider the Sustainable Development Principle?

Sustainable Development Principle	How does this step consider the Sustainable Development Principle?
Long term	Understanding the situation in Powys using available data will help support the work of the PSB, with this information offset against the long term needs of the people of Powys demonstrated through community conversations.
Integration	Understanding the impacts of climate change on Powys is of critical importance, through the usage of collective quantitative and qualitative data. It is also important to act as a territorial leader and use the engagement mechanisms above to engage with the people of Powys to provide climate leadership for the county, and use their voices to shape the work of this step. Quantitative and qualitative data will be needed in order to understand levels of overweight and obesity in Powys and to inform the whole system approach to healthy weight work. This step will also support community conversations as to how we can create and co-produce where possible the conditions to prevent this being a longer term issue.

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Involvement	This step aims to involve the people of Powys within this work as outlined within the activity below through the development of the voice of the people of Powys to inform the decision making of the PSB.
Collaboration	The foundation of this step's aim is to work together, both as PSB partners, and with the people of Powys, to understand what is important to the well-being of the county. Through working together, we will be able to work as partners, and alongside residents, to understand the situation and seek to co-produce means to help improve this.
Prevention	In order to shape the future and prevent issues from occurring, evidence and insight from partners and understanding what matters to the public is of critical importance. This will ensure that any decisions made reflect are as prevention based as possible.

How will the PSB add value?

The PSB can bring together a range of data from all partners, providing a wealth of evidence in understanding of our population, to ensure that decisions are made using the most current insights. There are opportunities to share engagement activities and gain a wider understanding of well-being in a more integrated manner, allowing for the creation of capacity to support more in depth community conversations around what matters, empowering the people of Powys to have their say in the future of the County beyond the confines of traditional engagement. We will be also looking to leverage these voices through Town and Community Councils, alongside the wider population of the people of Powys to support decision making for the PSB and its wider partners, and seek to create community capacity to democratise well-being.

This step aspires to extend beyond traditional PSB partners and engage a range of stakeholders, and support the development of knowledge and skills which could support potential employment and skills opportunities whilst also further expanding people's understanding of the Well-being of Future Generations (Wales) Act 2015.

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The central aim of this step is to create a holistic understanding of well-being and Powys, a county with a clear identity and heritage, to understand the needs of our residents including areas such as

its natural environment, a key asset due to the county's abundance of green and blue spaces, or the county's diverse people and rural towns and communities, and ensure that their voices are shaping the work of the PSB and it's Partners.

How will the PSB deliver the evidence and insight action plan?

This step can be divided into three work streams which will interact with one another, alongside other PSB steps:

Community Conversations

- We will create a network between PSB partners and the wider public to share, collaborate, and co-ordinate engagement activity, with the aim to involve as many people as possible within the work of the PSB and shaping the future of Powys
- We will explore the formation of a Powys People's Assembly, endeavouring to represent as wide a range of our diverse population through language of choice, to act as a steering group for the work of Powys PSB, seeking to empower residents to participate in and influence decision making
- We will explore how people can use the arts and physical activity, such as accessing the natural environment, to understand what is important to people's well-being

Understanding Powys

- We will create a network between Partner's data colleagues and the wider public (where appropriate) to share data and analysis, and identify opportunities to collaborate to improve understanding of well-being
- We will seek to develop data and analysis related skills of PSB Partners, and the wider public, in turn supporting skills development through further training and working opportunities

Promoting "The Act"

- We will establish a means for smaller, more targeted workstreams to access PSB as easily as possible and harness the energy and additional value of the PSB
- We will promote the role and work of the PSB and Well-being of Future Generations (Wales) Act, and seek to create opportunities to maximise its reach and raise the awareness of well-being and sharing best practice by establishing networks with other

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existing Partnership arrangements, alongside other potential partners such as those within other sectors and industries

How has the Well-being Plan been developed?

A range of activities across the members of the PSB and public have been undertaken to develop this plan. However, this is not the end of the process - the Well-being Plan will evolve and respond to changes in context over the next five years.

Time Period	Activity
April 2020 - March 2022	A Well-being Assessment was undertaken to understand the situation in Powys. This was a key evidence base to inform the planning process. There was also an exercise of consolidating a range of engagement findings already gathered from Partners surrounding well-being.
June 2022	A workshop was held to identify key areas of focus and start to form the PSB's Well-being Objectives, and consider what the PSB could explore doing.
September 2022	A series of follow up workshops were held to refine and agree Well-being objectives, and identify the potential steps to help deliver these objectives. A joint online survey was undertaken alongside the Regional Partnership Board to provide a snapshot of well-being.
December 2022	The Future Generations Commissioner's Office provided advice related to the objectives and potential steps.
January 2023	The PSB prioritised the potential steps to be included in the Well-being Plan ahead of public consultation. A draft Well-being Plan was produced.
January - April 2023	A draft Well-being Plan was consulted on with the public. A summary of public responses can be seen in Appendix D. These findings largely supported the proposed well-being objectives and steps within the plan, whilst also identifying residents of Powys who would like to be further involved in the work of the PSB. Alongside this, the Future Generations Commissioner's Office, Natural

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	Resources Wales, Welsh Government provided responses to the consultation. The draft Plan was also scrutinised by a Scrutiny Committee (Appendix E). This consultation targeted a range of groups specifically, including children and young people who have also engaged creatively by submitting their art and poetry based on the theme *"What do you want the future of Powys to look like?".* There have been submissions from young people across Powys.
April - May 2023	The Well-being Plan has been developed and refined based on the feedback provided ahead of finalisation and approval by the PSB in June 2023.

Reviewing and monitoring

How will the well-being Objectives be monitored by the Public Services Board?

- Ongoing leadership and oversight by each workstream responsible officer
- Ongoing monitoring and delivery management within the working groups
- Formal quarterly monitoring via updates from each delivery lead at quarterly PSB meetings
- Formal quarterly monitoring and assurance-seeking via PSB Scrutiny
- Annual reporting against the progress made against the Well-being Plan
- Annual monitoring against the Well-being of future generations: national indicators and milestones for Wales
- Workstream leads also have a responsibility for highlighting concerns and issues to the PSB at the earliest opportunity, outside of the formal mechanisms identified above if appropriate

What does the proposed high-level governance structure look like?

- Strategic oversight and direction are provided by the PSB through the vision
- Scrutiny by members from all partners to seek assurance and provide constructive challenge to the PSB on progress, purpose, and impact
- There is an operational delivery workstream for each step, each of which will be led by a PSB member from a statutory organisation; they are the responsible officer and will lead the working groups. The responsible officer reports directly to the PSB
- The working groups will consist of the identified leads from PSB partner organisations and key officers who are responsible for delivering the objectives outcome. They will consider the performance of identified actions and will identify opportunities for further partnership

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working and collaboration. The working groups report to the responsible officers of the relevant operational workstream

- The planning group will consist of officer representatives from members of the statutory partner organisations. The group will, as an equally shared responsibility of statutory partners, consider the mechanics of the PSB in meeting its statutory requirements and the aspirations of the Well-being Plan; there will not be a dedicated PSB Co-ordinator. The group provides operational support links between the PSB and delivery leads, and so it is suggested that attendees are knowledgeable in strategic planning, policy and/or partnership working to facilitate valuable collaborative working

Get involved

Powys Public Services Board (PSB) is committed to involving people and stakeholders from across Powys in developing and delivering Well-being Plans - the more tailored they are to local needs, the more impactful they will be.

You can track progression in delivering the Plans by viewing Powys Public Services Board reports.

The PSB has a Scrutiny Committee and its work is available to view here: Public Services Board Scrutiny Committee

If you would like to get involved in this work, want any further information or have any questions, there are many ways to get in touch:

Email: powyspsb@powys.gov.uk

Post: Powys Public Services Board Secretary, Powys County Council, County Hall, Llandrindod Wells, Powys. LD1 5LG.

Phone: 01597 826165

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Appendix A - What did the PSB 2022 Well-being Assessment say?

The full Well-being Assessment for Powys, published in March 2022 is here.

A summary of the findings from the Well-being Assessment is below.

Social

- 12% (16,154) of the population are unpaid carers. This is projected to have increased. There are more unpaid carers in south Powys, particularly the Ystradgynlais locality. (ONS, 2011)
- There has been a 16% increase in homelessness between 2019 and 2020 (from 527 to 621). Mostly single homeless presentations. We anticipate more families with dependent children to present due to the end of the furlough scheme. (Powys Wellbeing Information bank, 2021)
- 20% of people contacting Powys Association of Voluntary Organisations state loneliness and isolation as a reason for contact. 62% of these were female, an increase in demand is seen during the winter months. (PAVO, 2021)
- There are 8,871 housing association properties in Powys. (Housing PCC, 2021)
- 3,500 people are on the housing demand register, many require smaller accommodation (often 1 or 2 bedrooms), whilst others need larger homes. 22% of homes are in the Newtown locality. 48% have a poor energy EPC rating. (Housing PCC, 2021)
- 4,088 families live in absolute poverty, 31% (1,248) of these were lone parent households (Department for Work and Pension, 2019-20).
- The coronavirus pandemic has increased existing health inequalities. Deprived groups have been more vulnerable during lockdowns and declining income.
- There has been a 48% increase in children (1,601 to 2,371 children) eligible for Free School Meals over the past two years (compared with the rest of Wales). (Welsh Gov, 2021)

Economy

- 79.2% of people are economically active and 17.8% are self-employed. (ONS, Dec 2021)
- 5% of working-age people are unemployed (16-64 age group, Dec 2020). Llanidloes was the hardest hit locality, however all localities saw unemployment grow. (ONS, Dec 2021)
- Median weekly full-time earnings in Powys are £519 (Wales: £542, UK £586). (ONS, 2021). Powys has the lowest gross value added per hour worked in the UK (since 2008) (ONS,

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2021). Powys has the lowest gross value added per hour worked in the UK (since 2008). (ONS, 2021)

- The average household income in Powys is £33,458 (Wales: £34,700, UK: £40,257). 55% of households in Powys earn below the Powys average (£33,458). (CACI, 2021)
- 93% (8,030) of businesses are micro-businesses (employing between 0-9 employees). 6% (550) small, 1% (65) medium-sized and 10 large businesses. (ONS, 2021)
- 12% of properties are unable to receive 10mb/s broadband. Highest amongst all Welsh local authorities (2020 Ofcom report). (OFCOM, 2020)

Environment

- Climate breakdown is having an increasing impact on local people, businesses and the natural environment including: extreme and unseasonal weather events including more frequent flooding and higher temperatures and winds.
- Energy: Powys has old and inefficient housing, with high reliance on fossil fuels.
- Transport: Active Travel and public transport is not an option for many people because of inadequate infrastructure and services. Many households run two cars, and a significant minority face well-being and economic impacts because of lack of access to transport.
- Water quality: many rivers in Powys are in moderate or even poor ecological status. The river Wye in particular, is suffering from an increase in nutrient pollution. There are two water pollution incidents per week in Powys.
- Air quality: Ammonia emissions originating from agricultural production continue to harm Nitrogen-sensitive habitat in rural areas and constitute a significant problem for biodiversity and human health (Bosanquet, 2021).
- All of Powys is within a 300m buffer area of greenspace, however not all sites have full legal access. Half of our population lives within 10km of an accessible greenspace site in Powys.

Culture and Community

- 19% of residents can speak the Welsh language, ranging from 54% in Machynlleth locality to 8.6% in Knighton and Presteigne. Most Welsh speakers are aged 5-15 years old. (ONS, 2011)
- 29% percentage within Powys are reported to volunteer
- Between April 2020 and March 2021, there number of 3-day emergency food aid parcels given to families with children in Powys increased by 197% (971 parcels) (Wales: 7%) when

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compared to 2019/20 (Child Poverty Action Group, 2021). In total, 6,754 parcels were given in 2020/21 (84% increase since the previous year). (Child Poverty Action Group, 2021)

- Most of Powys is poor for access to services (just under half of Powys areas are in the worst 20% in Wales in terms of access to services. (Welsh Gov, 2019)
- Six areas in Powys are in the worst 20% in Wales for community safety (Llandrindod East/West, Newtown East, Newtown South, St Mary (Brecon), Welshpool Castle and Welshpool Gungrog). (Welsh Gov, 2019)
- Newtown East ranks 31st most deprived area1 in Wales (of 1,909 areas1 in Wales) (Welsh Gov, 2019)

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Appendix B - Additional Plans and Policies

Social

- Fair society, healthy lives; the Marmot Review: strategic review of health inequalities in England post-2010 (2010)
- Health equity in England: The Marmot Review 10 Years On (2020)
- A Healthier Wales: Long Term Plan for Health and Social Care (updated 2021)
- Mental health delivery plan 2019 to 2022 (updated 2021)
- Healthy Wales, Healthy Weight

Economy

- Foundational economy: delivery plan (2021)
- UK strategy for financial wellbeing: delivery plan for Wales (2022)
- Procuring Well-being in Wales (2022)

Environment

- Welsh Government Environment and Climate Change Guidance
- Nature Recovery Action Plan (updated 2020)
- Beyond recycling (2021)
- Llwybr Newydd: the Wales transport strategy (2021)
- Net zero carbon status by 2030: public sector route map (2021)
- Net Zero Wales (updated 2022)
- Sustainable Farming Scheme (updated 2022)
- Powys Strategy for Climate Change (Powys CC)
- Mid Wales Area Statement theme Climate Change (NRW)
- Nature and Us Campaign (NRW)
- Public Sector Net Zero Carbon by 2030
- Bannau Brycheiniog National Park Management Plan
- Powys PSB member Corporate plans

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Culture and Community

- A More Equal Wales – Socio-economic Duty (2021)
- LGBTQ+ Action Plan Consultation (2021)

- Cymraeg 2050 (2022)
- Anti-racist Wales Action Plan (2022)

Overarching

- Digital Strategy for Wales (2021)
- Growing Mid Wales: The Mid Wales Growth Deal, including:
    - A Vision for Growing Mid Wales Strategic Economic Plan & Growth Deal Roadmap 2020
    - Strategic Economic Priorities for the Mid Wales Region 2019
    - Growing Mid Wales Partnership - Framework for Action 2016
    - Mid Wales Energy Strategy Summer 2020
    - Mid Wales Applied Research and Innovation Study Final Report
    - GMW Hydrogen Study Assessment Report
    - GMW Hydrogen Study Feasibility Report
    - GMW Hydrogen Study Outcomes Summary
- The Future Generations Commissioner for Wales, including:
    - Future Generations Report (2020)
- Inequality in a Future Wales: Areas for action in work, climate, and demographic change (2021)

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Appendix C - Future Trends Report

Healthy life expectancy

While estimates vary significantly, prior to COVID-19, life expectancy increases in Wales look set to continue, although the rate of increase has slowed over the past decade (**Life expectancy estimates, all ages**, Office for National Statistics). However, this increase in life expectancy has not translated into a higher 'healthy life expectancy' (the years someone spends in good health), which has decreased slightly in the past decade (**Health state life expectancy, all ages**, Office for National Statistics). This trend is driven, in part, by inequalities faced by those living in the most deprived areas in Wales, who are most likely to report ill health (**Health state life expectancies by national deprivation deciles, Wales: 2017 to 2019**, Office for National Statistics). Ageing populations are also more associated with higher levels of chronic health conditions and ill health (**Future of an Aging Population**, Government Office for Science 2016; **Projections of older people with dementia and costs of dementia care in the UK, 2019-2040**, London School of Economics and Political Science). However, older people tend to provide unpaid care and make valuable contributions to local communities.

Health inequalities

There are significant health inequalities affecting the lives of people in our society. Since the 1970s, multiple reports have highlighted the extent and impact of inequality in the UK and in Wales (**Health state life expectancy, all ages, UK**, Office for National Statistics). There are significant differences in 'healthy' life expectancy between the most and least deprived. Analysis (based on 2016-2018 data) shows that the gap in life expectancy between the most and least deprived areas was 9 years for men and 7.4 years for women (**Past and projected period and cohort life tables, 2018-based, UK: 1981 to 2068**, Office for National Statistics). However, the gap in healthy life expectancy between the most and least deprived was even greater, at 18.2 years for men and 19.1 years for women. Health inequalities can be deepened because of factors such as mental health problems, homelessness, and an inability to access healthcare.

Living standards

Living standards across different areas of Wales have become slightly more equal over time, although some progress has been reversed in recent years (**Chief Economist's Report 2020**, Welsh Government). Since the 2008 financial crisis, the growth in both household incomes, and its main underlying driver productivity, in the UK have dropped well below the historic trend (**Labour**

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productivity time series, Office for National Statistics). Productivity, which is partly shaped by levels of education and skill, but also by population density and levels of urbanisation, is lower in Wales than in any other UK country or region except Northern Ireland. Flintshire, Wrexham, and the counties of south Wales have the highest rates of productivity in Wales, while Powys has the lowest productivity rate of all sub-regions in Britain (What are the regional differences in income and productivity? Office for National Statistics). The trend for median household incomes in Wales has followed the wider UK trend, although over recent years, median incomes in Wales have in broad terms been around 5 per cent lower than UK levels (Chief Economist's Report 2020, Welsh Government).

Educational attainment

Mirroring the UK as a whole, the qualification profile of the Welsh population has improved markedly in recent years (Examination results in schools in Wales, 2019/20, Welsh Government). However, an educational attainment gap at GCSE level remains, with Welsh students eligible for free school meals much less likely to achieve top grades than other students (GCSE entries and results pupils in Year 11 by FSM, StatsWales). The number of young people not in education, training, or employment in Wales has been falling over the past decade, but the rate of decrease has reduced in recent years.

Incomes and income inequality

Changes in Welsh median incomes track the UK as a whole quite closely over the medium term. Like the UK, the improvement in Welsh living standards has been sluggish in recent years, largely in response to the weak underpinning productivity growth (Chief Economist's Report 2020, Welsh Government). Income inequality across the UK widened sharply during the 1980s but has been broadly unchanged since (with some fluctuation). However, there was a modest increase in inequality across the UK over the period immediately before the pandemic, and some indications that one of the lasting effects of the pandemic will be to further increase inequality, as the disruption to education has impacted differentially (ibid). Children and young people from lower income backgrounds have been particularly affected and this may have lasting consequences. While income inequality has been broadly unchanged over the medium to longer term, relative poverty in Wales has, if anything, declined, though this decline occurred in the period prior to 2010 (ibid). Future prospects for relative poverty depend to a large extent on UK government policy decisions on taxes and benefits.

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Supporting an ageing population

It is expected that Wales' ageing population will increase the demand for public services in the medium to long term. As populations age, there is likely to be a greater proportion of people experiencing chronic health conditions and multi-morbidities, both of which increase cost and resource pressures on health and social care services. Current projections estimate that to meet demand, expenditure on health will grow from 7.3 per cent of GDP in 2014-15 to 8.3 per cent in 2064-65 and from 1.1 to 2.2 per cent of GDP on long term care during the same period (Future of an Aging Population, Government Office for Science).

Projections show that within Wales and the UK as a whole, the old age dependency ratio, which gives an approximation of the number of people being supported by the working age population, will drop considerably over time until 2037 (Living longer and old-age dependency: what does the future hold? Office for National Statistics). This means that the number of those most likely to require publicly funded services will increase relative to the number of economically active people that are able to provide tax revenue.

Welsh language

Over time, the number of Welsh speakers in Wales is predicted to increase significantly. Projections based on 2011 census data, calculated in 2017 by the Welsh Government, estimated that there would be approximately 666,000 people aged three and over able to speak Welsh by 2050 (**Technical report: Projection and trajectory for the number of Welsh speakers aged three and over, 2011 to 2050**, Welsh Government). This is equivalent to 21 per cent of the population and represents an increase of 100,000 Welsh speakers over the 40 year period. Taking into account policy assumptions in line with the Welsh Government's target to reach 1 million Welsh speakers by 2050 (**Cymraeg 2050: Welsh language strategy**, Welsh Government), a separate 'trajectory' was produced indicating that this figure could be surpassed by 2030. Under this trajectory, the overall increase is assumed to be driven by younger age groups and maintained though future generations.

More recent data from the Annual Population Survey however, indicates that even the most ambitious estimates are currently being exceeded, with a reported 883,300 Welsh speakers aged 3+ in 2021 (**Welsh language data from the Annual Population Survey: July 2020 to June 2021**, Welsh Government). Despite a drop from 896,900 in 2019, the longer-term trend would suggest that the target of 1,000,000 Welsh speakers will be achieved far ahead of 2050, possibly even being surpassed within the next 10 years. It should be noted, however, that the National

Census and Annual Population Survey use different sampling methods and are not therefore directly comparable. 2021 Census shows 16% (21,090) of Powys residents ages 3+ are classed as Welsh speakers. This is a **2% decrease** since 2011. (18%, 23,681). This was the 2nd largest fall among Local Authorities, Carmarthenshire had the largest decrease. There has been a decrease in Welsh speakers in Powys. The largest age band to decrease is 3-15-year-olds, this has **decreased by 7%.**

The ability to speak Welsh is most common among young people in Wales, with reported rates highest among those aged 19 and under. The proportion declines as respondents get older, slightly increasing for those aged 85 and over (**Welsh language use in Wales - initial findings: July 2019 to March 2020**, Welsh Government). While the proportion of those able to speak Welsh is highest in north Wales local authorities, the rate of growth of speakers is highest in local authorities in south and southeast Wales. Almost all Welsh speakers in Wales are also fluent English speakers.

Internet usage and access

Internet usage is increasing across Wales and the UK as a whole. The proportion of adults in Wales who do not use the internet has dropped to around 10 per cent (**Internet Users**, Office for National Statistics). However, the proportion of people aged 75 and over in the UK who do not use the internet is increasing. This age group also uses the internet 'on the go' far less than other adults – a trend which decreases with age (**Exploring the UK's Digital Divide**, Office for National Statistics). Despite an overall increase in internet usage, a 'digital divide' remains between those with and without the skills and access to information and communications technologies (**National survey for Wales: Results viewer**, Welsh Government). This persisting divide can exacerbate social and economic inequalities for the digitally excluded (**Providing basic digital skills to 100% of UK population could contribute over £14 billion annually to UK economy by 2025**, The Centre for Economics and Business Research). The most digitally excluded people in the Welsh population are those aged 75 and above.

Public sector employment

Following a decade of decline, the number of people employed within the Welsh public sector has increased to its highest ever point, growing 13.3 per cent in recent years to 30.6 per cent of Wales' total workforce (**Employment in the public and private sectors by Welsh local authority and status**, StatsWales). It is unclear whether the trend will continue as recent workforce increases

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may be attributable to the public sector's response to the COVID-19 pandemic. In addition, over the past decade, the public sector's productivity has been on an increasing trend (**Public service productivity: total, UK, 2018**, Office for National Statistics).

Online public services

The way in which people access public services is changing. The trend in increasing internet use has also led to a growth in the online use of public services, and a general increase in obtaining information, downloading, and submitting of official forms online (**Internet skills and online public sector services: April 2019 to March 2020**, Welsh Government). The latest evidence suggests that 77 per cent of respondents in Wales have used at least one public service website within the last 12 months, those aged 35-54 are most likely to access public service websites, and those aged 65 and over least likely (**National survey for Wales: Results viewer**, Welsh Government).

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Appendix D - Public Consultation Summary Findings Report

This consultation ran from 27th January to 19th April 2023 and received 235 responses.

Full verbatim answers to all open questions will be shared with the lead officer working on the Well-being Plan on conclusion of the consultation period.

Please note: Not all questions have been answered by all respondents and the two Welsh responses are included with the below for ease of analysis.

Part 1 - Demographic Questions

Why do we want to know this?

Providing this information will help us to understand who has contributed towards this survey.

In order to help us ensure that we are providing services fairly to everyone who needs them, we would be grateful if you could answer a few more questions about yourself.

Q1. How do you define your gender?

Female	128
Male	85
Non-binary	4
Transgender	0
Prefer not to say	10
Other (please state if you wish to)	1

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The respondent who selected ‘other’ chose not to define their gender in the open text box.

Q2. How old are you?

Under 16	1
16-24	5
25-34	15
35-44	29
45-54	49
55-64	66
65-74	43
75-84	9
Over 85	2
Prefer not to say	13

Q3. What is your sexual orientation?

Bisexual	10
Gay/Lesbian	5
Heterosexual/Straight	185

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Prefer not to say	26
Other (please state if you wish to):	5

The respondents that selected ‘other’ included:

- This question is an invasion of privacy
- Heterosexual
- Asexual
- Yes I’m a woman who is married to a man!!!! Don’t complicate things!!!! A plug goes into a socket am that works very well.!!!! Thanks 😀!!!!

Q4. What is your ethnic group? Choose one option that best describes your ethnic group or background.

Asian or Asian British: Indian, Pakistani, Bangladeshi, Chinese, Any other Asian background	0
Black, African, Caribbean, or Black British: African, Caribbean, Any other Black, African or Caribbean background	0
Mixed or Multiple ethnic groups: White and Black Caribbean, White and Black African, White and Asian, Any other Mixed or Multiple ethnic background	2
White: Welsh, English, Scottish, Northern Irish, or British, Irish, Gypsy, Roma or Irish Traveller, Any other White background	210
Prefer not to say	15
Other (please state if you wish to):	4

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The respondents who selected ‘other’ described their ethnic group as:

- Human

- Bermudian
- White Olive Welsh Great Britain

Q5. What is the first half of your postcode? This will help us to understand which areas of Powys have taken part in the survey.

The following postcodes were given in response to this question:

LD1	25	**NP8**	6	**SY17**	5
LD2	10	**SA9**	12	**SY18**	7
LD3	34	**SA10**	1	**SY19**	2
LD5	2	**SA31**	2	**SY20**	7
LD6	6	**SY5**	1	**SY21**	22
LD7	13	**SY10**	18	**SY22**	10
LD8	4	**SY15**	11	**CF44**	1
HR3	11	**SY16**	12		

Q6. How many people live in your household?

1	44
2	106
3	40
4	21

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5+	11
Prefer not to say	8

Q7. Do you own or rent your accommodation?

Owned outright	115
Being bought on mortgage	62
Rent from local authority	12
Rent from housing association	9
Rent from private landlord	18
Prefer not to say	11
Other (please state if you wish to):	3

The respondents that selected ‘other’ included:

- It is a farm so bank loan
- Live with parent
- Live with my partner and his family who own the house. I pay money once a month towards upkeep

Q8. Are you the Council Tax payer in your household?

Yes	188
No	23

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Prefer not to say	17

Q9. If yes, what Council Tax band is your property in?

A	10
B	15
C	30
D	44
E	38
F	13
G	5
H	3
Not known/Unsure	10

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Part 2 - Well-being Plan Questions

Q10. What does living a happy, healthy, and safe life mean to you?

This question had 231 responses, the top words in the open comments included:

Q11. What do you think are the most important steps that we need to take to help support the people of Powys to live happy, healthy, and safe lives?

This question had 230 responses, the top words in the open comments included:

Q12. What does a county of sustainable places and communities mean to you?

This question had 224 responses, the top words in the open comments included:

Q13. What do you think are the most important steps that we need to take to help ensure Powys is a county of sustainable places and communities?

This question had 221 responses, the top words in the open comments included:

Q14. What do you think we need to do to provide increasingly effective public services for the people of Powys?

This question had 220 responses, the top words in the open comments included:

Q15. To what extent do you agree that this plan will improve well-being in Powys?

Strongly agree	20
Agree	47
Neutral	97

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Disagree	36
Strongly disagree	27

Q16. If you have answered Disagree/Strongly disagree please explain more:

This question had 75 responses; answers included:

- Doesn’t mention biodiversity / nature emergency or much on shared prosperity. Doesn’t focus on main strengths - natural resources and communities - doesn’t address Montgomeryshire bias
- This has been spoken of so often! It’s just that! A paper exercise to make people think they are not paying their council tax for nothing!
- I think it is too focused on business and tourism and a wealth-generation, trickle-down approach. More focus is needed on community needs, poverty eradication, and more explicit commitment about how the aims will be reached. It reads like a plan for wealthy white people living comfortably in nice houses.
- Nothing will happen I expect
- Fantastic ambitions, but so far very little evidence on HOW any of these objectives are likely to be achieved. For example, access to better preventative healthcare is a positive objective but this is against a backdrop of dozens of unfilled vacancies in our healthcare system, so what is going to be done to turn this around?
- I don't wish to be overly critical, but it is very difficult to identify what the plan is proposing to do. All I can see in the 37 page document is a few paragraphs within page 19 -21 that refer to how the PSB can add value. They aren't very specific and are difficult to measure. An action plan with SMART targets would be helpful. Finally, and again, not wishing to be overly critical I did find this survey to be rather odd. I had expected specific questions about whether respondents agreed with the three objectives and the actions proposed to pursue them.

Q17. If you would like to be involved in a future focus group around this topic, please let us know

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Yes	96

No	128

Q19. If yes… Please provide your name and preferred contact method:

This question had 92 responses; the contact details are not included in this report for data protection but will be shared with the lead officer working on the Well-being Plan.

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Appendix E - Scrutiny Recommendations

ID	Recommendation	Status	Comments
R1	Background data from well-being assessment - is there an opportunity to look at trends within Plan?	Reject	The document links to the Well-being Assessment and clearly indicates this is an at a glance summary, with the Assessment offering the more comprehensive analysis.
R2	Slightly Negative document in terms of contextual information presenting challenges- is there an opportunity to build upon more of the strengths of the County?	Partially accept	The document has been updated where possible to also identify the strengths of the County, but remains balanced based upon the challenges faced.
R3	Need to demonstrate within the plan how this meets well-being goals	Accept	This is aligned to feedback received from the Future Generations Commissioners Office and Welsh Government. The Plan has been updated to explicitly identify the contribution towards the well-being goals.
R4	Monitoring arrangements - to be more explicit throughout of indicators and annual report	Reject	This Plan already outlines the monitoring arrangements via a detailed section surrounding the in-year arrangements and links to well-being indicators.
R5	Action Plans to be incorporated within the document	Accept	An overview of what each step is looking to deliver has been included within the Plan.

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(These references were used to inform the Powys Well-being Assessment and underpin the content of this Well-being Statement)

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POWYS TEACHING HEALTH BOARD - REGISTER OF DECLARATION OF INTERESTS 2023/24								Updated: July 2023	
Position	**Name**	**Nature of Interest**	**Nature of Declaration**	**Relevant Dates from**	**Relevant Dates to**	**Description of Declaration**	**Comment**	**Date Returned**	**Last day in Powys Teaching Health Board**
INDEPENDENT MEMBERS									
PTHB Chair	**Carl Cooper**	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	2017	2025	Board Member, Social Care Wales	Remunerated Public Appointment	13/04/2023	
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	2008	16th October 2022	Recently retired as CEO of Powys Association of Voluntary Organisations (PAVO)	Salaried Employment		
		Spouse/Partner/Other	Ownership or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with PTHB.	2018	Ongoing	Sole Trader, Mandy Williams, Consulting	NIL		
			Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	Apr-18	Ongoing	Employee, Swansea University. (Manager of Community, Equalities & Chaplaincy, Student Services)	Salaried Employment		
Vice Chair	**Kirsty Williams**	Personal	A position of authority in a Charity of Voluntary Body in the field of health and/or social care	Apr-23	Current	Deputy Director Samaritans Powys	None		
			Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of	Nov-22	Current	ILEP- A Subsidory of Cardiff University	None	12/04/2023	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Independent Member (General)	**Rhobert Lewis**	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	2017	Current	NED of Green Inc Training Company Swindon	NIL	17/04/2023	
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	2022	Current	Chair of governors Neath Port talbot Group of Colleges	NIL		
			Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	2020	Current	NPTC Group:Cross Party (Senedd) Group on STEMM	NIL		
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Independent Member (Trade	**Cathie Poynton**	Personal	NIL	NIL	NIL	NIL	NIL	06/04/2023	
		Spouse/Partner/Other	NIL		NIL	NIL	NIL		
Independent Member (Information and	**Ian Phillips**	Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	01-Aug-21	Current	Independent Chair Welsh Kidney Network	£2668,80 p.a.net	24/04/2023	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Independent Member (Capital & Estates)	**Mark Taylor**	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	Aug-12	Current	Auster Counsulting Ltd	Non NHS	27/04/2023	
		Spouse/Partner/Other	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	Aug-12	Current	Wife Auster Consulting Ltd	Non NHS		
			A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	Aug-20	Current	Son - Final year of Pharmacy advanced qualification with CTMHB	NIL		
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	Not Known	Current	Brother in Law (John Young) Cognomie CEO	Not aware if operating in NHS Wales		
Independent Member	**Tony Thomas**	Personal	NIL	NIL	NIL	NIL	NIL	28/04/2023	31-May-23
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Independent Member (General)	**Ronnie Alexander**	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	2012	Current	Director of RA and CJ Consulting Limited	Dividend Payment only	03/05/2023	
			A position of authority in a Charity or Voluntary Body in the field of health and/or social care.	2017	Current	Member of Finance, Risk and Audit Committee Hafod/Hendre Housing Association	£2500.00 per annum		
		Spouse/Partner/Other	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	2017	Current	Director of RA and CJ Consulting Limited	Dividend Payment only		
Independent Member (University)	**Simon Wright**	Personal	Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	2015	Current	Personal: Academic Registrar, Cardiff University-Various Healthcare Programmes	Salaried Employment	05/05/2023	
		Spouse/Partner/Other	A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	2001	Current	Sister: Senior Operational Manager, Milestone Trust, Bristol	Salaried Employment		

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			A position of authority in a Charity or Voluntary Body in the field of health and/or social care.	2021	Current	Sister: Deputy CEO, The Advocacy Project, London	Salaried Employment	
			Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	2021	Current	Spouse: District Nurse, Cardiff and Vale UHB	Salaried Employment	
Independent Member (Third Sector)	**Jennifer Owen Adams**	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	Jun-16	Ongoing	Member (not a NED) of Glas Cymru the holding company of Dwr Cymru/Welsh Water	None	04/05/2023
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests	Apr-14	Ongoing	NED IMPELO (dance organisation based in Powys)	None	
				Jun-21	Ongoing	Chair Cricket Wales	None	
				May-23	Ongoing	Cricket Director England and Wales Cricket Board	None	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL	
Independent Member (Local Authority)	**Christopher Walsh**	Personal	A position of authority in a Charity or Voluntary Body in the field of health and/or social care.	Jul-22	Current	Chair of Brecon University Scolarship Fund	NIL	20/04/2023
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	May-22	Current	Elected Member of Powys CountyCouncil	NIL	
				Jun-05	Current	Elected Member of Brecon Town Countil • Chair of Finance Committee • Minor Authority school Governor (Priory Church of Wales)	NIL	
				2018	Current	Town Council GAP Member on the sustainable development Grant Committee with BBNPA	NIL	
				1984	Current	Member of the Labour Party • Brecon Branch Treasurer	NIL	
				1985	Current	Member of the Royal College of Nursing	NIL	
				1988	Current	A registered Nurse within the Nursing and Midwifery Council	NIL	
			Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	2003	Current	Owner of Celebratory Gifts/ Heraldic Names	NIL	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL	
EXECUTIVE MEMBERS								
Interim Chief Executive	**Hayley Thomas**	Personal	NIL	NIL	NIL	NIL	NIL	05/04/2023
		Spouse/Partner/Other	Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	2021	Current	Family member is the General Manager at Bronglais General Hospital, Hywel Dda University Health Board	Not Relevant	
Chief Executive (Secondment from 02.05.23)	**Carol Shillabeer**	Personal	Any other connection with a voluntary,statutory,charitabe or private body that could create a potential opportunity for conflicting interests	1990	Current	Member of the Royal College of Nursing	NIL	13/04/2023
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL	
Director of Performance & Commissioning	**Stephen Powell**	Personal	Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	NIL	Current	Brother is a Paramedic within Welsh Ambulance Service NHS Trust.	NIL	19/04/2023
					Current	Sister is an ITU Nurse within Cardiff & Vale University Health Board.	NIL	
					Current	Wife is a Eating Disorders Nurse Specialist with Herefordshire & Worcestershire Health and Care NHS Trust.	NIL	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL	
Director of Finance and ICT and Primary Care	**Pete Hopgood**	Personal	NIL	NIL	NIL	NIL	NIL	20/04/2023
		Spouse/Partner/Other	A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	Ongoing	Ongoing	Partner is Finance Manager working in SBUHB	Not Relevant	
Director of Therapies and Health Science	**Claire Madsen**	Personal	Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	07-Jan-19	Current	Occasional Lecturer for University of West of England.	Hourly rate	11/04/2023
			Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	10-Jun-05	Current	Member of the The Chartered Society of Physiotherapy	NIL	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL	
Director of Nursing and Midwifery	**Claire Roche**	Personal	A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be	2018	Current	Member of the Royal College of Nursing	NIL	22/06/2023
				1994	Current	Member of the Royal College of Midwifery		
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL	

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Medical Director	**Kate Wright**	Personal	Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	01-Aug-91	Current	Member of the British Medical Association		22/064/2023	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Director of Workforce and	**Debra Wood Lawson**	Personal	NIL	NIL	NIL	NIL	NIL	12/04/2023	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Director of Public Health	**Mererid Bowley**	Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	NIL	NIL	Volunteer with Llanishen Cubs Association Member of Favulty of Public Health	NIL	26/04/2023	
		Spouse/Partner/Other	Ownership or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with PTHB.	NIL	NIL	Husband works for Mitie Engineering who hold contracts/work with some NHS bodies/organisations. Shares held by husband and myself and Mitie Company	NIL		
Interim Director of Operations	Joy Garfitt	Personal	NIL	NIL	NIL	NIL	NIL	06/04/2023	
		Spouse/Partner/Other	A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	2012	Current	Spouse employed by PTHB within Mental Health Department	NIL		
Director of Corporate Governance	**Helen Bushell**	Personal	Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	Nov-21	Current	School Governor – primary school (Bridgend Local Authority)	Not remunerated	07/04/2023	
		Spouse/Parter or other Relative	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	Sep-16	Current	Board Diretor - Newydd Housing Group Limited (Powys is a zonal partner)	Remunerated part time role, 2-4 days per month		
			A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	Sep-22	Current	Partner - National CAMHs Programme Lead for the NHS Wales Collaborative	Employed Position/ Salary		
				Jan-18	Sep-22	Programme Lead - Together for Children and Young People (NHS Wales Collaborative)	Employed Position/Salary		
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	Oct-22	Current (to Sept 2024)	Public Appointment - Youth Work strategy and implementation Board - Oct 22 - Sept 24	Remunerated 2-4 days per month		

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POWYS TEACHING HEALTH BOARD

UNCONFIRMED

MINUTES OF THE MEETING OF THE BOARD

HELD ON WEDNESDAY 24 MAY 2023

VIA TEAMS

Present

Carl Cooper	Independent Member (Chair)
Kirsty Williams	Independent Member (Vice Chair)
Hayley Thomas	Interim Chief Executive
Chris Walsh	Independent Member (Local Authority)
Mark Taylor	Independent Member (Capital & Estates)
Ronnie Alexander	Independent Member (General)
Simon Wright	Independent Member (University)
Pete Hopgood	Director of Finance and IT/Interim Deputy Chief Executive
Claire Madsen	Director of Therapies and Health Sciences
Debra Wood-Lawson	Director of Workforce and OD
Joy Garfitt	Interim Director of Operations/Community and Mental Health
Kate Wright	Medical Director
Mererid Bowley	Director of Public Health
Stephen Powell	Interim Director of Performance and Commissioning

In Attendance

Helen Bushell	Director of Corporate Governance / Board Secretary
Marie Davies	Deputy Director of Nursing and Midwifery
Katie Blackburn	Regional Director Llais Powys
Liz Patterson	Interim Head of Corporate Governance
Stella Parry	Interim Corporate Governance Manager

Attendees for item 1.3 and 2.3 only

Dr Adam Pearce	Service Lead for Welsh Language and Equalities

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Attendees for item 2.1 only

Adrian Osborne	Assistant Director Engagement and Communication
Jayne Lawrence	Assistant Director of Primary Care

Apologies for absence

Cathie Poynton	Independent Member (Trade Union)
Ian Phillips	Independent Member (ICT)
Jenn Owen Adams	Independent Member (Third Sector)
Rhobert Lewis	Independent Member (General)
Tony Thomas	Independent Member (Finance)
Claire Roche	Director of Nursing and Midwifery
Nina Davies	Associate Member (Director of Social Services Powys County Council)

PRELIMINARY MATTERS	
PTHB/23/01	**WELCOME AND APOLOGIES FOR ABSENCE** The Chair welcomed all participants to the meeting, Apologies for absence were noted and recorded as above.
PTHB/23/02	**DECLARATIONS OF INTEREST** The following declarations of interest were made in relation to agenda item 2.1 (Belmont Branch Surgery Gilwern closure application): • Ronnie Alexander, Independent Member (General) declared that several family members were registered with Crickhowell Group Practice, therefore it was he would not participate in the agenda item; • Kate Wright, Medical Director declared that she was a patient of Crickhowell Group Practice and would therefore limit her contribution to the item to that of her professional capacity as Medical Director; and • Katie Blackburn, Regional Director Llais declared that she was a patient of Crickhowell Group Practice and would therefore limit her contribution to the articulation of the perspective of Llais.
PTHB/23/03	**EXPERIENCE STORY** **a) Patient Experience Story** The Deputy Director of Nursing introduced the item which provided an overview of Monty's Story, a young person in

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	Powys with complex needs who had recently received treatment at the Grange University Hospital. An overview of the challenges faced, and the steps taken to support good patient experience was provided. The Board welcomed the presentation and expressed their thanks to Monty and his family for sharing their experience. **b) Staff Experience Story** The Director of Workforce and OD introduced the item and welcomed the Service Lead for Welsh Language and Equalities to the meeting. The presentation provided an anonymised account of lived experience of racism within the NHS. The story provided helpful experience in advance of the Anti-Racism Plan, which was due for consideration for approval later on the agenda. The Board welcomed the presentation and wished to extend their thanks to the member of staff for sharing their story, from which the Board had taken significant learning. The Service Lead for Welsh Language and Equalities left the meeting.
PTHB/23/004	**UPDATE FROM THE CHAIR** The Chair presented his update report. **UPDATE FROM THE VICE CHAIR** The Vice Chair presented her update report. **UPDATE FROM THE CHIEF EXECUTIVE OFFICER** The Chief Executive presented the report and drew attention to the following matters: • Changes to Executive Team Portfolios • Update from Joint Executive Team meeting with Welsh Government • Health and Care Research Wales Hosting Agreement • NHS75 • Duty of Quality and Duty of Candour • Recent success at National Awards
PTHB/23/05	**ASSURANCE REPORTS OF THE BOARD'S COMMITTEES** • **PTHB COMMITTEES** The following Chair's Assurance Reports were received:

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	Patient Experience, Quality and Safety Committee The Committee Chair presented the item which provided an overview of matters considered by the Patient Experience, Quality and Safety Committee on 25 April 2023. The Committee Chair wished to highlight the following matters for the attention of the Board: • Maternity Services have been de-escalated locally to business as usual; • the Patient Experience, Quality and Safety Committee have concerns regarding capacity constraints in respect of the use of the Civica System in relation to patient experience. The Committee will continue to review and update at the relevant time. The Board NOTED the report. Audit, Risk and Assurance Committee The Committee Chair presented the item which provided an overview of matters considered by the Audit, Risk and Assurance Committee on 21 March 2023 and an interim summary of matters considered on 16 May 2023. The Committee Chair wished to highlight the following matters for the attention of the Board: • the Audit, Risk and Assurance Committee Annual Report 2022/23 was approved by the Committee on 16 May 2023; • the final Audit Wales Structured Assessment 2022/23, which was considered by the Committee on 16 May 2023; • the final Annual Audit Report 2022 was received by the Committee on 16 May 2023. The Board NOTED the report. Delivery and Performance Committee The Committee Chair presented the item which provided an overview of matters considered by the Delivery and Performance Committee on 2 May 2023. The Committee Chair wished to highlight the following matter for the attention of the Board: • the Delivery and Performance Committee will continue to monitor progress against the Records Management

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	Action Plan by way of a scheduled mid-year review against outstanding actions. The Board NOTED the report. <u>Executive Committee</u> The Committee Chair presented the item which provided an overview of matters considered by the Executive Committee on 5 April, 19 April and 3 May 2023. The Board NOTED the report.
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
PTHB/23/06	**BELMONT BRANCH SURGERY GILWERN CLOSURE APPLICATION** *The Assistant Director of Communications and Engagement and the Assistant Director of Primary Care joined the meeting.* The Chair introduced the item and recognised the scale of work undertaken in the proceeding months to fully inform the decision making process of the Board. It was noted that questions from the public had been invited via the Health Board's communication channels and that no questions had been received in response to the invitation. It was reported that in November 2022 the Health Board received an application from Crickhowell Group Practice to close their Belmont Branch Surgery premises in Gilwern to enhance future sustainability of the practice. Over recent years the Practice had taken various measures to maintain its sustainability and to avoid submitting a formal sustainability application to the Health Board. A review of the Sustainability Assessment matrix over recent years identified the practice moving from a low risk to a medium risk of unsustainability, and to an assumed position of high-risk unsustainability by January 2024 if GP replacements are not found with willing to work across a multi-site practice. A further overview of the following matters was provided: • Current access model and access rates; • Impact the closure will have on patients and services at the main site; • Main Site Accommodation;

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	• Engagement with Key Stakeholders; • Options Considered to Maintain General Medical Services (GMS); and • Equality Impact Assessment and proposed mitigations if PTHB accepts the closure request Assurance was provided in relation to the process that had been followed in accordance with the PTHB Branch Surgery Closure Process, including the evidence collated in response to the application received, and a report on the engagement process to support conscientious consideration and informed decision-making by the Board. The following comments were made: • The Medical Director recognised the small amount of provision provided at the branch surgery and shared her comments in relation to professional safety at the branch surgery as a potential result of lone working and sole practitioner sessions. • The Regional Director of Llais reported that she had worked closely alongside her Llais colleague in Aneurin Bevan but was representing Llais at this Board meeting as the branch surgery is part of the Powys based practice. The engagement had been robust and comprehensive, and thanks were expressed to the engagement team for both the online, and face to face engagement in Gilwern which had been very well attended by a range of backgrounds and ages. It was highlighted that a 25% response rate had been returned to the comprehensive engagement process which demonstrated the strength of community voice in relation to the proposed closure. Two examples of recent branch surgeries which had remained open were given. It was reported that a driving principle for Llais was more care closer to home, important for both Llais and the Health Board. Llais were of the view that the reason for the proposals related solely to the desire to sell the surgery, and concern was expressed in relation to other branch surgeries in Powys given recruitment and sustainability issues. Llais were of the view that pre-covid services should be reinstated at the branch surgery. In relation to the responses, concern was raised in relation to the potential travel impact for patients of the

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practice, compounded by the aging population in the area. Although distances were short, public transport travel times were lengthy. It was noted that a mitigation plan had been developed. However, it was suggested that a conclusion date of October for the mitigation plan was inappropriate given the proposed closure date of November. It was suggested that a review of this timeline be undertaken to ensure the mitigation plan could be in place well in advance of the closure.

Independent Members sought assurance by asking the following questions:

Recognising the recommendation that no alternative could be identified, was the Health Board confident that no further support could be provided in relation to transport provision to support the changes?

The Assistant Director of Primary Care recognised the challenges in relation to public transport from Gilwern to Crickhowell. It was however noted that regular public transport was available from Gilwern to Abergavenny, and Brynmawr several times a day. There were several practices with open lists in both locations for which Gilwern based patients could register should they choose too.

Would it be possible to receive ongoing assurance as a Board in relation to the effectiveness of the mitigations, including confirmation of mitigations being implemented prior to closure?

The Assistant Director of Engagement and Communications recognised the complexity of the issues under discussion and suggested that an update report in relation to the progress of mitigations could be brought forward to the next meeting of the Board for further consideration, with further updates on progress every two months thereafter.

Action: Director of Finance and IT

Was it felt that the application would have been considered in any way differently had the practice in question resided wholly in Powys?

The Chief Executive confirmed that there was no concern that the outcome of considerations would have been any different

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	if the practice had been wholly within Powys, though it was recognised that the process has been slightly different due to the cross border and partnership working element with Aneurin Bevan University Health Board (ABUHB). *Noting the issues raised in relation to lone working, would there be any potential to provide some health care provision in another community location?* The Medical Director noted that health care provision would still be available within the community via District Nurses and the Pharmacy located within the village. *Had the provision for the sheltered housing accommodation Coed Uchel been appropriately considered?* The Medical Director confirmed that the provision for Coed Uchel would not be affected by the closure, as care was already provided by the Main Practice in Crickhowell and District Nurses under the current arrangements. *Was there a requirement for a Board decision prior to the implementation of the mitigating actions, or could, potentially, the Board test the mitigation in place prior to making a decision?* The Chief Executive recognised the concern in relation to the leading time and implementation of mitigations. However, it was recognised that the Health Board had suggested a timeline of six months, which was longer than the standard timeline in recognition of the complex relationship with ABUHB, Monmouthshire County Council and the Community. The Chief Executive noted that there had been some reference to potential for the Board decision to set a precedent in relation to future branch practice closure applications. It was confirmed that each Branch Practice Review process is entirely unique and would be considered on an individual basis, therefore there would be no implied precedent as a result of the Board decision in relation to this particular matter. The Chair welcomed the debate and summarised the discussion, the following decision was agreed including an amendment to the original recommendation in relation to the mitigation plan. The Board:

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	• RECEIVED and NOTED the Engagement Report (Appendix 2), the Equality Impact Assessment (Appendix 3) and the response from Powys CHC/Llais and Gwent CHC/Llais (Appendix 4 and 5). • APPROVED the recommendation from the Branch Practice Review Panel to accept the application from Crickhowell Medical Practice to close their premises in Gilwern, with a planned closure date of 30 November 2023. • AGREED that the proposed mitigations (Appendix 6), which were due to be further developed in continued partnership with ABUHB following approval, would return to the Board in July 2023 for further consideration; • RECEIVED and NOTED the assurance provided against the Branch Surgery Closure Process. *The Assistant Director of Communications and Engagement and the Assistant Director of Primary Care left the meeting.*
PTHB/23/07	**INTEGRATED PLAN 2023/24 SUPPLEMENTARY SUBMISSION** The Chief Executive presented the item which noted that the Health Board is required to submit a three year Integrated Medium Term Plan (IMTP) to Welsh Government (WG) as part of its statutory duty under the NHS Finance (Wales) Act 2014. The Health Board is unable to achieve a balanced three year plan and submitted a 'working draft' supported by the Board on 30 March 2023 to Welsh Government on 31 March 2023. Given the scale of delivery and financial challenge, the yearend forecast deficit position for 2023/2024 is £33.5 million inclusive of a £7.5 million savings target. Despite the challenging context, the plan commits to achieving all 16 ministerial priorities as a provider. All Welsh Health Boards had received feedback on their plan from Welsh Government and have been asked to review components of the plan submitted. The Health Board has reviewed the submission based on the feedback received at a scrutiny meeting held on 2 May and during the Joint Executive Team with Welsh Government on 9 May 2023. The Health Board has considered and discounted a range of options to achieve balance in year as action of this nature would slow down recovery and result in negative service access impact. The Health Board has set an ambitious savings target of £7.5 million and will be making minor adjustments to the plan. The report provided the Board with updated information

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	in relation to the Integrated Plan for 2023 – 2026, for approval, ahead of submission to Welsh Government by 31 May 2023. Independent Members sought assurance by asking the following questions: *Was there any potential additional funding anticipated in-year to support the position?* The Director of Performance and Commissioning confirmed that the revised performance trajectories are based on the assumption that the health board will secure £2.8M funding from the Welsh Government's £50M Recovery Funding. *Could the way in which judgements, in relation to elements of the plan strongly influenced by partners, e.g., Delayed Transfers of Care, have been made be articulated?* The Director of Planning advised that the judgements had been reassessed from the draft submission and where for example there had been delays to treatment times where Powys patients were on commissioned partners lists, if these patients had been repatriated the breaches would be noted if they were as a result of long waits from commissioned partners. *Could clarity be provided in relation to how the Board would monitor performance going forward?* The Chief Executive confirmed that performance reporting would be submitted to the Board on a bi-monthly basis, this would be complimented by regular reporting to, and consideration by, the Delivery and Performance Committee. The Board: • NOTED the requirements for resubmission of elements of the Plan to Welsh Government by 31 May; • APPROVED the updated supplementary information for inclusion in a revised submission noting the plan remains a Working Plan, for submission to the Welsh Government, recognising that further work will be required, to achieve a fully compliant Integrated Medium Term Plan in relation to the financial breakeven duty over a longer planning period; • RECOGNISED that further work will continue, both locally and nationally, on options to improve the financial plan position; and

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	• ENDORSED an approach that outlines further consideration to take place at the Board in terms of modification of the current Plan, considering options to further progress compliance with the financial duty.
PTHB/23/08	**2023/24 ANNUAL DELIVERY PLAN** The Chair introduced the item by providing public reassurance that significant time had been spent considering the detail of the plan as a Board at a recent Board Development session. The Chief Executive presented the 2023/24 Delivery Plan which details the actions to be taken during the year. It was noted that the Delivery Plan is a key planning and operational delivery plan for the Health Board and part of the overall suite of planning documents required as part of the NHS Wales annual planning framework. This Annual Delivery Plan 2023-24 provides the detailed annual priorities that underpin the strategic priorities set out in the Integrated Plan 2023-26. It was reported that the collective ambition for 'A Healthy Caring Powys' which is shared across key partners in Powys remains strong and sits at the heart of this plan. Independent Members sought assurance by asking the following questions: *Was there confidence that the actions included could be delivered in-year for example in endoscopy, given the fragility within the service?* The Chief Executive confirmed that more detailed plans are in place to support delivery for some areas, though judgements had been made in relation to the level of detail included in the annual delivery plan. It was confirmed that a more detailed diagnostic plan had been developed and would report through to the Board separately. The Board DISCUSSED and APPROVED the Annual Delivery Plan and NOTED the associated risks to delivery.
PTHB/23/09	**ANTI RACISM PLAN** *The Service Lead for Welsh Language and Equalities re-joined the meeting.*

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	The Director of Workforce and OD presented Powys Anti - Racism action plan which had been developed in response to the objectives set within Welsh Government's Anti-Racist Wales Action Plan. Progress on the plan would be reported to both the Board and Welsh Government via the existing Equality Annual Report process, as per Welsh Government guidance. It was noted that the Equality Annual Report for 2022-23 would be the first to record progress on the Anti-Racist Action Plan. Independent Members sought assurance by asking the following questions: *Could assurance be provided that similar action plans were in place or under development for other under-represented groups?* The Director of Workforce and OD confirmed that the plan was inclusive of under-represented groups within the Health Board and also formed part of the Health Board's wider approach to Equality, Diversity and Inclusion. *It was noted that some elements of the plan were incomplete, could it be confirmed that the only elements outstanding were those were awaiting further guidance from Welsh Government?* The Service Lead for Welsh Language and Equalities confirmed that the plan would be further developed as further national guidance becomes available. *Was there any intention of including a statement in relation the Health Board's plan for Anti-Racism in the induction process?* The Director of Workforce and OD confirmed that the Health Board's stance in relation to racism would be included in the induction process, a pre-enrolment tool was also under development to ensure that any new starters are full informed of the Health Board's anti-racism culture and identity. *Was it felt that the measures in making the Board diverse were sufficiently robust?* The Director of Corporate Governance recognised there was further work to do in relation to the diversity of the Board and confirmed work was due to be undertaken to consider diversity in the public appointment recruitment process for the future pipeline of Board members. It was also noted that Powys was fully supportive of the aspiring Board Members

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	programme. However, it was recognised that further work was required in this area. *Has any consideration been given to the impact on Equality, Diversity and Inclusion on healthcare outcomes?* The Director of Public Health confirmed that the Health Board works closely with Public Health Wales who monitor a broad spectrum of specific groups in relation to a range of health and care inequalities. The Board APPROVED the Anti-Racist Wales Action Plan. *The Service Lead for Welsh Language and Equalities left the meeting.*

PTHB/23/10	**DIRECTOR OF CORPORATE GOVERNANCE/BOARD SECRETARY REPORT**
	The Director of Corporate Governance presented the item which provided an overview of a series of updates and requested approval of various decisions in relation to Board related corporate governance.
	
	The Board:
	• APPROVED the temporary change to the Model Standing Orders regards section 3.1;
	• APPROVED the revised Scheme of Delegation (in relation to Executive Directors, Other Directors and Officers);
	• APPROVED the Committee work programmes for 2023/24 for the following Board Committees:
	  ○ Audit and Risk Assurance
	  ○ Delivery and Performance
	  ○ Patient Experience, Quality and Safety
	  ○ Planning, Partnerships and Population Health
	  ○ Workforce and Culture
	• NOTED that work programmes for the following groups would be presented to the Board in July 2023:
	  ○ Executive Committee
	  ○ Remuneration and Terms of Service
	  ○ The Board
	• NOTED the terms of reference for all Board Committees, together with Committee membership, would be presented to the Board in July 2023 for review; and
	• NOTED that the frequency of Delivery and Performance Committee meetings had been increased from quarterly to bi-monthly.

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PTHB/23/011	**WHSSC STANDING ORDERS** The Director of Corporate Governance provided an update on the WHSSC Governance and Accountability Framework for information, assurance and approval. The Board: • NOTED the report; • APPROVED the proposed changes to the Standing Orders (SOs) and include as schedule 4.1 within the respective Health Board SO's; • APPROVED the proposed changes of the Memorandum of Agreement (MoA) and Hosting Agreement in place with CTMUHB, and include as schedule 4.1 within the respective Health Board SO's; and • APPROVED the proposed changes to the financial scheme of delegation and financial authorisation matrix updating the Standing Financial Instructions (SFIs).
PTHB/23/012	**MINUTES OF MEETINGS HELD ON 29 MARCH 2023** The minutes of the meeting held on 29 March 2023 were APPROVED as a true and accurate record.
PTHB/23/13	**BOARD ACTION LOG** The Board RECEIVED and DISCUSSED the Action Log.
ITEMS FOR BOARD ASSURANCE	
PTHB/23/14	**FINANCE AND PERFORMANCE:** • **INTEGARTED PERFORMANCE REPORT MONTH 12** The Director of Performance and Commissioning presented the item which provided an update on the latest available performance position for Powys Teaching Health Board against NHS Wales Performance Framework up until the end of March 2023 (month 12). • **FINANCE REPORT 2022/23, MONTH 12** The Director of Finance and IT presented the item which confirmed the actual position for the year of a £7.0m revenue overspend and a £0.1m capital underspend. It was noted that the areas of revenue overspend which were of concern continued to be: • growth in CHC costs;

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	• ongoing increase above historic trend in variable pay; and • underlying secondary healthcare commissioning pressures. It was confirmed that the areas of concern all feature in the financial plan for 2023/24 with action plans under development to help mitigate the position. • **FINANCE REPORT 2023/24, MONTH 1** The Director of Finance and IT presented the item which provided a high level summary of the revenue financial position. A further detailed report containing trend analyses would be provided from month 2 onwards. It was noted that at Month 01, there was a £2.738m overspend. This comprised a twelfth of the planned deficit £2.790m less an operational underspend of £0.052m. Independent Members sought assurance by asking the following questions: *It was queried whether there was any potential for reporting on matters such as Dental, per 1,000 population to enable Members to identify areas of concern?* It was agreed that a review of metrics and potential benchmarking would be undertaken to inform future reports. **Action: Director of Finance and IT/Director of Performance and Commissioning.** *It was queried whether the trend of sickness absence was up or down, and whether it was felt that staff were being appropriately supported for returning to work?* The Director of Workforce and OD confirmed that sickness absence had trended downwards for the last four data points, and that significant progress had been made in the reduction in wait time for accessing occupation health services. The Board DISCUSSED and NOTED the Finance and Performance Reports.
PTHB/23/15	**CORPORATE RISK REGISTER, MARCH 2023** The Director of Corporate Governance presented the item which provided the March 2023 version of the Corporate Risk Register. Each risk had been reviewed and updated by the lead executive since the last meeting of the Board. No

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	changes to risk descriptions or scoring had been suggested as a result of the review. It was reported that a review of the register was currently underway to reflect the updated Integrated Plan. It was anticipated that a revised register would be brought forward to the next meeting of the Board. The Board NOTED that CRR 009, which related to Cyber Security would be considered in the In-Committee session due to the confidential nature of its content. The Board REVIEWED and ENDORSED the March 2023 Corporate Risk Register.
PTHB/23/16	**ASSURANCE REPORT OF THE BOARD'S PARTNERSHIP ARRANGEMENTS AND JOINT COMMITTEES** The Chief Executive provided an update to the Board in respect of the matters discussed and agreed at recent partnership board meetings, including the following: • NHS Wales Shared Services Partnership Committee (NWSSPC); • Powys Public Services Board (PSB); • Regional Partnership Board (RPB); and • Joint Partnership Board (JPB) The Board RECEIVED and NOTED the updates provided. • **JOINT COMMITTEES** The Chief Executive presented the item which provided an update to the Board in respect of the matters discussed and agreed at recent meetings of the Joint Committees of the Board: • Welsh Health Specialised Services Committee (WHSSC); and • Emergency Ambulance Service Committee (EASC) The Board NOTED the report.
PTHB/23/17	**ASSURANCE REPORT OF THE LOCAL PARTNERSHIP FORUM** The Director of Workforce and OD presented the item which provided an update on the work of the Board's Local Partnership Forum since the last meeting of the Board.

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	The Board DISCUSSED and NOTED the Report of the Board's Local Partnership Forum.
PTHB/23/18	**COMMUNITY HEALTH COUNCIL (CHC) TRANSFER TO LLAIS** The Director of Workforce and OD presented the item which provided assurance in relation to the successful transfer of the Community Health Councils Wales function, staff and resources from Powys Teaching Health Board to 'Llais', a newly created Welsh Government Sponsored Body. The Board took ASSURANCE that the Health Board had discharged its duties and managed a smooth transition from the CHCs to Llais.
PTHB/23/19	**REPORT OF THE REGIONAL DIRECTOR OF LLAIS** The Regional Director of Llais presented her first report to the Board, which focused on the citizens and community voice heard during the reporting period. Feedback in relation to the report was welcomed and it was reported that work was ongoing with the Director of Corporate Governance in relation to opportunities as a result of new ways of working.
OTHER MATTERS	
PTHB/23/20	**ANY OTHER URGENT BUSINESS** No other urgent business was raised.
PTHB/23/21	**DATE OF THE NEXT MEETING:** 26 July 2023, via Microsoft Teams
PTHB IC/23/22	The following motion was passed: ***Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.***

Present Carl Cooper	Chair
Hayley Thomas Kirsty Williams Simon Wright Ronnie Alexander	Interim Chief Executive Vice Chair Independent Member (University) Independent Member (General)

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Mark Taylor Stephen Powell Kate Wright Claire Madsen	Independent Member (Capital & Estates) Interim Director of Performance & Commissioning Medical Director Director of Therapies & Health Sciences (for items 5.3 and 5.4)
In Attendance Helen Bushell Michelle Kirkham Liz Patterson	 Director of Corporate Governance Professional Head of Radiography (item 5.3) Interim Head of Corporate Governance
Observers to item (item 5.3) Gareth Cooke John Collins Sian Phillips Grant Griffiths	 National Programme Lead (DHCW) SME Lead (DHCW) Consultant Radiologist (DHCW) Finance Lead (DHCW)

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Apologies for absence Chris Walsh Tony Thomas Jennifer Owen Adams Cathie Poynton Ian Phillips Rhobert Lewis Debra Wood Lawson Claire Roche Pete Hopgood Mererid Bowley	 Independent Member (Local Authority) Independent Member (Finance) Independent Member (Third Sector Voluntary) Independent Member (Trade Union) Independent Member (ICT) Independent Member (General) Director of Workforce, OD & Support Services Director of Nursing & Midwifery Director of Finance and IT Interim Director of Public Health

PTHB IC/23/23	**WELCOME AND APOLOGIES FOR ABSENCE** The Chair welcomed all participants to the meeting. Apologies for absence were received as recorded above.
PTHB IC/23/24	**DECLARATIONS OF INTEREST** No interests were declared in addition to those already declared in the published register.
PTHB IC/23/25	**RADIOLOGY INFORMATICS SYSTEM PROGRAMME (RISP) – FULL BUSINESS CASE** Rationale for item being held in private: Commercial in Confidence. The Director of Therapies and Health Sciences presented the paper which gave a briefing on the RISP full business case, highlighted the current situation and benefits of RISP to Powys patients and any associated risks. The Board: • APPROVED the Radiology Informatics System Programme (RISP) Full Business Case (FBC) (Appendix A) • APPROVED the Programme Team to proceed to procurement of the preferred solution • NOTED the need for additional work to secure capital funding for the new equipment
	The following attendees left the meeting: • Michelle Kirkham, Professional Head of Radiography • Gareth Cooke National Programme Lead (DHCW)

Patterson,Liz 24/07/2023 09:47:06

	• John Collins SME Lead (DHCW) • Sian Phillips Consultant Radiologist (DHCW) • Grant Griffiths Finance Lead (DHCW)
PTHB IC/23/26	**NON EMERGENCY PATIENT TRANSPORT – APPROVAL TO TRANSFER TO WAST** Rationale for item being held in private: Commercial in Confidence. The Director of Therapies and Health Sciences presented the report which sought Board approval for the novation of the Health Board's existing Hereford and Shropshire area Non-Emergency Patient Transfer Service (NEPTS) to WAST on 1 July 2023 under the national commissioning approach of the Emergency Ambulance Service Committee. The Board: • APPROVED the novation of PTHB's existing Hereford and Shropshire area Non-Emergency Patient Transport Service (NEPTS) contracts to WAST on 01 July 2023 under the national commissioning approach of Emergency Ambulance Service Committee (EASC). The Director of Therapies and Health Sciences left the meeting 15.15
PTHB IC/23/27	**REMUNERATION AND TERMS OF SERVICE COMMITTEE ANNUAL REPORT** Rationale for item being held in private: The item is the Annual Report of a Board Committee that is held in private. The Board: • RECEIVED the Committee Annual Report for 2022/23 summarising the key areas of business activity undertaken; • Took ASSURANCE that the Committee is fit for purpose and operating effectively in fulfilling its terms of reference.
PTHB IC/23/28	**MINUTES OF PREVIOUS MEETING 29 MARCH 2023** The minutes of the meeting held on 29 March 2023 were APPROVED.

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<table>
<tr><td>PTHB
IC/23/29</td><td>CORPORATE RISK REGISTER (CYBER SECURITY)

Rationale for item being held in private: to avoid providing information in the public arena which could lead to potential harm to the organisation.

The Director of Finance and IT advised that the risk and likelihood for risk CRR 009 had been recommended for rescoring.

Could the risk score be reported publicly with the detail of mitigations kept confidential?
The Director of Corporate Governance advised this would be put in place.

The Board REVIEWED and ENDORSED the amendment to risk CRR 009.

The amended risk CRR 009 is as follows:

<table>
<tr><th>Corporate Risk</th><th>Rating</th></tr>
<tr><td>CRR 009
Risk Description: A cyber-attack results in significant disruption to services and quality of patient care</td><td>Current Score:
L4 x I5 = 20

Target Score:
4 x 3 = 12</td></tr>
</table>
</td></tr>
<tr><td>PTHB
IC/23/30</td><td>ANY OTHER URGENT BUSINESS

The Chair provided a short update in relation to the COVID-19 Public Inquiry with regards to module 2B and module 3.</td></tr>
</table>

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RAG Status:								
At risk	Red - action date passed or revised date needed							
On track	Yellow - action on target to be completed by agreed/revised date							
Completed	Green - action complete							
No longer needed	Blue - action to be removed and/or replaced by new action							
Transferred	Grey - Transferred to another group							
				Board				
Meeting Date	**Item Reference**	**Lead**	**Meeting Item Title**	**Details of Action**	**Update on Progress**	**Original target date**	**Revised Target Date**	**RAG status**
				OPEN ACTIONS FOR REVIEW				
25-May-23	PTHB/23/06	DFIT	Belmont Branch Surgery closure	Progress on mitigations in relation to Gilwern Branch Surgery closure	**27.07.23 update -** included on the July Board agenda. Will remain on action log as an open action until item fully closed.	Sept and Nov 2023 Board meeting		On track
25-May-23	PTHB/23/14	DFIT/DP&C	Financial Performance	A review of metrics and potential benchmarking would be undertaken to inform future financial reports.	**27.07.23 update -** dental reporting is under review and will be included in the next report to Board. Metrics included in the Integrated Performance Report are being reviewed in conjuction with the recent release of the NHS Wales Performance Framework 2023/24. The Performance Team are in the process of selecting organisations across England and Wales to compare with	30/09/2023		On track
				OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE - NONE				
				ACTIONS RECOMMENDED FOR CLOSURE (MEETING 25 JULY 2023)				
25 Janaury 2023	PTHB/22/95	DFIT	Welcome	The Digital Strategic Framework to be brought to Board	**25.07.23 update** - The Framework is on the July Board agenda.	Mar-23	Jul-23	Completed

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.1

Board	**Date of Meeting: 25 July 2023**
Subject:	**Powys Teaching Health Board Integrated Performance Report. Position as at Month 2 2023/24.**
Approved and Presented by:	Director of Planning, Performance and Commissioning
Prepared by:	Performance Manager
Other Committees and meetings considered at:	Month 2 update considered at Executive Committee - 9 July 2023. Month 1 version considered at Delivery and Performance Committee - 27 June 2023.

PURPOSE:

This Integrated Performance Report (IPR) provides an update on the latest available performance position for Powys Teaching Health Board against NHS Wales Performance Framework up until the end of May 2023 (month 2).

RECOMMENDATION(S):

The Board are asked to:

- **DISCUSS** and NOTE the content of this report
- Take **ASSURANCE** that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.

Approval/Ratification/Decision	Discussion	Information
✖	✓	✓

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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	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

This report provides the Board with the latest available performance update against the 2022/23 NHS Wales Performance Framework released in July 2022.

This document includes data up until the end of month 2 (May 2023), please note that data provided within the report is in a new format which focuses on measures with challenges against compliance which was reviewed and agreed with month 1 data by the Executive Delivery and Performance Committee on the 27/06/2023. To provide more timely data for the July board a further update has been made to the performance measures to include month 2 (May 2023), this was reviewed via Executive committee.

Measures reported in the new format are either Exceptions or Escalations as per Health Board Improving Performance Framework business rules for reporting.

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Table 1.

Exception	Escalation
Referring to a deviation or departure from the normal or expected course of action, it signifies that a specific condition or event requires attention or further action to address the deviation and ensure corrective measures are taken.	When a performance matter (exception) does not meet target and hits criteria for a higher level for resolution, decision-making, or further action.
Criteria of an exception	Criteria for escalation
Any target failing an NHS Performance target, operational, or local target/trajectory	Any measure that fails a health submitted trajectory as part of the Ministers priorities.
Where SPC methodology reports rule 2, or rule 4 (details on next slide) even if a measure is set target.	Performance recovery failing its Remedial Action Plan (local plan to improve or maintain performance)
Any reportable commissioned metric where performance is not meeting national target	Any significant failure of quality standard e.g. never event or failing accountability conditions.

Summary of Health Board performance for month 2 (May 2023)

In May 2023 (month 2) the health board has key performance challenges for its responsible population, these remain across planned and unscheduled care access. Key escalations within provider planned care services include therapies as a result of capacity challenge and demand increases, and follow-ups where significant validation is being undertaken to resolve long standing pathway errors.

Access to the RTT reportable pathways shows an increasing trend in the time patients are waiting within Powys as a provider, however patients are still receiving quicker pathways when compared to commissioned services in England & Wales. Key pressures for the provider include significantly fragile in-reach service provision in key specialties (limited capacity vs increasing demand), resultant impact of industrial action list cancellations in Q3 2022/23, sickness and vacancy challenges, and reliance on out-reach complex diagnostics including CT, MRI, histology, and pathology. For the Powys responsible population in Commissioned care geographical in-equity is still present with pathways compliance in key English providers remaining improved over the Welsh provider recovery (some pathways in Wales are now 3+ years in Trauma & Orthopaedics).

Cancer compliance has also remained challenging with median wait times higher than Wales average for first outpatient and some diagnostics specialties within the provider (especially those reliant on out-reach diagnostics). A challenging picture is also across all commissioned services with performance against pathway targets varying by provider and tumour type with the key reported challenge of capacity across the system.

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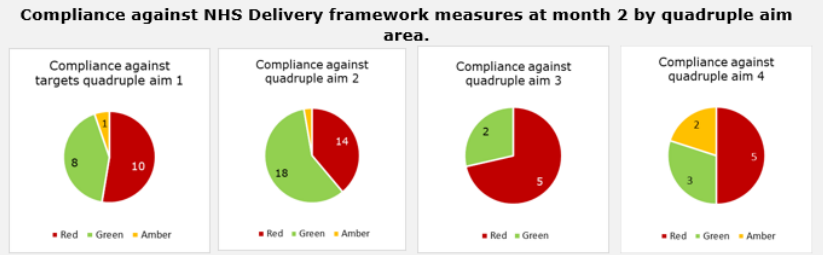
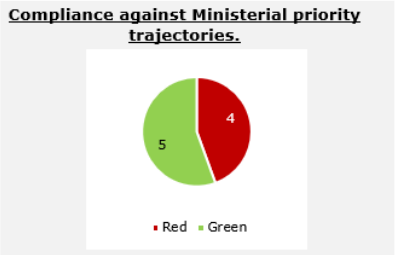
Unscheduled care access which was especially challenging in December across commissioned services has seen some improvement through Q4 and into Q1 2023/24 with Powys residents achieving higher performance against 4hr and 12hr targets in Wales, however A&E units in England continue to report limited improvement with extreme system flow pressure remaining. In response the health board continues to maximise repatriation of patients to improve acute flows helping alleviate Powys residents awaiting step down from acute facilities releasing bed capacity.

As a provider of minor injuries access PTHB has reported 99%+ performance and no patients waiting over 12hrs in department with no ambulance handover delays. Another key area of concern is WAST response and access times for Powys residents where performance remains below the All-Wales average for the most urgent RED 0–8-minute calls, it should be noted that non-compliant ambulance handovers are still a significant problem in key main commissioned care providers, especially in Wales.





Ministerial Priorities 2023/24

At the end of March and prior to the release of the 2023/24 NHS Performance Framework (end of June), the Health Board agreed to provide target trajectories for nine Powys applicable ministerial priority metrics. The Health Board set challenging targets to drive performance improvement and as at month 2 achieved 55.5% compliance (5 of 9 measures compliant). It should be noted that retrospective changes may be required for the number of patients waiting for a diagnostic due to a data access error with Betsi Cadwaladr UHB radiology for reporting.

As part of the Health Board process to improve performance outcomes any ministerial priority measure not meeting set target is required to be escalated, including completion of a remedial action template for scrutiny, challenge, and support via the Executive group as part of the new integrated performance framework processes.

Please find latest compliance table on page 5

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Ministerial Priority Measures			Month										
Measure	Target		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services	Improvement trajectory towards a national target of reduction by March 2024	Performance Trajectory	135	135	135	135	135	135	128	120	113	105	98	90
		Actual	98	97										
Number of patients waiting more than 52 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by June 2023	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
		Actual	1	3										
Number of patients waiting more than 36 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	35	35	35	30	30	25	20	15	10	5	5	0
		Actual	67	98										
Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero by June 2023	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
		Actual	0	0										
Number of patients waiting more than 52 weeks for referral to treatment	Improvement trajectory towards a national target of zero by March 2025	Performance Trajectory	20	15	10	5	5	0	0	0	0	0	0	0
		Actual	16	14										
★ Number of patients waiting over 8 weeks for a specified diagnostic	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	160	160	150	130	120	110	100	80	50	30	15	0
		Actual	159	160										
Number of patients waiting over 14 weeks for a specified therapy	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	190	190	180	170	120	70	20	0	0	0	0	0
		Actual	243	273										
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Improvement trajectory towards a national target of reduction by March 2024	Performance Trajectory	4,600	2,500	2,000	1,700	1,400	900	400	0	0	0	0	0
		Actual	4,763	2,547										
Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
		Actual	0	0										

★ Please note that due to data reporting challenge, once reviewed we are expected to breach against trajectory

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Powys Teaching Health Board

Powys Teaching Health Board

Integrated Performance Report

Month 2 – Updated 17/07/2023

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

Introduction
Executive Summary
Escalated Performance Challenges
Exception Reporting
Appendix 1 – All metrics score sheet
Appendix 2 – Progress against Ministerial Priorities

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What is the Integrated Performance Report (IPR)

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This report is a key part of the health boards Integrated Performance Framework (IPF) designed to drive improvement in health board performance and health outcomes for those patients that Powys is responsible for. The IPR uses key NHS Performance Framework measures which include Ministerial priorities and other timely local measures to provide robust assessment of the health boards success. This process utilises both quantitative and qualitative measurements which are backed by statistical process, business rules, and narrative provided by leads of that service area.

Business rules for reporting within the Integrated Performance Report

The health board business rules are designed to highlight potential challenge and provide clear assurance for the Board and Public stakeholders. The IPR as a function of the IPF will **not** contain information on those metrics that are consistently achieving success (exception of bi-annual full update) but focus on metrics of exception or escalation.

Exception	Escalation
Referring to a deviation or departure from the normal or expected course of action, it signifies that a specific condition or event requires attention or further action to address the deviation and ensure corrective measures are taken.	When a performance matter (exception) does not meet target and hits criteria for a higher level for resolution, decision-making, or further action.
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Where SPC methodology reports rule 2, or rule 4 (details on next slide) even if a measure is set target.	Performance recovery failing its Remedial Action Plan (local plan to improve or maintain performance)
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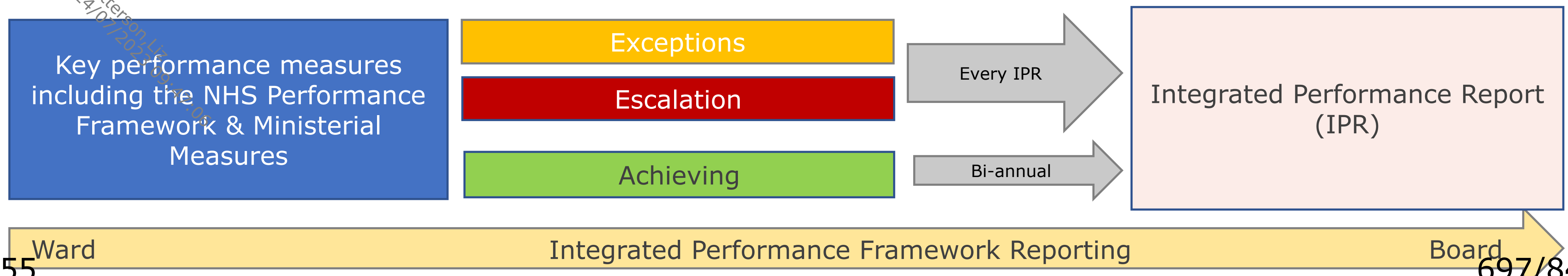


Patterson Liz 24/07/2025

Using statistical process control (SPC)

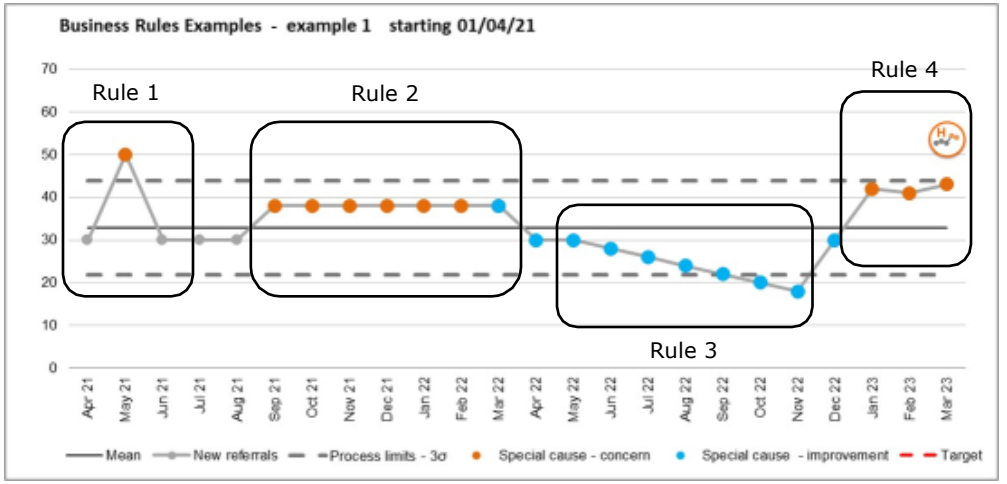
SPC charts are used as an analytical technique to understand data (performance) over time. Using statistical science to underpin data, and using visual representation to understand variation, areas that require appropriate action are simply highlighted. This method is widely used within the NHS to assess whether change has resulted in improvement.

Key facts for SPC

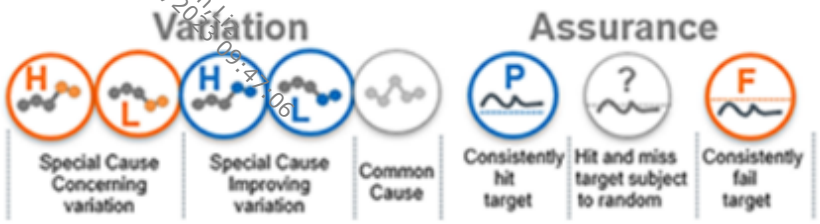
- A minimum of 15-20 data points is needed for this method (24 are used within this document where available).
- 99% of all data points will fall between lower and upper confidence intervals (outside of this should be investigated).
- Two types of trend variation: Special cause (**Concerns** or **Improvement**) and **Common Cause** (no significant change)

Key Rules of SPC

1	Single data point outside of limit (upper or lower) – unexpected (data quality? Isolated event or significant service pressure?)
2	Consecutive points above or below mean (not normally natural) - A run of six or more values showing continuous increase or decrease is a sign that something unusual is happening in the system.
3	Consecutive points increasing/decreasing (trend of at least 6 if monthly, more for shorter time periods e.g., days/weeks) showing special cause variation.
4	Two of three points close to process limits – especially in volatile data (wide control lines) can provide early warning requiring further escalation.



NHS Improvement SPC icons



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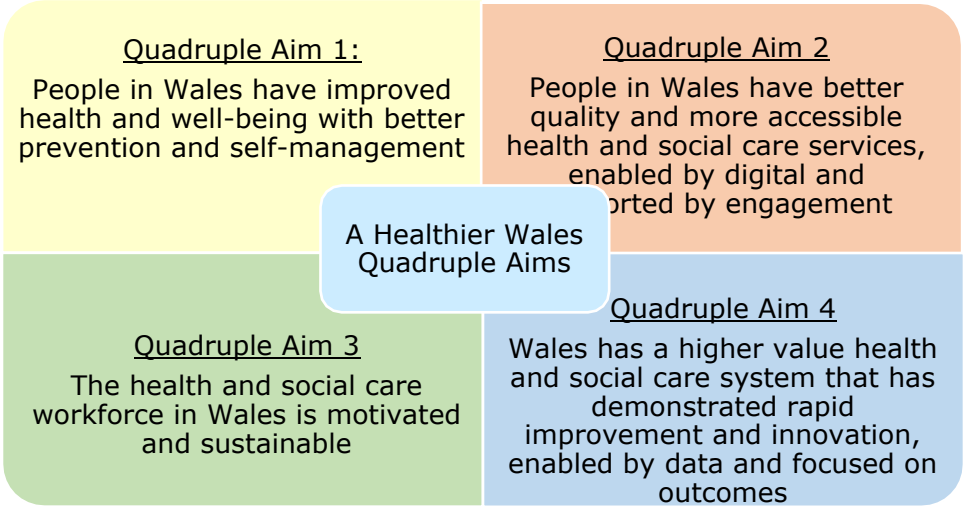
What is the NHS Performance Framework?

The NHS Performance Framework is a key measurement tool for "A Healthier Wales" outcomes, it consists of 84 measures (2022/23) of which 54 are Ministerial Priorities. The health board is required to provide assurance against these targets.

This will be the last IPR based on the 2022/23 NHS Wales Performance Framework

The NHS Wales Quadruple Aim Outcomes are a set of four interconnected goals or aims that aim to guide and improve healthcare services in Wales. These aims were developed to enhance the quality of care, patient experience, and staff well-being within the National Health Service (NHS) in Wales.

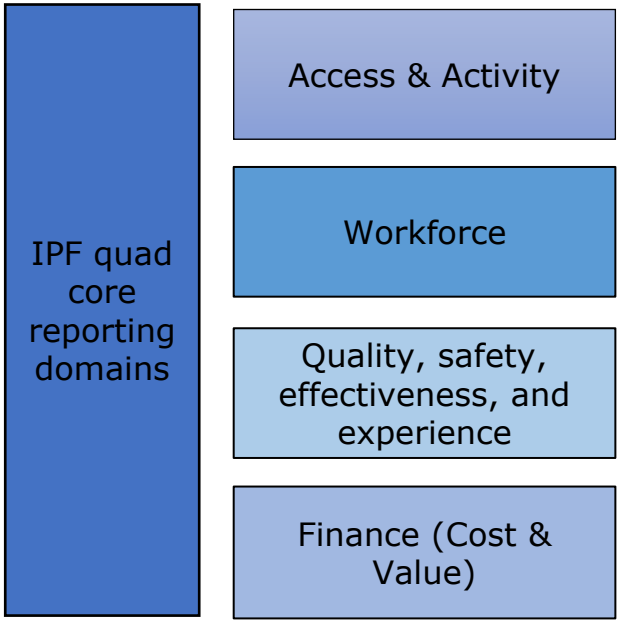


What is the Integrated Performance Framework (IPF) in Powys?

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

The IPF is undergoing phased implementation across the health board with core integration by Q4 2023/24 to run as business as usual.

Key for the framework is they system review, reporting, escalation and assurance process that aligns especially to the NHS Performance measures and Ministerial priority trajectories. In the provider Performance and Engagement meetings will address key challenges and provide a robust forum for support and escalation to Executive leads and provide actions and recovery trajectories for escalated metrics.



Paterson, Karen 24/07/2023 09:43:16

Summary of performance at month 2 (May 2023)

This report provides the Executive Committee with the latest available performance update against the 2022/23 NHS Wales Performance Framework. This update will be the last IPR to use this version of the framework with a revised version available from June 2023. It should be noted that the IPR format has been revised to highlight areas of escalation and exception as a priority, and now excludes detailed slides on compliant metrics which will only be included bi-annually (all metrics summary available in appendix 1)

In May 2023 (month 2) the health board has key performance challenges for its responsible population, these remain across planned and unscheduled care access. Key escalations within provider planned care services include therapies as a result of capacity challenge and demand increases, and follow-ups where significant validation is being undertaken to resolve long standing pathway errors. Access to the RTT reportable pathways shows an increasing trend in the time patients are waiting within Powys as a provider, however patients are still receiving quicker pathways when compared to commissioned services in England & Wales. Key pressures for the provider include significantly fragile in-reach service provision in key specialties (limited capacity vs increasing demand), resultant impact of industrial action list cancellations in Q3 2022/23, sickness and vacancy challenges, and reliance on out-reach complex diagnostics including CT, MRI, histology, and pathology. For the Powys responsible population in Commissioned care geographical in-equity is still present with pathways compliance in key English providers remaining improved over the Welsh provider recovery (some pathways in Wales are now 3+ years in Trauma & Orthopaedics).

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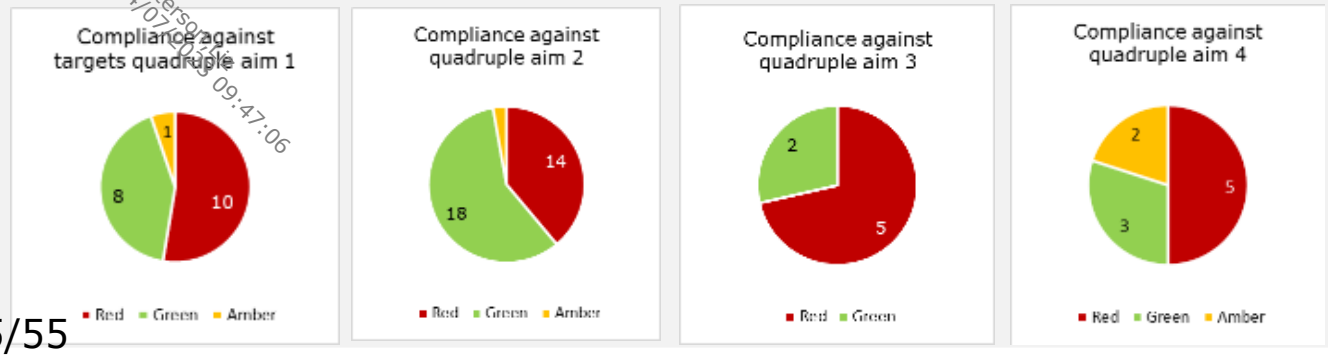
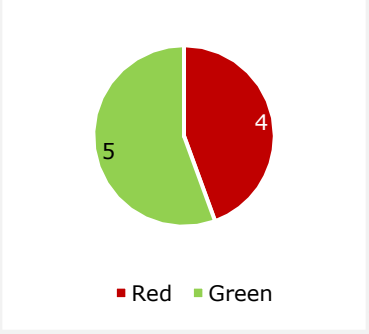
Compliance against NHS Delivery framework measures at month 2 by quadruple aim area.



Compliance against Ministerial priority trajectories.



Escalated Performance Challenges

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
41	Number of therapy breaches 14+ weeks	May-23	12 month reduction	273	Dec-21		Mar-24
Why is this an escalated metric?		Therapy performance has been escalated due to the breach challenge within this service. As at May 2023 breaches have increased to 273, this follows a increasing trend since Mar-22 where performance has shifted outside (7 points) of the expected statistical limits (UCL). The service has been flagged as fragile and is currently undergoing increased engagement with service leads to improve performance.					
Key performance drivers		**Key actions to recover**					
Cancellations of clinics at short notice as a result of staff sickness (including COVID) and industrial action in Q4, significant vacancies across key specialties including physiotherapy, dietetics, and audiology. Challenges with core reporting support which is escalated with Digital Transformation (D&T), and waiting list change from December 2022 (D&T process change) which caused a spike in pathways resolved through validation in Q4.		Weekly Heads of Service waiting list meetings. Additional locum to support MSK physiotherapy, and new graduate from August 2023. Caseload reviews across all therapies. Podiatry, Dietetics and SALT Heads of service (clinical) have increased their clinical job plans from 1 sessions per week to 4 sessions a week which results in their operational management capacity being reduced. Improvement timeline by subspec available on main slide					

42	Number of patients waiting over 52 weeks for a new outpatient appointment	May-23	PTHB trajectory of zero	3	Jan-2023		May-23
Why is this an escalated metric?		This measure does not meet the submitted NHS Performance trajectory for May.					
Key performance drivers		**Key actions to recover**					
Specific issues for two currently reported specialities. 1. General Surgery, significant capacity challenge especially in South Powys where in-reach sessions only meet urgent demand. 2. Rheumatology, ongoing challenge following COVID-19 (long covid demand).		Ongoing investigation of demand pressures with service and Executive leads. Further capacity being sought via in-reach provision.					

43	Patient follow-up (FUP) pathways delayed 100% and over	May-23	2500	2547	N/A		Nov-23
Why is this an escalated metric?		FUP pathways recording and reporting was escalated in Q4 2021/22 following service identified significant accuracy challenge in the reporting of pathway time banding. Resulting reporting checks by the Digital Transformation team highlighted a significant quantity of un-reported pathways and local reporting was aligned to the National WPAS teams process. To note currently in this document the health board is reporting all pathways both reportable and non reportable (Welsh Government holds PTHB to account on only reportable specialties).					
Key performance drivers		**Key actions to recover**					
Phase 1 service and performance led validation from Q1 in 2022/23 reduced pathways significantly, however a large cohort of pathways were found to be errors in WPAS or required the intervention of the national digital team. Phase 2 validation from April-23 led on by Digital Transformation has validated and closed circa 45% more of the remaining reportable pathways (predominately errors).		D&T have completed a three stage action plan to reduce the remaining pathways that require validation, this was completed by the end of May 2023. A stage 4 validation is underway with patient services, local WPAS team, and National team – planned completion end of June 2023. Formal recovery trajectory set as part of the ministerial priorities to have no breaches reported by November 2023, this is an ambitious target.					

Not 22/23 measure	Number of patients waiting more than 36 weeks for a new outpatient appointment	May-23	35	98	N/A		TBC
Why is this an escalated metric?		This is a new Ministerial priority metric for 2023/24 that has not met the PTHB submitted trajectory target of 35 for May, as such it has been flagged in this IPR.					
Key performance drivers		**Key actions to recover**					
Key challenges for RTT performance include in-reach fragility reducing key capacity, reliance on Commissioned service diagnostics (delays in imaging, histology, and pathology). Staff sickness, and key vacancies also impact performance.		Commissioning led contracting discussions with key in-reach providers around securing robust capacity for provider clinics and day case activity. Use of private in-reach to supply key clinical staff for diagnostics and anaesthetics. Advertisement of existing and creation of new staffing posts to meet service requirements.					

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Exception Reporting - measures not meeting required performance

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

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
5	Percentage of adult smokers who make a quit attempt via smoking cessation services	Q4 22/23	5% Annual Target	3.15%	Never	N/A	**N/A**
Key performance drivers				**Key actions to recover**			
2022/23 cumulative quit attempts are slightly lower that for 2021/22 but is improved against 2020/21. Changes to recording due to COVID-19.				Health board to enhance the support with offer of Smoking Cessation Advisors to local pharmacies. A communication and engagement plan has been developed to help engagement with targeted communities			
9	Standardised rate of alcohol attributed hospital admissions	Q3 22/23	4 quarter reduction trend	447.7	Q2 22/23		**N/A**
Key performance drivers				**Key actions to recover**			
Performance remains common cause variance, limited specific information is available for the key drivers of performance.				Review public health information provision in terms of messaging to general public. Identify any repetitive patients accessing services and consider alternative support as appropriate.			
10	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	Q4 22/23	4 Quarter Improvement Trend	65.4%	Q3 22/23		**N/A**
Key performance drivers				**Key actions to recover**			
Performance is common cause, recent compliance in Q3 22/23 but now missing the 4 quarter improvement trend. The target and interpretation of this measure is very broad.				Delivery of the 2022 Area Planning Board work plan focused on achieving client-centred goals and recovery including the development of recovery focused communities.			
12	Percentage of children who received two doses of the MMR vaccine by age 5	Q4 22/23	95%	89.6%	N/A		**N/A**
Key performance drivers				**Key actions to recover**			
Missing target by a small number of children, child health system and GP database not linked with regular data cleansing required. GP capacity found to be a challenge and impact of the pandemic in previous year.				The Polio and MMR catch-up programme earlier in the year should improve the position. Data cleansing and reporting list review to provide a more accurate position, and further support for GP's and Health visitors.			

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24/07/2023 09:47:06

Exception Reporting - measures not meeting required performance

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

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
20	Number of existing patients accessing NHS dental services by quarter	Q4 22/23	4 Quarter Improvement	6,503	Current period first complete 4th quarter	N/A	**N/A**
Key performance drivers			**Key actions to recover**				
Data is not yet finalised for 22/23 and might see some revision when completed. Existing patient capacity is being used to focus on children and Urgent Access provision.			Dental waiting list cleansing, new information flow to Powys community dental via Eden system, driving performance against metric. Further actions include contractual agreements confirmation for 2023/24.				
25	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge **– Powys resident view**	May-23 May-23 Mar-23	Powys – 95% Wales – 95% England – 95%	100% 68% 46.5%	N/A	TBC	**N/A**
Key performance drivers			**Key actions to recover**				
Increased demand on services, emergency unit congestion as a result of bed capacity within hospitals especially in high dependency beds.			To note Powys as a provider will be unable to achieve compliance for residents but the health board fully engages with national daily calls for emergency department pressures, improved repatriation of patients in acute beds to support flow and aim to provide more local support for urgent care access.				
26	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge – **Powys resident view**	May-23 May-23 Mar-23	Powys – 0 Wales – 0 England - 0	0 108 308	N/A	N/A	**N/A**
Key performance drivers			**Key actions to recover**				
Narrative as measure 25.			Narrative as measure 25.				
31	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	May-23	65%	46.2%	Feb-21		**N/A**
Key performance drivers			**Key actions to recover**				
Demand for 999 services increasing, handover delays impact the ability of an emergency conveyance to return to patch (be available), and rural geographical challenge for PTHB			All Wales urgent care system escalation calls being held daily (often more than once per day), most Health Board who run acute services have now deployed elements of service resilience, and action has been taken to improve 'return to footprint' by Powys crews to increase capacity for calls in county.				

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Exception Reporting - measures not meeting required performance

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

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
33	Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission	Apr -23	12 month reduction trend	58	Not since measure creation		N/A
Key performance drivers				**Key actions to recover**			
Increased deconditioning following extended stay in acute hospital, limitations of domiciliary care market, limitations of Nursing Home market capacity, delayed social care allocation and assessment, and requirement to refresh Community Hospital model of care				Development of business case for increased numbers of Discharge Liaison Officers to drive reduced length of stay (LOS), bed census to better inform understanding of patient need prior to admission and change in need to support discharge, participation in Accelerated Sustainability Model (ASM) workstream, and system engagement with Powys County Council (PCC) to inform market development.			
34	Percentage of total emergency bed days accrued by people with a length of stay over 21 days	Apr-23	12 month reduction	81.3%	Mar-23		N/A
Key performance drivers				**Key actions to recover**			
Recognition that PTHB beds are community hospital only. Reliance on model of predominantly 'step down' use for community hospital beds Active model for repatriation of emergency admission patients in particular, from English acute system. Limitations of responsive community offer across Powys, which focusses on admission avoidance.				Bed census to better inform understanding of patient need prior to admission and change in need to support discharge. Active participation in Accelerated Sustainability Model (ASM) workstream focussed on community unscheduled care offer. Length of stay (LOS) reduction actions, and further development of 'step up' Community Hospital admission model			
39	Number of patients waiting more than 8 weeks for a diagnostic endoscopy	May-23	Improvement trajectory towards 0 by Spring 2024	17	Not since measure creation		N/A
Key performance drivers				**Key actions to recover**			
Significant In-reach clinician fragility resulting in service gaps and clinical handover challenges (service from CTUHB), general surgery capacity shortfall for both diagnostics and outpatients. Increased demand via urgent suspected and urgent referrals from primary care into the provider.				Training of local staffing capacity (endoscopy specialist nurses), reviewed processes including cancer tracking to improve flow. Development of service protocols utilising feedback from Q&S reviews. Escalation of ongoing service level agreement concerns around fragility with CTUHB and Aneurin Bevan UHB (ABUHB), including long term provision of timely pathology and histology service (raised also with Commissioning function).			
44	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)	May-23	95%	66.8%	Feb-20		N/A
Key performance drivers				**Key actions to recover**			
Fragility of in reach providers and DGH system pressures including industrial action, sickness including ongoing backlog pressures and recruitment challenges. Fragility of theatre staffing due to sickness absence, and vacancies.				Enhanced staffing in PTHB, Wet Age-related macular degeneration (AMD) service has been extended into mid Powys. Service standard operating procedures in place utilising best practice from Birmingham and Midland Eye Centre. MDT lead glaucoma management within Planned Care & Community Optometry (service opened Q4 2022/23).			

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Exception Reporting - measures not meeting required performance

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

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
46	Number of patients waiting more than 36 weeks for treatment	May-23	Improvement towards a national target of zero by 2026	211	N/A		**N/A**
Key performance drivers			**Key actions to recover**				
In-reach service fragility across multiple specialties and locations, service level capacity requirement are not being met in key specialties like general surgery. Industrial action in Q4 2022/23 impacted services with cancellations reducing capacity impacting waiting list flow.			Insourced capacity planned for 2023/24 via private provider to supplement capacity deficit Engagement via Commissioning Quality and Performance reporting (CQPR) meetings with in-reach providers to reduce in-reach fragility risk. Waiting lists management in line with the National Planned Care Programme Outpatient Transformation and Speciality Boards. Recruitment into key vacancies including Clinical Director Planned Care Q1 2023/24.				
47	Number of patients waiting less than 26 weeks for treatment	May-23	Improvement trajectory towards a national target of 95% by 2026	92.2%	Jul-22		**N/A**
Key performance drivers			**Key actions to recover**				
As commentary for measure 46			As commentary for measure 46				

Local Measures and Assurance

Commissioning measures LM2, LM3, LM4, and LM5	Commissioned referral to treatment (RTT) – Powys resident	Combined Latest Performance – Apr 23	+104 weeks	426	Never	Please look to slide for detail	Commissioner trajectories - unavailable
			52+ stage 1	2,231			
			+36 weeks	4,812			
			< 26 weeks	61.2%			
Commissioned RTT performance does not meet any set targets, please look to the slides for further details.							
LM4, and LM5	Powys provider private dermatology out-reach (RTT)	Mar-23	< 26 week	64.4%	Not reported in 12 months	N/A	**N/A**
			+36 week	64			
Private provider outsource does not meet any set RTT targets in March, please look to the slide for further details.							
Cancer Measures	SCP - Commissioned Cancer Performance (Wales)	May-23	75% <62 days for treatment	52%	Never	N/A	**N/A**
	Cancer pathway breaches in England	SATH - May	No local target	4 breaches	N/A		**N/A**
	Powys provider downgrade performance – 28 days best practice	May-23	TBC	19.2%	N/A		**N/A**
Commissioned Cancer performance does not meet any set targets where the information is available, please look to slides for further details.							

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Exception Reporting - measures not meeting required performance

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

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

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
53	Children/Young People neurodevelopmental waits	May-23	80%	71.3%	Aug-22		N/A

Key performance drivers	Key actions to recover
The average referral rate of 20 per month pre COVID has drastically increased to 54 per month in 2022/23. Capacity remains insufficient to meet this ongoing demand, even with additional temporary Renewal work force colleagues.	A business case (BC) has been drafted to secure core recurrent monies beyond March 2023. This will support the essential capacity required to meet the increase in referral demand long term. five temporary posts have been extended to June 2023 to reduce the waiting list position whilst the BC is being considered.

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
58	Interventions <28 days 18+ (Adults)	May-23	80%	47.2%	Jun-21		N/A

Key performance drivers	Key actions to recover
Performance poor since Jun-21 with challenges of staffing fragility, increased caseload, increased complexity of patients requiring specialist interventions.	Continued promotion of the use of Silver cloud for self-help (online service). Further resource of funding awarded via Welsh Government 2022 service improvement fund. Further work on caseload validation.

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
60	Mental Health CTP, Adults	May-23	90%	81%	Dec-22		N/A

Key performance drivers	Key actions to recover
Key performance challenges include vacancies in North Powys, and impact by Powys County Council (PCC) Social Services who are unable to undertake their share of office duties placing increased demand onto NHS staff. Digital technical difficulties effecting access to MH measure data.	Key engagement with PCC's Director of Social Services undertaken but has not resolved capacity challenge. Data cleansing and review of digital systems (WCCIS) in North Powys to improve efficiency and data quality.

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Exception Reporting - measures not meeting required performance

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

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
67	Agency spend as a percentage of the total pay bill	May-23	12 month reduction trend	12.8%	Apr-23		N/A
Key performance drivers		**Key actions to recover**					
Continued service pressures including staff absence and vacancies has created challenge in the completion of mandatory training.		Workforce & Organisational Development (WOD) Business Partners are discussing mandatory compliance at senior management groups within services. Ongoing performance relating to compliance will be addressed with directorates via directorate performance review meetings.					
70	Core Skills Mandatory Training	May-23	85%	84%	Aug-20		N/A
Key performance drivers		**Key actions to recover**					
Continued service pressures including staff absence and vacancies has created challenge in the completion of mandatory training.		Workforce & Organisational Development (WOD) Business Partners are discussing mandatory compliance at senior management groups within services. Ongoing performance relating to compliance will be addressed with directorates via directorate performance review meetings.					
71	PADR Compliance	May-23	85%	74%	Never		N/A
Key performance drivers		**Key actions to recover**					
Staff absence and vacancies has caused challenges in delivery of PADRs. This continues to be a challenge post pandemic with increase service demand and inability to recruit.		WOD Business Partners are discussing PADR compliance at senior management groups within services. Monthly detailed analysis of compliance is shared via Assistant Directors. Ongoing performance relating to PADR compliance will be addressed with directorates via directorate performance review meetings once these are reinstated.					

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Exception Reporting - measures not meeting required performance

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
79	Number of wards using the Welsh Nursing Clinical Record	Q4 2022/23	4 Quarter Improvement Trend	8	Q3 2022/23	N/A	N/A

Key performance drivers	Key actions to recover
Pre-Go live wi-fi survey at Bronllys completed 17/11/21: Coverage was patchy and ranged from 0%-45% FSEs were unable to find any Access Points Potential asbestos in attic space limited investigations External suppliers reviewed infrastructure as part of wider survey to determine cabling improvement requirements across health board sites Further detail on slide 45	Project manager appointed October 2022 to Digital Transformation team to lead on Wi-Fi infrastructure improvements.

81	Total antibacterial items per 1,000 specific therapeutic age-sex related prescribing units (STAR-PU)	Q4 2022/23	A quarterly reduction of 5% against a baseline of 2019-20	290.67	Q4 2021/22	N/A	**N/A**

Key performance drivers	Key actions to recover
All health boards saw a dramatic increase in antimicrobial prescribing between Q2 and Q3 2022/23 due to the Strep A issue and reduced threshold for antimicrobial prescribing. Powys has the highest use of the 4C antimicrobials – prescribing of co-amoxiclav and quinolones is of particular concern.	Key actions include an Antimicrobial Stewardship Group, Antimicrobial stewardship improvement plan, monthly antimicrobial KPI data provided to practices, and targeted conversations to be introduced where antimicrobial prescribing is identified as a concern with a practice.

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
84	Opioid average daily quantities per 1,000 patients	Q4 2022/23	4 quarter reduction trend	4,119.22	Q1 2022/23	N/A	**N/A**

Key performance drivers	Key actions to recover
There has been an increase in the overall prescribing of opioids, although there has been a slight reduction in the use of high strength opioids. No specific issues have been raised that are driving non compliance.	Raising awareness of the issues associated with opioid prescribing and the variation in prescribing practice across the health board with clinicians and health board executives. Raising awareness of opioids aware resource for clinicians and patients. Regular monitoring through the national indicators. Introduction of prescribing analysis to identify 'excessive' prescribing

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Exception Reporting - measures not meeting required performance

Operational Measures

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
Operational Measure	Percentage of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	Q4 2022/23	75%	64%	Q3 2022/23	N/A	**N/A**

Key performance drivers	Key actions to recover
Challenges for this measure include timely responses not received from other Health Boards/Trusts impacting lengthy delays.	Implement clear process for learning and improvement from concerns, continued proactive management of concerns and increase in numbers of enquiries/Early resolution resolved quickly. Implementation of a concerns feedback process 'How was the process for the complainant' with the use of CIVICA

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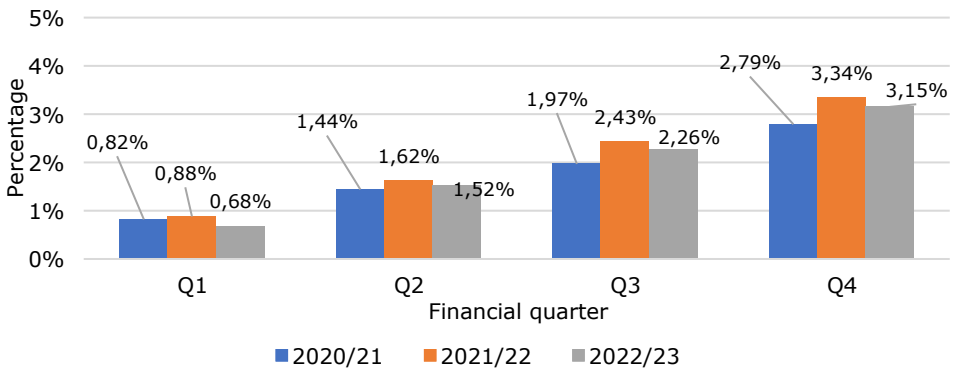
Smoking - Percentage of adult smokers who make a quit attempt via smoking cessation services

Executive lead	Executive Director of Public Health	Officer lead	Consultant in Public Health	Strategic priority	2

Latest available	Q4 2022/23		
Reported performance	3.15% cum.	All Wales benchmark	6th (4.17%)
Target	5% cumulative annual target		
Variance	N/A		Exception
Data quality & Source		Welsh Government Performance Scorecard	

Percentage of adult smokers who make a quit attempt



What the data tells us

Note: In 20/21, the National Survey was adapted due to COVID resulting in lower smoking estimates than previously reported. The lower estimates will result in an apparent higher proportion of smokers making a quit attempt during 2021/22 which may not reflect a real improvement in performance.

2022/23 cumulative quit attempts are slightly lower that for 2021/22 but is improved against 2020/21.

Issues

- In Powys work is ongoing to increase the numbers of clients engaged to make a quit attempt through pharmacy L2 and L3 service. The number of pharmacies offering the Level 2 and Level 3 service is currently the same as pre-pandemic but the numbers of quit attempts made with support from pharmacies are still significantly lower.
- The new delivery model for smoking cessation support for pregnant women aims to increase the number of referrals of pregnant smokers and increase the numbers of successful quitters. This will be achieved through enhanced skills and expertise of the Smoking Cessation team, targeted engagement and a strengthened referral pathway.
- As the percentage of adults smokers in Powys falls it leaves remaining the group of smokers who find it most difficult to quit.
- During Q4 period the team experienced staff shortages.

Actions | Recovery by: TBC

- An action plan responding to the challenges faced by pharmacies in providing a smoking cessation service has been put in place. Actions include support being offered by Smoking Cessation Advisors to local pharmacies
- The Smoking Cessation Team completed 4-day Health Coach Training with the aim of enhancing skills in eliciting behaviour change and provision of enhanced support to smokers to quit successfully.
- The Health Board has recommenced the face-to-face offer of support as it is known to be the most effective provision of support to make a quit attempt. There are an increasing number of face-to-face clinics now being offered across Powys including in GP Practices.

Mitigations

- A communication and engagement plan has been developed to help engagement with targeted communities and identified services working with priority groups to increase level of referrals and numbers of smokers making a quit attempt.
- Clinical Lead for Smoking Cessation has met with midwives and health visitors, community mental health services, specialist nurses and healthy schools team across Powys to promote referral pathway to Powys smoking cessation service
- Work has started to support GPs to identify smokers within their practices and link with Smoking Cessation service.

Healthier Wales Quadruple Aim 1

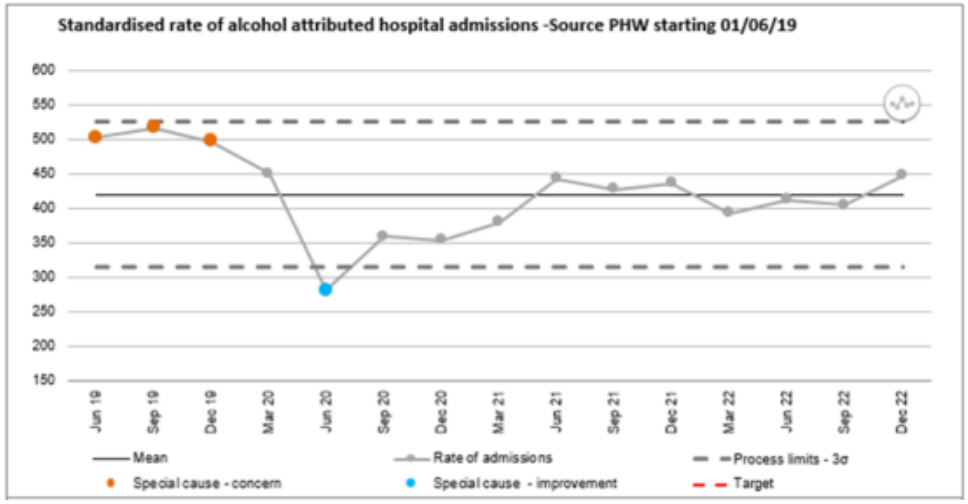
Access & Activity | **NHS Performance Measure - 9** | **Powys as a provider**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

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

Executive lead	Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority	2

Latest available	Q3 2022/23		
Reported performance	447.7	All Wales benchmark	6th (423.6)
Target	4 quarter reduction trend		
Variance	Common Cause Variation		Exception
Data quality & Source		Welsh Government Performance Scorecard	



What the data tells us

- Alcohol attributed hospital admissions have displayed a quarterly reduction trend meeting target since Q4 2021/22. Performance as at Q2 2022/23 is reported as 390.7.
- PTHB ranks 6th improving on Q2 but is above the All Wales position of 423.6
- This measure requires common cause variation and is slightly above the 15 month mean of 421.3

Please note that historical data has been re-validated nationally from Q4 2020/21. This has not affected Powys compliance against target with very minor adjustments.

Issues

- None reported

Actions | Recovery by: N/A

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

Mitigations

- None reported

Healthier Wales Quadruple Aim 1

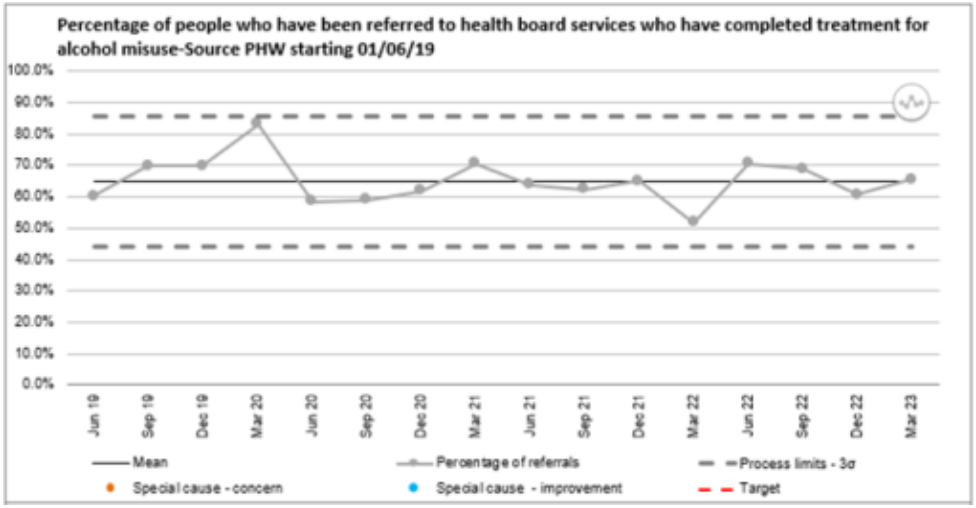
Access & Activity | **NHS Performance Measure - 10** | **Powys as a provider**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

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

Executive lead	Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority	2

Latest available	Q4 2022/23		
Reported performance	65.4%	All Wales benchmark	5th (74.1%)
Target	4 quarter improvement trend		
Variance	Common Cause Variation		Exception
Data quality & Source		Welsh Government Performance Scorecard	



What the data tells us

- Performance has improved slightly for Q4 2022/23 to 65.4%, but this still meets the national target of 4 quarter improvement. The health board has fallen to 5th in Wales against the All Wales figure of 74.1%.
- This measure reports common cause variation.

Please note that historical data has been re-validated nationally from Q1 2021/22. This has not effected Powys compliance against target with most quarters having <1% variance.

Issues

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

Actions	Recovery by	N/A

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

Mitigations

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

Healthier Wales Quadruple Aim 1

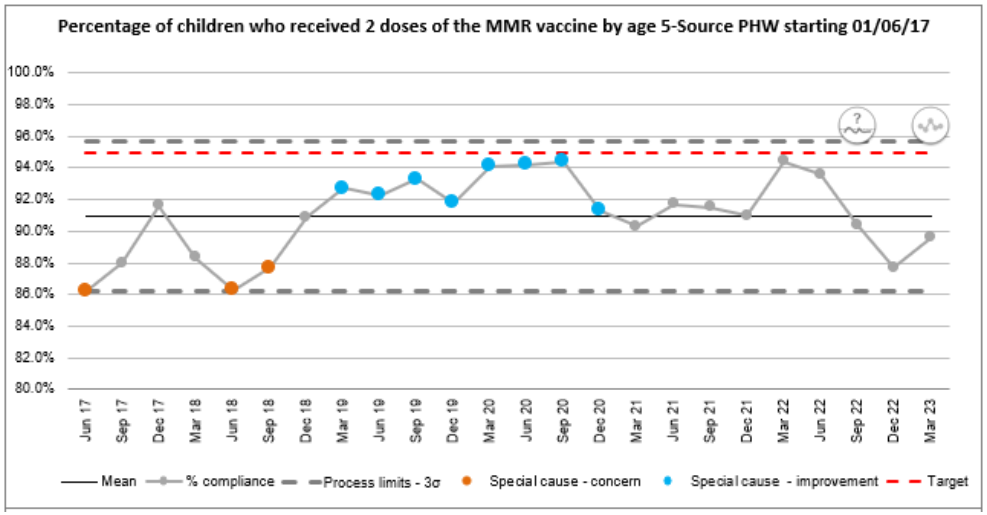
Access & Activity | **NHS Performance Measure - 12** | **Powys as a provider**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

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

Executive lead	Executive Director of Public Health	Officer lead	Consultant in Public Health	Strategic priority	2

Latest available	Q4 2022/23		
Reported performance	89.6%	All Wales benchmark	4th (89.4%)
Target	95%		
Variance	Common Cause		Exception
Data quality & Source		PTHB Public Health Team	



What the data tells us

- Performance 89.6% Q4 2022/23 not meeting the 95% target.
- Powys is ranked 4th in Wales slightly above All Wales average
- 95% target missed by 15 reported vaccinations.

Issues

- Data on uptake is sourced nationally from the Child Health System whilst vaccination is undertaken by GP Practices, and recorded on their information system. The Child Health System and GP database are not electronically linked, so information flows means that frequent data cleansing is required to ensure the Child Health System is up-to-date to reflect immunisation status.
- The previous decrease in MMR uptake at age 5 years during 2021 may reflect the impact of the pandemic, individual willingness to take children to be vaccinated during the pandemic, along with primary care workforce capacity, patient flow and social distancing.
- Some practices have queues due to staffing and working pressures resulting in delayed timely vaccination. Small numbers will also have a greater impact on percentage uptake variation.

Actions	Recovery by	N/A

The Polio and MMR catch-up programme earlier in the year will have had an impact on overall uptake but not be evident in current cover data.

Lessons learnt from this work though will be used to improve uptake through adopting process to:

- Data cleansing
- Support GPs offering other missed vaccinations
- Support Health Visitors to follow up where children have missed their vaccinations.
- Reviewing their reporting lists which should increase reporting accuracy, and uptake of all childhood immunisations.

Mitigations

To be confirmed once further actions have been taken.

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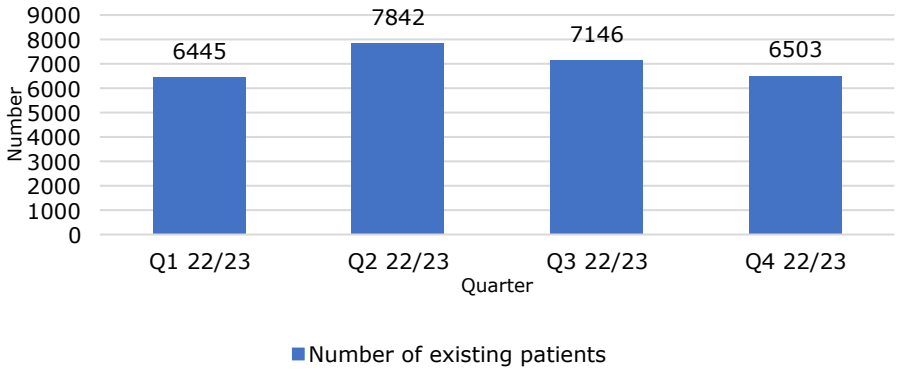
Dental – Number of existing patients accessing NHS dental services

Executive lead	Deputy Chief Executive and Executive Director of Strategy, Primary Care and Partnerships	Officer lead	Assistant Director of Primary Care	Strategic priority	4

Latest available	Q4 2022/23		
Reported performance	6,503	All Wales benchmark	7th (164,013)
Target	4 Quarter Improvement		
Variance	N/A		Exception
Data quality & Source		WG Performance Team	

Number of existing patients accessing NHS dental services by quarter.



What the data tells us

- Q1 23/24 data not available until mid July.
- Finalised 22/23 validated data will be published at the same time

- 23/24 national metrics translate into the following local metrics for PTHB.
- New Patient Target = 2,875
- Urgent Patient Target = 3,380
- Historic Patient Target = 29,252

Issues

- 23/24 Contract Reform sign up is 79%. This has dropped slightly compared to 22/23 of 85% sign up(1 less practice signed up)

Actions | Recovery by | N/A

- 23/24 Contract Variation notices currently being signed.
- Activity against the metrics starting to feed through EDEN and being reviewed by PCD.
- Dental waiting list – list cleansing due to commenced in qtr2

Mitigations

- Urgent Access provision secured - 65 urgent slots per week (increase of 15 slots per week compared to 22/23).
- Children on the PTHB waiting list are being prioritised access and shared across practices with new patient capacity and appropriate location

Healthier Wales Quadruple Aim 2

Access & Activity | **NHS Performance Measure - 25** | **Powys resident view**

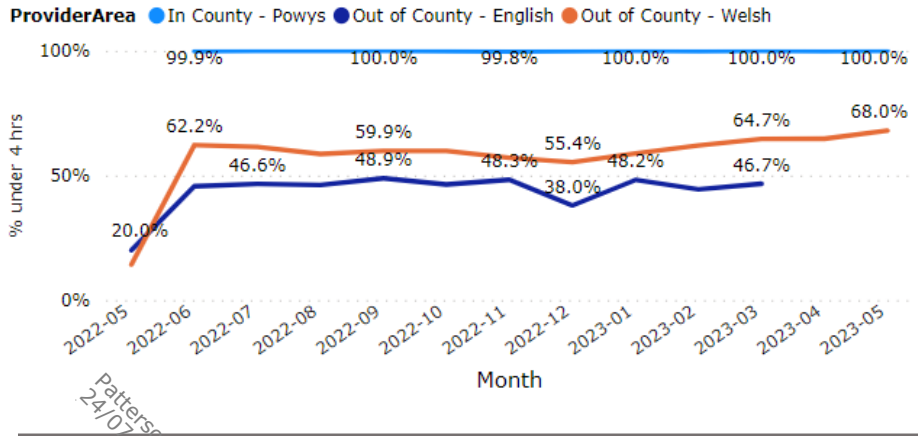
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Emergency Access - Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge

Executive lead	Executive Director of Operations/Director of Community and Mental Health	Officer lead	Senior Manager Unscheduled Care	Strategic priority	11

Latest available	Wales - May-23 & England Mar-23		
Reported performance	Pow – 100% Wal – 68% Eng – 46.5%	All Wales benchmark	*70.2% (1st as provider)
Target	Wales & England- 95%		
Variance	TBC		Exception
Data quality & Source		DHCW EDDS	

Percentage of patients who spend less than 4 hours in all major and minor emergency care



What the data tells us

- Powys as a provider of care via MIU's continues to provide excellent compliance in meeting the 4hr target. Performance is common cause variation and the target has not been missed in at least 5 years of reporting.
- Powys residents in Welsh emergency units have seen an improvement in performance with 68% of patients been spending less than 4hrs waiting.
- Powys residents attending English emergency units see the longest wait with 46.7% (March 2023) meeting the 4hr target.

Issues

- No issues with the Powys MIU's currently reported.
- Powys residents attending Welsh emergency units in May see considerable variation by provider, patients attending Prince Charles Hospital (CTUHB) are reporting 55.8% compliance, and Bronglais General Hospital (HDUHB) 64.1%.
- Powys residents attending English emergency departments generally wait longer to be seen as reported in the latest March performance figures. Of the two high volume flows into Shrewsbury and Telford and Wye Valley NHS trust they perform at 45.7% and 38.9% respectively
- Key issues for acute care providers include high levels of demand (WVT is providing care for more PTHB resident with the South Powys flow change following Nevill Hall downgrade).
- Discharge speed for patients effecting the hospitals flow and resulting emergency department congestion.

Actions	Recovery by	N/A

- Powys as a provider monitors acute providers with daily updates from England and national daily workstream within Wales.
- The provider aim to repatriate patients as soon as possible where appropriate to reduce bed blocks in acute providers.

Mitigations

Healthier Wales Quadruple Aim 2

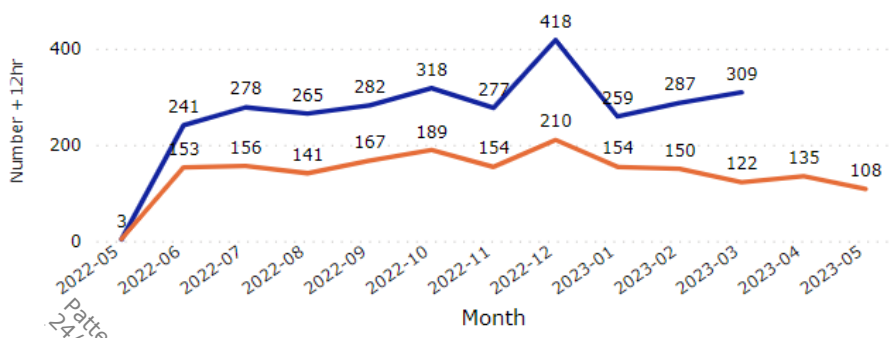
Access & Activity | **NHS Performance Measure - 26** | **Powys residents view**

Emergency Access - Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge

Executive lead	Executive Director of Operations/Director of Community and Mental Health	Officer lead	Senior Manager Unscheduled Care	Strategic priority	11

Latest available	Wales May-23 & England Mar-23		
Reported performance	Pow – 0 Wal - 108 Eng - 308	All Wales benchmark	*8,949 (1st as a provider)
Target	Zero		
Variance	TBC		Exception
Data quality & Source			

Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities



What the data tells us

- Powys as a provider of care via MIU's continues to provide excellent compliance in meeting the 12hr target. Performance is common cause variation and the target has not been missed in at least 5 years of reporting.
- English emergency departments are reporting an increasing number of 12hr breaches.
- Welsh emergency departments are reporting an improved position when compared to 2022/23 but remain challenged.
- England in 2022/23 reported 58.7% of the major unit attendance activity for Powys residents.

Issues

- No issues with the Powys MIU's currently reported.
- Powys residents attending Welsh emergency units in May see considerable variation by provider, the Morriston hospital (SBUHB) reported the most breaches with 48 patients waiting over 12hrs (23.2% of their total waiters) in May whilst Bronglais (HDUHB) only had 25 breaches (7% of their total waiters).
- Powys residents attending English emergency departments generally wait longer to be seen as reported in the latest March performance figures. Of the two high volume flows into Shrewsbury and Telford and Wye Valley NHS trust they reported 176 and 123 breaches of the 12hr target respectively
- Key issues for acute care providers include high levels of demand (WVT is providing care for more PTHB resident with the South Powys flow change following Nevill Hall downgrade).
- Discharge speed for patients effecting the hospitals flow and resulting emergency department congestion.

Actions | Recovery by: N/A

- Powys as a provider monitors acute providers with daily updates from England and national daily workstream within Wales.
- The provider aim to repatriate patients as soon as possible where appropriate to reduce bed blocks in acute providers.

Mitigations

Healthier Wales Quadruple Aim 2

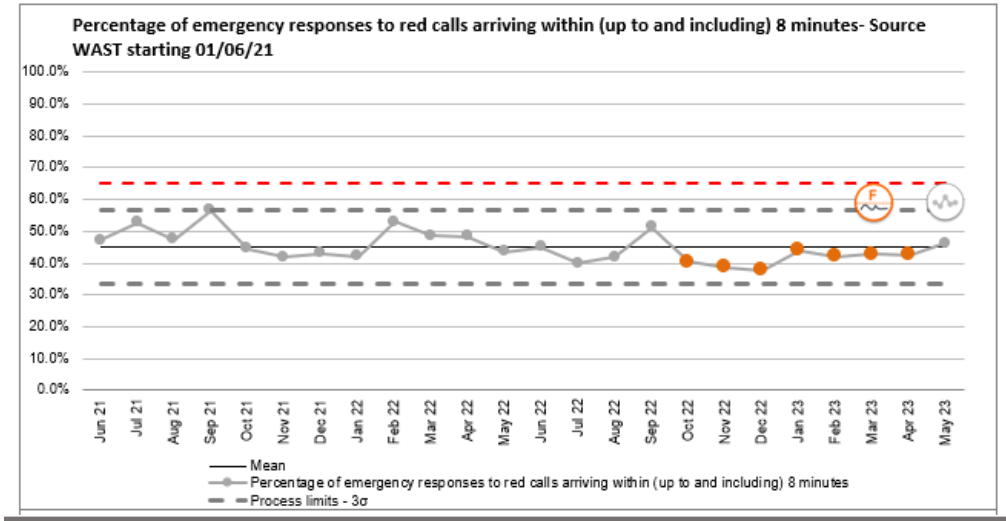
Access & Activity | **NHS Performance Measure - 31** | **Powys as a provider**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

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

Executive lead	Executive Director of Operations/Director of Community and Mental Health	Officer lead	Senior Manager Unscheduled Care	Strategic priority	11

Latest available	May-23		
Reported performance	46.2%	All Wales benchmark	7th (54.4%)
Target	65%		
Variance	Common cause variation		Exception
Data quality & Source		WAST	



What the data tells us

- The reported performance in May remains poor with 46.2% compliance for the 8 minute emergency response target for red calls.
- Performance is common cause variation with a shift above mean in May 2023.
- In the last 12 months Powys has been up to -12.1% below All Wales (Jul-22) and in May reported 46.2%, -8.2% below the All Wales position and ranked 7th.

Issues

- Demand for urgent care services continues to increase including calls to 999 ambulance services
- Handover delays at A&E sites are increasing the time ambulance crews are spent static as opposed to quick turnaround times
- Impact of Covid 19 and industrial action during this period continues to cause significant impact on staff availability and rotas.
- Delayed discharges - for patients declared medically fit for discharge (MFFD) the number occupying hospital beds slowing system flow.

Actions	Recovery by	N/A

- All hospital providers running A&E services have been asked to improve flow so that ambulance turnaround times can be improved
- All Wales urgent care system escalation calls being held daily (often more than once per day)
- Health Boards asked to review Local Options Frameworks. Most Health Board who run acute services have now deployed elements of this service resilience option.
- Action has been taken to improve 'return to footprint' by Powys crews to increase capacity for calls in county.

Mitigations

- Wider system calls being held daily with the aim to improve overall system flow.
- Engagement with the Ambulance Service to develop actions to reduce handover delays (ICAP), including enhancement of current in-county pathways to reduce admission

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Healthier Wales Quadruple Aim 2

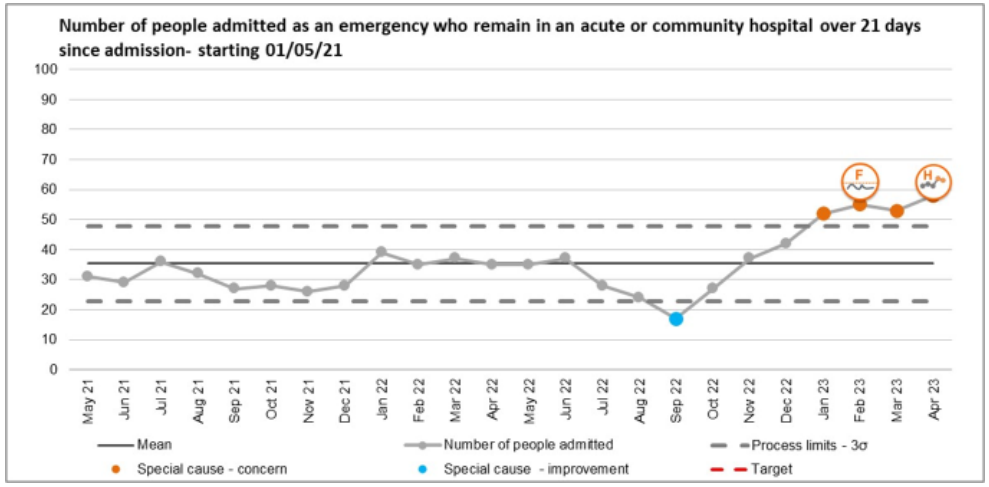
Access & Activity | **NHS Performance Measure - 33** | **Powys as a provider**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Length of Stay - Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission

Executive lead	Executive Director of Operations/Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	

Latest available	Apr-23		
Reported performance	58	All Wales benchmark	2nd (4,613)
Target	12 Month reduction trend		
Variance	Special Cause - Concern		Exception
Data quality & Source		DHCW	



What the data tells us

- As a community health care provider Powys inpatient facilities provide specific key roles in supporting primary care emergency admission (step up) & supporting acute providers with step down freeing up acute beds and repatriating stranded patients.
- The 12 month performance shows an increasing trend through 22/23 and into month 1 23/24 of admissions remaining in hospital over 21 days.
- This metric is being watched for shift to escalation

Issues

- Increased deconditioning following extended stay in acute hospital
- Limitations of domiciliary care market
  - Market capacity
  - Market responsiveness
  - Increasing community demand
- Limitations of Nursing Home market capacity
- Delayed social care allocation and assessment
- Requirement to refresh Community Hospital model of care

Actions | Recovery by: N/A

- Development of business case for increased numbers of Discharge Liaison Officers to drive reduced length of stay (LOS).
- Bed census to better inform understanding of patient need prior to admission and change in need to support discharge
- Exploration of options to develop Domiciliary care market capacity
- Participation in Accelerated Sustainability Model (ASM) workstream
- System engagement with Powys County Council (PCC) to inform market development.

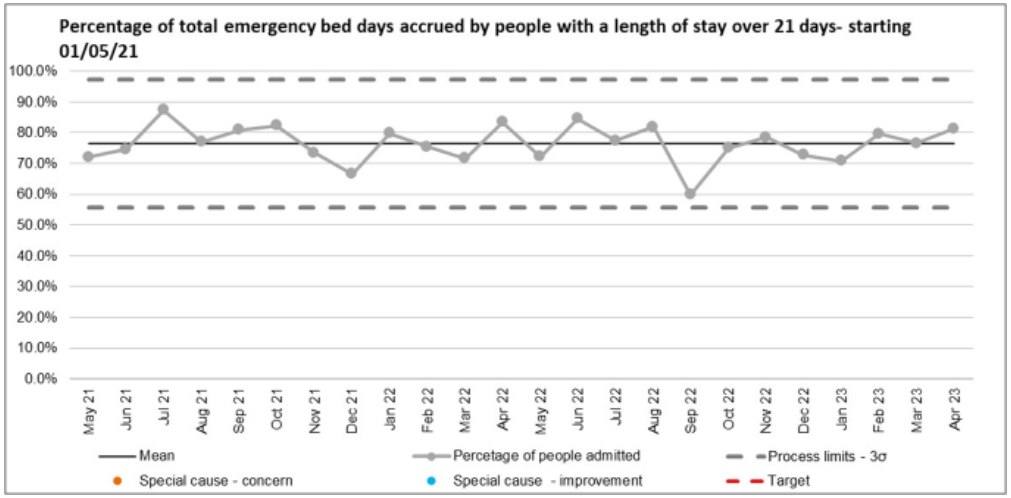
Mitigations

- Active focus on Goal 5 outcomes, promoting ethos of reablement, reduced LoS and activities to reduce deconditioning.
- Daily sit-rep and flow discussions
- Bi-weekly focus on stranded patient review
- Accelerated Sustainability Model (ASM) planning to inform community offer
- Continued participation in market engagement with care providers.

Length of Stay - Percentage of total emergency bed days accrued by people with a length of stay over 21 days

Executive lead	Executive Director of Operations/Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	

Latest available	Apr-23		
Reported performance	81.3%	All Wales benchmark	8th 53.7%
Target	12 Month reduction trend		
Variance	Common cause variation		Exception
Data quality & Source		DHCW	



What the data tells us

- Powys meets the 12 month reduction target reporting 76.7% in March 2023.
- The health does not benchmark favourably benchmarking 8th in Wales. It should be noted that as a result of the non-acute service provided in PTHB it is unlikely to rank highly in Wales when compared to acute providers with a mixture of inpatient settings.

Issues

- Recognition that PTHB beds are community hospital only
- Reliance on model of predominantly 'step down' use for community hospital beds
- Active model for repatriation of emergency admission patients in particular, from English acute system.
- Limitations of responsive community offer across Powys, which focusses on admission avoidance.

Actions | Recovery by: N/A

- Bed census to better inform understanding of patient need prior to admission and change in need to support discharge
- Active participation in Accelerated Sustainability Model (ASM) workstream focussed on community unscheduled care offer
- Length of stay (LOS) reduction actions (see measure 33)
- Further development of 'step up' Community Hospital admission model

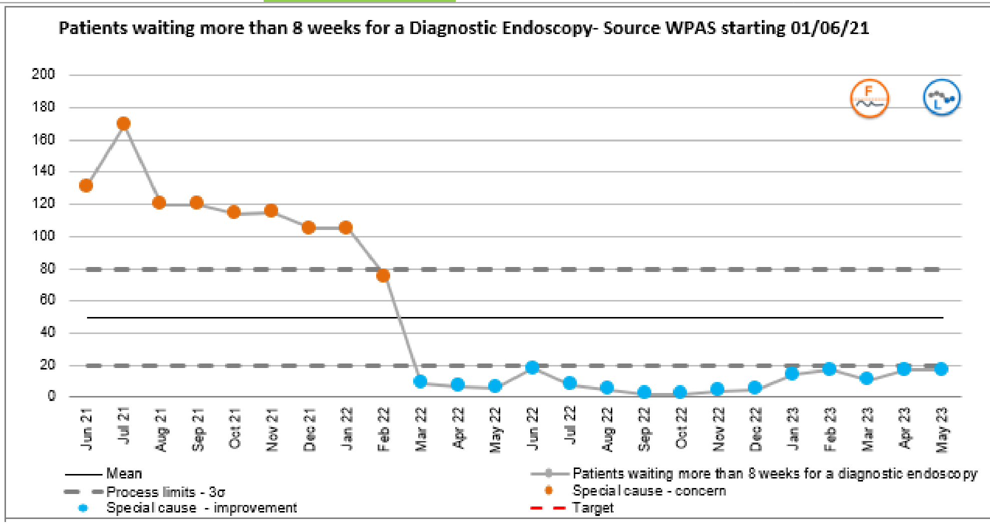
Mitigations

- Accelerated Sustainability Model (ASM) planning to inform community offer
- Engagement with the Ambulance Service to develop actions to reduce handover delays (ICAP), including enhancement of current in-county pathways to reduce admission
- Primary Care led 'virtual ward' offer aimed to reduce unscheduled care admissions in county.

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

Executive lead	Executive Director of Operations/Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	5

Latest available	May-23		
Reported performance	17	All Wales benchmark	*1st (16,345)
Target	Improvement trajectory towards 0 by Spring 2024		
Variance	Special Cause - Improvement		Exception
Data quality & Source		WPAS	



What the data tells us

- The number of patients breaching the 8 week target for diagnostic endoscopy has reported 17, this is not compliant with the national improvement trajectory. However the SPC chart continues to report special cause improvement for 15 of the last 24 reported months.
- Performance data continues to demonstrate a fragile system (especially for the colonoscopy subspecialty) that is reliant on in-reach providers, and extra private capacity to maintain wait times.
- **This Endoscopy specific metric is not within the 2023/24 framework and this performance falls under the higher-level metric 40.**

Issues

- In-reach clinician fragility resulting in service gaps and clinical handover challenges, this is caused by the retirement in Q2 2022/23 of Clinical Director, awaiting formal replacement proposal from Cwm Taf Morgannwg UHB (CTMUHB) as an outstanding risk to service.
- General surgery capacity even with private insource does not meet demand, routine pathways wait longer as urgent/USC prioritise available clinic/diagnostic slots.
- Colonoscopy capacity is not sufficient without supplementary insource.
- Bowel screening (BS) FIT test changes from Oct-22 have increased demand.
- Delays in DGH diagnostics, especially Histology/Pathology risk timeliness of pathways including USC.
- Staff challenges including senior clinical lead for theatres vacancy since June 2022.
- Joint Advisory Group (JAG) accreditation will be lost without the clinical vacancies being filled.
- Delay in Cytosponge rollout due to a national recall for device, device availability delayed until at least end of August whilst further checks are made.
- Decontamination equipment requirement scope tracing highlighted as essential.

Actions	Recovery by	N/A

- Service have escalated without resolution the CTUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a high risk for the health board), this action requires key leadership and Commissioning support to resolve.
- Q4 2022/23, PTHB trains first JAG accredited clinical endoscopist for gastroscopy increasing capacity and resilience (limited capacity risk for gastroscopy in the provider).
- Cancer pathways and patient tracking review in the provider underway (currently in-reach capacity impacts on recorded patient waits).
- Repatriation of patients from Wye Valley NHS Trust to Llandrindod Wells Hospital (ongoing with ABUHB support).
- Trans nasal endoscopy (TNE) standard operating procedure awaiting approval, specialist equipment acquisition underway, clinical specialist training underway with regional workstream. TNE in Llandrindod Wells is planned to start from Q3 2023/24

Mitigations

- Rolling programme of clinical and administrative waiting list validation.
- Additional private in-sourcing capacity requested but awaiting financial package confirmation to allow utilisation.
- Working at Regional level to support service sustainability offering estate capacity endoscopy suite as part of regional solution mutual aid.
- Annual JAG accreditation achieved for Brecon War Memorial Hospital.

Healthier Wales Quadruple Aim 2

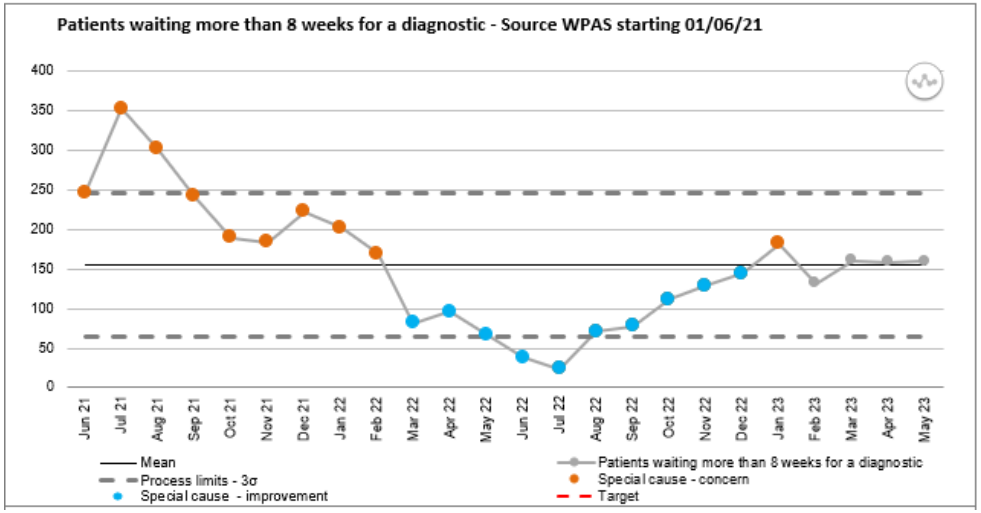
Access & Activity | **NHS Performance Measure - 40** | **Powys as a provider**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

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

Executive lead	Executive Director of Operations/Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	5

Latest available	May-23		
Reported performance	160	All Wales benchmark	*1st (46,808)
Target	PTHB trajectory target <161		
Variance	Common Cause variation		
Data quality & Source		WPAS/RADIS	



What the data tells us

This measure includes various diagnostic provisions, echo cardiograms, endoscopy, and non-obstetric ultrasound.

- The number of breaches have increased slightly to 160 meeting the PTHB submitted target of 160 or less which is part of the ministerial aim to reduce to zero by March 2024. Although technically not an exception measure this slide has been included to support the planned care performance challenge as part of RTT and Cancer pathways.
- Reported as common cause variation and breaches are slightly above mean for the last 24 months.
- Although compliant the measure remains at exception as a result of ongoing data quality checks for North Radiology numbers as a result of reduced return figures (this is being investigated by the Digital & Transformation Team)

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Issues

Non-Obstetric Ultrasound (NOUS)

- Powys sonographers' scope of practice does not currently include MSK, the health board have visiting radiologists who come once a month, there is a risk that patients who need MSK ultrasound and have to wait for that session (potential pathway delays), this is an ongoing issue that if the radiologists take leave those patients effected have to wait. This has been highlighted with our providers.
- Cardiology (Echo Cardiogram scans) remain under pressure in South Powys, this specialty is also challenge by a fragile in-reach service into Brecon War Memorial Hospital from Aneurin Bevan University Health Board.
- Potential data quality challenge currently under investigation by the Digital and Transformation team.

Endoscopy specific narrative within previous slide

Actions	Recovery by	N/A

•Non-Obstetric Ultrasound (NOUS)

- Working with providers to find capacity
- PTHB have appointed own Sonographers
- Training of sonographer underway for "lumps and bumps".

Cardiology

- GP cardiology service implementation plans for south Powys in progress.

Mitigations

Non-Obstetric Ultrasound (NOUS)
Continuous monitoring of waiting list

Please note the performance data for this metric is incomplete as a result of missing north Powys radiology data. This data is sourced from Betsi Cadwaladr UHB RADIS server, the import has failed to work for the last two reported months and is currently being investigated.

Healthier Wales Quadruple Aim 2

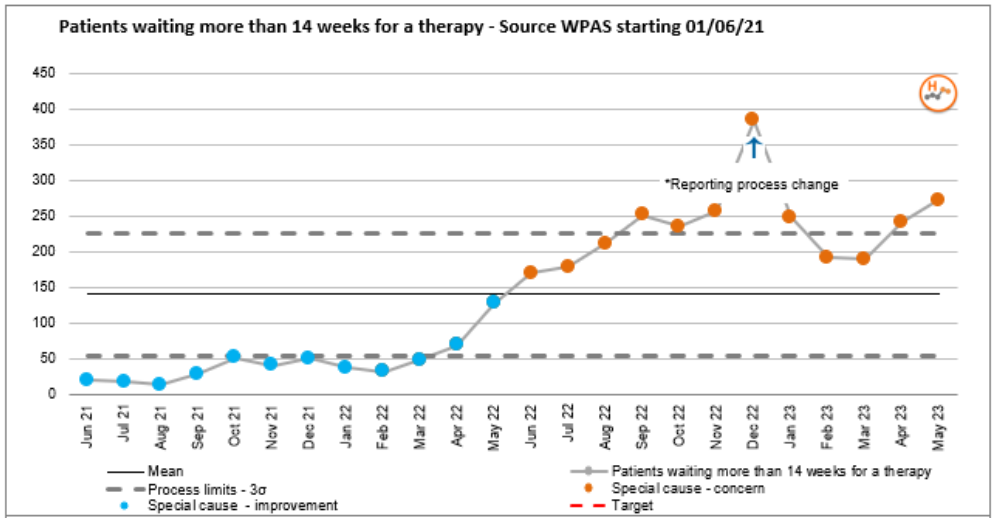
Access & Activity | **NHS Performance Measure - 41** | **Powys as a provider**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

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

Executive lead	Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services	Strategic priority	5

Latest available	May-23		
Reported performance	273	All Wales benchmark	*2nd (6827)
Target	12 month reduction trend towards zero by spring 2024		
Variance	Special cause concern		Escalated
Data quality & Source		PTHB Information warehouse	



What the data tells us

- 273 patients breached the 14 week target in May.
- Data quality following new waiting list reporting process resulted in a single extreme outlier in December 2022.
- Shift – more than 7 sequential points fall above and below the mean in the last 24 months (indicating shift change in process).
- Trend – this process is not in control, there are a run of rising points.
- As the measure is has not met the required target since December 2021 and continues to indicate a poor trend it has been **escalated** to Service & Executive lead.

Issues

- Cancellations of clinics at short notice as a result of staff having to isolate due to covid/general sickness resulting in breaches
- Vacancies across services particularly physiotherapy, Dietetics and Audiology having some impact.
- North Powys MSK remains challenging.
- Industrial action risk for Q4
- Follow-up (FUP) caseload backlog impacting on new booking capacity
- Challenges with core reporting support escalated with Digital Transformation team.

Actions	Recovery by	Mar-24 (details in mitigations)

- Weekly management of waiting lists by Heads of Service.
- Additional locum to support MSK physiotherapy, and new graduate from August 2023.
- Caseload review across all therapies, each head of service to have plan in the Community Service Group (excluding Paediatrics OT/Physio) .
- Podiatry, Dietetics and SALT Heads of service (clinical) have increased their clinical job plans from 1 sessions per week to 4 sessions a week which results in their operational management capacity being reduced – we are unable to recruit locum to vacancies at present in these areas
- SALT – Head of service reviewing on weekly basis. SALT –long term sickness member of staff returned; all long waits booked.

Mitigations

<u>Improvement planned for full recovery by *Mar-24</u>

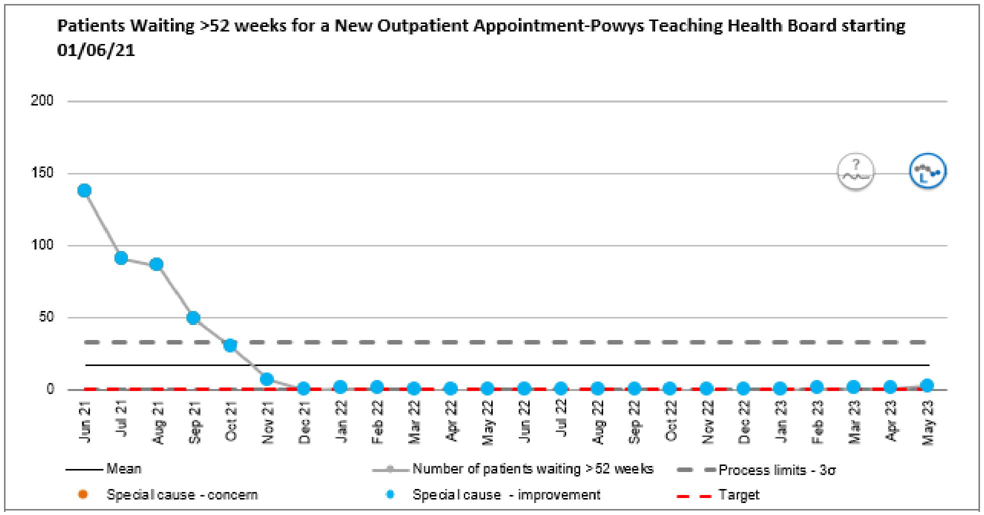
- MSK physiotherapy planned Q3 23/24
- Podiatry planned Q3 23/24
- Dietetics paediatrics Q4 23/24
- Speech and language therapy Q4 23/24

*Projections are based on recruitment plan/return to work, and that no other incidents of long term sickness or maternity leave occur which results in capacity challenge/gaps in service.

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

Executive lead	**Executive Director of Operations / Director of Community and Mental Health**	**Officer lead**	**Assistant Director of Community Services**	**Strategic priority**	**5**

Latest available	**May-23**		
Reported performance	3	All Wales benchmark	*1st (52,831)
Target	PTHB set trajectory target of zero breaches 23/24		
Variance	Special cause improvement		Escalated
Data quality & Source		DHCW	



What the data tells us

- Powys as a provider is starting to see slippage against this measure and its target, May report 2 patients waiting over 52 weeks for a new outpatient target for Rheumatology, and 1 patient within the specialty for General Surgery.
- Measure continues to report special cause improvement over 24 months as a result of the initial post COVID-19 backlog reduction.
- This measure breaches the Powys set trajectory for 2023/24 of zero patients waiting for a new outpatient appointment over 52 weeks.

Issues

- Specific issues for the Rheumatology breaches include increased demand from long COVID-19, consultant availability as a result of short notice in-reach fragility (patient was not suitable for alternative e.g., specialist nurse attendance or virtual solution)
- Ongoing risk of fragile in-reach consultant led pathways within the provider.
- Increased demand of urgent and urgent suspected cancer referrals impacting on routine referrals especially in General Surgery, this short fall of capacity will cause significant challenge in meeting planned care measures.

Actions	**Recovery by**	**May-23**

- Investigation and resolution of pathways challenges.

Mitigations

- Outpatient transformation focussing on MDT approach to ensure patient seen at right time by right PTHB clinician – to support improvements in access times, care closer to home, environmental impact less miles travelled
- Utilising in reach to support capacity shortfalls in oral surgery & general surgery.
- Reviewing use of see on symptoms (SOS)/ patient-initiated follow-ups (PIFU) across specialities.
- Managing service level agreements for Planned Care via PTHB Commissioning assurance framework process with in reach providers.

Healthier Wales Quadruple Aim 2

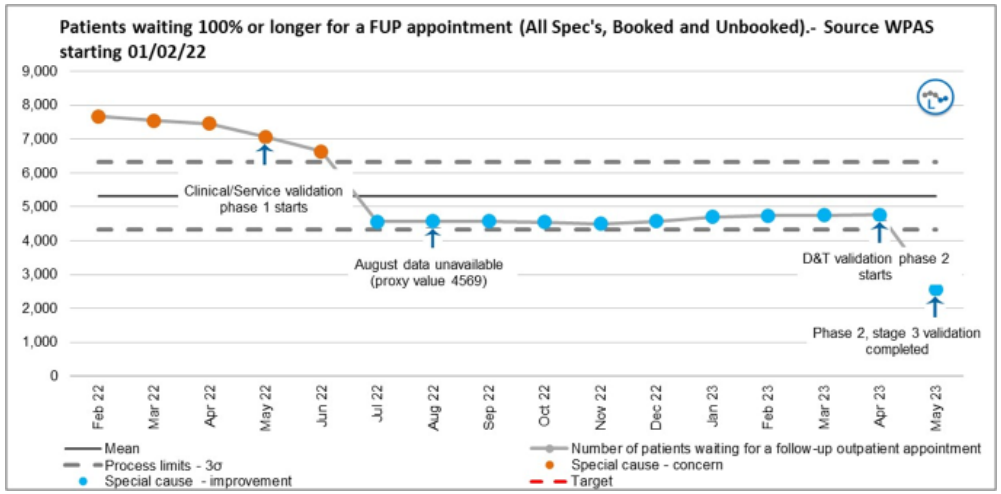
Access & Activity | **NHS Performance Measure - 43** | **Powys as a provider**

GIG CYMRU NHS WALES — Bwrdd Iechyd Addysgu Powys / Powys Teaching Health Board

Follow Up Outpatient (FUP) – Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%

Executive lead	Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services	Strategic priority	5

Latest available	May-23		
Reported performance	2547	All Wales benchmark	*52,925
Target	PTHB set trajectory target 2500 (May-23)		
Variance	Special Cause Improvement		Escalated
Data quality & Source		WPAS	



What the data tells us

- PTHB is now reporting the FUP position to Welsh Government monthly, this slide in the IPR currently includes reportable and non reportable pathways.
- Phase 1 clinical and service validation discharged or booked circa 50% of the reported pathways in Q1 & Q2 in 2022/23.
- Phase 2 validation led on by the Digital and Transformation (D&T) team since April 2023 has reduced "reportable" over 100% overdue by a further circa 45%, this was following bulk pathway fixes within the patient administration platform (WPAS) and validated discharges.
- A challenging trajectory has been set to have zero patients over 100% by November 2023.
- Powys is close to ministerial priority trajectory set for 2023/24 and may achieve its goal in May 2023 but that is TBC with D&T and Welsh Government performance team.

Issues

- Original challenge started in January 2022 where local service reports were displaying incorrect values.
- Reporting was updated to use National team stored procedure which returned significantly more pathways.
- D&T capacity limitations required Performance & Service lead Phase 1 validation to be undertaken without the closure/fixing of incorrect pathways (this left a significant number of pathways that could not be closed by the service due to system problems). Phase 2 validation supported by D&T was unable to start until circa 12 months later.
- Incorrect reported volumes result in challenges for service demand planning.
- Service capacity pressure prioritising urgent, and USC pathways, which in turn places pressure of compliance on routine and FUP pathways.

Actions — Recovery by: Nov-23

- D&T have completed a three-stage action plan to reduce the remaining pathways that require validation, this was completed by the end of May 2023.
- A stage 4 validation is underway with patient services, local WPAS team, and National team – planned completion end of June 2023.
- Formal recovery trajectory set as part of the ministerial priorities to have no breaches reported by November 2023, this is an ambitious target.

Mitigations

- Reportable waiting lists are clinically validated, and risk stratified in addition to administrative waiting list validation, this is carried out to reduce the risk to pathways.

The follow-up investigation, validation and recovery is led by the Interim Director of Performance & Commissioning and Executive Director of Finance, Information, and Corporate. Narrative has been provided by the Performance Manager, and technical updates are via the Digital & Transformation team analysts & IFOR validation reports.

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Healthier Wales Quadruple Aim 2

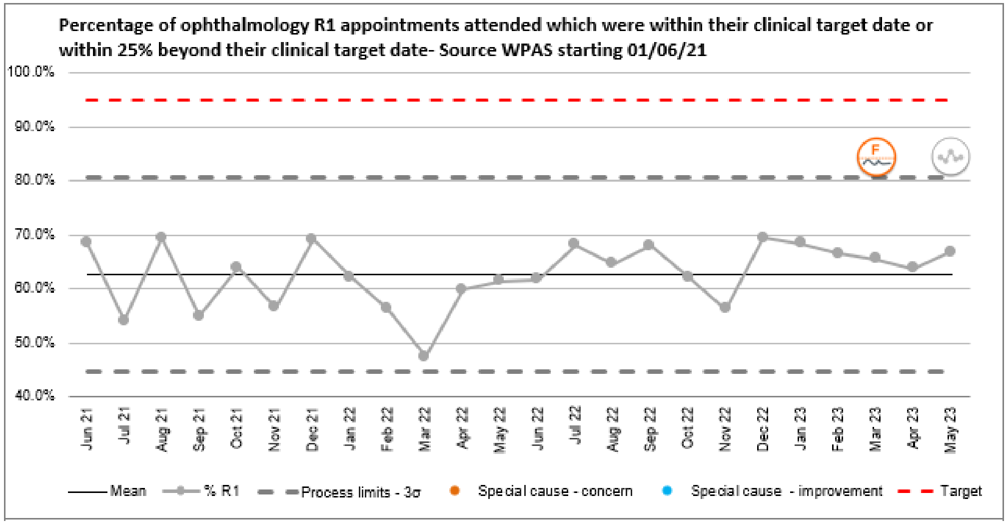
Access & Activity | **NHS Performance Measure - 44** | **Powys as a provider**

GIG CYMRU NHS WALES — Bwrdd Iechyd Addysgu Powys / Powys Teaching Health Board

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

Executive lead	Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services	Strategic priority	5

Latest available	May-23		
Reported performance	66.8%	All Wales benchmark	*5th (65.4%)
Target	95%		
Variance	Common cause variation		Exception
Data quality & Source		WPAS	



What the data tells us

- Performance for R1 appointments attended does not meet the 95% target reporting to 66.8% at the end of May, performance remains common cause variation. The health board benchmarked 5th in April 2023.

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

Issues

- In-reach fragility impacts available capacity for specialty.
- Local staffing challenges reducing capacity include sickness absence, vacancies in theatre staffing, and industrial actions during Q4.
- Regional recruitment challenges include Mid Wales Joint Committee recruitment for PTHB/HDUHB ophthalmology consultant lead post.
- Ongoing demand and capacity challenge resulting from inaccuracies with follow-up (FUP) reporting impacting service planning assumptions.
- National Digital Eye Care pilot delayed since May-22, this impacts outpatient nursing team support and roll out with in-reach ophthalmology clinical lead for Ystradgynlais & phase 2 in North Powys.
- Awaiting implementation of Welsh Government (WG) referral management centre centrally triaged referrals from optometry for All HBs. Risk to national timeline, WG fully appraised but anticipate further 3-month delay that impacts all HBs.

Actions	Recovery by	N/A

- Multi-Disciplinary Team (MDT) lead glaucoma management within Planned Care & Community Optometry – service opened Q4 2022/23
- Working with WVT & Rural Health Care Academy to formalise training opportunities in DGH, extending OP role to include eye care scrub for potential future clean room developments in PTHB.
- Get it right first time (GIRFT) review underway, to be completed July 2023.

Mitigations

- Enhancing staffing – including first non-registrant Ophthalmic health care scientist in the UK (supporting MDT development), and work with Rural Health Care Academy on career pathways for eye care in PTHB has resulted in trainee Eye care developmental post recruitment.
- One stop shop cataracts biometrics pre assessment, consultant appointment pan Powys – from Q3 2022/23.
- Wet Age-related macular degeneration (AMD) service has been extended into mid Powys, embedded as service model for Llandrindod/Brecon Hospitals. PTHB 1st nurse eye care injector trained, plans in place for 2nd PTHB injector training (complete 2023/24).
- Service SOPs in place utilising best practice from Birmingham and Midland Eye Centre.
- Local Safety Standard for Invasive Procedures (LOCSIPs) in place for Eye Care & other outpatient department specialities first HB in Wales.
- Community optometry support to risk stratify long waits/overdue follow ups

Healthier Wales Quadruple Aim 2

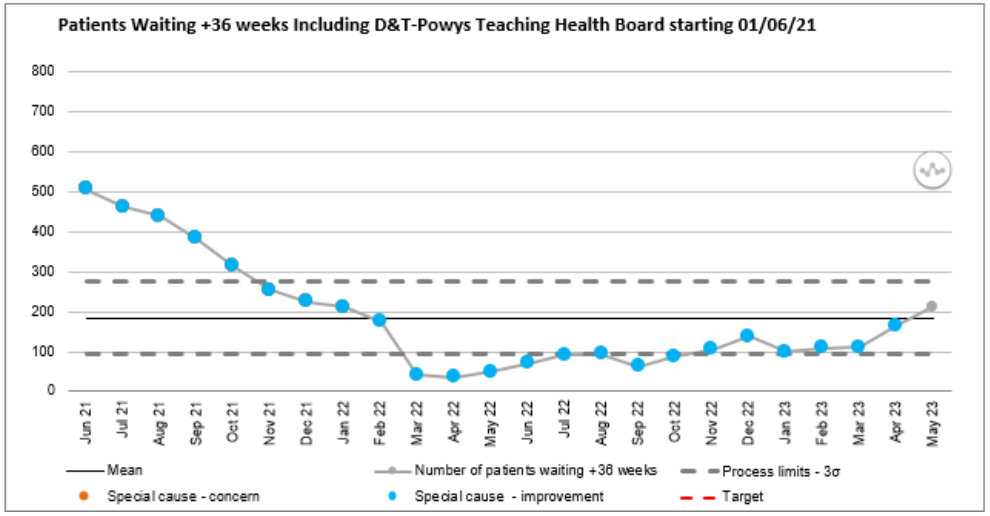
Access & Activity | **NHS Performance Measure - 46** | **Powys as a provider**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Referral to Treatment – Number of patients waiting more than 36 weeks for treatment

Executive lead	Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services	Strategic priority	5

Latest available	May-23		
Reported performance	211	All Wales benchmark	*1st (232,259)
Target	Improvement towards a national target of zero by 2026		
Variance	Common cause variation		Exception
Data quality & Source		DHCW	



What the data tells us

- PTHB provider has reduced the number of pathways waiting over 36 weeks more successfully than any Welsh provider in Wales. However in May reported an increase to 211 over 36 weeks. Currently there is no trajectory for +36 week pathways available as we report in 2023/24, but as breach numbers increase the health board does not report a reduction trend toward zero (2022/23 target) resulting in red performance rating.
- This measure has now shifted to common cause variation with breaches rising above the 24 month mean.

Issues

- In-reach clinician fragility resulting in service gaps and clinical handover challenges, this is caused by the retirement in Q2 2022/23 of Clinical Director, awaiting formal replacement proposal from Cwm Taf Morgannwg UHB (CTMUHB) as an outstanding risk to service.
- General surgery capacity even with private insource does not meet demand, routine pathways wait longer as urgent/USC prioritise available clinic/diagnostic slots.
- Delays in DGH diagnostics, especially Histology/Pathology risk timeliness of pathways including USC.
- Other challenging specialties within the provider include ENT, Orthopaedics, Ophthalmology and Rheumatology due to increased demand/reduced capacity due to in-reach fragility or diagnostic requirements.
- In-reach Anaesthetics is a particular challenge with cover provided by private in-source
- Staff challenges including senior clinical lead for theatres vacancy since June 2022.

Actions | Recovery by: N/A

- Service have escalated without resolution the CTUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a high risk for the health board), this action requires key leadership and Commissioning support to resolve.
- Any patients requiring urgent treatment are transferred to DGH urgent pathways if immediate lists are not available in PTHB.
- Recruitment to Clinical Director Planned Care new medical leadership post Q1 2023/24

Mitigations

- National Planned Care Programme is developing national harm review processes and national system.
- Improvement work to manage waiting lists in line with the National Planned Care Programme Outpatient Transformation and Speciality Boards continues with activity levels closely monitored locally via the daily review of patient lists and weekly RTT meetings.
- Standard Operating Procedures (SOPS) continually reviewed in line with updated Royal College, PHW and national guidance.
- Waiting lists are clinically validated and risk stratified in addition to administrative waiting list validation. Theatre lists are clinically prioritised utilising the Federation of Surgical Speciality Association Covid-19 prioritisation tool with the vast majority of patients categorised as priority 4 (low risk), however all long waiters are regularly, clinically reviewed to ensure their condition is not changing and in need of re-prioritising.

Please click here for Commissioned waits

Healthier Wales Quadruple Aim 2

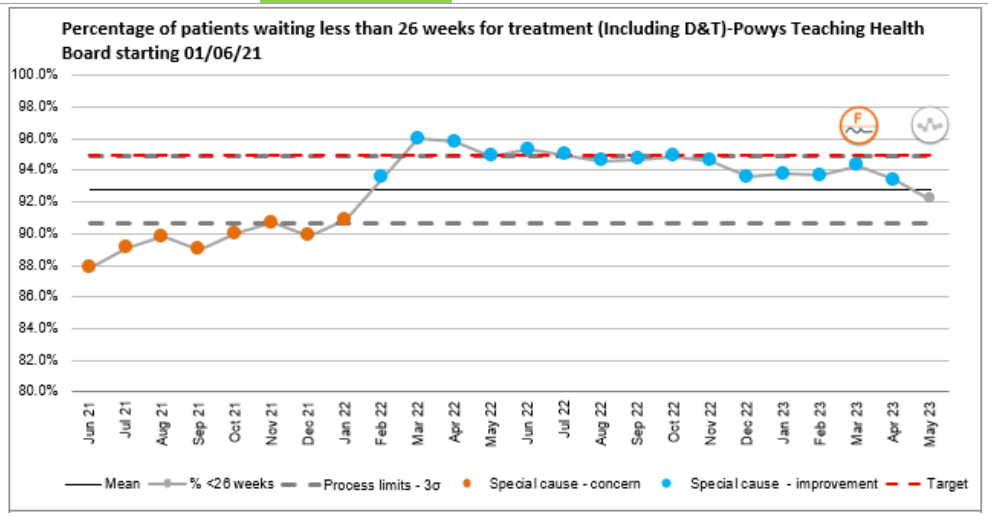
Access & Activity | **NHS Performance Measure - 47** | **Powys as a provider**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Referral to Treatment – Number of patients waiting less than 26 weeks for treatment

Executive lead	Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services	Strategic priority	5

Latest available	May-23		
Reported performance	92.2%	All Wales benchmark	*1st (57.6%)
Target	Improvement trajectory towards a national target of 95% by 2026		
Variance	Common cause variation		Exception
Data quality & Source		DHCW	



What the data tells us

- Powys performance falls further in May to 92.2%, although the best performance provider of care in Wales the services have capacity pressures that risk return to a 95%+ performance position.
- Reported variation now flags common cause with performance falling below the 24 month mean.

Issues

- Narrative as measure 46

Actions

Recovery by: N/A

- Narrative as measure 46

Mitigations

- Narrative as measure 46

Please click here for Commissioned waits

Healthier Wales Quadruple Aim 2

Access & Activity | **NHS Performance Measure** | **Resident Access**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Powys resident – Commissioned referral to treatment waits (RTT)

Executive lead	Interim Director of Performance & Commissioning	Officer lead	Assistant Director of Performance & Commissioning	Strategic priority	5

	May-23	No. long waits by cohort, with latest SPC variance						Total Waiting
Welsh Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	Over 36 wks (inc 52 and over 104)		over 52 wks (inc over 104)		Over 104 weeks		
Aneurin Bevan Local Health Board	65.0%	584	L	349	L	60		2422
Betsi Cadwaladr University Local Health Board	50.5%	282	H	172		48		749
Cardiff & Vale University Local Health Board	52.8%	130	L	90	L	24	L	386
Cwm Taf Morgannwg University Local Health Board	51.9%	225		147	L	40	L	624
Hywel Dda Local Health Board	54.1%	455	L	259	L	55	L	1464
Swansea Bay University Local Health Board	53.2%	665	L	427	L	169	L	1928
Total	56.7%	**2341**	L	**1444**	L	**396**	L	**7573**

	Apr-23	No. long waits by cohort, with latest SPC variance						Total Waiting
English Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	Over 36 wks (inc 52 and over 104)		over 52 wks (inc over 104)		Over 104 weeks		
English Other	69.6%	38		11		0	L	204
Robert Jones & Agnes Hunt Orthopaedic & District Trust	63.2%	759	H	320	L	9	L	3055
Shrewsbury & Telford Hospital NHS Trust	67.8%	795	H	242		0		3937
Wye Valley Trust	63.2%	781	H	197		0	L	3581
Total	65.0%	**2373**	H	**770**		**9**	L	**10777**

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What the data tells us

Commissioned services in Wales are reporting slow improvement across the long wait metrics of +104, over 36 weeks, and new OP 52+ weeks. Key challenged providers in Wales for Powys residents include Cwm Taf Morgannwg UHB (CTUHB) and Swansea Bay UHB (SBUHB).

The table below is for Welsh providers and can be used to view relative improvement of waiting lists.

Wales Measures	May-22	May-23
Total pathways over 36 weeks	2589	2341
Pathways waiting +52 new outpatient	1807	1444
Pathways waiting 104+ weeks	718	396

English providers still report an improved position when compared to waiting pathways in Wales. Very long waits 104+ weeks are limited to RJAH consisting of complex spinal cases

English Measures	Apr- 22	Apr-23
Total pathways over 36 weeks	2397	2373
Pathways waiting 104+ weeks	46	9

Powys residents are being impacted by significant geographical equity for care, especially those who have waited and remain waiting over 2 years for treatment. English acute health trusts providing a better service for residents in the North & East of the county. Those residents who live within the southwest health economy have the poorest access times for treatment and wait the longest.

Return to provider RTT slides

Powys resident – Commissioned referral to treatment waits (RTT)

Executive lead	Interim Director of Performance & Commissioning	Officer lead	Assistant Director of Performance & Commissioning	Strategic priority	5

Issues

- PTHB continues to work with commissioned service providers to obtain an understanding of referrals, demand and capacity, waiting list profiles at specialty level and convert outpatients into Indicative Activity Plans including detail on anticipated performance trajectories to deliver against NHS Wales and NHS England targets 2023/24. Recovery forecasts for waiting lists across all providers have been particularly challenging with increased demand, and staffing fragility impacting through put.
- English and Welsh providers reporting clinical staff retirements with difficulties in being able to replace.
- Powys residents are being impacted by significant geographical equity for care, especially those who have waited and remain waiting over 2 years for treatment. Patients who can have their pathways within the Powys as a provider have the quickest reported care, and with English acute health trusts providing more timely access for residents in the North & East of the county. Those residents who live within the southwest health economy have the poorest access times for treatment and wait the longest.
- Data access and quality provide ongoing challenges for waiting list review and engagement in a timely manner.

Actions	Recovery by	N/A

- Welsh & English providers, including Powys provider services have mobilised additional capacity be that insourcing, outsourcing or the increase usage of additional payments for clinical activity.
- Ongoing work with NHS Wales Delivery Unit around weekly Welsh waiting list provision including information on pathways such as staging, actual wait time, and identifiers to help with commissioned service engagement.
- Ongoing repatriation scoping workstream for Powys residents who may be able to have treatment/care within the provider or alternative private service.
- The health board continues to engage on a regular basis with all commissioned providers via contracting, quality and performance meetings. These meetings are used to discuss challenges and highlight key concerns but primarily to support the best possible care for Powys responsible patients within current health contracts. Also note progress against GIRFT pathway and case mix recommendations are discussed and noted.
- Opportunities being explored with RJAH for increased insourcing capacity for high volume, low complexity long waiting orthopaedic patients to be repatriated to PTHB.
- Long waiting patients: Through contracting, quality and performance meetings commissioned service providers requests to provide assurance that all long waiting patients are contacted to ensure that they have access to support and information whilst waiting for their appointment, actions that they can take to keep themselves well and to confirm the prehab support offered to patients to ensure that they are fit for their proposed treatment.
- PTHB to use 'Your NHS Experience' survey to obtain feedback from patients accessing commissioned services.

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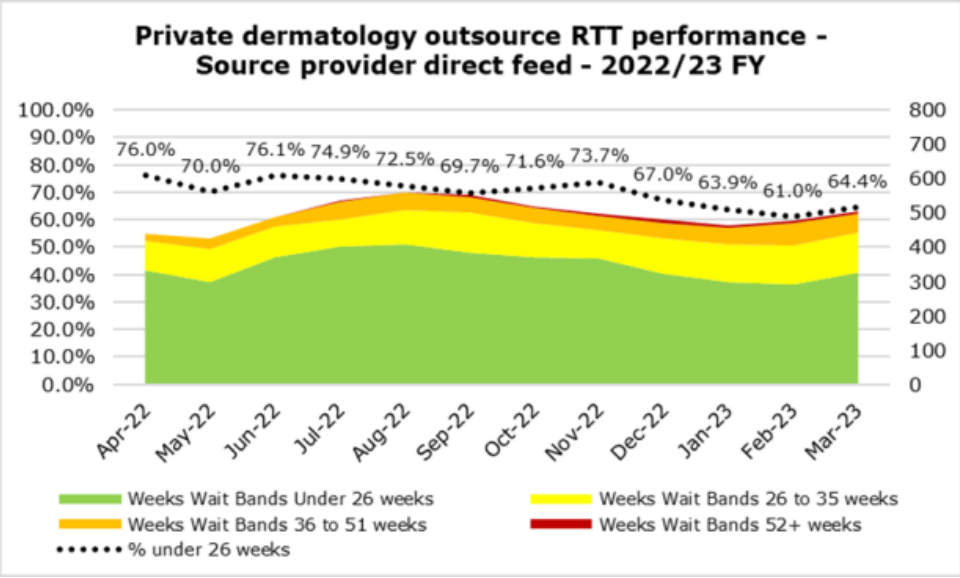
Mitigations

All patients waiting are being managed in accordance with clinical need, clinical surgical prioritisation and duration of wait.

Insourcing/Outsourcing - Private Dermatology Outsourcing – Referral to Treatment

Executive lead	Interim Director of Performance & Commissioning	Officer lead	Assistant Director of Performance & Commissioning	Strategic priority	5



Snapshot month	% under 26 weeks	Pathway count by weeks wait bands				Total Waiting
		Under 26 weeks	26 to 35 weeks	36 to 51 weeks	52+ weeks	
Apr-22	76.0%	333	87	18		438
May-22	70.0%	299	97	31		427
Jun-22	76.1%	372	88	29		489
Jul-22	74.9%	400	80	53	1	534
Aug-22	72.5%	407	100	52	2	561
Sep-22	69.7%	385	117	44	6	552
Oct-22	71.6%	371	98	45	4	518
Nov-22	73.7%	367	83	41	7	498
Dec-22	67.0%	323	101	48	10	482
Jan-23	63.9%	297	113	47	8	465
Feb-23	61.0%	291	113	68	5	477
Mar-23	64.4%	326	116	57	7	506

What the data tells us

Performance within the private dermatology provider has been inline with other English providers for RTT pathways. Since July a small number of pathways have exceeded 1 years wait, the longest wait in March reported at 70 weeks although the pathway is now booked.

Issues

- None reported

Actions | **Recovery by** | **N/A**

- None reported

Mitigations

- Provider reviewing capacity to be able to see more new patients and reduce waiting times.

Contacted Commissioning for latest data.

Healthier Wales Quadruple Aim 2

Access & Activity | **NHS Performance Measure** | **Resident Access**

Powys resident – Commissioned Cancer Waits

Executive lead	Interim Director of Performance & Commissioning	Officer lead	Assistant Director of Performance & Commissioning	Strategic priority	5

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

Provider	2022-05	2022-06	2022-07	2022-08	2022-09	2022-10	2022-11	2022-12	2023-01	2023-02	2023-03	2023-04	2023-05
Aneurin Bevan Local Health Board	80%	58%	77%	67%	65%	67%	48%	48%	56%	82%	85%	69%	55%
Betsi Cadwaladr University Local Health Board	0%	0%	100%	100%	0%	30%	38%	53%	29%	20%	29%		63%
Cardiff & Vale University Local Health Board					50%		100%	0%	0%				
Cwm Taf Morgannwg University Local Health Board	33%	67%	14%	20%	22%	57%	0%	50%	20%	25%	33%	29%	75%
Hywel Dda Local Health Board	30%	40%	25%	33%	50%	50%	57%	57%	20%	57%	20%	56%	17%
Swansea Bay University Local Health Board	50%	67%	25%	83%	67%	67%	60%	100%	38%	67%	50%	33%	50%
Total number treated within target (numerator)	14	17	14	20	22	22	26	26	19	20	29	17	16
Total pathways that started treatment (denominator)	28	33	29	32	48	41	52	50	51	37	46	32	31
Total monthly percentage compliance	50%	52%	48%	63%	46%	54%	50%	52%	37%	54%	63%	53%	52%

Data Quality & Source

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

What the data tells us

Wales

Performance in Wales remains challenging for cancer pathways, provisional data for May 2023 shows 62-day cancer compliance at 52% with 16 of 31 pathways treated within target. However key challenges reported include service flow, surgical, and diagnostic capacity in secondary care. Another challenge is the marked variation across health boards particularly in relation to Breast, Gynaecology and Head and Neck SCP performance within Wales. Finally it should also be noted that patients flowing into Cwm Taf Morgannwg could have initial diagnostics and outpatient appointments carried out by the Powys hosted in-reach services (PTHB has one of the highest median waits for first outpatients in Wales and this could impact target compliance).

- Rapid diagnostic centre access now in place for Powys residents in BCUHB, SBUHB, and ABUHB – mitigation

What the data tells us

England

- Shrewsbury and Telford Hospital (SATH) NHS Trust reported 4 breaches of their cancer pathway reported for May 2023. All breaches were patients waiting over 104 days, 3 x urological pathways, and 1 colorectal, all breaches were caused by complex diagnostics pathways, and compounding capacity issues.
- Wye Valley NHS Trust (WVT) reports 5 breaches of the of their cancer pathway in March 2023, two of the breaches are reported as being over 104 days. Tumour types reported breaching are 3x urological, 1x Haematological, and 1x Lung
- Both SATH and WVT have challenging cancer performance when compared to other English NHS trusts against the 62 day target, however their rapid diagnostic and two week wait performance is generally more robust and aligned to other English provider performance.

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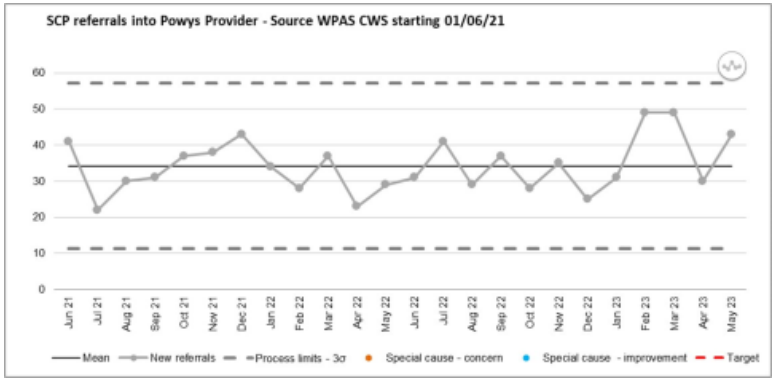
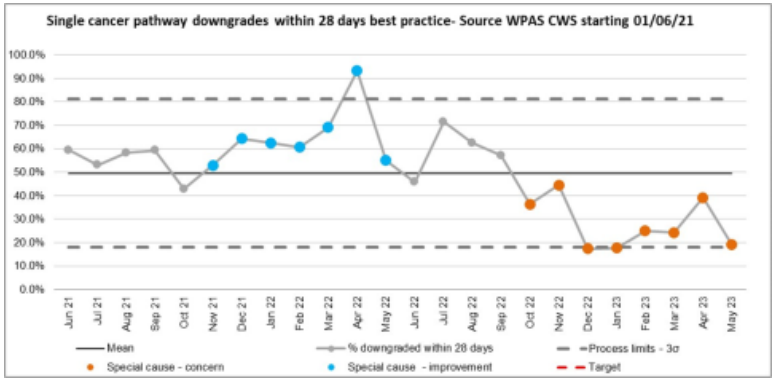
Healthier Wales Quadruple Aim 2

Access & Activity | **Local Measure** | **Powys Provider**

SCP - Powys provided cancer pathways (Powys does not provide treatment, but the health board is required to submit and validate downgrades)

Executive lead	Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	5





What the data tells us

- There is significant challenge with Powys cancer pathways where key outpatient and diagnostic endoscopy are undertaken. The level of demand increased during Q4 2022/23 with 2 spikes in demand and has again reported above mean with 43 referrals accepted in May. Downgrade performance against the 28-day best practice (not an NHS Performance Framework metric) has been especially poor with declining performance through Q3, low performance in Q4, and into Q1 23/24 reporting (19.2%) for April.
- PTHB median to first outpatient appointment, and to first diagnostic is reported as higher than all Wales. But it should be noted that complex diagnostics are carried out within acute care providers.

Issues

- In-reach clinician fragility resulting in service gaps and clinical handover challenges, this is caused by the retirement in Q2 2022/23 of Clinical Director, awaiting formal replacement proposal from Cwm Taf Morgannwg UHB (CTMUHB) as an outstanding risk to service.
- General surgery capacity even with private insource does not meet demand, routine pathways wait longer as urgent/USC prioritise available clinic/diagnostic slots.
- Colonoscopy capacity is not sufficient without supplementary insource.
- Bowel screening (BS) FIT test changes from Oct-22 have increased demand.
- Delays in DGH diagnostics, especially Histology/Pathology risk timeliness of pathways including USC.
- Staff challenges including senior clinical lead for theatres vacancy since June 2022.
- Delay in Cytosponge rollout due to a national recall for device, device availability delayed until at least end of August whilst further checks are made.
- Powys local red-card process is not compatible with CTUHB in-reach clinical processes and capacity (e.g., some patients are clinical downgrades/discharged but their pathway remains "digitally" open until red card is completed).

Actions | Recovery by: N/A

- Service have escalated without resolution the CTUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a high risk for the health board), this action requires key leadership and Commissioning support to resolve.
- Q4 2022/23, PTHB trains first JAG accredited clinical endoscopist for gastroscopy increasing capacity and resilience (limited capacity risk for gastroscopy in the provider).
- Cancer pathways and patient tracking review in the provider underway (currently in-reach capacity impacts on recorded patient waits).
- Trans nasal endoscopy (TNE) standard operating procedure awaiting approval, specialist equipment acquisition underway, clinical specialist training underway with regional workstream. TNE in Llandrindod Wells is planned to start from Q3 2023/24
- Provider patient services teams work with in-reach clinical leads and DGH diagnostics to monitor patients on the WPAS cancer waits tracker.
- Work with Welsh Government and DHCW reporting team ongoing to assess validation of records submitted, the methodology and its appropriateness for PTHB pathways as reported nationally.
- Powys provider cancer tracking post recruitment to be completed July 2023 with operational team.

Mitigations

- Rolling programme of clinical and administrative waiting list validation.
- Additional private in-sourcing capacity requested but awaiting financial package confirmation to allow utilisation.
- Powys has a limited proportion of the resident cancer referrals and for predominately general surgery, and incidental findings in ENT or Dental. Most USC referrals go directly to acute care or rapid diagnostic centres.

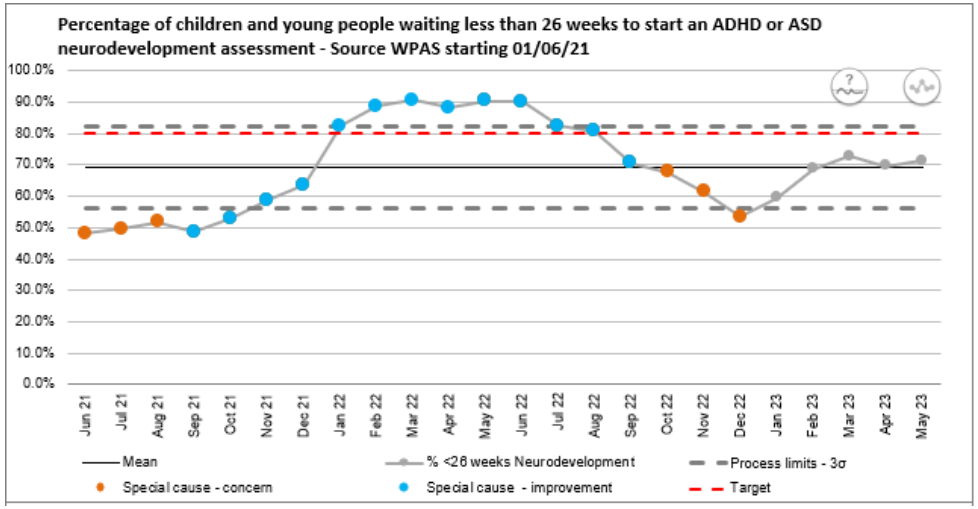
Healthier Wales Quadruple Aim 2

Access & Activity | **NHS Performance Measure - 53** | **Powys as a provider**

Neurodevelopment (ND) Assessment – Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment

Executive lead	Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Women's and Children's	Strategic priority	10

Latest available	May-23		
Reported performance	71.3%	All Wales benchmark	*1st (31.5%)
Target	80%		
Variance	Common Cause Variation		Exception
Data quality & Source		WPAS	



What the data tells us

- Performance for neurodevelopmental assessment had remained above mean for the last 3 months, May compliance reported as 71.3%.
- Performance remains common cause variation
- Although not meeting target PTHB benchmarks positively against the All-Wales position routinely.

Issues

- The average referral rate of 20 per month pre COVID has drastically increased to 54 per month in 2022/23.
- Capacity remains insufficient to meet this ongoing demand, even with additional temporary Renewal work force colleagues.
- The Referral To Treatment (RTT) time position, and the 'Assessments in progress' backlog has not reduced as anticipated due to the overwhelming referral demand and deficient workforce.
- Given the consistent increase in referral demand since June 2021, ND waiting lists have not been addressed to a satisfactory position as at 31st March 2023.

Actions	Recovery by	N/A

- During Qtr4, the first appointments were prioritised but this in isolation did not improve the ND service RTT waiting time position.
- The above action consequently also increased the 'assessments in progress' waiting list.

Mitigations

- A business case (BC) has been drafted to secure core recurrent monies beyond March 2023. This will support the essential capacity required to meet the increase in referral demand long term.
- In the interim, five ND temporary posts have been extended to June 2023 to reduce the waiting list position whilst the BC is being considered.
- Non recurrent grant funding streams are being applied for to support additional workforce for 2023-25.

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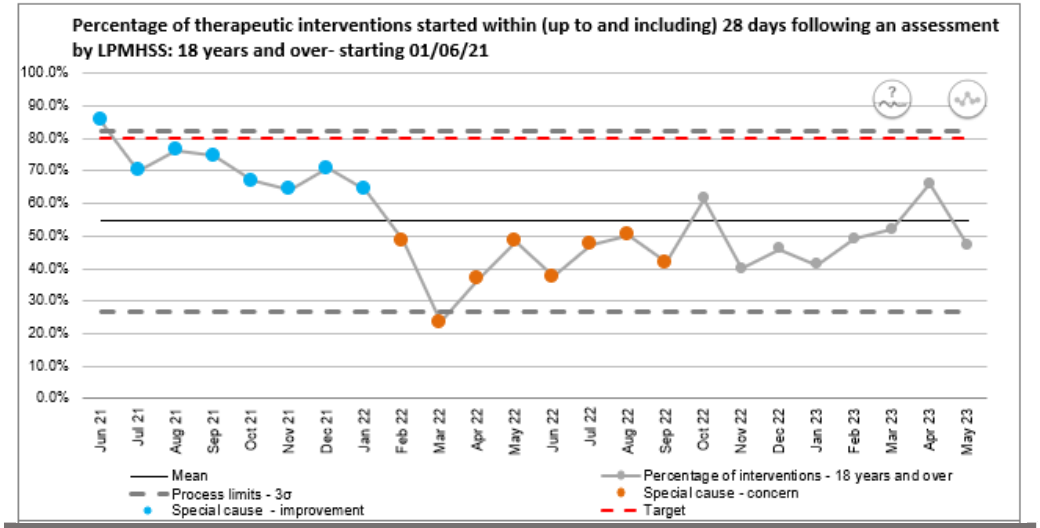
Healthier Wales Quadruple Aim 2

Access & Activity | **NHS Performance Measure - 58** | **Powys as a provider**

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

Executive lead	Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority	10

Latest available	May-23		
Reported performance	47.2%	All Wales benchmark	*6th (75.7%)
Target	80%		
Variance	Common Cause Variation		Exception
Data quality & Source		PTHB Mental Health Service	



What the data tells us

- Interventions in adult and older patients reports common cause variation with 47.2% compliance, performance had seen improvement for the previous 3 months but has fallen below mean for May.
- In April Powys benchmarked 6th against the other health boards. All Wales position was reported as 75.5%

Issues

Performance in terms of interventions within 28 is below target due to;

- Staffing sickness which impacted significantly into 2022, reducing service capacity and building the waiting list.
- Referrals into the service remain high, impacting the ability of the service to meet increasing need.
- Nature of referrals are noted as becoming more complex, requiring longer, more specialist interventions e.g. Eye Movement Desensitization and Reprocessing (EMDR) and cognitive behavioural therapy (CBT) and complex trauma presentations.
- Data quality challenge including post submission revisions.

Actions | Recovery by: N/A

- Continued promotion of Silvercloud to enable self help as well as other 3rd Sector Tier 0/1 interventions).
- Additional resource for local primary mental health support (LPMHSS) has been awarded by WG via the 2022 Service Improvement Fund.

Mitigations

- Due to critical mass and the geography of Powys, LPMHSS services in Powys deliver both high and low intensity interventions. Data cleansing exercise to separate high intensity interventions (which should be counted within the 26-week RTT) from low intensity interventions that are relevant to this target.

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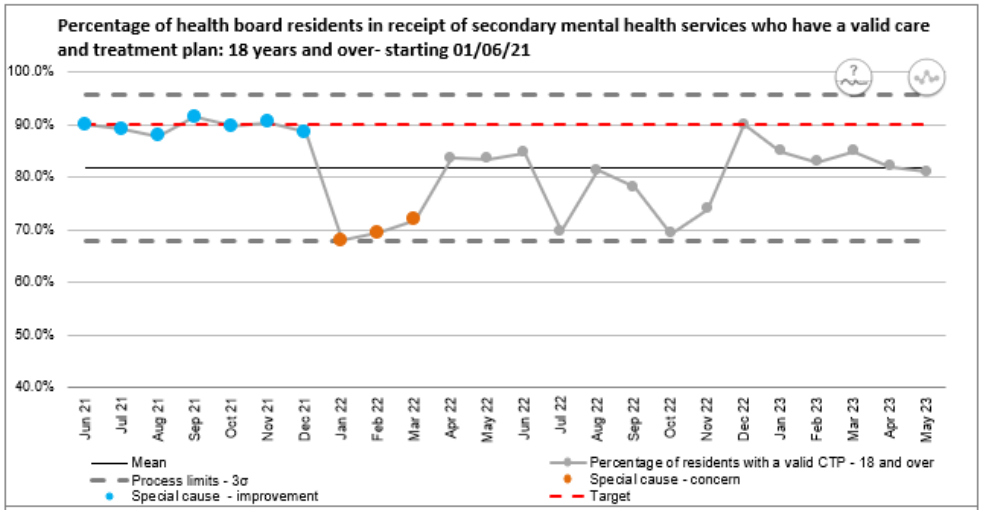
Healthier Wales Quadruple Aim 2

Access & Activity | **NHS Performance Measure - 60** | **Powys as a provider**

Mental Health CTP, Adults- Percentage of health board residents 18+ years in receipt of secondary mental health services who have a valid care and treatment plan

Executive lead	Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority	10

Latest available	May-23		
Reported performance	81.0%	All Wales benchmark	*5th (77.4%)
Target	90%		
Variance	Common Cause variation		Exception
Data quality & Source		PTHB Mental Health Service	



What the data tells us

- Adult and older CTP compliance has measured at 81.0% and reports common cause variation in May.
- In April PTHB benchmarked 4th against an All-Wales position of 83.4%.

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Issues

- North Powys services continue to face significant challenges in terms of staff vacancies.
- The service is further impacted by Social Services inability to undertake their share of Office Duty, and recruit to their Social worker vacancies, which placed additional demand on NHS staff.
- An improvement initiative is underway to improve accuracy of data, and the service is currently seeking additional administrative support.
- The recent migration to SharePoint continues to cause significant issues to teams' ability to access the Microsoft Access database where the MH Measure data is stored due to a change in permissions / licensing.
- Data quality challenge including post submission revisions.

Actions | Recovery by: N/A

- Series of meetings undertaken with Director of Social Services and Head of Adults over Powys County Council's responsibilities in Community Mental Health Teams. However, this has not resolved PCC Social worker capacity challenges.
- Continue to advertise recruitment positions.
- A data cleansing project is underway to review WCCIS usage in North Powys in partnership with WCCIS Team and Information Team.

Mitigations

- Clinical assessment and prioritisation of case loads.
- Prioritising data cleansing and data accuracy.
- Currently investigating a 'MH Measure' data recording area of WCCIS to replace and centralise current means of data collection.
- Recruitment to vacant posts within the service.

Healthier Wales Quadruple Aim 3

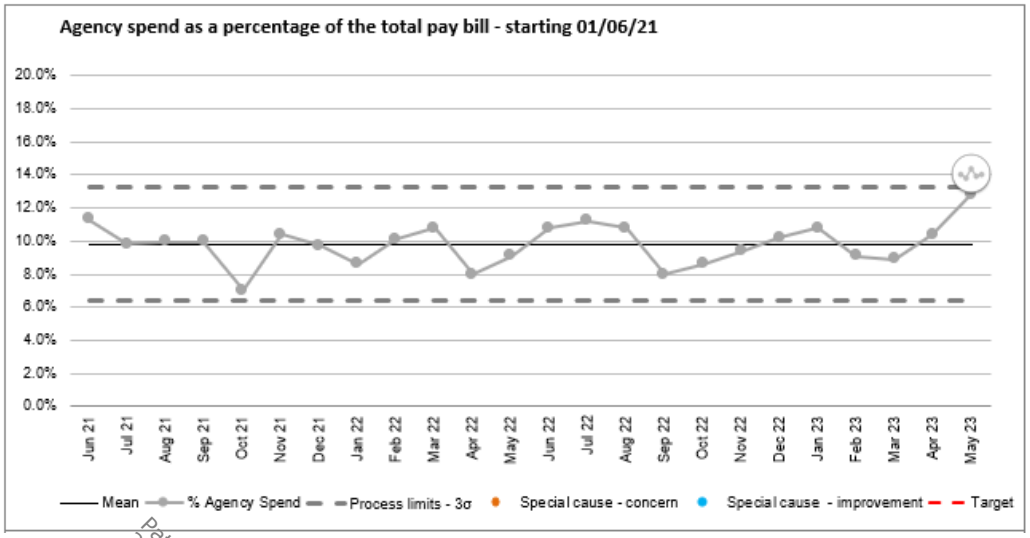
Finance (Cost & Value) | **NHS Performance Measure - 67** | **Powys as a provider**

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

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

Executive lead	Executive Director of Finance, IT and Information	Officer lead	TBC	Strategic priority	13

Latest available	May-23		
Reported performance	12.8%	All Wales benchmark	12th (6.7%) (Mar-23)
Target	12 month reduction trend		
Variance	Common Cause Variation		Escalated
Data quality & Source		PTHB Finance	



What the data tells us

- The provider agency spend as a percentage of total pay bill varies as a response to demand. No trajectory was required for 23/24 under the revised ministerial priorities, and as such the target defaults to 12-month reduction for the 2023/24 financial year.
- This reduction is not achieved with 12.8% agency spend reported.
- Variation remains common cause but close to the UCL for May.

Issues

- Changes in operational footprint including escalation / surge capacity
- Limited substantive Professional workforce availability
- Rurality
- COVID & impacts of short term Sickness absence
- Patient acuity & dependency

Actions | Recovery by: N/A

- Reviewing operational footprint to further reduce reliance on temporary staffing
- Negotiating with on-contract agencies for additional recruitment and long-lining of staff
- refresh of actions from establishment review
- Additional recruitment of OSCE Nurses in April 2023

Mitigations

- Further tightening of operational processes including;
- Earlier roster planning
- Improved roster compliance and sign off
- Targeting of Bank over agency
- Targeted recruitment campaigns
- Long lining of on contract agency
- Establishment review
- Recruitment of 5 overseas RN into Welshpool
- Roster scrutiny and accountability.
- Targeted analysis of enhanced levels of care to support pre planning of staffing requirements.
- Conversion of agency to substantive in one setting
- Conversion of Thornbury nurses to on framework agency in high cost area.

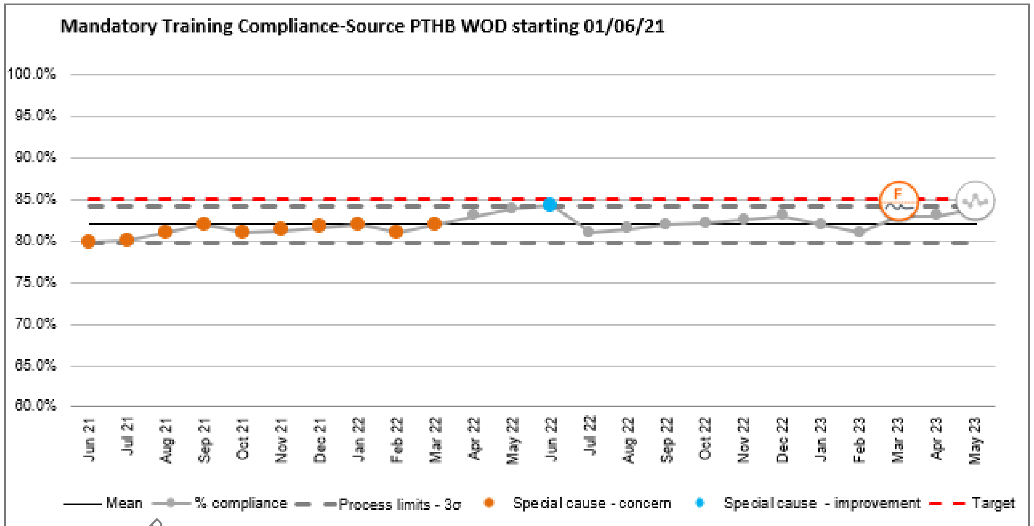
Healthier Wales Quadruple Aim 3

Workforce | **NHS Performance Measure - 70** | **Powys as a provider**

Core Skills Mandatory Training - Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation

Executive lead	Executive Director of Workforce and Organisational Development	Officer lead	Head of Workforce	Strategic priority	14

Latest available	May-23		
Reported performance	84.0%	All Wales benchmark	3rd (83.6%) (Mar-23)
Target	85%		
Variance	Common Cause Variation		Exception
Data quality & Source		PTHB WOD	



What the data tells us

- Performance in May is reported at 84%. The variance has continued to be common cause, not meeting the 85% national target

Issues

- Continued service pressures including staff absence and vacancies has created challenge in the completion of mandatory training.

Actions	Recovery by	N/A

- Workforce & Organisational Development (WOD) Business Partners are discussing mandatory compliance at senior management groups within services.
- Ongoing performance relating to compliance will be addressed with directorates via directorate performance review meetings.

Mitigations

- Services have been asked to prioritise staff groups to undertake essential training relevant to role.

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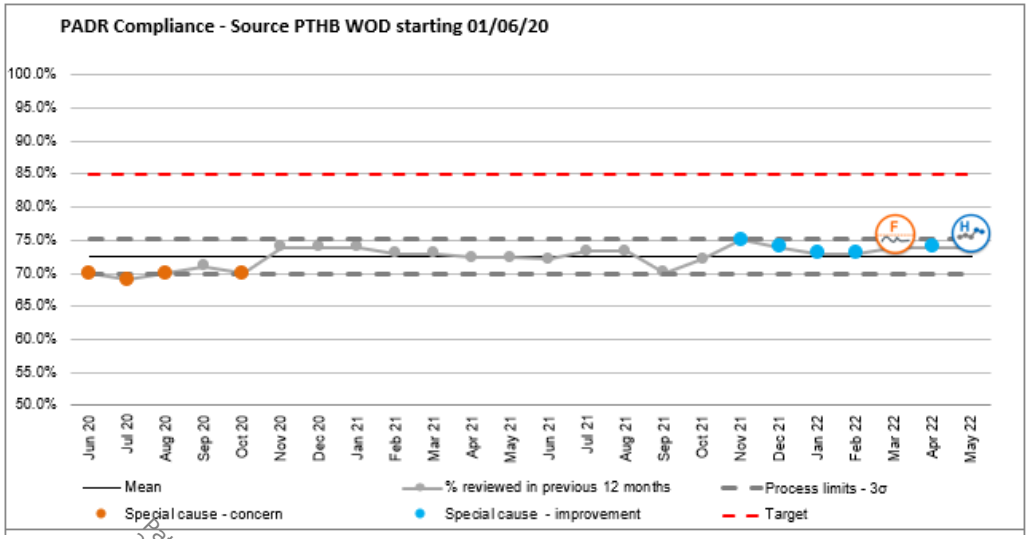
Healthier Wales Quadruple Aim 3

Workforce | **NHS Performance Measure - 71** | **Powys as a provider**

PADR Compliance - Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (incl. Doctors and Dentists in training)

Executive lead	Executive Director of Workforce and Organisational Development	Officer lead	Head of Workforce	Strategic priority	14

Latest available	May-23		
Reported performance	74.0%	All Wales benchmark	5th (68.1%) (Mar-23)
Target	85%		
Variance	Special Cause- Improvement		Exception
Data quality & Source		PTHB WOD	



What the data tells us

- PTHB PADR performance reported at 74.0% for May. The variance reports special cause improvement, but the measure continues not to meet the 85% national target.

Issues

- Staff absence and vacancies has caused challenges in delivery of PADRs. This continues to be a challenge post pandemic with increase service demand and inability to recruit.
- Pay progression policy reinstated from October 22. Systems have been introduced during the transitions phase to ensure that PADRs are undertaken for staff who are due for consideration of pay progression.

Actions	Recovery by	N/A

- WOD Business Partners are discussing PADR compliance at senior management groups within services.
- Monthly detailed analysis of compliance is shared via Assistant Directors.
- Ongoing performance relating to PADR compliance will be addressed with directorates via directorate performance review meetings once these are reinstated.

Mitigations

- WOD Business Partners discuss alternative methods of PADR delivery with Service Managers eg Group PADRs and delegated responsibility.
- Managers toolkit on Pay progression has been developed and implemented.

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Healthier Wales Quadruple Aim 4

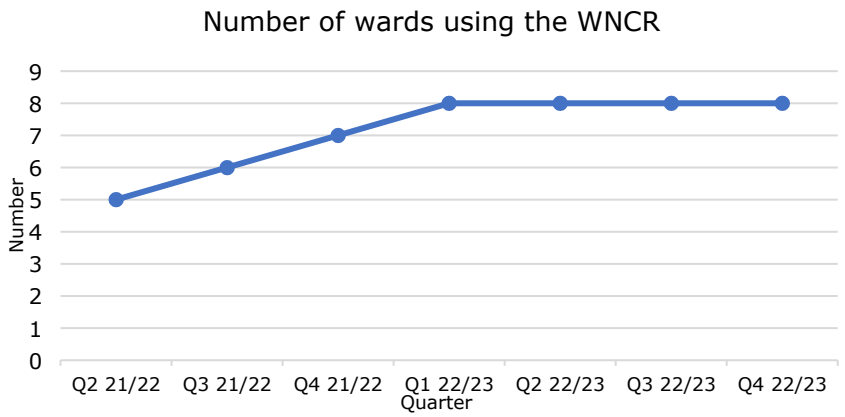
Quality, Safety, Effectiveness and Experience | **NHS Performance Measure - 79** | **Powys as a provider**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Number of wards using the Welsh Nursing Clinical Record by Health Board/Trust

Executive lead	Executive Director of Finance, IT and Information & Medical Director	Officer lead	Lead Nurse for Informatics and Nurse Staffing	Strategic priority	22

Latest available	Q4 2022/23		
Reported performance	8	All Wales benchmark	6th (260)
Target	4 quarter improvement trend		
Variance	N/A		Exception
Data quality & Source		PTHB Pharmacy and Medicines Management	



Issues

- Pre-Go Live Wi-Fi survey at Bronllys completed 17/11/2021 identified the following issues:
  - Coverage was patchy and ranged from 0%-45%
  - FSEs were unable to find any Access Points
  - Potential asbestos in attic space limited investigations
- Clinical Decision: Determined not clinically safe to Go Live with WNCR on Llewellyn ward (Bronllys) until Wi-Fi improvements completed
- Jan 2022, IT investigated using additional access points - unsuccessful
- April 2022 external suppliers reviewed infrastructure as part of wider survey to determine cabling improvement requirements across health board sites

Actions	Recovery by	N/A

- Project Manager appointed October 2022 to Digital Transformation Team to lead on Wi-Fi infrastructure improvements

Mitigations

- Infrastructure improvements required to deliver Wi-Fi solution that is 'fit for purpose'
- Ward continue to use standardised All Wales documentation and risk assessments in paper format

What the data tells us

The number of wards using the Welsh Nursing Clinical Record in Powys remains at 8 in Q4 2022/23, this is below the national target of 4 quarter improvement trend.

Challenges on Bronllys site stop full implementation against target.

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Healthier Wales Quadruple Aim 4

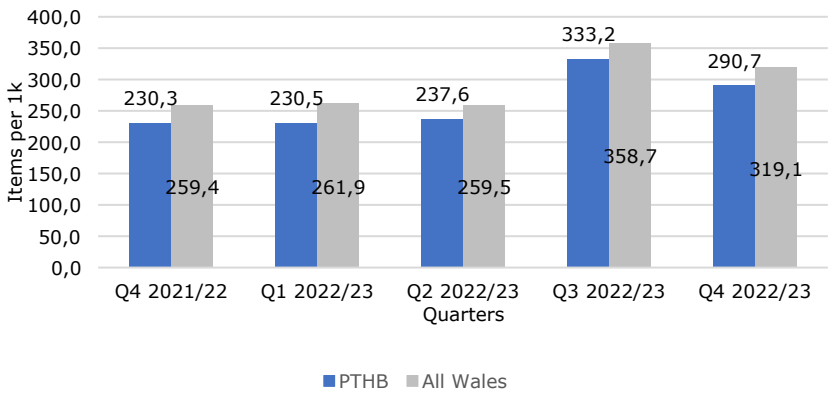
Quality, Safety, Effectiveness and Experience | **NHS Performance Measure - 81** | **Powys as a provider**

Total Antibacterial Items per 1,000 STAR-PUs- Total antibacterial items per 1,000 specific therapeutic age-sex related prescribing units (STAR-PU)

Executive lead	Medical Director	Officer lead	Chief Pharmacist	Strategic priority	24

Latest available	Q4 2022/23		
Reported performance	290.67	All Wales benchmark	2nd (319.13)
Target	A quarterly reduction of 5% against a baseline of 2019-20		
Variance	N/A		
Data quality & Source		PTHB Pharmacy and Medicines Management	

Total Antibacterial Items per 1,000 STAR-PUs



What the data tells us

- PTHB performance for Q4 2022/23 reported 290.67, this does not meet the set target of under 209 per 1,000 STAR-PUs
- No health boards in Wales are meeting the target of ≤209 items per 1,000 STAR-PUs
- Powys is currently showing the second-best performance against this indicator in Wales, however our rate of prescribing growth is higher than seen in any other HB .
- Although PTHB has below average prescribing in Wales, when compared to English NHS organisations, prescribing is above the English average.
- There is considerable scope and need for improvement.
- New target to be introduced for 2023/24 – 10% reduction on 2019/20

Issues

- All health boards saw a dramatic increase in antimicrobial prescribing between Q2 and Q3 2022/23 due to the Strep A issue and reduced threshold for antimicrobial prescribing.
- The health board does not have a dedicated antimicrobial stewardship pharmacist in post – this is on the risk register.
- Powys has the highest use of the 4C antimicrobials – prescribing of co-amoxiclav and quinolones is of particular concern. Practice level audits have recently been undertaken to get a better understanding of the issue

Actions | Recovery by: N/A

- Antimicrobial Stewardship Group in place (meets quarterly) – reports to IPC Group.
- Antimicrobial stewardship improvement plan in place.
- Monthly antimicrobial KPI data provided to practices
- Practice level 4C antimicrobial audit undertaken (4 practices declined access)
- Antimicrobial prescribing discussed during practice meetings. Targeted conversations to be introduced where antimicrobial prescribing is identified as a concern with a practice.
- Antimicrobial KPIs included in Medicines Management Incentive Scheme and practice SLAs
- Absence of dedicated antimicrobial pharmacist included in meds management risk register and routinely highlighted in Antimicrobial Stewardship Highlight Report, presented to IPC Group
- Microguide launched and widely promoted.

Mitigations

- See actions

Healthier Wales Quadruple Aim 4

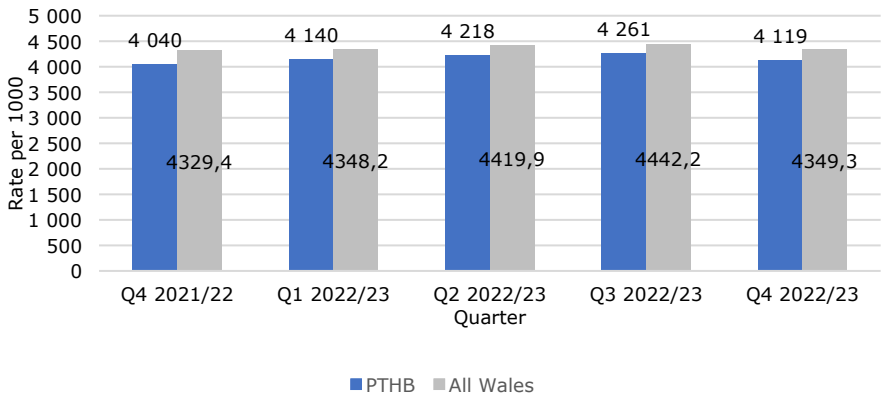
Quality, Safety, Effectiveness and Experience | **NHS Performance Measure - 84** | **Powys as a provider**

Opioid Usage- Opioid average daily quantities per 1,000 patients

Executive lead	Medical Director	Officer lead	Chief Pharmacist	Strategic priority	24

Latest available	Q4 2022/23		
Reported performance	4,119.22	All Wales benchmark	2nd (4,349.26)
Target		4 quarter reduction trend	
Variance	N/A		
Data quality & Source		PTHB Pharmacy and Medicines Management	

Opioid average daily quantities per 1,000 patients



What the data tells us

- PTHB saw an increase in opioid prescribing volume from Q4 2021/22 to Q3 2022/23, however there has been a reduction in prescribing between Q3 and Q4 2022/23.
- PTHB currently has the second lowest opioid burden (ADQ per 1,000 patients), but saw the steepest increase in prescribing between Q4 2021/22 and Q3 2022/23, however we also saw the greatest reduction in prescribing between Q3 2022/23 and Q4 2022/23.
- PTHB has seen a quarter-on-quarter reduction in the use of high strength opioids

Issues

- No specific issues reported

Actions | Recovery by: N/A

- Raising awareness of the issues associated with opioid prescribing and the variation in prescribing practice across the health board with clinicians and health board executives.
- Raising awareness of Opioids Aware resource for clinicians and patients.
- Regular monitoring of performance against the national indicators and sharing performance data with clinicians (this is done on a monthly basis).
- Regularly discussed during practice visits.
- Introduction of prescribing analysis to identify 'excessive' prescribing
- Inclusion of opioid prescribing in the Medicines Management Incentive Scheme (MMIS)
- Access to the PrescQIPP training module on opioid prescribing commissioned and requirement to complete included in MMIS

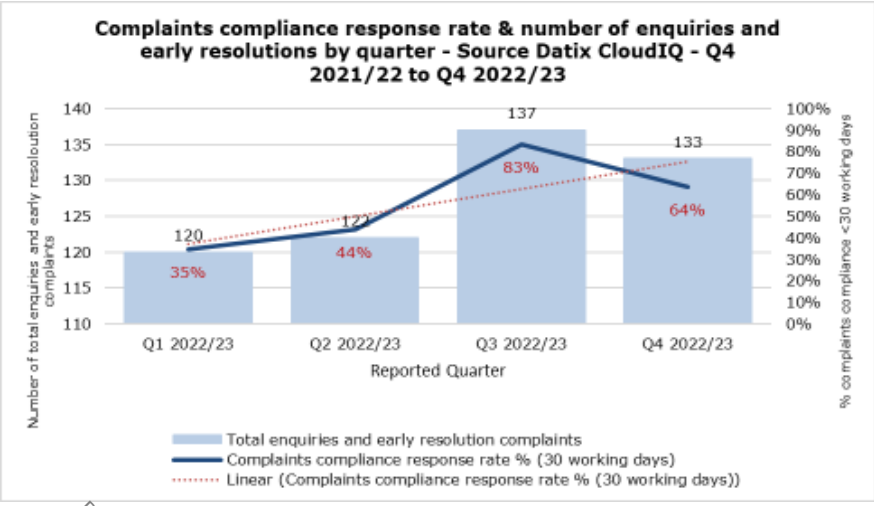
Mitigations

- See actions

Concerns and Complaints - Percentage of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation

Executive lead	Director of Nursing	Officer lead	Assistant Director of Quality and Safety - Nursing	Strategic priority	24

Latest available	Q4 2022/23		
Reported performance	64%	All Wales benchmark	N/A
Target		75%	
Variance	N/A		
Data quality & Source		PTHB Q&S Team	



What the data tells us

- Q4 reports a decrease in concerns and complaints compliance to 64%. It should be noted that for 2022/23 overall there has been a significant reported improvement trend when compared to 2021/22
- The number of concerns managed as early resolutions and enquires remains high with services managing these contacts quickly, this proactive approach means that more contacts are being dealt with in an appropriate and timely manner.

Issues

- Timely responses not received from other Health Boards/Trusts impacting lengthy delays

Actions	Recovery by	N/A

- Implement clear process for learning and improvement from concerns
- Continued proactive management of concerns and increase in numbers of enquiries/Early resolution resolved quickly.
- Implementation of a concerns feedback process 'How was the process for the complainant' with the use of CIVICA

Mitigations

- Overwhelming positive feedback regarding the concerns process from individuals who have raised a concern during Q2&Q3, obtained via CIVICA

Appendix 1 – NHS Performance Summary Scorecard
All reportable measures as at end of April (Month 1)

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Appendix

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

2022/23 Performance Framework Measures							Performance				Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Weight Management	Executive Director of Public Health	Consultant in Public Health	2	Qualitative report detailing progress against the Health Boards' plans to deliver the NHS Wales Weight Management Pathway	✓	Evidence of Improvement	Mar-23			Red	N/A	
	Executive Director of Nursing and Midwifery	Head of Midwifery and Sexual Health	3	% Babies breastfed 10 days old	✓	Annual Improvement	2021/22	52.0%		56.5%	1st	36.7%
Smoking	Executive Director of Public Health	Consultant in Public Health	4	% of adults that smoke daily or occasionally	✓	Annual reduction towards 5% prevalence 2030	2021/22	13.0%		10.7%	1st	13.0%
		Consultant in Public Health	5	% Attempted to quit smoking	✓	5% annual target	Q4 2022/23	3.34%		3.15%	6th	4.17%
		Consultant in Public Health	6	Qualitative report - Implementing Help Me Quit in Hospital smoking cessation services and to reduce smoking during pregnancy	✓	Evidence of Improvement	Mar-23			Amber	N/A	
Diabetes	Deputy Chief Executive and Executive Director of Strategy,	TBC	7	% diabetics who receive 8 NICE care processes	✓	>=35.2%	Q3 2022/23	35.0%	46.8%	47.9%	1st	39.1%
			8	% Diabetics achieving 3 treatment targets	✓	1% annual increase from 2020-21 baseline (27.2%)	2021/22	26.2%		27.2%	4th	27.6%
Substance Misuse	Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Mental Health	9	Standardised rate of alcohol attributed hospital admissions	✓	4 quarter reduction trend	Q3 2022/23	437.2	405.7	447.7	6th	423.6
			10	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	✓	4 quarter improvement trend	Q4 2022/23	51.7%	60.7%	65.4%	5th	74.1%
Vaccinations	Executive Director of Public Health	Consultant in Public Health	11	'6 in 1' vaccine by age 1		95%	Q4 2022/23	93.8%	95.2%	95.8%	2nd	94.7%
			12	2 doses of the MMR vaccine by age 5		95%	Q4 2022/23	94.4%	97.7%	89.6%	4th	89.4%
			13	Autumn 2022 COVID-19 Booster	✓	75%	Mar-23		70.7%	71.3%	1st	66.1%
			14a	Flu Vaccines - 65+		75%	2021/22	73.5%		75.3%	7th	78.0%
			14b	Flu Vaccines - under 65 in risk groups		55%	2021/22	52.2%		50.9%	3rd	48.2%
			14c	Flu Vaccines - Pregnant Women		75%	2021/22	92.3%		66.7%	6th	78.5%
			14d	Flu Vaccines - Health Care Workers		60%	2021/22	56.5%		52.1%	6th	55.6%
Screening	Executive Director of Public Health	Consultant in Public Health	15a	Coverage of cancer screening for: cervical		80%	2020/21	76.1%		72.7%	1st	69.5%
			15b	Coverage of cancer screening for: bowel		60%	2020/21	56.4%		68.3%	1st	67.1%
			15c	Coverage of cancer screening for: breast		70%	2021/22 (May)	74.6%		75.8%	1st	72.3%

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* COVID Booster uptake reported locally at 84.4%, scorecard reflects Welsh Government official position for year end data.

Appendix

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

2022/23 Performance Framework Measures							Performance				Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Primary & Community Care	Deputy Chief Executive and Executive Director of Strategy, Primary Care and Partnerships	Assistant Director of Primary Care	16	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS		100%	2022/23	100.0%		100.0%	1st*	88.6%
			18	Number of new patients (children aged under 18 years) accessing NHS dental services	✓	4 quarter improvement trend	Q4 2022/23	Not available, new measure	473	653	7th	18,345
			19	Number of new patients (adults aged 18 years and over) accessing NHS dental services	✓	4 quarter improvement trend	Q4 2022/23		658	902	7th	32,506
			20	Number of existing patients accessing NHS dental services	✓	4 quarter improvement trend	Q4 2022/23		7146	6503	7th	164,013
Urgent & Emergency Care	Executive Director of Operations / Director of Community and Mental Health	Senior Manager Unscheduled Care	21	% 111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed		90%	May-23	89.0%	89.7%	91.4%	*5th	*86.7%
			22	Percentage of total conveyances taken to a service other than a Type One Emergency Department	✓	4 quarter improvement trend	Q4 2022/23	8.8%	7.9%	9.2%	4th	10.6%
			25	MIU % patients who waited <4hr		95%	May-23	100.0%	99.8%	100.0%	*1st	70.2%
			26	MIU patients who waited +12hrs		0	May-23	0	0	0	*1st	8,949
			31	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes		65%	May-23	48.3%	42.6%	46.2%	7th	54.4%
Patient Flow & Discharge		Assistant Director of Community Services	33	Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission	✓	12 month reduction trend	Apr-23	35	53	58	2nd	4,613
			34	Percentage of total emergency bed days accrued by people with a length of stay over 21 days	✓	12 month reduction trend	Apr-23	83.5%	76.5%	81.3%	8th	53.70%
Elective Planned Care		Assistant Director of Community Services	39	Number of diagnostic endoscopy breaches 8+ weeks	✓	Improvement trajectory towards a national target of 0 by Spring 2024	May-23	6	17	17	*1st	*16345
			40	Number of diagnostic breaches 8+ weeks		Trajectory target of 160 or less (May 23)	May-23	67	159	160	*1st	*46,808
			41	Number of therapy breaches 14+ weeks		Trajectory target of 190 or less (May 23)	May-23	128	243	273	*2nd	*6827
			42	Number of patients waiting >52 weeks for a new outpatient appointment	✓	Trajectory target of zero (May 23)	May-23	0	1	3	*1st	*52,831
			43	Number of patient follow-up outpatient appointment delayed by over 100% (unbooked & booked FUPs over 100%)	✓	PTHB trajectory target of 2500 or less	May-23	7059	4763	2547		52,925
			44	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)		95%	May-23	61.5%	63.8%	66.8%	*5th	*65.4%
			LM1	Percentage of patient pathways without a HRF factor		<= 2.0%	May-23	1.3%	0.4%	0.3%		
Elective Planned Care			45	RTT patients waiting more than 104 weeks	✓	Improvement trajectory towards a national target of 0 by Jun-24	May-23	0	0	0	*1st	*31,481
			46	RTT patients waiting more than 36 weeks	✓	Improvement trajectory towards a national target of 0 by 2026	May-23	48	164	211	*1st	*232,259
			47	RTT patients waiting less than 26 weeks	✓	Improvement trajectory towards a national target of 95% by 2026	May-23	94.9%	93.4%	92.2%	*1st	*57.6%

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Appendix

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

2022/23 Performance Framework Measures							Performance				Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Elective Planned Care	Director of Performance and Commissioning	Assistant Director of Performance and Commissioning	LM2	Commissioned RTT patients waiting more than 104 weeks (English & Welsh Providers)		Individual Targets	Apr-23	792	429	426		
			LM3	Commissioned RTT patients waiting more than 52 weeks (English & Welsh Providers)		Individual Targets	Apr-23	2,685	2,259	2,231		
			LM4	Commissioned RTT patients waiting more than 36 weeks (English & Welsh Providers)		Individual Targets	Apr-23	5,004	4,693	4,812		
			LM5	Commissioned RTT patients waiting less than 26 weeks (English & Welsh Providers)		Individual Targets	Apr-23	59.4%	62.6%	62.6%		
Mental Health	Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Mental Health	48	Rate of hospital admissions with any mention of self-harm from children and young people per 1k	✓	Annual Reduction	2021/22	2.42		2.09	1st	3.95
			49	CAMHS % waiting <28 days for first appointment	✓	80%	May-23	97.5%	97.2%	100.0%	*3rd	*87.4%
			50	Assessments <28 days <18	✓	80%	May-23	95.9%	98.0%	100.0%	1st*	71.0%
			51	Interventions <28 days <18	✓	80%	May-23	95.5%	77.5%	83.3%	1st*	44.9%
			52	% residents with CTP <18	✓	90%	May-23	96.9%	98.0%	98.0%	4th*	90.5%
		Assistant Director of Women's and Childrens Services	53	Children/Young People neurodevelopmental waits	✓	80%	May-23	90.4%	69.6%	71.3%	1st*	31.5%
		Assistant Director of Mental Health	54	Qualitative report detailing progress to develop a whole school approach to CAMHS in reach services	✓	Evidence Improvement	Mar-23			Green	N/A	
			55	% adults admitted to a psychiatric hospital 9am-9pm that have a CRHT gate keeping assessment prior to admission	✓	95%	Mar-23	100%	100%	100%	1st	97.6%
			56	% adults admitted to a psychiatric hospital who have not received a CRHT gate keeping assessment that have received a follow up assessment by CRHT within 24 hours of admission	✓	100%	Mar-23	100%	75%	100%	1st	85.7%
			57	Assessments <28 days 18+	✓	80%	May-23	72.1%	80.0%	91.6%	2nd*	71.9%
			58	Interventions <28 days 18+	✓	80%	May-23	48.3%	66.0%	47.2%	6th*	75.7%
			59	Adult psychological therapy waiting < 26 weeks	✓	80%	May-23	89.2%	87.6%	93.0%	2nd*	65.8%
			60	% residents with CTP 18+	✓	90%	May-23	83.5%	82.0%	81.0%	5th*	77.4%
	TBC	TBC	61	Qualitative report detailing progress to improve dementia care	✓	Evidence Improvement	Mar-23			Amber	N/A	
	Executive Director of Operations / Director of	Assistant Director of Mental Health	62	Qualitative report detailing progress against the priority areas to improve the lives of people with learning disabilities	✓	Evidence Improvement	Mar-23			Green	N/A	
Hospital Infection Control	Executive Director of Nursing and Midwifery	Deputy Director of Nursing	63	HCAI - Klebsiella sp and Aeruginosa cumulative number	✓	Local	Mar-23			2 cases	PTHB is not nationally benchmarked for infection rates	
			64	HCAI - E.coli, S.aureus bacteraemia's (MRSA and MSSA) and C.difficile	✓		Mar-23			13 cases		

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Appendix

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

2022/23 Performance Framework Measures								Performance			Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Staff Resources	Executive Director of Finance, IT and Information	TBC	67	Agency spend as a percentage of the total pay bill	✓	12 month reduction trend	May-23	9.1%	10.4%	12.8%	12th (Mar-23)	6.7%
	Executive Director of Workforce and Organisational Development	Head of Workforce	68	(R12) Sickness Absence	✓	12 month reduction trend	May-23	5.9%	5.7%	5.7%	4th (Mar-23)	6.83%
		Service Improvement Manager: Welsh Language & Equalities	69	% staff Welsh language listening/speaking skills level 2 (foundational level) and above	✓	Bi-annual improvement	6 months ending Mar-23	16.1%	16.9%	17.3%	5th	16.2%
Training & Development		Head of Workforce	70	Core Skills Mandatory Training	✓	85%	May-23	83.8%	83.0%	84.0%	3rd (Mar-23)	83.6%
			71	Performance Appraisals (PADR)	✓	85%	May-23	72.4%	74.0%	74.0%	5th(Mar-23)	68.1%
Staff Engagement		Head of Workforce	72	Staff Engagement Score	✓	Annual Improvement	2020	79% (2018)		78.0%	1st	75%
			73	% staff reporting their line manager takes a positive interest in their health & wellbeing	✓	Annual Improvement	2020	77% (2018)		75.5%	2nd	65.9%

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Appendix

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

2022/23 Performance Framework Measures							Performance				Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Decarbonisation	Deputy Chief Executive and Executive Director of Strategy, Primary Care and Partnerships	Environment and Sustainability Manager	74	Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach	✓	16% Reduction by 2025 Against 2018/19 NHS Wales Baseline	2020/21	17,021		24,120	N/A	
		Environment and Sustainability Manager	75	Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan	✓	Evidence Improvement	Mar-23			Amber	N/A	
New Ways of Working	Director of Performance and Commissioning	TBC	76	Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021-22 Programme	✓	Delivery of Foundational Economy initiatives and/or evidence of improvements in decision making process	Mar-23			Green	N/A	
	Executive Director of Finance, IT and Information & Medical	Assistant Director of Transformation and Value	77	Qualitative report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision making processes	✓	Evidence of activity undertaken to embed a Value Based Health Care approach (as described in the reporting template)	Mar-23			Amber	N/A	
	Executive Director of Finance, IT and Information	Lead Nurse for Informatics and Nurse Staffing	78	Number of risk assessments completed on the Welsh Nursing Clinical Record	✓	4 quarter improvement trend	Q4 2022/23	22473	32,716	36,646	6th	1,701,718
			79	Number of wards using the Welsh Nursing Clinical Record	✓	4 quarter improvement trend	Q4 2022/23	7	8	8	6th	260
		Head of Information - Digital Transformation and Informatics	80	Percentage of episodes clinically coded within one month post discharge end date		Maintain 95% target or demonstrate an improvement trend over 12 months	Apr-23	87.7%	100.0%	86%	1st*	70.0%
Clinically Effective Prescribing	Medical Director	Chief Pharmacist	81	Total antibacterial items per 1,000 STAR-PUs	✓	A quarterly reduction of 5% against a baseline of 2019-20	Q4 2022/23	230.3	333.2	290.67	2nd	319.13
			83	Number of patients 65+ years prescribed an antipsychotic		Quarter on quarter reduction	Q4 2022/23	489	502	489	1st	10,215
			84	Opioid average daily quantities per 1,000 patients	✓	4 quarter reduction trend	Q4 2022/23	4040.0	4261.3	4119	2nd	4,349.3

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Appendix

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

	Operational Measure	Target	Month	12 months Previous	Previous Period	Current Period
A.	Crude hospital mortality rate (74 years of age or less)	12 month reduction trend	May-23	1.99%	1.83%	1.94%
C.	Number of women of childbearing age prescribed valproate as a percentage of all women of child bearing age	Quarter on quarter reduction	Q3 2022/23	0.10%	0.09%	0.09%
G.	Percentage of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	75%	Q4 2022/23	37%	83%	64%

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Appendix 2

Progress against Ministerial Priorities 2023/24

Submitted trajectories vs Actuals

Ministerial Priority Measures			Month										
Measure	Target		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services	Improvement trajectory towards a national target of reduction by March 2024	Performance Trajectory	135	135	135	135	135	135	128	120	113	105	98	90
		Actual	98	97										
Number of patients waiting more than 52 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by June 2023	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
		Actual	1	3										
Number of patients waiting more than 36 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	35	35	35	30	30	25	20	15	10	5	5	0
		Actual	67	98										
Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero by June 2023	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
		Actual	0	0										
Number of patients waiting more than 52 weeks for referral to treatment	Improvement trajectory towards a national target of zero by March 2025	Performance Trajectory	20	15	10	5	5	0	0	0	0	0	0	0
		Actual	16	14										
★ Number of patients waiting over 8 weeks for a specified diagnostic	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	160	160	150	130	120	110	100	80	50	30	15	0
		Actual	159	160										
Number of patients waiting over 14 weeks for a specified therapy	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	190	190	180	170	120	70	20	0	0	0	0	0
		Actual	243	273										
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Improvement trajectory towards a national target of reduction by March 2024	Performance Trajectory	4,600	2,500	2,000	1,700	1,400	900	400	0	0	0	0	0
		Actual	4,763	2,547										
Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
		Actual	0	0										

★ Please note that due to data reporting challenge, once reviewed we are expected to breach against trajectory

Powys THB Finance Department
Financial Performance Report
Board

Period 03 (June 2023)
FY 2023/24

Board Meeting Date: 25th July 2023

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Powys Teaching Health Board

Introduction

Subject:	**FINANCIAL PERFORMANCE REPORT FOR MONTH 3 OF FY 2023/24**
Approved & Presented by:	Pete Hopgood, Director of Finance
Prepared by:	Hywel Pullen, Deputy Director of Finance
Other Committees and meetings considered at:	Finance & Performance Group on 9th August

PURPOSE:

This paper provides the Board with an update on the June 2023 (Month 03) Financial Position, including progress with savings delivery.

RECOMMENDATION:

It is recommended that the Board/Committee:

- DISCUSS and NOTE the Month 03 2023/24 financial position
- DISCUSS and NOTE the 2023/24 financial forecast deficit position

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

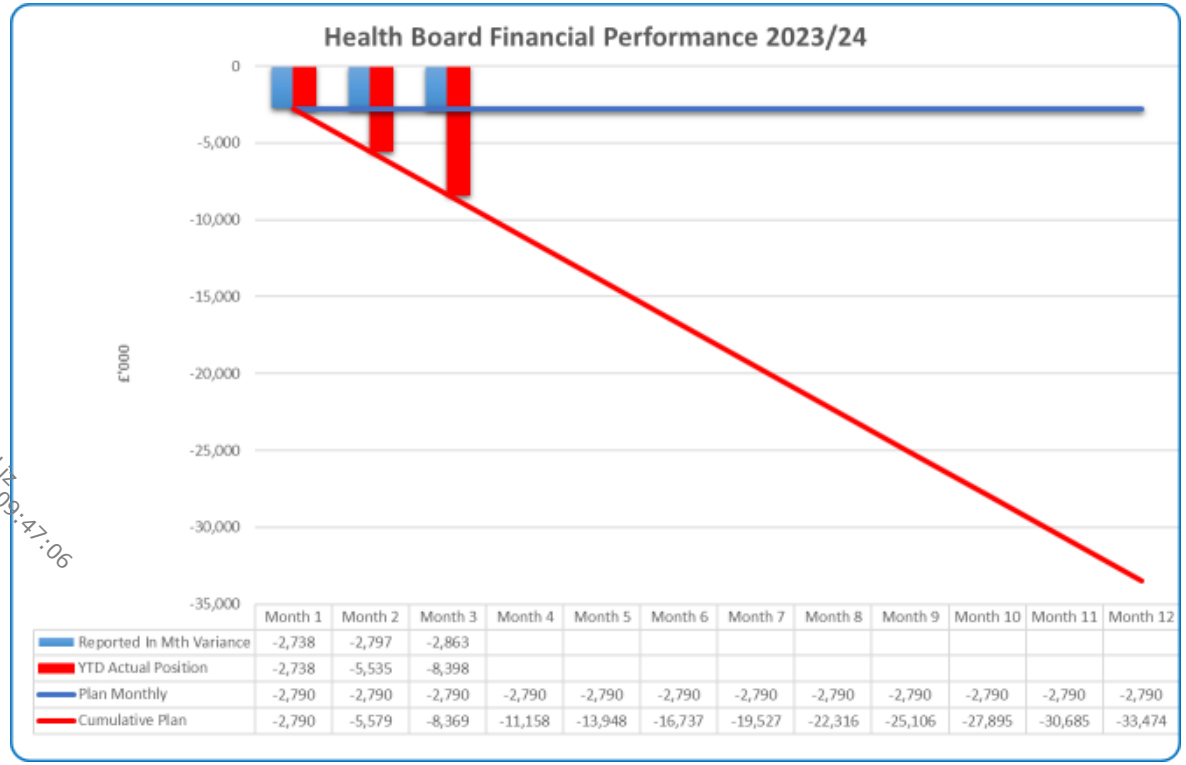
Strategic Objectives:	• Focus on Wellbeing	✖
	• Provide Early Help and Support	✖
	• Tackle the Big Four	✖
	• Enable Joined up Care	✖
	• Develop Workforce Futures	✖
	• Promote Innovative Environments	✖
	• Put Digital First	✖
	• Transforming in Partnership	✓
Health and Care Standards:	• Staying Healthy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

Approval/Ratification/Decision	Discussion	Information
	✓	

Summary Health Board Position 2023/24

Revenue			
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by Welsh Government	**Plan £'000**	**Actual £'000**	**Trend**
Reported in-month financial position – (deficit)/surplus – Red	-2,790	-2,863	↓
Reported Year To Date financial position – (deficit)/surplus – Red	-8,369	-8,398	↓
Year end – (deficit)/surplus – Red	-33,474	-33,474	→

Capital		
	Value £'000	**Trend**
Capital Resource Limit	2,120	→
Reported Year to Date expenditure	0.354	→
Reported year end – (deficit)/surplus – Forecast	0	→



	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Reported In Mth Variance	-2,738	-2,797	-2,863									
YTD Actual Position	-2,738	-5,535	-8,398									
Plan Monthly	-2,790	-2,790	-2,790	-2,790	-2,790	-2,790	-2,790	-2,790	-2,790	-2,790	-2,790	-2,790
Cumulative Plan	-2,790	-5,579	-8,369	-11,158	-13,948	-16,737	-19,527	-22,316	-25,106	-27,895	-30,685	-33,474

Powys THB 2023/24 Plan was agreed by the Board and submitted to WG on 31 March 2023. It included a financial deficit of £33.474m.

At month 3, there is a £8.398m overspend against the planned deficit of £8.369m giving the Health Board an operational overspend of £0.030m.

The year end forecast is in line with the submitted plan at £33.474m.

The capital resource limit for 2023/24 is £2.1m. To date £0.4m has been spent.

DAY FIVE – Flash

- Emerging overspend on primary care prescribing.
- Agency still high, but reduced costs from M2, as more hours through on contract agency; particularly for Mental Health.
- Underspend on COVID funding streams.
- CHC is within budget. In month net reduction of 7 packages of care, so down to 296, but this masks a net increase of 5 in Mental Health

Revenue Variance Position 2023/24

Overall Summary of Variances £000s

	Budget YTD	Actual YTD	Operational Variance YTD
01 - Revenue Resource Limit	(97,173)	(97,173)	0
02 - Capital Donations	(33)	(33)	0
03 - Other Income	(1,720)	(1,850)	(129)
Total Income	**(98,926)**	**(99,055)**	**(129)**
05 - Primary Care - (excluding Drugs)	10,907	10,748	(159)
06 - Primary care - Drugs & Appliances	8,635	8,854	220
07 - Provided services -Pay	26,548	27,394	846
08 - Provided Services - Non Pay	8,140	7,538	(601)
09 - Secondary care - Drugs	375	358	(17)
10 - Healthcare Services - Other NHS Bodies	40,090	40,237	148
12 - Continuing Care and FNC	7,296	7,089	(207)
13 - Other Private & Voluntary Sector	949	879	(70)
14 - Joint Financing & Other	2,177	2,176	(0)
15 - DEL Depreciation etc	1,242	1,242	0
16 - AME Depreciation etc	935	935	0
18 - Profit\Loss Disposal of Assets	0	0	0
Total Costs	**107,294**	**107,453**	**159**
Reported Position	**8,368**	**8,398**	**30**

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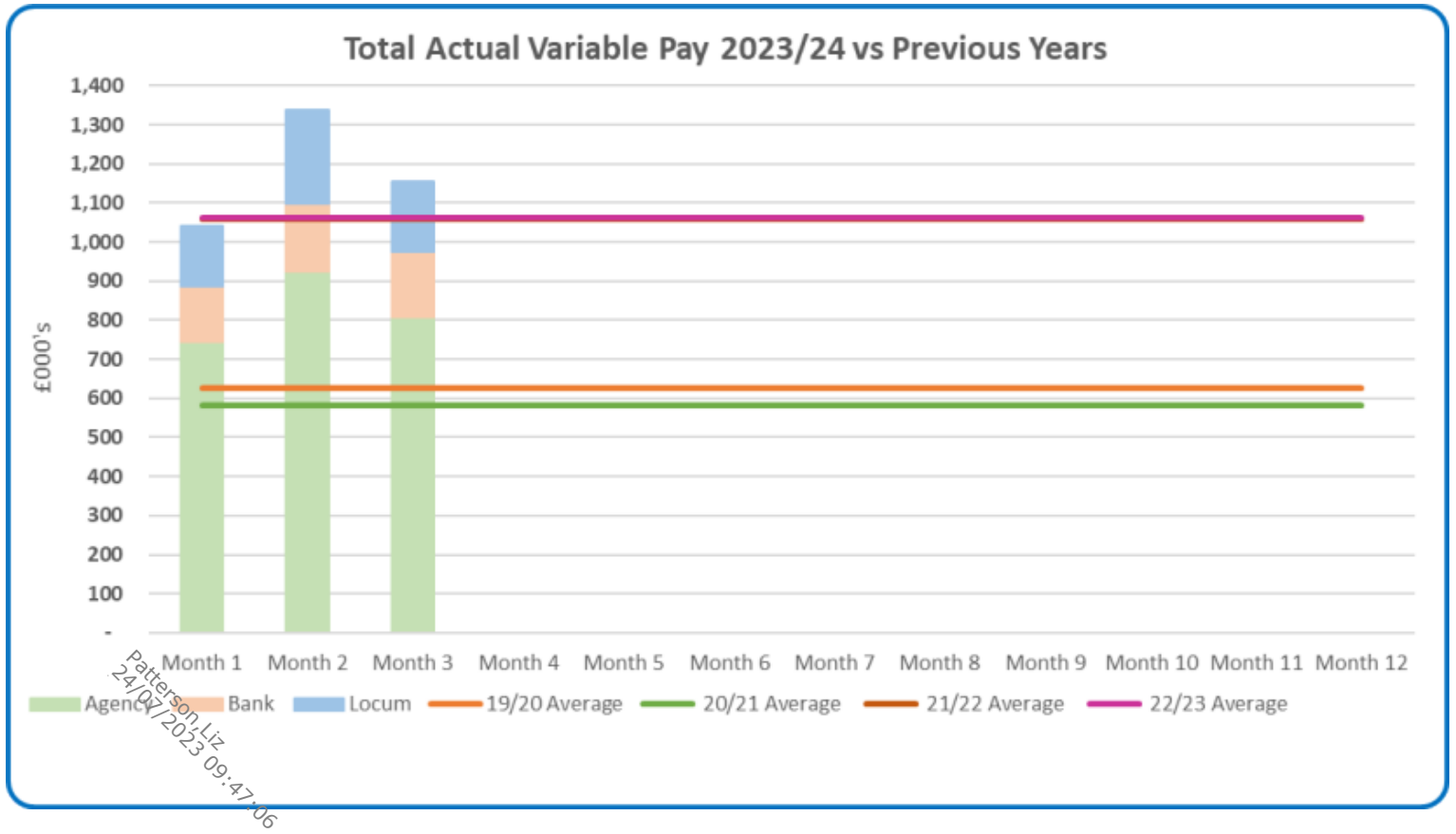
At Month 03, there is a £8.398m overspend. This comprises three twelfths of the planned deficit £8.368m with an operational overspend of £0.030m.

The most significant adverse variance is on pay budgets at £0.846m:

- driven by the use of agency, from both on and off contract suppliers, which is running at a much higher rate in April, May and June than it was for the equivalent months last year;
- Also, partially as a result of the favourable income variance (as income is being received to fund posts).

Health Board Agency Spend

We are focused on this because:
Tackling our high agency spend levels (volume and price) is key to successfully mitigating financial risk and achieving the financial plan. Agency spend is far too high and is adversely impacting upon our use of resources (and wider outcomes).



Performance and Actions

- The Month 03 YTD pay is showing an overspend of £0.846m against the year-to-date plan. The current level of vacancies is 270 (12%) against the HB's budgetary establishment, mainly in MH and Community services.
- The chart opposite on variable pay demonstrates high levels of variable pay in the first 3 months of 2023/24 compared to the average value from each of the last 4 financial years. Powys appears to be an outlier within NHS Wales as agency spend was 9.45% of total pay in M03, against the Wales average of 5.4%.
- The HB's Variable Pay Reduction group is in the process of finalising an action plan.

Risks

- Level of agency (% of pay).
- Increased workforce gaps resulting in greater requirement for temporary workforce.
- Supply and demand price pressures leading to growing use of off-contract agencies.

What the charts tells us: Agency usage is at an unsustainable level and poses a significant risk to the achievement of the financial plan.

Commissioning and Contracting

We are focused on this because:
Commissioning of healthcare services is circa 40% of all expenditure and has been growing steadily. It is a core component of the Health Board's Strategy facilitated through the Accelerated Sustainability Model.

Status Update

At Month 03 overspend of £0.148m on year-to-date budget of £40.1m.

LTAs for 2023/24 are in the process of being agreed with our providers (WG deadline of 30 June in Wales). An element of protection remains for Welsh providers in 2023/24 - tolerance levels have moved from 10% to 5%

Commissioning Forecast 2023/24

Commissioning	2021-22 Outturn (£'000)	2022-23 Outturn (£'000)	2023-24 Forecast (£'000)
Welsh Providers	38,536	38,772	40,588
English Providers	61,013	65,033	63,563
WHSSC / EASC	44,608	48,694	49,095
Other NHS Providers	4,374	4,501	4,740
Mental Health	742	851	863
Total	**149,274**	**157,851**	**158,850**

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Risks

- Providers exceed their RTT recovery targets.
- Winter pressures and capacity of the system generally to treat patients and thus avoid secondary care admissions.
- Delivery of saving plans.

2023/24 forecast is less certain due to pace of recovery by providers.

- 2023/24 inflation included in forecast; Welsh Health Boards 1.5% / English providers 3.4% (This is set to change once pay awards have been settled).
- 2023/24 Welsh Health Boards based on DoFs financial flows agreement (2019/20 activity baseline with 5% tolerance levels).
- As limited activity information has been received so far this financial year, the forecast below reflects the financial plan. Providers ability to deliver both core and recovery activity is variable and will be closely monitored.
- To date, the HB has experienced 1,555 days of delayed discharges as a result of Social Care availability. At the daily cost of a community hospital bed, this equates to a cost of £917k to date.

We are focused on this because:
Commissioning of complex healthcare packages is an area of significant expenditure growth (price inflation and number of packages).
Maintaining strong and transparent governance over CHC processes is crucial for financial sustainability and relationships with our partners.

Area	19/20 Year end Position £'000	20/21 Year end Position £'000	21/22 Year end Position £'000	22/23 Year end Position £'000	23/24 Budget £'000	23/24 Forecast £'000	Growth 2022/23 to 2023/24 Forecast £'000
Children	267	151	157	296	324	302	5
Learning Disabilities	957	1,568	1,639	2,461	2,580	3,070	609
Mental Health	7,344	7,801	10,611	13,949	16,487	15,102	1,153
Mid Locality	981	925	1,635	1,882	1,560	1,882	0
North Locality	1,365	1,537	2,098	2,646	2,907	3,300	654
South Locality	1,495	1,958	1,853	1,904	2,068	2,220	317
Grand Total	**12,410**	**13,941**	**17,994**	**23,138**	**25,927**	**25,876**	**2,738**
Number of active clients	**236**	**252**	**294**	**307**	**307**	**296**	**(11)**
D2RA				**696**	**889**	**293**	**(404)**
FNC	**2,218**	**2,095**	**1,960**	**2,131**	**2,370**	**2,270**	**139**
Total	**14,628**	**16,035**	**19,954**	**25,966**	**29,186**	**28,439**	**2,473**

Performance and Action
The 2023/24 financial plan had provision for CHC inflation and growth.

As at month 3, there is an underspend of £0.207m on year-to-date budget of £7,296m against Continuing Care and FNC.
The number of CHC packages has decreased by 7 from 303 to 296 in June.

D2RA is the cost associated with discharging patients direct into nursing homes to facilitate flow from DGH's, prior to full CHC assessment.

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Risks

The HB has seen a significant increase in the complexity and number of patients requiring CHC, there is a risk the growth continues in 23/24.

What the table tells us

The table shows the significant growth in CHC costs across all categories (mental health, learning disability, children and frail adults). If this continues unabated it poses a significant risk to the achievement of the financial plan and medium-term sustainability.

Health Board 2023/24 Savings Programme

We are focused on this because:
Delivering savings is key to successfully mitigating financial risk and achieving the financial plan. Maximising recurrent savings is key to our financial sustainability and tackling our underlying deficit into the medium term.

Progress against Savings Target

Exec Lead	23/24 Target	Green	Amber	Green + Amber	Red	Shortfall on Total Target vs Green & Amber	% Achievement on Target vs Green & Amber
Director of Environment	**251**	0	0	**0**	264	**251**	0%
Finance	**545**	50	504	**554**	200	**(9)**	102%
Medical	**504**	0	687	**687**	0	**(183)**	136%
Nursing	**21**	22	0	**22**	0	**(1)**	102%
Planning & Performance	**2,547**	12	2,301	**2,313**	246	**235**	91%
Primary & Community Care & MH/LD	**963**	23	1,240	**1,263**	550	**(300)**	131%
Therapies Directorate	**12**	52	0	**52**	0	**(40)**	430%
Public Health	**2,089**	2,087	0	**2,087**	2	**2**	100%
Workforce & Organisational Development	**531**	16	0	**16**	514	**515**	3%
Planning and Performance	**23**	0	0	**0**	0	**23**	0%
Chief Executive	**14**	37	0	**37**	0	**(23)**	266%
Grand Total	**7,500**	**2,297**	**4,733**	**7,030**	**1,776**	**470**	**94%**

Performance and Actions

- The 2023/24 Financial Plan is a deficit of £33.5m, this is predicated on the Health Board achieving £7.5m savings.
- £2.3m Green schemes have been identified to date. £4.7m Amber schemes have also been identified, with a further £1.9m Red pipeline schemes.
- The HB is underperforming against savings profiled to date by £71k. This is mainly around the Cost mitigation scheme that is being held centrally in Finance presently whilst opportunities are identified.
- There are two key actions:
  - Develop increased certainty on amber schemes so that they turn green.
  - Red pipeline opportunities need to be converted into deliverable plans and further opportunities identified.

Note: RAG rating is per WG's guidance in WHC (2023) 012: Welsh Health Circular 2023 012 (English).pdf

Performance of Schemes

Lead	Green and Amber									RED		
Exec Lead	No of Schemes	Plan to Date	YTD Actual Savings	Variance to Date	Current Year Annual Plan	Current Year Forecast	Forecast Variance	Plan FYE (Recurring Schemes only)	Forecast FYE (Recurring schemes only)	No of Red Schemes	Red Potential 23/24	Red Potential FYE
Finance	4	112	46	(67)	554	554	0	554	554	2	200	200
Medical	7	0	0	0	687	687	(0)	687	688	0	0	0
Planning & Performance	4	309	309	0	2,313	2,312	(1)	2,301	2,300	1	246	493
Primary & Community Care & MH/LD	19	20	15	(5)	1,263	1,265	2	1,264	1,266	48	550	579
Therapies Directorate	3	9	9	0	52	52	0	59	59	0	0	0
Public Health	2	522	522	0	2,087	2,087	0	2,087	2,087	1	2	3
Workforce & Organisational Developmer	2	4	4	0	16	16	0	16	16	1	514	1,028
Chief Executive	1	12	12	0	37	37	0	0	0	0	0	0
Director of Environment	0	0	0	0	0	0	0	0	0	10	264	471
Nursing	7	0	0	0	22	22	0	22	22	0	0	0
Grand Total	**49**	**988**	**917**	**(71)**	**7,030**	**7,031**	**1**	**6,989**	**6,991**	**63**	**1,776**	**2,774**

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Risks

Timescales and capacity of teams to deliver the schemes at pace.

This risk is currently quantified at £927k

What the tables tells us

Focus is on converting opportunities into deliverable schemes. Particularly recurrent schemes to impact upon the underlying financial deficit.

Summary & Key Messages

Summary:

- PTHB has submitted a plan with a £33.5m planned deficit for 2023/24
- At month 3, PTHB is reporting a £8.398m overspend. This comprises three twelfths of the planned deficit £8.368m with an operational overspend of £0.030m.
    - The £7.5m savings target is profiled into the position. Actions are progressing to firm up saving opportunities.
    - The key operational pressure needing to be addressed is nursing variable pay.
- The revenue forecast for 2023/24 is £33.5m in line with the Financial Plan. This is also the underlying deficit of the Health Board.
- The Health Board has a £2.1m capital allocation, which it will manage within.
- Due to the £33.5m planned financial deficit, the THB will require Revenue Working Capital Cash in the latter part of the year (months 11 and 12).

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Powys THB Finance Department
Financial Performance Report - Appendices

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Monitoring Return Reported

Embedded below are extracts from the Monthly Monitoring Return submitted to Welsh Government on 13th July 2023.

MMR Narrative

https://
s365.sharepoint.co

MMR Tables

https://
s365.sharepoint.co

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Capital 2023/24

Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 30th June 2023
WG CRL FUNDING	**£M**	**£M**	**£M**
Discretionary Capital	0.993	0.993	0.327
EFAB Infrastructure	0.406	0.406	0.003
EFAB Fire	0.107	0.107	0.000
EFAB Decarbonisation	0.378	0.378	0.000
Llandrindod Fees	0.236	0.236	0.024
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
TOTAL APPROVED FUNDING	**2.120**	**2.120**	**0.354**

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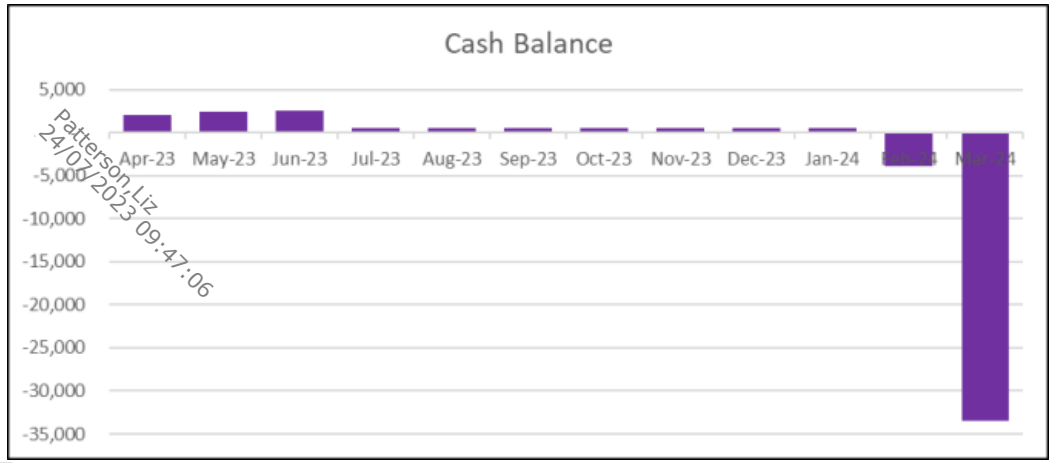
Cash Flow 2023/24

Appendix 3

	Mth 1 £'000	Mth 2 £'000	Mth 3 £'000	Mth 4 £'000	Mth 5 £'000	Mth 6 £'000	Mth 7 £'000	Mth 8 £'000	Mth 9 £'000	Mth 10 £'000	Mth 11 £'000	Mth 12 £'000
OPENING CASH BALANCE	**1,268**	**2,011**	**2,438**	**2,598**	**500**	**500**	**500**	**500**	**500**	**500**	**500**	**- 3,897**
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	37,680	35,008	41,867	34,714	35,945	32,528	32,481	32,505	32,489	32,772	25,896	0
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	(130)	(130)	(130)	(130)	(130)	(130)	(130)	(130)	(130)	(130)	(130)	(130)
WG Revenue Funding - Other (e.g. invoices)	6	150	5	40	21	10	62	5	21	209	1,074	1,514
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	500	0	0	250	98	228	137	261	265	786
Income from other Welsh NHS Organisations	1,137	509	489	600	600	600	600	600	600	600	600	600
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	610	612	289	600	600	600	600	600	600	600	600	600
Total Receipts	39,303	36,149	43,020	35,824	37,036	33,858	33,711	33,808	33,717	34,312	28,305	3,370
Payments												
Primary Care Services : General Medical Services	2,722	2,386	3,119	2,497	2,366	2,407	2,433	2,400	2,400	2,871	2,557	2,520
Primary Care Services : Pharmacy Services	904	0	845	0	450	450	450	450	450	450	450	450
Primary Care Services : Prescribed Drugs & Appliances	2,852	0	2,970	0	1,900	1,900	1,900	1,900	1,900	1,900	1,900	1,900
Primary Care Services : General Dental Services	307	465	545	450	450	450	450	450	450	450	450	450
Non Cash Limited Payments	81	81	88	80	80	80	80	80	80	80	80	80
Salaries and Wages	8,918	8,647	9,864	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000
Non Pay Expenditure	22,723	24,070	25,201	25,765	22,697	19,398	19,300	19,300	19,300	19,300	18,000	17,629
Capital Payment	53	73	228	130	93	173	98	228	137	261	265	916
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	38,560	35,722	42,860	37,922	37,036	33,858	33,711	33,808	33,717	34,312	32,702	32,945
NET CASH FLOW IN MONTH	**743**	**427**	**160**	**(2,098)**	**0**	**0**	**0**	**0**	**0**	**0**	**(4,397)**	**(29,575)**
Balance c/f	**2,011**	**2,438**	**2,598**	**500**	**500**	**500**	**500**	**500**	**500**	**500**	**(3,897)**	**(33,472)**



Due to the £33.5m planned financial deficit, the THB will require Revenue Working Capital Cash in the latter part of the year (months 11 and 12).

Balance Sheet 2023/24

	Opening Balance Beginning of Apr-22 £'000	Closing Balance End of Jun-23 £'000	Forecast Closing Balance End of Mar-24 £'000
Tanglible & Intangible Assets	104,855	105,260	105,260
Trade & Other Receivables	18,154	19,771	19,771
Inventories	147	147	147
Cash	1,268	2,598	(33,473)
Total Assets	**124,424**	**127,776**	**91,705**
Trade and other payables	52,318	38,784	38,784
Provisions	13,369	13,369	13,369
Total Liabilities	**65,687**	**52,153**	**52,153**
Total Assets Employed	**58,737**	**75,623**	**39,552**

Financed By			
General Fund	11,604	28,490	(7,583)
Revaluation Reserve	46,625	46,625	46,627
Total Taxpayers' Equity	**58,229**	**75,115**	**39,044**

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Financial Plan submitted to WG on 31 March 2023 with deficit of £33.5m

Core Financial Plan Year 1 2023/24

Financial Plan	(£m)
Underlying deficit	18.6
Inflationary pressures	8.9
Demand/ service growth	7.4
Net effect of allocation adjustments and COVID	6.1
Mitigating actions	(7.5)
TOTAL DEFICIT	**33.5**

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The 2023/24 Financial Plan is a deficit of £33.5m

Range of significant risks to be managed

All Health Boards asked to revisit the Financial Plan to reassess the underpinning assumptions and actions with an aim of reducing/ providing greater assurance on the forecast financial deficit

Submission of supplementary papers and associated Minimum Data Set on 31 May 2023 confirmed a deficit financial plan of £33.5m, with increased assurance.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.3

Board	**Date of Meeting:** 25th July 2023
Subject:	**Nurse Staffing Act Compliance in Commissioned Services**
Approved and Presented by:	Executive Director Nursing and Midwifery
Prepared by:	Lead Nurse Informatics & Nurse Staffing
Other Committees and meetings considered at:	N/A

PURPOSE:

This paper provides an annual update to the Board of the work, actions, and processes in place to ensure that Powys Teaching Health Board commissioned services comply with the requirements of the Nurse Staffing Levels (Wales) Act 2016, in providing sufficient time to allow nurses time to care for patients sensitively in the individual provider organisations.

RECOMMENDATION(S):

The Board is asked to:

- RECEIVE the annual report in relation to Health Board commissioned services in relation to the Nurse Staffing Levels (Wales) Act 2016.
- Take ASSURANCE that the Health Board meets its requirements in relation to the Act.

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

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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	✓
	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 Nurse Staffing Levels (Wales) Act 2016 places duty to have regard to providing sufficient nurses as per the **Nurse Staffing Levels (Wales) Act 2016**. All Health Boards must have regard to the importance of:

a. providing sufficient nurses to allow the nurses time to care for patients sensitively, and
b. where securing the provision of nursing services, ensuring that there are sufficient nurses to allow the nurses time to care for patients sensitively.

DETAILED BACKGROUND AND ASSESSMENT:

Alongside the overarching responsibility of Section 25A of The Nurse Staffing Levels (Wales) Act 2016 which sets out the responsibilities of each Health Board to ensure that there are appropriate nurse staffing levels across their respective organisations to ensure safe, effective and timely care to patients; **further Statutory Guidance requires the designated person (the Executive Nurse Director) to formally present to the Board, the nurse staffing requirements for adult in-patient medical, surgical and paediatric wards (Section 25B).**

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Powys Teaching Health Board does not have any 25B wards and is therefore not formally required to report to Board. Nevertheless, the Executive Director of Nursing and Midwifery did present a paper to Board on the 29 March 2023. That paper focussed on our provider services. This paper relates to our commissioned services.

The Health Board has a role, as both a provider and commissioner of healthcare, for the residents of Powys Teaching Health Board (PTHB). PTHB is responsible for planning, providing, and commissioning healthcare services to improve the health and well-being of the residents of Powys. The Health Board commissions a number of NHS Wales and NHS England organisations to provide secondary care and community services for Powys residents:

Services are currently commissioned from:

NHS Wales	NHS England
• Aneurin Bevan UHB • Betsi Cadwaladr UHB • Cardiff & Vale UHB • Cwm Taf Morgannwg UHB • Hywel Dda UHB • Swansea Bay UHB • Velindre NHS Trust	• Gloucestershire Hospitals NHS Trust • Sandwell & West Birmingham NHS Trust • Shrewsbury and Telford NHS Trust • Wolverhampton NHS Trust • Worcester Acute Hospitals NHS Trust • Wye Valley NHS Trust • Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust • Shropshire Community Health NHS Trust

NHS Wales Commissioned Services

As part of the Nurse Staffing Levels (Wales) Act 2016 public Board papers should annually include the nurse staffing level of each individual ward to which sections 25B to 25E of the Act apply. Each Health Board in Wales and Velindre NHS Trust that has 25B wards within their organisations have taken Board papers to their respective Boards in May 2023.

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The conclusions and recommendations detailed below have been taken directly from the relevant Health Board or Trust's Nurse Staffing Levels Annual Assurance report that was presented to their Board in May 2023.

Welsh Health Board / Trust Nurse Staffing levels Annual Assurance Report (May 2023) Period April 2022 – April 2023	
Aneurin Bevan University Health Board	Adult acute medical inpatient wards 21 Adult acute surgical inpatient wards 12-13 Aneurin Bevan Board was appraised as below: Clear processes in place to identify, investigate and escalate, from Ward to Board, any deviations from the planned roster and any potential harm as a consequence. NSLWA is now a standing agenda item within the bi-monthly PQSOC. Introduced new and innovative ways of working to strengthen and stabilise the workforce – focusing on safe and effective delegation to improve patient safety and quality. Reviewed and adjusted the reporting a quality metrics. Demonstrated Health Board compliance with the agreed outcomes of the Bi-annual re-calculations. Implemented the agreed National informatics system, "Safecare". Developed a Nursing, Midwifery and SCPHN Workforce Strategy. NSLWA lead appointed to coordinate and support compliance with the Act.
Betsi Cadwaladr University Health Board	Adult acute medical inpatient wards 24-25 Adult acute surgical inpatient wards 15-17 Betsi-Cadwaladr Board was appraised as below: Throughout the past year, nurse staffing levels for all healthcare settings across BCUHB have been calculated at a level which demonstrates the commitment to having 'regard to the importance of providing sufficient nurses to allow time for the nurses to care for patients sensitively'. This statutory requirement has ensured that the staffing levels for all wards and areas across BCUHB caring for inpatients have been set and, wherever possible maintained. When it has not been possible to maintain staffing levels, appropriate action, mitigation and escalation is in line with BCUHB - Nurse Staffing Levels Policy and the BCUHB Paediatric Escalation Policy It has been challenging to consistently meet the planned roster within wards given the extremity of the current situation. The COVID-19 pandemic is

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	unfinished and the true extent of this remains unseen. The professional judgment of nurse managers and leaders has been relied on significantly given the dynamic and constantly evolving clinical situation. During this time all staff have displayed resilience and solidarity as the organisation endeavours to: · Manage the pressures of unscheduled care · Re-start planned/elective services against the backdrop of consequential and unprecedented waiting list times · Maintain nurse staffing levels together with vacancies, staff absences, and increased patient care needs · Maintain patient pathways within a climate that has exacerbated long-standing issues within social care The Board was asked to note and support the following next steps: 1. A review of the resource requirements to support the Nursing Workforce, Staffing and Professional Standards agenda to ensure the organisation is able to fulfil its statutory duties in relation to the Nurse Staffing Levels (Wales) Act 2016; focus on meeting the nurse staffing establishments through ambitious and successful recruitment campaigns; focus on the retention of committed and skilled staff. 2. The BCUHB People Strategy & Plan will be an essential enabler to the delivery of this key priority, and this will be further supported through the development and implementation of a robust Nursing Workforce Strategy that will place focus on retention and innovation. 3. Corporate finance teams will work with operational finance teams to adjust budgets as part of the annual planning cycle to reflect the revised approved rosters. 4. The E-Rostering team will adjust roster demand templates to reflect the agreed 'planned rosters' 5. Ward Managers will process the recruitment of staff, based on the revised nursing establishment (where applicable) 6. Ward Managers will display any changes to the planned roster on the ward boards displayed at the ward entrance
Cardiff and Vale University Health Board	<u>Adult acute medical inpatient wards 18-19</u> <u>Adult acute surgical inpatient wards 22-23</u> <u>Cardiff and Vale Board was appraised as below:</u>

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	CAVUHB continues to experience significant challenges in maintaining nurse staffing levels. CAVUHB continues to provide assurance its' staffing calculations and reporting requirements have been fulfilled. Furthermore, across the organisation there are established processes in place to review changing acuity and nurse staffing levels. Appendix A provides a summary of the establishment reviews agreed by the designated person (Executive Nurse Director). Highlights of this report include: Efforts of Workforce and Nursing teams to develop and strengthen recruitment and retention of both registered and unregistered staff. Introduction of SafeCare ahead of schedule to all but one 25B areas and future plans for further rollout. The acknowledged challenges associated with introducing a new digital platform during the reporting period but recognition that it is anticipated, this will be significantly improved going forward. Internal creation of nurse staffing levels and patient acuity visualisers allowing CAVUHB to respond to trends and changes quickly and appropriately outside of the bi-annual audit period. Internal Audit of compliance with the Nurse Staffing Levels Act (2016) found reasonable assurance with agreed action plan to be implemented. The Board is asked to: Receive the report as assurance that the statutory requirements relating to section 25B of the Nurse Staff Levels (Wales) Act have been fulfilled. Note the funded nurse staffing establishments detailed in appendix A, undertaken as part of bi-annual recalculations. Note the reasonable attempts to monitor and maintain nurse staffing levels at a time of significant organisational pressure.
Cwm Taf Morgannwg University Health Board	Adult acute medical inpatient wards 16-17 Adult acute surgical inpatient wards 15-18 Cwm Taf Morgannwg Board was appraised as below: In summary, 2022-2023 has been a year of resetting following the COVID-19 pandemic within the Health Board and its communities and getting back to

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	business as usual. There continue to be ongoing temporary staffing uplifts within PCH and RGH until March 2023 at a cost pressure. · The majority of the wards that were repurposed to meet the clinical demands during the COVID-19 pandemic have returned to either there original specialty/designation, or been utilised to support a new clinical model. · The start of the implementation programme of 'SafeCare' to Section 25B wards within the HB (15 live wards using safe care, with a further 20 wards to implement) · The recruitment of AWNSA Lead (when) · As part of the All Wales overseas RN recruitment Programme, the HB recruited, trained and register (NMC Registration) 96 internationally educated nurses · 138.17wte. nurses have been recruited via the student streamlining process. Next steps for 2023-2024 · To continue to embed SafeCare into the daily routine of ward staff. · Phase two of International Educated Nurse recruitment. · Further resetting and development within planned care that will predominately affect the surgical S25B wards within the Health Board.
Hywel Dda University Health Board	Adult acute medical inpatient wards 21-23 Adult acute surgical inpatient wards 11-12 Hywel Dda Board was appraised as below: Despite the current operational challenges, progress continues to be made around key nurse staffing priority areas. Below is an update against the outstanding recommendations set out in the 2021/22 Assurance Report

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Recommendation	Progress to date
Reset the nurse staffing levels for all Section 25B wards during the Autumn cycle	Partially completed: The resetting of the nurse staffing levels for 26 of the wards where section 25B applies was undertaken as part of the autumn 2022 calculation cycle.
Maintain and develop wider opportunities to facilitate more flexible working patterns for, in particular, the registrant workforce, in order to seek to retain more registrants and be able to respond rapidly to pressures in system	Completed action: The nursing teams have worked with the workforce and OD team to develop the guide to flexible working toolkit.
Work collaboratively in support of Workforce and OD colleagues to take forward the staff well-being improvement programme to support staff recuperation and recovery	
Refresh and take forward at pace a systematic plan to review and reset the nurse staffing level reviews of all Section 25A areas	The work undertaken to support of those Section 25A clinical areas/service undertaken during 2022/23 have been included in this report.
Continue to support the rollout the Allocate Health Roster and roll out the Safecare module across all Section 25B wards of the Health Board by November 2023	Completed Action: Allocate Health Roster has been rolled out to all S25B wards (achieved by May 2022) and Safecare has also now be rolled out (achieved by 31st March 2023)
Work collaboratively in support of Workforce and OD colleagues to take forward the various new	Ongoing action: Nursing teams (both corporate and operational) continue to work with workforce and OD colleagues on a number of different work streams including the:
initiative aimed at ensuring a supply of registered nurses into the Health Board is assured for the future:	• Team around the patient model • The Grow Your Own Health Care Support Worker to Registrant pathways • the recruitment of internationally educated nurses • the placement of apprentices
Family Liaison Officers: The Spring 2022 cycle will explore the tasks undertaken by FLO's (which were previously the domain of clinical professionals) and will focus on any opportunities for establishing the funding streams for these posts which are proving hugely beneficial in improving patient experience in many clinical areas.	Completed Action: the role and the function of the FLOs considered as part of the Spring 2022 calculation cycle.
Work collaboratively with finance and workforce colleagues to establish a nursing/finance/workforce process by which any required changes to nurse staffing establishments which have been calculated during each biannual cycle, are addressed in a timely manner	Completed action: The nurse staffing programme team work in partnership with finance colleagues to agree the process and the supporting documents required, by which changes to the nurse staffing establishments are addressed in a timely manner.

Based on the findings included in this, the 2022/23 assurance report, the recommendations for the coming 12 months are:

• Work with operational teams to ensure that the operational and reporting capabilities of the Safecare module are fully utilised and consider whether there are benefits to rolling out Safecare to other clinical areas.

• Work with operational teams to ensure that any new measures agreed by the All-Wales Executive Directors of Nursing are embedded into existing scrutiny processes.

• Continue to work collaboratively in support of Workforce and OD colleagues to take forward the various new initiatives aimed at ensuring a supply of registered nurses into the Health Board is assured for the future

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Swansea Bay University Health Board	Adult acute medical inpatient wards 12-17 Adult acute surgical inpatient wards 13-15 Swansea Bay University Health Board was appraised as below: There has been continued support for the Nurse Staffing Levels (Wales) Act 2016 from across all levels of the HB, ward to board. Operational teams have worked hard to understand their wards and effectively triangulate and articulate their required nurse staffing levels through a scrutiny process which is open, transparent and supportive. Service Groups should be commended for time and effort they have given to achieve accurate workable nurse staffing rosters, with the added development of alternative skill mix with the introduction of Assistant Nurse Practitioners. Temporary funding attributed to COVID-19 has been removed through re-calculations of each ward, the temporary staffing has either been removed as not required since COVID-19 pandemic has reached endemic phase or incorporated into the wards staffing model as the ward has altered, for example due to increased beds or changes in patient acuity. SBUHB continues to fully support the nurse staffing requirements. Highlights of this reporting period include: • Completion of the Safecare roll out and embedding into every day practice • Joint working across digital, rostering and nursing teams to development a Power BI to create visualisers, which were used following June bi-annual acuity. SBUHB will create visualisers following each acuity audit and further work is planned to look to provide visualisers more often than bi-annually. • All Wales work to develop SafeCare reporting has been successful and the enhancement should be available from Summer 2023. Due to the support provided by the SafeCare delivery group, the enhancement made to the SafeCare system did not incur any additional cost. • All Wales work on Datix reporting and alteration to questions relating to Nurse Staffing levels within Datix has been undertaken this reporting year, the new questions will be in place in Summer 2023. It is hoped that these improvements will provide more robust complete data surrounding the reportable incidents and complaints. Further work is planned to develop an All Wales Nurse Staffing Report from Datix to ensure consistent reporting across Wales. • Development of proposed changes to parameters of the quality indicators, to incorporate moderate harm; which will bring reporting in line with the Duty of Candour.

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	• New central recruitment team implemented last year supporting teams to recruit effectively with excellent feedback for candidates. • Continued successful overseas recruitment. Looking forward into 2023/24, it is important to maintain the momentum with regard to the work carried out this year. The recommendations for 2023/24 are: • Re-calculate the nurse staffing levels for all Section 25B wards on bi-annual basis, using new IT solutions in the form of Power BI reporting through Safecare. Use the newly developed HB Power BI Visualisers to create additional visualisers when required to further support service groups ability to accurately review wards. • Maintain and develop wider opportunities to facilitate more flexible working patterns • Continue to engage in the HEIW Retention Workstream • Continue to work closely with Workforce and Organisational Development colleagues, particularly considering staff well-being. • Mental Health, District nursing and Health Visiting Workstream Leads have now completed their seconded posts on 31.03.2023, work plans have been incorporated into a transition document which will be presented to Executive Nurse Directors in April and then for shared at the All Wales Nurse Staffing Group to ensure continuation and governance of the work related to each workstream. • Note the Nursing and Midwifery Workforce development work that has been undertaken and will continue for the next year, focusing on the impact on services, the care being provided, the cost impact, and efficiencies released. • Continue to develop robust processes to provide a consistent and standardised review of incidents of patient harm, ensuring lessons are learnt for the benefit of all patients and to support any agreed changes to the reporting parameters of the quality indicators and the enhancements within Datix. The Board was asked to: • Receive the report as assurance that the statutory requirements relating to Section 25B wards of the Nurse Staffing Levels (Wales) Act 2016 have been completed. • Note the ongoing reasonable steps taken to monitor & as far as possible maintain the Nurse Staffing Levels (Wales) Act 2016. • Note that the most recent bi-annual calculation of Section 25B wards will be reported through the internal governance process and included in the November 2022 Annual Assurance Report in a "Once for Wales" approach.

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	• Note that this paper does not have a new financial requirement as the calculations outlined in this paper have been previously discussed and agreed in both the May 2022 Board paper as well as the Workforce & Organisational Development Committee report in December 2022 and as part of Acute Medical Service Redesign (AMSR) Board Updates.
Velindre NHS Trust	Adult acute medical inpatient wards 1 Velindre NHS Trust Board was appraised as below: The planned roster and ward establishment has not changed during the reporting period. The nursing establishment is sufficiently funded and appropriate to provide the planned roster for First Floor. There are no financial concerns in relation to the staffing of First Floor. Due ot unprecedented challenges of the COVID 19 pandemic, beds on First Floor were reduced to 22, they are now open to the full capacity of 32. There have been reported shifts where the planned roster was not met and not appropriate mainly due to staff sickness and/or increased acuity. Bed occupancy figures reveal that the ward usually has empty beds so the planned roster would not necessarily have been appropriate on all occasions. It is evident that all 'reasonable steps' were taken to maintain the nurse staffing levels An upward trend in the level of acuity is apparent for levels 3 and 4, however there has been a decrease in level 5 patients during the reporting period Safecare is now established on First Floor ward and will be utilised for future reporting. Welsh Levels of Care training continues to be delivered to ward staff with the aim of improving reporting

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There is evidence across all Welsh Health Boards and Trusts to demonstrate adherence to the bi-annual calculation for section 25B wards and that annual Board papers are being presented to their respective Boards.

English Commissioned Services

Our English commissioned providers do not have a nurse staffing act, although there is guidance set out by the National Quality Boards with expectations for nursing and midwifery staffing to help NHS provider boards make local decisions that will deliver high-quality care for patients within the available staffing resource. As part of PTHB's commissioning agreement with English providers, it is recommended that their nurse staffing assurance paper is shared directly with the HB annually.

PTHB has mechanisms in place to demonstrate that they have had regard to the importance of ensuring that third-party providers from whom they are securing the provision of services have sufficient nurses to allow the nurses time to care for patients sensitively.

PTHB also has the Integrated Performance Framework (IPF), incorporating the Commissioning Assurance Framework, which sets out the framework for improving performance processes to provide assurance to the Board (for services PTHB provides and commissions) on the delivery of quality, patient-centred services. A summary of these arrangements is outlined in Appendix 1.

Further Mechanisms for Monitoring

Alongside the commissioning performance monitoring, the Quality and Safety Team and Commissioning Team attend regular Contract Quality Performance and Review Meetings. The consideration of nurse staffing levels is a key component of this.

Depending on whether a concern / serious incident is open with commissioned services, the Head of Quality and Safety will attend the weekly, or monthly (HB dependent) Serious Incident panel meeting.

Complaints made by members of the public/patients through the PTR (Putting Things Right) process are monitored. A combined approach involving the Quality and Safety, and Commissioning Teams, are involved in the response, closely liaising with the commissioned service. Patient Experience is monitored

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alongside this through the CIVICA system, where there are surveys designed for various pathways and services.

The reporting system Datix is used to manage 'harm' incidents. Commissioned services communicate their reported Datix for PTHB public/patients to the Quality and Safety team. Datix reported as moderate harm – actual harm caused by PTHB, or a commissioned service will be managed via Duty of Candour. Further monitoring is triggered through the Ombudsman, Medical Examiner, and inquests through HM Coroner's Office.

Powys Teaching Health Board complies with the **Nurse Staffing Levels (Wales) Act 2016** to the overarching duty of the Health Board of the importance of providing sufficient time to allow nurses time to care for patients sensitively in commissioned providers. This information is triangulated with processes to closely monitor the feedback, concerns, and incidents reported by patients and residents in Powys.

Appendix 1. Integrated Performance Framework Measures

Next Steps

As part of the Integrated Performance Framework, a Long-Term Agreement (LTA) will be introduced to ensure all NHS providers commissioned by PTHB share their annual Nurse Staffing Assurance Paper in a timely way.

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

Assessment Policy (HR075):

IMPACT ASSESSMENT
Equality Act 2010, Protected Characteristics:

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

Risk Assessment:

	Level of risk identified				Statement *Please provide supporting narrative for any risks identified that may occur if a decision is taken*
	None	Low	Moderate	High	
Clinical					Risk that budgeted establishments are not aligning to current operating requirement
Financial					
Corporate					
Operational					
Reputational					

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Appendix 1.

Powys Teaching Health Board

Integrated Performance Framework

IPF consists of four domains**:**

Regular Contract Quality Performance Review meetings with commissioned service providers where performance is reviewed in the context of the four domains as above and covers:

Access to Care and Timeliness:

Assurance on timely and appropriate access to health care services to achieve the best health outcomes within agreed targets.

Quality, Safety, Patient Experience

Assurance against national and locally set quality and safety measures of care ensuring services are safe, personal, effective, and continuously improving.

Assurance through listening and responding to patient and carer feedback along with complaints and concerns and the development of PROMS and PREMS.

Finance & Value

Assurance that services are improving efficiency and productivity and financial plans are being delivered. Prudent or value-based healthcare

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Patient Activity & Outcomes

Identifying and understanding patient activity and outcome information as well as trends in data.

Programme & Project Delivery

Reporting and monitoring progress in delivery against programmes and projects.

Process Measures

Using process measures to assess delivery against plan.

Provider Performance

Reporting and monitoring performance information across directly provided services including outpatients, community and inpatient services, mental health, women, and children's services.

External Provider Performance

Reporting and monitoring performance information across commissioned services including Primary Care, outpatients, community and inpatient services, mental health, women, and children's services and WHSCC, EASC and Shared Services**.**

Data Quality Measures

Confirming data quality to ensure effective and full understanding and analysis of performance.

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

AGENDA ITEM: 3.4

BOARD	**Date of Meeting: 26 July 2023**
Subject:	PTHB Civil Contingencies Annual Report - 1 April 2022 – 31 March 2023
Approved and Presented by:	Director of Public Health
Prepared by:	Civil Contingencies Manager
Other Committees and meetings considered at:	Executive Committee – 28 June 2023

PURPOSE:

The purpose of this Annual Report is to provide the Board with an account of the key resilience activities undertaken between 1 April 2022 to the 31 March 2023, and to set out the Health Board's civil contingencies planning priorities for 2023/2024.

The Executive Committee considered the report at its meeting on the 28 June 2023 and endorsed it for submission to the Board.

RECOMMENDATION(S):

The Board is asked to:

- RECEIVE the attached Civil Contingencies Annual Report for 2022/23
- Take ASSURANCE from the report in relation to the Health Boards role as a Category One responder
- NOTE the Health Boards civil contingencies planning priorities for 2023/2024.

Approval	Discussion	Information
x	√	√

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

EXECUTIVE SUMMARY:

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

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

This Annual Report provides an account of the range of preparedness activities that the Health Board has undertaken to meet the requirements of the Act, during the financial year commencing the 1 April 2022 – 31 March 2023.

In addition, the Annual Report provides an overview of the key priorities that have been identified to be taken forward in 2023/24.

DETAILED BACKGROUND AND ASSESSMENT:

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The Annual Report attached at Appendix 1 (paper 3.4a) outlines activity during the past financial year and identifies the key priority areas for 2023/24.

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

The Health Board's internal response structures have been stood-up in response to a number of issues over the past twelve-month period, including:

- The establishment of an internal strategic level 'Gold' group, to ensure that there was effective strategic level oversight in place to respond to system-wide resilience issues and a range of risks that had the potential to impact on the Health Board's services and population of Powys, over the winter period;
- An internal tactical level 'Silver' command and control group, to plan for and manage the ongoing response to Industrial Action;
- An internal tactical level Business Continuity group, to coordinate the Health Board's response, following a cyber-attack on the Advanced computer software group, which impacted on NHS 111 and GP out of hour services across Wales.

A full overview of the resilience activities that have been undertaken in 2022/23 is detailed within the Annual Report, with a brief overview of key activity summarised below:

- Review and approval of the PTHB Business Continuity Policy;
- Annual review and approval of the PTHB Severe Weather Plan;
- Annual review of PTHB Major Incident and Emergency Response Plan and PTHB Corporate Business Continuity Plan (subject to Board approval in July 2023).
- Delivery of internal training sessions for key staff groups and internal tabletop exercises to test service level plans and procedures.
- The development of a new Civil Contingencies and Emergency Planning SharePoint page on the staff intranet site**,** to ensure ease of access to plans and a range of information for PTHB staff.
- Continued collaboration in a wide range of emergency preparedness, resilience, and response activities with other NHS Wales partner organisations and Welsh Government.

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- Participation in multi-agency planning, training, exercises and coordination groups that have taken place at a regional level with Dyfed Powys Local Resilience Forum and at a national level, to ensure that the Health Board continues to strengthen its ability to respond to a wide range of emergencies.

NEXT STEPS:

The next steps will include:

- To publish the Annual Report on the PTHB Intranet;
- To deliver the 2023/24 key priorities as detailed within the Annual Report.

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

IMPACT ASSESSMENT					
Equality Act 2010, Protected Characteristics:					
	No impact	**Adverse**	**Differential**	**Positive**	**Statement**
Age	X				There are not expected to be any adverse, differential impacts that may arise from a decision being on the content included within this annual report.
Disability	X				
Gender reassignment	X				
Pregnancy and maternity	X				
Race	X				
Religion/ Belief	X				
Sex	X				
Sexual Orientation	X				
Marriage and civil partnership	X				
Welsh Language	X				
Risk Assessment:					
	Level of risk identified				**Statement**

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	None	Low	Moderate	High	No risks have been identified that may occur if a decision is taken on the contents of this report.
Clinical	X				
Financial	X				
Corporate	X				
Operational	X				
Reputational	X				

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POWYS TEACHING HEALTH BOARD
CIVIL CONTINGENCIES
ANNUAL REPORT
1st April 2022 - 31st March 2023

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BACKGROUND

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

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

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

Part 2 of the Act refers to Emergency Powers. It allows for the making of temporary special legislation (emergency regulations) to help deal with the most serious of emergencies.

INTRODUCTION

This Annual Report describes the Health Board's emergency preparedness activities undertaken to meet the requirements under the Civil Contingencies Act (2004), for the financial year commencing the 1st April 2022 to 31st March 2023.

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

The report covers the following activities that PTHB has undertaken during the period between 1st April 2022 to 31st March 2023, to strengthen the Health Board's resilience in the event of a major incident or severe disruption:

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- Governance Arrangements;
- Risk Assessment and Management;

- Incident Response Plans;
- PTHB Civil Contingencies and Emergency Planning service area page on the PTHB staff intranet site;
- ICT Disaster Recovery and Cyber Planning;
- Training and Exercising;
- Response – incidents PTHB has responded to during April 2022 to March 2023;
- Lessons Learnt;
- Partnership Working;
- Quality Assurance;
- Key civil contingency's priorities for April 2023 to March 2024.

GOVERNANCE ARRANGEMENTS

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

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

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

The Civil Contingencies Manager works in collaboration with internal service leads, Welsh Government, other NHS Wales organisations and external multi-agency partners, to help facilitate a comprehensive integrated emergency management approach (mitigation/prevention, preparedness, response, and recovery) across the organisation.

RISK ASSESSMENT AND MANAGEMENT

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

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

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

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

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

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

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

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

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

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

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

PLANNING AND PREPAREDNESS ACTIVITIES

The following section provides a brief overview of the resilience activities that PTHB has undertaken during 2022/23.

Incident Response Plans

a) Major Incident and Emergency Response Plans

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

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

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

PTHB's Major Incident and Emergency Response Plan was last approved by the Board in January 2022.

The PTHB Supporting Hospital Major Incident Plan was last approved by the Executive Committee in 2020.

A review of the Health Board's Major Incident and Emergency Response Plan and Supporting Hospital Major Incident Plan has commenced at the time of writing this Annual Report.

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b) Business Continuity Plan

Business continuity management is a management process that helps to manage the risk to the smooth running of the organisation or delivery of a

service, ensuring that the business can continue in the event of disruption, as far as is reasonably practical.

A full revision of the **Health Board's Business Continuity Policy** was completed and approved by the Executive Committee in November 2022.

The **PTHB Corporate Business Continuity Plan** was last approved by the Board in January 2022. A further review of the plan has commenced at the time of writing this report.

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

Individual service Business Continuity Plans are also in place locally to manage disruption at individual service level.

An internal audit of the Health Board's business continuity management processes is scheduled to take place during 2023/24.

c) Severe Weather Plan

The **PTHB Severe Weather Plan** was reviewed as part of the annual review process and subsequently approved by the Executive Committee in November 2022. This plan forms part of the Health Board's business continuity response arrangements and integrated winter planning arrangements. The Plan covers a range of severe weather events i.e., heavy snowfall, gales, heatwave etc.

d) Pandemic

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

The **Health Board's Pandemic Framework** and underpinning plans and procedures were adapted for use throughout the Health Board's response to the Covid-19. The planned review of the Framework and other underpinning plans and procedures has been slightly delayed during 2022 and measures have been put in place to ensure that this review is completed in 2023, to reflect the learning from the Health Board's response to Covid-19 pandemic. Lessons identified from the ongoing Public Inquiry into the UK's preparations and response to Covid-19, will need to be considered and incorporated into the Health Board's future pandemic arrangements when they become available.

PTHB Civil Contingencies and Emergency Planning Section on PTHB Staff Intranet

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A new Civil Contingencies and Emergency Planning service area page has been developed on the Health Board's staff intranet site, enabling staff ease of access

to plans, procedures and other useful information available, in the context of emergency preparedness, resilience and response activities.

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

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

The Digital Transformation and Informatics Service has continued to progress key programmes of work to strengthen the Health Board's security of digital assets throughout 2022/2023.

Key activities undertaken throughout 2022/23 in relation to disaster recovery and cyber include (not inclusive):

- Appointment of a new Head of Infrastructure and Cyber Security post;
- Strengthening supplier chain management processes via the Cyber Assessment Framework and PTHB Digital Governance Board;
- Monitoring internet access and security where required, as part of the Cyber Security and Assurance Function;
- Conducting annual security assessments.
- Providing knowledge-based information/training on a quarterly basis via the internal Powys Announcement cascade process and Digital Newsletters.

The risk of 'of a cyber-attack resulting in significant disruption to services and quality of patient care' is recorded on the PTHB Corporate Risk Register (CCRR 009) and actions to mitigate this risk are monitored at Board level.

The Digital Transformation and Informatics service will continue to progress work to strengthen the Health Boards business continuity planning in the event of an organisation-wide cyber-attack and maintain relevant programmes of work in place to increase security and resilience of the Health Board's ICT infrastructure going forward.

Training

PTHB participated in the following civil contingencies related training events during 2022/23, as detailed in the table below:

Type of Training	Training overview	Date
Internal Training		
PTHB Gold On-Call Major Incident Training	Sessions held to provide an overview of PTHB major incident response to new members on the Gold On- Call rota.	Various individual sessions undertaken during 2022/23
PTHB Silver On-Call	Sessions held to provide an	Various sessions

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Managers Major Incident Training	overview of PTHB major incident and emergency response arrangements to new members on the Silver On-call rota.	undertaken during 2022/23
External Training		
DPLRF Structured Debrief Training	Multi-agency structured debrief training provided by the College of Policing	25 & 26/04/22
Exercise Wales Gold	Multi-agency emergency response training for strategic level commanders who may be required to attend a Strategic Co-ordination Group.	20-21/07/22
How to plan for National power outages	Webinar event provided by Scottish Resilience Forum.	05/10/22
DPLRF Media Talking Heads Training	Multi-agency strategic level media 'talking heads' training.	09/10/22
NWSSP Industrial Action Training Session	Training session with NHS Wales organisations (legal requirements).	20/10/22
DPLRF 'How to survive the Public Inquiry'	Multi-agency strategic level training	24 & 25/10/22
Wales Civil Contingencies Winter Preparedness Overview Discussion	Virtual session on how key multi-agencies partners preparing for "the winter of discontent".	10/11/22
Health Prepared Wales	Annual NHS Wales Health Prepared Wales Conference, this year's theme was 'Learning Lessons from Inquiries – shaping the future in emergency preparedness, resilience and response'.	02/12/22
Civil Contingencies Conference Wales	Annual Welsh Government Civil Conference, this year's theme was 'Safe and Secure Wales Together a Truly Resilient Nation'.	16/03/23

A new NHS Wales 'Introduction to Emergencies' E-learning training module is now available for all staff to complete. This interactive E-learning module is an introductory overview of the emergency response arrangements and actions in place across NHS organisations in Wales. The Civil Contingencies Manager is exploring opportunities to promote staff enrolment on this E-learning module across all areas of the Health Board.

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Exercises

Exercises provide invaluable insight into the delivery of our plans and important learning regarding the areas of the plans that require further development.

Whenever possible, the Health Board aims to ensure that exercises are held in a multi-agency context. This helps to provide familiarisation with other partner organisations.

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

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

The table below outlines the Health Board's participation in internal and external exercises held during 2022/2023 and demonstrates compliance with the Act.

Frequency of Exercise	Exercise/Test	Description/Outcome	Date
Communications Test – every 6 months	WAST Communications Test	Communications cascade test between Ambulance Control and NHS organisations in Wales.	17/09/23
	DP LRF Exercise Wales Connect	Exercise WALES CONNECT is a pan Wales activation exercise that tests the activation of four Strategic Co-ordinating Groups (SCG's) in all Welsh Local Resilience Forums (LRF's), as outlined in the Pan Wales Response Plan.	01/02/23
Tabletop exercise – every 12 months	Brecon Switchboard Tabletop Exercise	Internal business continuity exercise to test the arrangements for responding to the failure of Brecon Switchboard.	19/05/22
	Welsh Blood Service – Exercise Dim Gwaed	Business continuity tabletop exercise provided by Welsh Blood Service, to consider response to blood shortages	24/10/22
	Walkthrough of	Internal walkthrough of	29/11/23

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	Welshpool Supporting Hospital site major incident arrangements	the operational major incident arrangements at Welshpool community hospital site	
	DPLRF Exercise Lemur	Multi-agency (virtual) tabletop exercise to consider the LRF's response to a national power outage scenario	16/02/23
	PTHB Vaccination Surge Exercise	Internal test of the PTHB Covid-19 Vaccination Surge Plan	23/03/23
	DPLRF Exercise Mighty Oak	National Tier 1, 3-day exercise held virtually (via Ms Teams) and in the DPLRF Strategic Coordination Centre, to test the response to a national power outage scenario.	28-30 /03/23
'Live' Exercise – every 3 years	Response to C-19 pandemic	Activation of the Health Board's command and control arrangements throughout Covid-19 pandemic response	In place during 2020 - 2022

An NHS Wales wide exercise that would provide the Health Board with an opportunity to undertake a 'live' test of the Health Board's Major Incident and Emergency Response Plan was due to take place during 2022/2023. The agreement to use this NHS Wales-wide exercise to undertake a 'live' test of the Health Board's internal major incident arrangements, was approved by the Executive Committee in October 2022. Unfortunately, the planning for the NHS Wales wide exercise was temporarily paused due to the concurrent NHS system resilience pressures and ongoing risks for planned industrial action taking place. The planning to deliver this exercise is expected to recommence in 2023/2024.

RESPONSE – INCIDENTS PTHB RESPONDED TO DURING 2022/2023

The Health Board has activated the arrangements outlined in its emergency response plans, in response to a number of incidents that have occurred during this twelve-month reporting period. A brief overview of the incidents is outlined below:

- The Health Board worked closely with partner agencies to ensure that the health needs of the Ukrainians seeking sanctuary in Wales were met. In the context of civil contingencies, the Health Board established a tactical level internal planning group from March 2022 – August 2022, to coordinate the internal response to this humanitarian assistance/health protection related response;

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- The arrangements outlined in the PTHB Severe Weather Arrangements were stood-up in response to a short period of unprecedented extreme heat temperatures that occurred in July 2022. The predicted heatwave conditions coincided with the Royal Welsh Show that was taking place at the same time, which brings large volumes of visitors into Powys;
- In August 2022, the Health Board stood up a tactical level business continuity group in response to a cyber-attack on the 'Advanced' computer software group. The ransomware attack, which caused a major outage on multiple health and care systems provided by 'Advanced', including 'Adastra', which is used by 85% of NHS 111 services in the UK and caused disruption to NHS 111 and GP Out of Hours services across Wales.
- The Health Board stood-up a 'Gold' strategic level command group to provide strategic oversight and response to a range of risks that were identified over the winter period. This included ensuring oversight on the wider NHS system resilience pressures, any impacts from Covid-19, the potential impacts of the NHS and other public sector Trade Unions mandates for planned industrial action taking place during that period and any health associated impacts from the cost-of-living crisis;
- A 'Silver' tactical level command and control group was established in November 2022, to plan for and respond to the impacts on staff, services and service users, as a result of industrial action. The Silver Industrial Action command and control group continues to be stood-up following notification of further planned industrial action taking place;
- The Health Board attended a series of multi-agency coordination groups that had been stood up in December 2022, to respond to a disruption in water supply across the Dyfed Powys region as a result of the adverse impacts of a rapid thaw that followed a period of extreme icy conditions;
- In addition, Dyfed Powys LRF partner agencies have met on a regular basis from October 2022 to March 2023, to monitor the anticipated challenges across the region and to coordinate multi-agency information sharing processes during the winter period, referred to as 'the winter of discontent'.

The report acknowledges that individual services and directorates regularly respond to disruption to their services using business-as-usual managerial structures; this level of response is not captured within this report per se.

LESSONS LEARNT

Following live events and exercises, debriefs are undertaken to capture learning points. All the Health Board's incident response plans that have been updated as part of the review process during 2022/23, incorporate lessons identified from internal responses/exercises and from recommendations listed within the NHS Wales Lessons Learnt Register, as considered appropriate. The NHS Wales Lessons Learnt Register provides a single resource in which all health-related

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lessons that have been identified following regional and national debriefs and Public Inquiries are captured.

PARTNERSHIP WORKING

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

- Dyfed Powys Local Resilience Forum and relevant subgroups;
- All Wales NHS Emergency Planning Advisory Group and relevant subgroups;
- Royal Welsh Show Emergency Planning Committee;
- Powys Safety Advisory Groups;
- Builth Wells Safety Event Group;
- Local and Regional CONTEST Board.

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

JESIP

The JESIP *Joint Doctrine: the interoperability framework* is the policy which sets out a standard approach to multi-agency responder agencies, as they work together responding to emergencies.

Whilst the initial focus was on improving the response to major incidents, JESIP is considered to be scalable, so much so, the principles for joint working and joint decision making models can be applied to any type of multi-agency incident.

PTHB incorporates the JESIP principles into the Health Board's internal response plans, training and exercises.

QUALITY ASSURANCE

The Health Board participates in several quality assurance processes:

Annual Welsh Government Emergency Planning Report – this annual reporting tool seeks to identify Health Boards current levels of preparedness. The 2022 Annual Report for Welsh Government was signed off by the Chief Executive, PTHB and submitted to Welsh Government in February 2023.

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

Internal Audit – An internal audit of the Health Board's Business Continuity Management arrangements is scheduled to take place in 2023/24.

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CIVIL CONTINGENCIES PRIORITIES 2023/2024

The focus of work for the next year (1st April 2023 to 31st March 2024) will be to:

- Ensure that key plans and procedures are reviewed and developed to strengthen organisational resilience for existing and newly identified areas of risk, ensuring that any lessons identified are incorporated within the Health Boards future plans and procedures;
- Undertake a review of the Health Board's training and exercise programme;
- Ensure that the Health Board is appropriately prepared to participate in the planned NHS Wales exercise to test the response to a mass casualty scenario in Wales;
- Continue to engage in local, regional and national planning, training and response activities, as considered appropriate.

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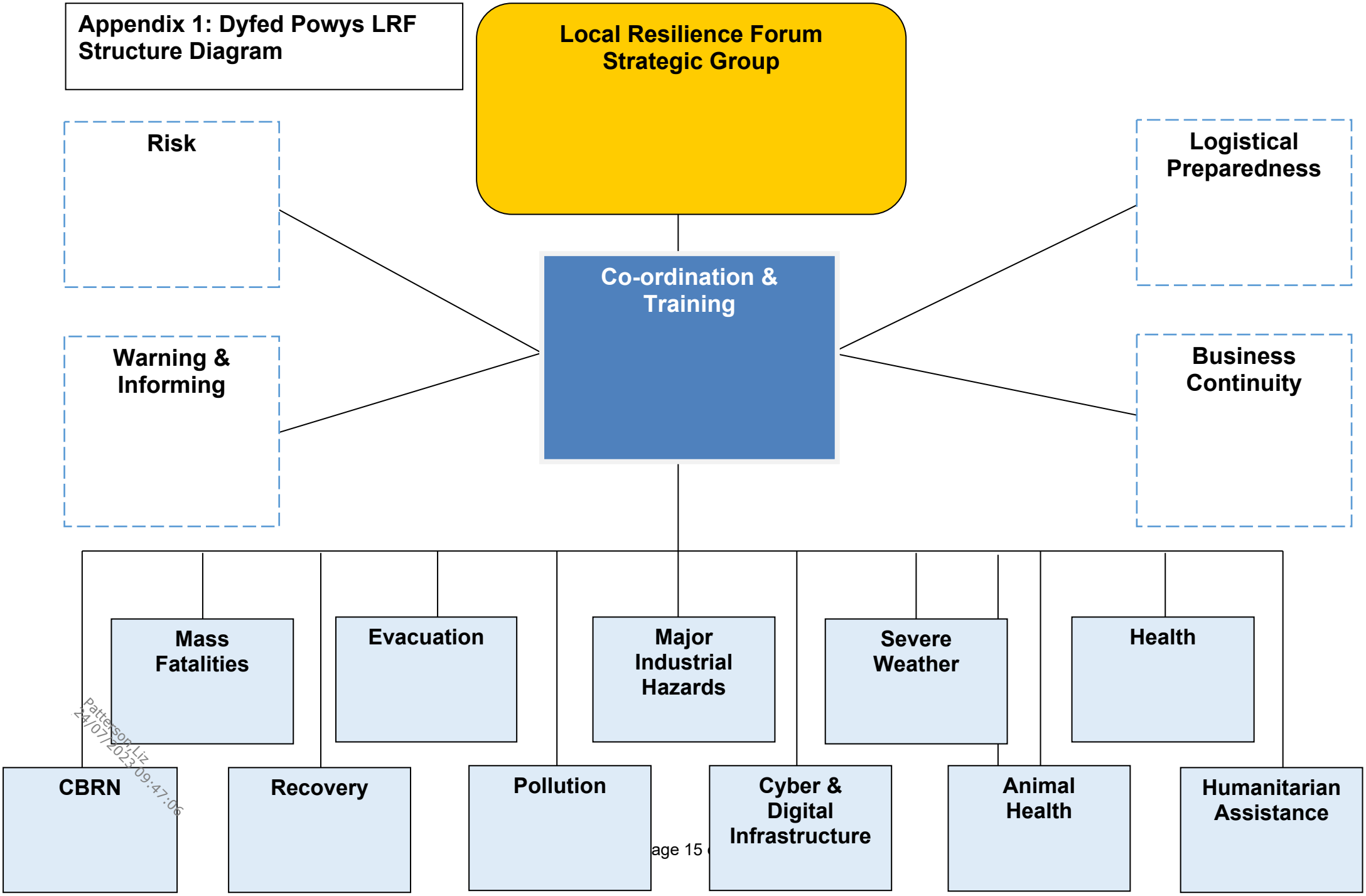
Appendix 1: Dyfed Powys LRF Structure Diagram



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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.5

Board Meeting	**Date of Meeting: 25 July 2023**
Subject:	**CORPORATE RISK UPDATE**
Approved and Presented by:	Director of Corporate Governance / Board Secretary
Prepared by:	Interim Corporate Governance Manager
Other Committees and meetings considered at:	Paper informed by discussions held at Executive Committee (May 2023) and Board Development – 29 June 2023.

PURPOSE:

The purpose of this paper is to provide the Board with an update in relation to the development of the revised Corporate Risk Register, which is being refreshed to ensure it is an accurate reflection of the organisations current strategic risks and is aligned to the Integrated Medium-Term Plan 2022-26 as approved by the Board in March 2023 (and supplementary information in May 2023).

RECOMMENDATION(S):

It is recommended that the Board:

- **NOTE** that the April 2023 version of the Corporate Risk Register has been divided into Committee Risk Registers and considered by the appropriate Committee since the last meeting of the Board;
- **NOTE** the approach to the refresh of the CRR and the progress made to date;
- **NOTE** the progress made in relation to the provision of assurance to the Board in relation to Corporate Risks.

Approval/Ratification/Decision	Discussion	Information
✖	✓	✖

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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	
	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.).

Development of a revised Corporate Risk Register is currently underway to ensure the register accurately reflects the organisations current strategic risks following Board approval of the Integrated Medium Term Plan 2023-26 in March 2023. The review is being led by the Director of Corporate Governance, in collaboration with Executive Leads (Senior Risk Owners). As a result of a substantial programme of engagement with Executives and the wider Board the following emerging themes have been established:

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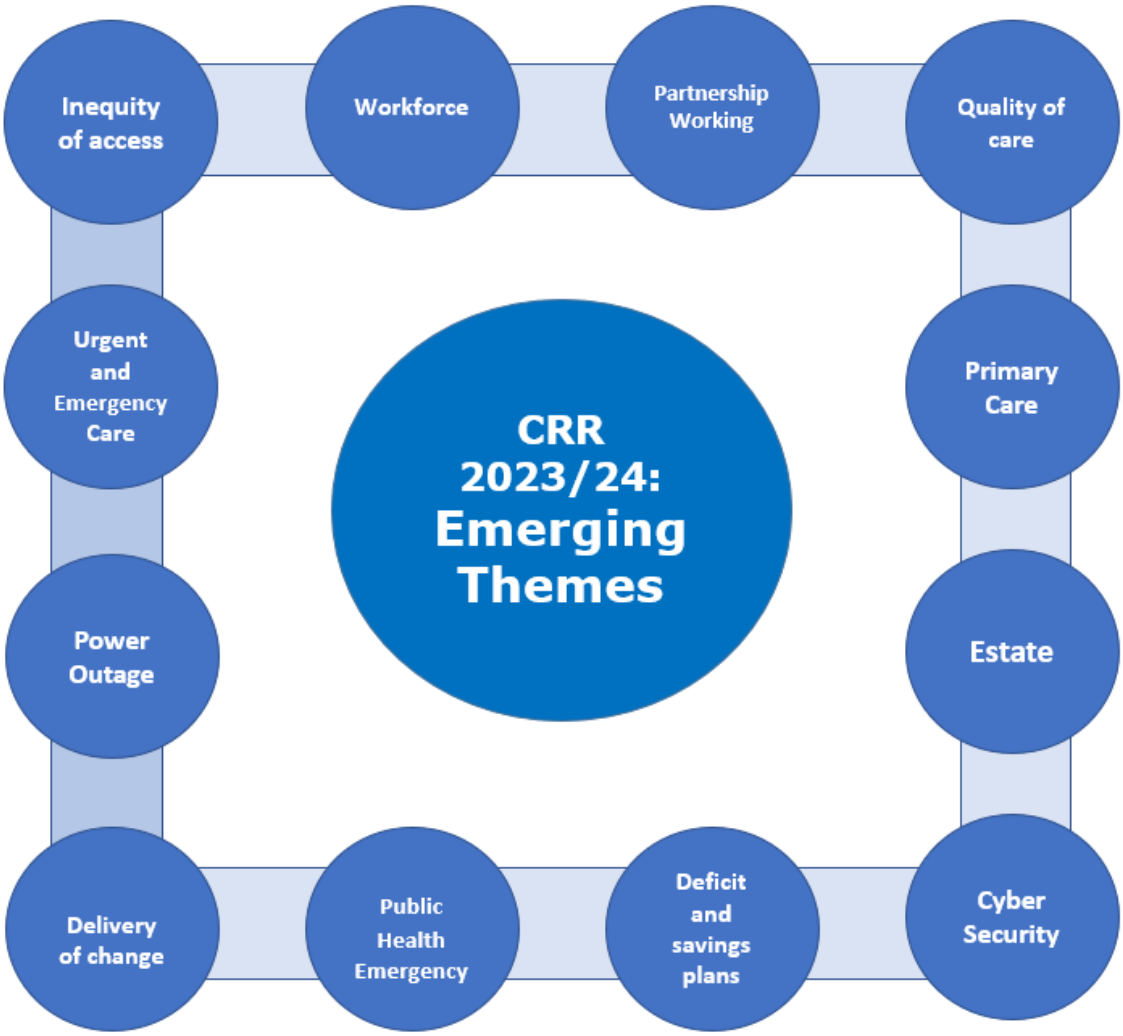

Approach to refreshing the CRR

In April, executive colleagues held a discussion about the current risks and identified a number of areas that require change or addition. Discussions have also taken place at Board Committees across April/May and feedback provided in relation to the current risks. To achieve a fully refreshed corporate risk register, the following steps have / are being implemented:

- an executive workshop was held on the 7 June to consider the new risk proposals and sense check their relevance against the IMTP and delivery plan
- Discussion with the Board held at the Board Development session on the 29 June
- senior (executive) risk owners reviewed to work to allocate Senior Risk Owners to scope out new risks descriptors and risk details

Full development of new risks will take place throughout August ready for formal Board consideration on 27 September. The following process, as

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4. Monitoring and Review

1. Risk Identifcation

described within the Health Board's Risk Management Framework, will be followed to develop the emerging corporate risks:

The refreshed risk register will also include more information on relevant assurances against controls and contribute more directly to the Board Assurance Framework.

NEXT STEPS:

The Director of Corporate Governance is due to hold further engagement with both the Board and Executive Leads in July/August 2023 in order to progress with the review of the Corporate Risk Register, with the intention to present the revised register to the Executive Committee and Board in September 2023 (see details above).

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

The Risk and Assurance Group is due to reconvene in September to then play its full role in the risk management framework for the organisation.

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

AGENDA ITEM: 3.6a

BOARD MEETING	**DATE OF MEETING: 25 JULY 2023**
Subject :	**SUMMARY OF PARTNERSHIP BOARD ACTIVITY**
Approved and Presented by:	Hayley Thomas, Interim 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:

- **RECEIVE** and **NOTE** the updates contained in this report in respect of the matters discussed and agreed at recent partnership board meetings.

Ratification	Discussion	Information
✘	✓	✘

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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	✓
	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.

The Shared Services Partnership Committee met on 18 May 2023. The assurance report from that meeting is attached at Appendix 1. The next meeting took place on 20 July 2023. The assurance report from that meeting will be included in the September Board papers.

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.

The PSB met on the 6 June 2023 when the following items were discussed:

- Approval of Powys PSB Well-Being Plan
- Annual Report – Brecon Town Council.

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The PSB then met on 6 July 2023 when the following items were discussed:

- Step Verbal Updates on
  - Climate Emergency
  - Healthy Weights
  - Evidence and Insight
- Powys PSB Scrutiny Committee
- Ystradgynlais Town Council Annual Report

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.

The next meeting is scheduled for 28 June 2023 where the following items will be considered:

- RPB Leadership arrangements
- RPB Digi Story: Spotlight on Powys Together
- RPB Executive Group update report
- Strategic Capital Plan and Capital Programme update
- RPB Annual Report

The next meeting is scheduled for 18 September 2023.

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 met on 30 June 2023 where the following items were discussed:

- JPB Terms of Reference
- Joint Working update
- Section 33 agreements
- Accelerated Sustainable Model
- Workforce Futures

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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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	18 May 2023

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

Matters Arising – Duty of Quality

Following a formal presentation to the Committee in March, a verbal update was provided demonstrating good progress in identifying the quality measures in each division and mapping the Quality Management Systems already in place within NWSSP. Staff have been briefed on the requirements and implications and discussions have taken place with Welsh Government and Delivery Unit colleagues on how the self-assessment, which is primarily clinically focused, can best be adapted to accurately portray the activities undertaken within NWSSP. A further formal update will be provided in September.

The Committee **NOTED** the update.

Deep Dive – Welsh Risk Pool

The Committee were provided an overview of the many and various activities undertaken by the Risk Pool.

One of the key aims of the Risk Pool is to ensure that NHS Wales organisations learn and share lessons from claims that are received. Learning from Events reports were introduced in 2018 and scrutiny is undertaken by a Learning Advisory Panel. A number of Safety and Learning networks help to share good practice and support is provided to Health Bodies to conduct complex investigations where specialisms and/or independence will add value. Investigations are supported not only by specialists from within NHS Wales, but from across the UK to ensure that advice being provided is of the highest calibre.

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The Committee **NOTED** the update.

Chair's Report

The Chair updated the Committee on her attendance at recent meetings, both within NWSSP and externally.

The Committee **NOTED** the update.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- The very positive outcome of the five-yearly External Quality Assessment of the Audit and Assurance Service.
- The recent visit of the NWSSP Senior Leadership Group to North Wales where they visited a number of sites including the Laundry and Stores and presented awards to staff who had been successful in the Staff Awards process that concluded in January of this year.
- The recent visit to India by NWSSP members including the Medical Director and colleagues from Health Boards and Welsh Government which has led to the potential recruitment of 58 nurses and on-going conversations with a further 20 Doctors.

The Committee **NOTED** the update.

Items Requiring SSPC Approval/Endorsement

Citizen Voice Body SLA - LLAIS

The Committee were presented with the draft SLA to govern the services provided to LLAIS by NWSSP. Further work is required on the SLA and the accompanying Memorandum of Understanding (MOU) and so while there was **AGREEMENT IN PRINCIPLE** on the documentation provided, the final SLA and MOU will need to be brought back to the Committee for formal approval.

Service Level Agreements

The overarching Service Level Agreement and the supporting schedules for 2023/24, which cover the core services provided to all NHS Wales bodies by NWSSP, were **APPROVED** by the Committee.

Primary Care Workforce Intelligence System

A summary of the Business Case for the Workforce Intelligence System for Primary Care was presented. This pulls together a number of separate systems into one system covering the following:

- Compliant registration of practicing clinicians to meet the NHS regulations via the Performers List & Pharmacy Database;
- The capture and reporting of the primary and community service workforce data and information respectively including the compliance registration for the Scheme of General Medical Practice Indemnity (GMPI) of substantive

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and Locum workforce; and
- Capture and publication of declarations of interest enabling open and transparent assessment of conflict of interest.

The proposal requires capital funding in Year One but thereafter will deliver savings against current costs.

The Committee **APPROVED** the paper subject to confirmation of Welsh Government funding and sight of the Full Business Case.

Items for Noting

Internal Audit – External Quality Assessment

The 5-year external quality assessment of Internal Audit was undertaken by the Chartered Institute of Public Finance & Accountancy over recent months and resulted in the highest possible rating being awarded to the service that is operated by NWSSP. There were no areas of either partial or non-compliance noted with the standards.

The Committee **NOTED** the paper.

Laundry Services Update

The business case to build two new laundries and to significantly refurbish a third laundry has been put on hold due to a lack of available capital funding. Alternative plans are therefore being developed to ensure that the laundry service meet the appropriate environmental and legal regulations, but within a much-reduced financial envelope. These have been produced but at present Welsh Government are still unable to confirm any capital funding for the laundry service.

The Committee **NOTED** the paper.

Finance, Performance, People, Programme and Governance Updates

Finance –The final (unaudited) position for 2022/23 was a surplus of £12k with £2m re-distributed to Health bodies and Welsh Government. The Welsh Risk Pool position was as forecast in the IMTP, and all allocated capital funding was spent. The value of stock amounted to £24m and reflected several valuation adjustments that had been made in accordance with the relevant Accounting Standards. The adjustments had been approved by and funded by Welsh Government.

People & OD Update – Sickness absence rates remain low, and there has been an increase in Statutory and Mandatory Training compliance to 91%. PADR completion is almost at green. Staff turnover is relatively high, but this is largely due to starters and leavers in the Single Lead Employer Division.

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Performance – In-month performance was generally on target with an improvement seen in Recruitment service time to hire. Report turnaround within

Audit and Assurance continues to be behind target but is largely outside the direct control of NWSSP. With regards to recruitment the review of, and subsequent clearance of historic cases, is continuing to adversely affect performance in the short-term but will deliver a longer-term benefit. The Payroll Call Handling Team have achieved their targets for the last three months, which represents a significant turnaround in performance.

IMTP Q4 Progress Report - Progress has been made towards achieving our IMTP objectives that form part of our 3-year rolling plan, with 45% on track for delivery as part of those longer-term programmes of work. 36% of our total objectives were successfully achieved, as planned, in year across our divisions.

Project Management Office Update – The new Case Management System, the Patient Medical Records Accommodation and the TrAMS Projects remain red-rated. All other projects are on track.

Corporate Risk Register – Two of the previously reported seven red-rated risks covering energy costs and industrial action, have been down-graded to amber. A number of COVID-specific risks have also been removed from the Register.

Draft Annual Governance Statement – This was provided for comment at this stage and will come back to the July Committee prior to final approval at the Audit Committee.

The Committee **NOTED** the above Reports.

Papers for Information

The following items were provided for information only:

- Audit Wales Plan
- 2023/24 Internal Audit Plan
- Audit Committee Assurance Report;
- 2022/23 Annual Complaints Report
- Finance Monitoring Returns (Months 12 and 1).
- 2023/24 Forward Plan.

AOB

It was agreed that the planned Committee Development Session scheduled for 9 June would be postponed in recognition of the pressures on NHS Wales colleagues at the current time. The session planned for November will however still go ahead.

Matters requiring Board/Committee level consideration and/or approval

- The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.

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Matters referred to other Committees	
N/A	
Date of next meeting	20 July 2023

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda Item: 3.6b

BOARD MEETING	**DATE OF MEETING: 26 July 2023**
Subject :	**SUMMARY OF JOINT COMMITTEE ACTIVITY**
Approved and Presented by:	Hayley Thomas, Interim Chief Executive
Prepared by:	Interim Head of Corporate Governance
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:

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

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

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

RECOMMENDATION(S):

It is recommended that the Board:

- 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**
✖	✓	✖

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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	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

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

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

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

DETAILED BACKGROUND AND ASSESSMENT:

Welsh Health Specialised Services Committee (WHSSC)

The Welsh Health Specialised Services Committee held a virtual meeting on 18 July 2023. The papers for this meeting are available at: **2023/2024 Joint Committee - Welsh Health Specialised Services Committee (nhs.wales)**

Briefing reports from this meeting were unavailable when the Board Papers were published and will be included in the September 2023 Board papers. The Briefing report from the previous meeting held on 16 May 2023 is now available and is attached at **APPENDIX A.**

Emergency Ambulance Services Joint Committee (EASC)

The EAS Committee held a virtual meeting on 16 May 2023. The papers for the meetings are available at: **May 2023 - Emergency Ambulance Services**

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Committee (nhs.wales). The Chair's Report from 16 May 2023 is attached at **APPENDIX B**.

Mid Wales Joint Committee for Health and Social Care

The update report of the Mid Wales Joint Committee is attached at **APPENDIX C**. The next meeting of the Mid Wales Joint Committee is scheduled for 14 November 2023.

NEXT STEPS:

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

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WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC)
JOINT COMMITTEE MEETING BRIEFING – 16 MAY 2023

The Welsh Health Specialised Services Committee held its latest public meeting on 16 May 2023. 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 using the link below:
2023/2024 Joint Committee - Welsh Health Specialised Services Committee (nhs.wales)

1. Minutes of Previous Meetings
The minutes of the meetings held on the 14 March 2023 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. WHSSC Specialised Services Strategy
Members received a report and presentation presenting the final draft of the Specialised Services Commissioning Strategy for approval.

Members **noted** that following the Joint Committee workshop to discuss the strategy on 17 April the document had been updated to reflect the feedback received from the Joint Committee and Welsh Government.

Members (1) **Approved** the final draft of the Specialised Services Commissioning Strategy; and (2) **Supported** the decision to undertake further detailed work on the development of a set of meaningful success measures for the strategic objectives, with a timescale of September 2023 for completion.

4. WHSSC & HB Shared Pathway Saving Target – Milestones on Governance System & Process
Members **received** a presentation on the outline governance system and process for the Joint Committee to monitor achievement of the 1% WHSSC and HB shared pathway savings target, which had been requested by the Committee following approval of the Integrated Commissioning Plan (ICP) 2023-2024 on 13 February 2023.

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Members **noted** that WHSSC had applied a programme management approach to establishing a mechanism to monitor savings and efficiencies and had developed Project Initiation Document (PID) outlining that a Programme Board be established comprising of representatives from each Health Board (HB). The PID had been shared with the Management Group in readiness for detailed discussion on 23 March 2023.

Members **noted** that an update on progress would be provided as a standing item on the agenda of future Joint Committee meetings.

Members **noted** the presentation.

5. Chair's Report

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

- **Chair's Action** - The Chair's Action taken on 9 May 2023 to extend the tenure of Professor Ceri Phillips, Independent Member (IM), WHSSC from 31 May 2023 until 30 June 2023,
- **WHSSC Independent Member (IM) Recruitment** - that a recruitment process for the third WHSSC IM position will open in May 2023,
- **Welsh Government (WG) Review of National Commissioning Functions** - further to the Minister for Health & Social Services's announcement concerning a review of national commissioning functions a facilitated discussion with Joint Committee members took place on 14 March 2023 to coincide with the EASC and WHSSC meetings scheduled for that day; and
- Key meetings attended.

Members (1) **Noted** the report, (2) **Ratified** the Chair's action taken on 9 May 2023 to extend the tenure of Professor Ceri Phillips, Independent Member (IM), WHSSC from 31 May 2023 until 30 June 2023.

6. Managing Director's Report

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

- **Single Commissioner for Mental Health -** Further to the Joint Committee meeting on 10 January 2023, when six of the seven HBs on the Joint Committee supported a recommendation to WG that WHSSC should be the single commissioner for secure Mental Health service in Wales, on 20 March 2023 WHSSC received confirmation from WG that they accepted the recommendation. A letter has been issued to Welsh Government requesting funding for project management support for the associated programme of work,
- **Sacral Nerve Stimulation (SNS) for faecal incontinence in South Wales -** WHSSC has received a request from the Chair of the NHS Wales Health Collaborative Executive Group (CEG) formally requesting that WHSSC take on the commissioning of Sacral Nerve Stimulation (SNS) for faecal incontinence in South Wales. The

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WHSSC Team will undertake an evidence review of the procedure and an estimation of demand and budget impact to feed into the WHSSC Integrated Commissioning Plan. A report outlining the process and timeline, will be brought to the July Joint Committee,

- **Spinal Operational Delivery Network (ODN) -** Following highlighting the delay reported in the March 2023 meeting the Implementation Board have confirmed that the plan is for the ODN to go live in September 2023,
- **Thoracic Surgical Centre Update -** Following further detailed capital planning work undertaken by SBUHB as the host provider of the future single Thoracic Surgical Centre a briefing has been received with a more detailed timeline for the delivery of the scheme. At the Project Board meeting in November 2022 an initial indicative timeline was reported that the Centre will be operational during 2026; and
- **All Wales IPFR Policy Review**
  The final draft of the All Wales Individual Patient Funding Panel (IPFR) Policy will be presented to the Joint Committee in July 2023. It has not been possible to complete the work in time for the May committee meeting due to the availability of the KC to consider the draft which has now been agreed by WHSSC and stakeholders.

Members **noted** the report.

7. Review of Specialised Commissioning in Haematology: Acute Myeloid Leukaemia (AML), Acute Lymphoblastic Leukaemia (ALL) and High Risk Myelodysplasia

Members received a report outlining the main findings and proposals of the report on Acute Myeloid Leukaemia (AML), Acute Lymphoblastic Leukaemia (ALL) and High Risk Myelodysplasia (HRM) from the review of specialised commissioning in haematology.

Members (1) **Noted** the findings of the specialised haematology review in relation to the opportunities, risks and challenges for the Acute Myeloid Leukaemia (AML), Acute Lymphoblastic Leukaemia (ALL) and High Risk Myelodysplasia (HRM) service in Wales, (2) **Considered** the options proposed for how specialised commissioning under WHSSC could address the opportunities, risks and challenges in the AML, ALL and HRM service to provide an equitable, high quality and sustainable service for patients in Wales; and (3) **Approved** option 4, the phased implementation of option 1 (all Wales MDT) and option 3 (network service model for Wales), as the preferred option.

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8. Review of Specialised Commissioning in Haematology: Allogeneic Haematopoietic Stem Cell Transplantation, Salvage Therapy in Non-Hodgkin's Lymphoma and Secondary Immunodeficiency

Members received a report outlining the main findings and proposals of the review of specialised commissioning in haematology for Allogenic Haematopoietic Stem Cell Transplantation (AHSCT), salvage therapy for high grade Non-Hodgkin's Lymphoma (HG NHL) and Secondary Immunodeficiency in haematology patients.

Members (1) **Noted** the findings of the specialised haematology review in relation to the management of AHSCT, salvage therapy for HG NHL and treatment for secondary immunodeficiency in haematology patients,
(2) **Noted** the options proposed for how specialised commissioning under WHSSC may address the opportunities, risks and challenges in these service; and (3) **Approved** the following specific recommendations:

- Management of AHSCT:
  - Commissioning responsibility for long term follow up (post 100 days) by the specialist AHSCT team is transferred from HBs to WHSSC,
- Salvage therapy for HG NHL:
  - Current commissioning arrangements are retained,
  - The role of central commissioning is re-evaluated once an agreed national pathway for HG NHL is in place,
- Secondary immunodeficiency:
  - Current commissioning arrangements are retained; and
  - Consideration is given to undertaking work at an all Wales level to evaluate the feasibility of a national sub-cutaneous immunoglobulin therapy service for patients with secondary immunodeficiency.

9. Review of Specialised Commissioning in Haematology: Thrombotic Thrombocytopenic Purpura

Members received a report outlining the main findings and proposals of the review of specialised commissioning in haematology for Thrombotic Thrombocytopenic Purpura (TTP).

Members (1) **Noted** the current model of service delivery for TTP across Wales and the risks to equitable access to best treatment, (2) **Approved** the transfer of commissioning responsibility for TTP from Health Boards to WHSSC; and (3) **Approved** the proposed preferred option to commission TTP for the population of south Wales from a designated comprehensive TTP centre in NHS England.

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10. Cochlear and Bone Conduction Hearing Implant (BCHI) Engagement & Next Steps

Members received a report outlining the targeted engagement process undertaken regarding Cochlear and BCHI services for people in South East

Wales, South West Wales and South Powys, the findings from that process and the proposed next steps.

Members (1) **Noted** the process that has been followed both in respect of a) the temporary urgent service change for Cochlear services and b) the requirements against the guidance for changes to NHS services in Wales, (2) **Noted** and **Considered** the feedback received from patients, staff and stakeholders with respect commissioning intent, (3) **Approved** the preferred commissioning model of a single implantable device hub for both children and adults with an outreach support model, (4) **Supported** the next steps specifically the undertaking of a designated provider process; followed by a period of formal consultation, (5) **Noted** the process that has been enabled to seek patient and stakeholder views in line with the requirements against the guidance for changes to NHS services in Wales; and (6) **Agreed** to take the outcome and proposed next steps through Health Boards for consideration.

11. Performance Management Framework

Members received a report presenting the draft WHSSC Performance Management Framework approach which subject to approval will be embedded into WHSSC's business as usual processes, and shared with provider organisations, for transparency and awareness.

Members (1) **Noted** the report, (2) **Approved** the proposed approach for an updated WHSSC Performance Management Framework; and
(3) **supported** the proposed implementation arrangements.

12. Development of the Integrated Commissioning Plan 2024-2027

Members received a report outlining the high level process for the development of the WHSSC Integrated Commissioning Plan (ICP) for 2024-2027.

Members (1) **Noted** the report, (2) **Considered** and **Approved** the timeline; and (3) **Received assurance** on the process.

13. Annual Governance Statement 2022-2023

Members received a report presenting the Annual Governance Statement (AGS) 2022-23 for approval.

Members (1) **Noted** the final report, (2) **Noted** that the draft Annual governance Statement was presented to the Integrated Governance Committee on the 18 May 2023 for assurance, (3) **Noted** that the WHSSC Annual governance Statement 2022-2023 will be presented at the CTMUHB Audit & Risk Committee Meeting on 21 June 2023, (4) **Noted** that the WHSSC Annual Governance Statement 2022-2023 will be included in the CTMUHB Annual report submission to Welsh Government and Audit Wales in June 2023, recognising that it has been reviewed and

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agreed by the relevant sub committees of the Joint Committee; (5) **Noted** that the final documents will be submitted to the CTMUHB Audit & Risk Committee in July 2023 for recommendation for CTMUHB Board Approval on 27 July 2023; and (6) **Noted** that the final Annual Governance Statement will be included in the Annual Report presented at the CTMUHB Annual General Meeting in September 2023.

14. Sub Committee Annual Reports
Members received a report presenting the Sub-Committee Annual Reports for 2022-2023.

Members **noted** the Sub-Committee Annual Reports for 2022-23.

15. Sub Committee Terms of Reference
Members received a report presenting the updated Terms of Reference (ToR) for the Integrated Governance Committee (IGC), the Quality & Patient Safety Committee (QPSC), and the Welsh Kidney Network (WKN) for approval.

Members (1) **Noted** that the Welsh Kidney Network (WKN) Terms of Reference were discussed and approved at the WKN Board Meeting on 4 April 2023, (2) **Noted** that the Integrated Governance Committee (IGC), the Quality & Patient Safety Committee (QPSC) Terms of Reference were discussed and approved at sub-committee meetings on 18 April 2023,
(3) **Noted** that the MG ToR were discussed at the MG meeting on 27 April 2023 and no changes were proposed; and (4) **Approved** the revised Terms of Reference (ToR) for the IGC, the QPSC and the WKN.

16. Performance & Activity Report Month 11 2022-2023
Members received a report highlighting the scale of the decrease in activity levels during the peak COVID-19 period, and outlining signs of recovery in specialised services activity. The activity decreases were shown in the context of the potential risk regarding patient harms and of the loss of value from nationally agreed financial block contract arrangements.

Members **noted** the report.

17. Financial Performance Report – Month 12 2022-2023
Members received the financial performance report setting out the financial position for WHSSC for month 12 2022-2023. The financial position was reported against the 2022-2023 baselines following approval of the 2022-2023 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2022.

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The year-end financial position reported at Month 12 for WHSSC was an underspend of (£10.939m). The under spend predominantly relates to releasable reserves of (£18m) arising from 2021/22 as a result of WHSSC

assisting Health Boards to manage resources over financial years on a planned basis, as HBs could not absorb underspends above their own forecasts, and to ensure the most effective use of system resources.

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

18. South Wales Trauma Network Delivery Assurance Group (Quarter 3 Report)

Members received a report providing a summary of the Quarter 3 2022/23 Delivery Assurance Group (DAG) report of the South Wales Major Trauma Network (SWTN).

Members **noted** the full South Wales Major Trauma Network (SWTN) Delivery Assurance Group (DAG) report.

19. Corporate Governance Matters

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

Members **noted** the report.

20. Other reports

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

- Audit and Risk Committee (ARC),
- Management Group (MG),
- All Wales Individual Patient Funding Request (IPFR) Panel,
- Integrated Governance Committee (IGC),
- Quality & Patient Safety Committee (QPSC; and
- Welsh Kidney Network (WKN).

21. Any Other Business

- Members noted a Joint Committee development session will be held on 11 September 2023.

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Pwyllgor Gwasanaethau Ambiwlans Brys
Emergency Ambulance Services Committee

AGENDA ITEM
1.6

EMERGENCY AMBULANCE SERVICES COMMITTEE

CHAIR'S REPORT

Date of meeting	16/05/2023
FOI Status	Open/Public
If closed please indicate reason	Choose an item.
Prepared by	Gwenan Roberts, Committee Secretary / Deputy Director Corporate
Presented by	Chris Turner, Chair of the Committee
Report purpose	FOR NOTING

ACRONYMS	
CASC	Chief Ambulance Services Commissioner
CEO	Chief Executive Officer
DHCW	Digital Health and Care Wales
EMRTS	Emergency Medical Retrieval and Transfer Service
IM	Independent Member
WAST	Welsh Ambulance Services NHS Trust
WHSSC	Welsh Health Specialised Services Committee

1. SITUATION/BACKGROUND

1.1 The purpose of this report is for the Committee to receive an update on key matters related to the work of the Chair.

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2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Since the last Committee meeting Members should note that I have attended the following:

- Minister's 'awayday' with Chairs (16 March)
- Meeting with Chair of WHSSC (27 March)
- Review of Commissioning arrangements (17 April)
- DHSW Digital Network (19 April)
- EASC Management Group (20 April 2023)
- Joint EASC /WHSCC meeting re commissioning (20 April)
- Chairs' Peer Group (25 April)
- Chairs re National Commissioning (27 April)

2.2 Following the appraisal meeting with the Minister on 30 May 2022 my objectives include:

- Ensure oversight and scrutiny arrangements in place for performance and its effectiveness;
- A quarter by quarter improvement trend in the percentage of total conveyances taken to a service other than Type one Emergency department;
- Sustained reduction in ambulance patient handovers over 4 hours and to zero in 2023/24;
- A reduction in average handover times of 25% (compared to October 2021 baseline) by year end;
- Continuous improvement in red performance over 2022/23 in line with forecast trajectory;
- Achieve national target of 65% of red calls responded to in 8 minutes over 2022/23 and beyond
- Regular review of effectiveness of EASC, with a demonstrable focus on the quality and safety of ambulance services
- Undertake engagement with Welsh Government Officials and stakeholders, Chair of WAST and Chair of Citizen Voice body;
- Ensure that quality and safety considerations are prioritized in all commissioning arrangements;
- Ensure Chief Executives and representatives provide assurance that their organizations have engaged in commissioning arrangements at a senior level;
- Demonstrate leadership in supporting bilingualism and mainstreaming of Welsh language;
- Ensure delivery of Welsh Government Anti-Racist Wales Action Plan.

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The Minister has also requested the Committee to focus more generally on its key role within the Six Goals for Urgent and Emergency Care Programme.

National Commissioning Review

3.1 The review being undertaken by Steve Combe is now approaching its final stages. A number of meetings have been held, including a joint meeting of EASC and WHSSC, a meeting with Chairs and meetings with staff. A range of documentary information has been submitted.

3.2 Steve Combe is due to submit his report to the Director General/Chief Executive of NHS Wales at the end of May.

Visits to Health Boards/Trusts

4.1 Once again Stephen Harrhy and I will be undertaking virtual visits to Health Boards and Trusts over the next few months and look forward to receiving feedback from your Boards. We can tailor these visits according to local need in terms of both time and content.

Committee Effectiveness

5.1 The "focus on" at this meeting session is on committee effectiveness. This is an annual event but will perhaps have added importance as we engage in discussions around national commissioning arrangements more generally.

2 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

6.1 Concerns regarding the impact of the current performance and system pressures and the continuing high levels of handover delays. Adverse impact on the patient experience including quality and safety aspects and harm.

6.2 Continued importance of addressing system pressures, meeting targets and supporting WAST in securing the delivery of commissioned ambulance services.

6.3 Additional targeted objectives set by the Minister.

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3 IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	The impact of the current performance and system pressures and the extremely high levels of handover delays will inevitably affect the patient experience including quality and safety aspects and will lead to harm to patients
Related Health and Care standard(s)	Governance, Leadership and Accountability
Equality impact assessment completed	Not required
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Main Strategic Objective	The Committee's overarching role is to ensure its Commissioning Strategy for Emergency Ambulance Services utilising the five step patient pathway outlined within the National Collaborative Commissioning Quality and Delivery Agreement and the related outcomes for each care standard aligned with the Institute of Healthcare Improvement's (IHI) 'Quadruple Aim' are being progressed. This report focuses on all the above objectives, but specifically on **providing** strong governance and assurance.
Link to Main WBFG Act Objective	Service delivery will be innovative, reflect the principles of prudent health care and promote better value for users

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4 RECOMMENDATION

4.1 The Emergency Ambulance Services Committee is asked to:

- **DISCUSS** and **NOTE** the information within the report
- **NOTE** the Chair's objectives set by the Minister

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MID WALES JOINT COMMITTEE FOR HEALTH AND CARE

UPDATE REPORT – JULY 2023

1. Introduction

1.1 The Mid Wales Joint Committee is a formal collaborative arrangement between the statutory health and care organisations covering the Mid Wales region include the three Local Heath Boards, Welsh Ambulance Services NHS Trust and three Local Authorities namely Betsi Cadwaladr University Health Board, Hywel Dda University Health Board, Powys Teaching Health Board, Ceredigion County Council, Gwynedd Council and Powys County Council.

1.2 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.

1.3 The following report provides the latest update on the work of the Mid Wales Joint Committee.

2. Mid Wales Priorities and Delivery Plan 2023/24

2.1 Urology

Objective

Continue the development of a programme of renewal for Urology pathways across the region which will support and link to the national pathway work.

Update

The third Urology workshop was held on 26th June 2023 which focused on the following:

- A presentation was provided on the latest work undertaken by Hywel Dda University Health Board on the development of its urology pathway. This is part of the national pathway work for which each one of the seven Welsh Health Boards has been assigned the lead on a set number of pathways for development. The Hywel Dda pathway for diagnosis will be an All Wales pathway once agreed nationally, however, a wider discussion is required with Primary Care and Radiology before it is formally agreed. The pathway is planned to be launched in September / October 2023.
- The current pathway for Shrewsbury and Telford NHS Trust is to be obtained with a view to getting universal agreement on the cross border pathway.
- Consideration needs to be given to how the urology pathway is monitored, measured and audited and the Lead Clinical Executive Director will be taking this forward with the Hywel Dda University Health Board team leading on the development of the pathway.
- Virtual group clinics, which will support the later part of the urology pathway, will be considered in more detail.
- Further work is required on validating the data on referrals and activity which will be done in conjunction with the Hywel Dda University Health Board Informatics team.

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- Hywel Dda University Health Board are launching the Patient Knows Best system for the first cohort of patients on 3rd July 2023. Patient Reported Outcome Measures (PROMS) and Patient Reported Experience Measures (PREMS) will be included as part of Patient Knows Best through patient feedback forms which will be uploaded onto the system. A more detailed update on PROMS and PREMS will be available at the next meeting.

The group will be meeting next on 30th August 2023 to review progress of work in advance of the pathway launch in September / October 2023.

2.2 Ophthalmology

Objectives

Recruitment to the Mid Wales Ophthalmology leadership role to lead on the Multi Disciplinary Team (MDT) approach to Ophthalmology services across Mid Wales.

Increase capacity and access to Ophthalmology services through the development of a regional and whole system pathway approach supported by the establishment of links between Hywel Dda University Health Board, Powys Teaching Health Board and Shrewsbury and Telford NHS Trust.

Update

The preferred option for the Mid Wales Ophthalmology leadership post for it to be hosted by Hywel Dda University Health Board but based at a site in Powys has been explored. Due to a lack of a substantive Consultant Ophthalmology workforce in Hywel Dda they are currently not in a position to professionally manage the post.

Alternative options that have been explored are for the post to be hosted by Powys Teaching Health Board with professional management from Shrewsbury and Telford NHS Trust or an MDT approach with consultant sessions obtained from another healthcare organisation. Powys Teaching Health Board are looking at options around sessions for individual planned care speciality clinical leads and will be working with Mid Wales Joint Committee Programme Director to progress this option.

2.3 Cancer and Chemotherapy Outreach

Objectives

Establish the new Chemotherapy Day Unit at Bronglais General Hospital.

Review radiotherapy and chemotherapy pathways to identify opportunities for increasing provision and improving access across Mid Wales and identify what improvements can be made to cross organisational handover arrangements. Also ensure the needs of the population are considered as part of other regional developments.

Review palliative care pathways to identify opportunities for simplifying models through a shared cross organisational workforce approach.

Update

The Bronglais General Hospital Chemotherapy Unit Development Project Group continues to meet monthly and the planned ‘go live’ date of June 2024 for the Chemotherapy Day Unit (CDU) development remains on target. The work of the project group is supported by a number of sub-groups – Finance, Estate, IM&T, Workforce, Decant, Permanent Staff Re-location, Communications and Engagement.

At the Mid Wales Planning and Delivery Executive Group planning workshop on 27th February 2023 it was agreed that there should be Mid Wales representation on the discussions regarding the South West Wales Cancer plans. The work on developing these plans has been delayed due to time constraints and sickness, however, it has been agreed that an invitation to future meetings of the South West Wales Cancer group will be extended to the Joint Committee team.

A meeting has been arranged for 3rd August 2023 with Powys and Hywel Dda leads to commence work on the review of chemotherapy pathways.

A meeting of palliative care leads for the three Health Boards was held on 29th June 2023 to understand the current palliative care pathways and service provision across Mid Wales. It was noted that a national piece of work is currently on-going, through the National Palliative Care and End of Life Programme, on the implementation of the quality statement for palliative and end of life care which includes the development of an All Wales specification for palliative care. The palliative care leads outlined the current service provision within each of the Health Boards and how they currently worked and communicated with each other. However, key points which the leads identified as requiring consideration on to how to take forward were identified by the lead for communicating back to the Mid Wales Planning and Delivery Executive Group and National Clinical Lead for the National Palliative and End of Life Programme.

2.4 Community Dental Services

Objectives

Explore the feasibility of an integrated service for joint General Anaesthetic list at Bronglais General Hospital using existing facilities not fully utilised.

Identify what improvements could be made to general NHS Dental services provision across Mid Wales.

Explore local training and placement opportunities for dental roles including dentists, dental nurses and dental technicians.

Update

A first meeting, on 28th June 2023, was held with the Powys Teaching Health Board lead for dental services and the lead for the Mid Wales dental priority to ascertain how they wish to take forward the work related to this priority. The priority lead has agreed to liaise with the Powys Dental Director and dental team on how to implement the plan for this priority which will commence with the objective to explore the feasibility of an integrated service for a joint General Anaesthetic list at Bronglais General Hospital.

2.5 Clinical Strategy for Hospital Based Care and Treatment and regional solutions

Objectives

Implementation of the Bronglais General Hospital 10 year Clinical Strategy which will support the development of regional and cross border solutions with key deliverables for 2023/24 as follows:

- Develop additional capacity for General Surgery provision at Bronglais General.
- Develop and agree a service model for the colorectal surgical pathway for Bronglais General Hospital with outreach services across Mid Wales.

Update
The Bronglais General Hospital Steering group last met on 10th May 2023. The COVID-19 pandemic has impacted on progress, however, work is on-going on progressing the strategy which fits in with the North Powys Wellbeing programme, work of the Newtown Task and Finish group and sustainability. A new consultant Rheumatologist has been appointed and a second Colorectal surgeon is now in place at Bronglais General Hospital. A request for a review of the strategy has been made as part of the Programme Business Case for the Hywel Dda University Health Board strategy 'A Healthier Mid and West Wales: Our future generations living well'.

The Newtown Colorectal clinic task and finish group completed its work, in March 2023, on looking at establishing colorectal clinics, to be provided by Hywel Dda University Health Board, at Newtown. Two reports have been produced i) report from the Newtown Task and Finish group on the work undertaken to explore the provision of outreach colorectal services as part of care closer to home and ii) feasibility report from the Hywel Dda University Health Board Commissioning team to understand the operational feasibility of the proposals. The Mid Wales Joint Committee Programme Director has been asked to re-establish the task and finish group to find a solution which is appropriate from both a clinical and strategy / planning perspective.

2.6 Cross Border workforce arrangements
Objectives
Develop solutions to establish cross border health and social care workforce arrangements across Mid Wales including:

- Development of new and enhanced roles.
- Recruitment
- Retention including peer support and development of portfolios
- Joint training including apprenticeship and leadership development programmes

Update
For the Aberystwyth University School of Nursing the number of students on nurse training courses being provided is due to increase from 50 to 186 as from September 2023. This is due to an increase in the number of Adult and Mental Health nursing places from 50 to 70 as from September 2023, commencement of the part time Adult and Mental health nursing course in June 2023 and the introduction of the level 4 programme with 62 places for health care support workers (for both health and social care).

The workforce group are in the process of arranging a workshop to develop the workplan for this priority. The Chair of the Mid Wales Social Care group has confirmed the Local Authority representative who will be a part of this group in order to ensure the group's work covers social care workforce arrangements.

3. Other Developments
3.1 Mid Wales Vascular pathways
Following issues raised with regards to the vascular pathway across Mid Wales, the Mid Wales Clinical Advisory Group agreed that there is a need to clarify the boundaries and who is responsible for making sure that GP referrals are sent to the correct vascular unit. Work is on-going on clarifying the vascular pathway for the residents of Ceredigion, South Gwynedd and North/South Powys for sharing with the Bronglais General Hospital clinical teams and primary care.

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3.2 North Powys Wellbeing Programme

The Mid Wales Clinical Advisory Group continues to receive regular updates on the North Powys Wellbeing Programme. The resource plan has been agreed with the Regional Partnership Board to enable the project to continue for 2023/24. As part of the model's sustainability approach, health and wellbeing is being incorporated.

3.3 Regional Diagnostic Clinics (RDC)

It was reported at the last Mid Wales Clinical Advisory Group that Powys Teaching Health Board have been working with the Welsh Cancer Network who have provided funding to explore what a Rural Regional Diagnostic Centre would look like. Various models in other locations have been looked at to explore what elements can be transferred across. The next stage will be to consider what imaging services could be located be in the county.

3.4 Shared learning

The Mid Wales Clinical Advisory group has asked for a half day workshop be held to share learning on the 6 goals and EQUIP which has been arranged for 26th September 2023.

3.5 Residential Children's Accommodation:

The Mid Wales Social Care Group has completed the mapping exercise of Residential Children's accommodation to ascertain what capacity is available within each county. Members of the group are now considering the information and whether there are any opportunities for joint working and sharing of services on a reciprocal basis.

4. Rural Health and Care Wales Work Programme 2023/24

4.1 On Your Bike project

The final stages of the "On your Bike" project are now taking place, with a competition to take place in the month of July 2023 between the three towns where the bikes are sited (Aberaeron, Lampeter and Cardigan), whereby each town will compete against each other to generate the most power. The Great Outdoor Gym Company are sponsoring the event by producing marketing material and have agreed to plant 50 trees as part of the Eden Reforestation project for every kilowatt of energy that is generated as part of the competition.

The "On your Bike" project was runner up in the "Thinking Outside the Box" category at a Ceredigion Communities Inspiring award ceremony that took place in Lampeter on the 14th June 2023.

4.2 Cardi Care project

Rural Health and Care Wales concluded its research on the Cardi Care project at the end of November 2023, with the project continuing under Aberporth Community Hall (CAVO funded until April 2023 and then National Lottery). A Project Closure report was submitted in May 2023 with an application submitted for a Mid Wales Prosperity Fund grant to support the appointment of a co-ordinator to explore different models of linking statutory services' volunteers in community settings, building on the Cardi Care model, and taking forward the community mentoring recommendation. The bid included a proposal to work with two communities in Mid Wales – one in Ceredigion and one in North Powys. The outcome from the application was that it was "unapproved" however, information is awaited on "next steps", as this was indicated as an option in the correspondence received.

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4.3 GP provision across Mid Wales

Work has commenced on scoping the GP provision across Mid Wales, with a survey planned to explore GP needs and best practice examples. The target for completion of the work is September 2023.

4.4 Multi-agency responses during the Covid-19 Pandemic

The review report on the multi-agency responses during the COVID-19 Pandemic (vulnerable groups) in the Hywel Dda University Health Board and Powys Teaching Health Board regions has been completed with the first draft received by the Rural Health and Care Wales Steering Group at its meeting held on the 7th June 2023. Once finalised by the Steering Group the report will be presented to the Integrated Executive Group (IEG) of the West Wales Care Partnership (WWCP) and the Mid & West Wales Safeguarding Board.

4.5 Impact of rurality on the cancer patient experience

The Macmillan Rural Cancer Experience Researcher commenced in post on 1st July 2023. This role is part of the 2-year research project funded by Macmillan Cancer Research, exploring the impact of rurality on the cancer patient experience is progressing.

4.6 Widening access to careers in health

Rural Health and Care Wales was approached by Digital Health and Care Wales (DCHW) to explore the possibility of submitting an application for a grant from Health Education Improvement Wales to encourage widening access to careers in health. An application for a grant for £30,000 has been submitted to Health Education Improvement Wales at the end of June 2023, based on a proposal to do outreach support sessions for people in rural areas to consider careers in medicine.

4.7 Webinar

A Rural Health and Care Wales Webinar has been arranged for 18th July 2023. Presentations for the Webinar include Dr Simon Newstead (University of South Wales) presenting on the newly launched online Glossary of Terms for Social Prescribing and a presentation by BT on its latest health and care technology.

4.8 Podcast

Work has commenced on developing monthly Podcasts for Rural Health and Care Wales, with a proposed launch at the Royal Welsh Agricultural Show in July 2023.

5. Mid Wales Joint Committee Annual Conference / Rural Health and Care Wales Conference – November 2023

The Mid Wales Joint Committee has agreed that it would hold an annual conference to be arranged to coincide with the annual two day Rural Health and Care Wales conference.

Rural Health and Care Conference 2023 – 14th and 15th November 2023

The Rural Health and Care Conference 2023 will be held on 14th and 15th November 2023 as a hybrid event with the in person element of the event to be held at the Royal Welsh showground. The title of this year's Rural Health and Wales Conference is "Embracing change – welcoming innovation and new ways of delivering Rural Health and Care services", with the themes being:

- The delivery of Integrated Health and Care services in Rural areas, including cross-sector, multi-agency and / or multi-disciplinary working

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- The role of Rural Communities and unpaid Carers in Health and Care
- Advances in Artificial Intelligence (AI), Telehealth / Telemedicine and the remote delivery of Health and Care services in Rural areas
- Social / Green Prescribing and the impact of Art, Crafts and other non-clinical interventions on Health and Wellbeing
- Recruitment and Retention of Health and Care professionals in Rural areas
- Education, Training and Continuous Professional Development for Health and Care professionals working in Rural areas.

Mid Wales Joint Committee Annual Conference – 4.30pm to 6.30pm 14th November 2023

The Mid Wales Joint Committee Annual Conference will be a late evening session on 14th November 2023 from 4.30pm to 6.30pm. The annual conference will provide an opportunity to showcase the work of the Joint Committee and engage with partners and members of the public on its work.

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rhanbarth powys region

Report:	**Regional Directors Report**
Period Covered:	**17th May 2023 – 18th July 2023**
Author:	**Katie Blackburn**
Status:	**For Information**
Date:	**25th June 2023**

Health and Social Care Advocacy Team Update

	NHS related concerns (July)	Social Care related concerns (July)
Hereford Hospital	5	
Newtown Hospital	1	
Bronglais Hospital	3	
Dyfi Valley Health (GP)	2	
RJAH	1	
Royal Shrewsbury	5	
Wrexham Maelor	1	
Brecon (GP)	1	
Llandrindod (GP)	1	
Mental Health Services	3	
WAST	3	
Welshpool (dentist)	1	
CHC funding	2	
Social Services		3
Swansea Bay Llais	3	
	32	**3**

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Who we've met and listened too…….

Date	Activity
18 May	Newtown Community Workers Network Meeting
23 May	EASC/ EMERTs public meeting Machynlleth
1 June 2023	Credu Carers Group monthly meeting, Welshpool – discussion with group
1 June 2023	Ponthafren Community Gardening Group at Powis Castle, Welshpool
2 June 2023	Leaflets and Poster drop in Welshpool town centre, Berriew and Montgomery
5 June 2023	EMRTS public engagement meeting in Newtown
6 June 2023	Leaflets and Poster drop around Welshpool industrial estates
6 June 2023	Engagement in the Flash Leisure Centre, Welshpool
9 June 2023	Meeting with Powys Talking Newspaper
9 June 2023	Meeting with Manager of the Rhallt Care Home in Welshpool
13 June 2023	Engagement with Credu Carers Group in Welshpool (carers of younger people) –
13 June 2023	Engagement with OUCH Arthritis Support Group in Montgomery
14 June 2023	Engagement with members of Dementia Meeting Centre in Welshpool
15 June 2023	Presentation to Llandrinio Community Council
16 June 2023	16 June 2023 Engagement with Breastfeeding Support Group in Welshpool
19 June 2023	Engagement with 6th Form Students at Welshpool High School
19 June 2023	Engagement with Ponthafren Craft Group In Welshpool
23 June 2023	Engagement at Llandrinio Pop-Up Market
25 June 2023	Engagement at Welshpool Carnival
26 June 2023	Engagement at Welshpool Youth Club
27 June 2023	PAVO Community Workers Network meeting in Welshpool
27 June 2023	Welshpool & District Visually Impaired Club
29 June 2023	Engagement with Ponthafren Veterans Hub
29 June 2023	Engagement at Montgomery Market
10 July 2023	Powys online session about priorities for Llais

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13 July 2023	Presentation to 2 sessions of People Support (Welshpool), provider of care and support services
8 July 2023	Engagement at Travellers' site, Leighton Arches in Welshpool

The Welshpool Pilot

In Powys, for our local-based engagement, we decided to mirror the 13-locality approach which is used by Powys Regional Partnership Board. These localities are centred around Powys' largest towns and their surrounding areas.

We developed a pilot project to test out our proposal to focus on one locality for engagement during one month. The pilot was carried out in Welshpool and Montgomery locality during June 2023.

We wanted to find ways to engage with people of all ages and with different interests and to listen to their views about health and social care services. We needed to capture people's lived experience of accessing and receiving these services.

We initially carried out research to find out what groups were running in the area and to check whether they had meetings during the month of June. We made contact with the Community Connector for the area to check what groups or activities they were aware of. We then sent an introductory email to each group to ask whether it would be possible to attend a meeting.

We also researched what organisations operate in the area who we could target to help raise awareness of Llais and to provide them with literature, including a link to a general survey asking people for their views on any health or social care services. An email was issued to approximately 160 people with the information and survey links.

We offered a presentation about Llais to a number of Town and Community Councils, to Young Farmers Clubs and to Womens Institute Groups in the area. The aim of doing presentations was to raise awareness of Llais and to seek assistance in publicising what we do.

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We sent posters and flyers out to the Town and Community Councils in the locality, with a request for them to place the materials where people could see them/collect them.

We carried out a poster and leaflet drop in Welshpool, Montgomery and some of the surrounding villages.

We sent an article to the local press for them to publish.

We made contact with Powys Talking Newspaper, who recorded a short broadcast for their listeners.

We had a positive meeting with the Manager from one of the nursing and care homes in Welshpool, to make initial contact, explain what we are doing and to start to build relationships. The Manager had experience of working with Healthwatch in England and would be happy to assist Llais in engaging with residents and their relatives.

During sessions we signposted people to the following organisations/ information:

- Llais Complaints Advocacy Team
- Non-Emergency Patient Transport telephone number
- Age Cymru
- Citizen Advice Bureau for help with completing benefit forms
- Credu for carers' support
- MS Society Montgomeryshire Support Group
- PAVO Community Connectors PAVO Health Promotion Facilitator for North Powys
- Powys Teaching Health Board website
- Community transport
- 111 option 2 for mental health support

What we've heard……key themes:

<u>Carers</u>

Communication with health and social care professionals
Mental health
Respite
Completion of forms for financial assistance

<u>Services for children and young people</u>

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Transitions at specific ages
Assessments for specific conditions
Communication/ cancellations

Experiences of children's services/ social services
Breastfeeding peer support

Mental Health Services

Waiting lists
Very positive feedback about Ponthafren
Social services mental health services

Dementia Services

Positive peer support experiences
Support for carers
Accessing Dementia support – Primary Care and Social Services
Care packages/ decision-making

Dental Services

Access
NHS Services for Children

Support for Arthritis

Waiting times/ referrals
Painkillers
Excellent experiences at Robert Jones and Agnes Hunt Hospital

Young people

Communication/ social media
Junior Start Well Board
Workshops
School Nurses
Mental Health services

GP services

Access
Promotion of other options eg pharmacies
Positive feedback on a number of practices

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Services for visually impaired

Out of county services

Ex-services personnel/ veterans

Terminology
Transfer of records
Veteran Friendly Practices

A wealth of information was shared during this focused engagement, the specifics of which will be followed up with lead Executives following which a report will be published.

The next focused engagement will be with the communities of Ystragynlais in September.

Katie Blackburn

Regional Director – Llais Powys

18 July 2023

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