

Board


Wed 25 January 2023, 10:00 - 13:30

Teams

Agenda

10:00 - 10:00
0 min

1. PRELIMINARY MATTERS

 Board_Agenda_25Jan23FINAL.pdf (3 pages)

1.1. Welcome and apologies for absence

1.2. Declarations of interest

1.3. Minutes of previous meeting 30 November 2022 (for approval) including decisions at Board In-Committee 30 November 2022

 Board_Item_1.3_PTHB Board Minutes Unconfirmed 30-11-2022.pdf (21 pages)

1.4. Matters arising from the minutes of previous meeting

1.5. Board Action Log

 Board_Item_1.5_PTHB_Action_Log_Jan23.pdf (1 pages)

1.6. Patient Experience Story

 Board_Item_1.6_Patient Experience Story Jan 2023.pdf (4 pages)

1.7. Update Reports of the


1.7.1. Chair

 Board_Item_1.7a_Chair's Board Report January 2023.pdf (4 pages)

1.7.2. Vice-Chair

 Board_Item_1.7b_Vice Chair's report Board Jan 2023.pdf (3 pages)

1.7.3. Chief Executive

 Board_Item_1.7c_CEO Board paper Jan 2023.pdf (6 pages)

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

2.1. Winter Resilience Report

To Follow

 Board_Item_2.1_Winter Plan Update.pdf (12 pages)

2.2. Draft development of IMTP for 2023-2026 - update report

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2.3. Charitable Funds Annual Report and Annual Accounts for 2022-2023

- Board_Item_2.3_CF Annual Report and Accounts 2021-22.pdf (3 pages)
- Board_Item_2.3a_AppA - Charitable Funds Annual Report and Accounts 31032022.pdf (41 pages)
- Board_Item_2.3b_AppB - FINAL PTHB CF ISA 260 (2021-22).pdf (14 pages)
- Board_Item_2.3c_AppC - Powys THB Letter of Representation Charitable Funds 2021-22.pdf (3 pages)

10:00 - 10:00

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3. ITEMS FOR DISCUSSION

3.1. Integrated Performance Report

- Board_Item_3.1_IPR Cover Sheet.pdf (6 pages)
- Board_Item_3.1a_Integrated_Performance_Report_January2023.pdf (99 pages)

3.2. Financial Matters - Finance Position Month 09

- Board_Item_3.2_Financial Performance Report Mth 09.pdf (19 pages)

3.3. Corporate Risk Register, January 2023

To Follow

- Board_Item_3.3_Corporate Risk Report_Jan2023.pdf (5 pages)
- Board_Item_3.3a_Appendix1_Corporate risk Register_Jan2023.pdf (29 pages)

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

- Board_Item_3.4_CHC CO Report Jan 2023.pdf (11 pages)

3.5. Assurance Report of the Board's Committees

3.5.1. PTHB Committees

- Board_Item_3.5a_Committee Chair Reports_Jan_2023.pdf (3 pages)
- Board_Item_3.5ai_Appendix A_Charitable Funds Report December 2022.pdf (5 pages)
- Board_Item_3.5aii_Appendix B_Executive Committee Chair's Assurance Report_Jan23.pdf (15 pages)
- Board_Item_3.5aiii_Appendix C_PEQS Chairs Assurance Report 24 Nov 2022.pdf (4 pages)
- Board_Item_3.5aiv_Appendix D_W&C Cttee Chairs Assurance Report 13 Dec 2022.pdf (3 pages)

3.5.2. Joint Committees

- Board_Item_3.5b_Joint Committee Reports_Jan 23.pdf (3 pages)
- Board_Item_3.5bi_Chair's EASC Summary from 6 December 2022.pdf (6 pages)

3.6. Assurance Report of the Board's Partnerships Arrangements

- Board_Item_3.6_Summary of Partnership Board Activity.pdf (3 pages)

10:00 - 10:00

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4. OTHER MATTERS

4.1. Any other urgent business

4.2. Date of next meeting:

29 March 2023

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4.3. In-Committee

4.4. Minutes of the Board In-Committee 30 November 2022

**POWYS TEACHING HEALTH BOARD
BOARD MEETING
WEDNESDAY 25 JANUARY 2023
10.00 – 13:30
TO BE HELD VIA MICROSOFT
TEAMS**



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

AGENDA

Time	Item	Title	Attached / Oral	Presenter
1: PRELIMINARY MATTERS				
10.00	1.1	Welcome and Apologies for Absence	Oral	Chair
	1.2	Declarations of Interest	Oral	All
	1.3	Minutes of Previous Meeting: 30 November 2022 (for approval) including decisions at Board In-Committee on 30 November 2022	Attached	Chair
	1.4	Matters Arising from the Minutes of the Previous Meeting	Oral	Chair
	1.5	Board Action Log	Attached	Chair
	1.6	Patient Experience Story	Attached	Director of Therapies and Health Sciences
	1.7	Update from the: a) Chair b) Vice Chair c) Chief Executive	Attached Attached Attached	Chair Vice Chair Chief Executive
2: ITEMS FOR APPROVAL/RATIFICATION/DECISION				
10.25	2.1	Winter Resilience Report	Attached	Chief Executive
10.55	2.2	Development of IMTP 2023-2026	Presentation	Director of Planning and Performance/Director of Finance and IT
11.15	2.3	Charitable Funds Annual Report and Annual Accounts for 2022-23	Attached	Director of Finance and IT
11.25	COMFORT BREAK			
3: ITEMS FOR DISCUSSION				
11.40	3.1	Integrated Performance Report	Attached	Director of Planning and Performance
12.10	3.2	Financial Matters <ul style="list-style-type: none">Finance Position Month 09	Attached	Director of Finance and IT

12.40	3.3	Corporate Risk Register, January 2023	Attached	Director of Corporate Governance and Board Secretary
12.50	3.4	Report of the Chief Officer of the Community Health Council	Attached	Chief Officer of CHC
13.00	3.5	Assurance Reports of the Board’s Committees a) PTHB Committees b) Joint Committees	Attached	Committee Chairs Chief Executive
13.10	3.6	Assurance Report of the Board’s Partnership Arrangements	Attached	Chief Executive
4: OTHER MATTERS				
	4.1	Any Other Urgent Business	Oral	Chair
13.15	4.3	Date of the Next Meeting: ▪ 29 March 2023 Via Microsoft Teams		
4.3 The Chair, with advice from the Board Secretary, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting: Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960 <i>"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"</i>				
13.20	4.4	Minutes of Board In-Committee 30 November 2022	Attached	Chair
13.30		Close		

Key:

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

MESSAGE TO THE PUBLIC:

Powys Teaching Health Board is committed to openness and transparency, and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe. However, in light of the current advice and guidance in relation to Coronavirus (COVID-19), the

Board has agreed to run meetings by electronic / telephony means as opposed to in a physical location, for the foreseeable future. This will mean that members of the public will not be able attend meetings in person.

The Board has taken this decision in the best interests of protecting the public, our staff and Board members.

The meeting will be available to view by the public both in real time by a live-stream and after the meeting when it has been uploaded to the website.

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POWYS TEACHING HEALTH BOARD

UNCONFIRMED

MINUTES OF THE MEETING OF THE BOARD

HELD ON WEDNESDAY 30 NOVEMBER 2022

VIA TEAMS

Present

Carl Cooper	Independent Member (Chair)
Kirsty Williams	Independent Member (Vice Chair)
Carol Shillabeer	Chief Executive
Cathie Poynton	Independent Member (Trade Union)
Ian Phillips	Independent Member (ICT)
Mark Taylor	Independent Member (Capital & Estates)
Rhobert Lewis	Independent Member (General)
Simon Wright	Independent Member (University) (to 13.00)
Tony Thomas	Independent Member (Finance)
Jennifer Owen Adams	Independent Member (Third Sector)
Ronnie Alexander	Independent Member (General)

Hayley Thomas	Deputy Chief Executive/Director of Primary Community Care and Mental Health
Claire Roche	Director of Nursing and Midwifery
Pete Hopgood	Director of Finance and IT
Claire Madsen	Director of Therapies and Health Sciences
Mererid Bowley	Director of Public Health
Stephen Powell	Interim Director of Planning and Performance
Debra Wood Lawson	Interim Director of Workforce and OD
Kate Wright	Medical Director

In Attendance

James Quance	Interim Board Secretary
Jamie Marchant	Director of Environment
David Collington	Community Health Council (to 13.00)
Katie Blackburn	Community Health Council (to 13.00)
Liz Patterson	Interim Head of Corporate Governance
Stella Parry	Interim Corporate Governance Manager (to 13.00)

Apologies for absence

None

PRELIMINARY MATTERS	
PTHB/22/71	WELCOME AND APOLOGIES FOR ABSENCE The Chair welcomed all participants to the meeting. There were no apologies for absence.
PTHB/22/72	DECLARATIONS OF INTEREST There were no declarations of interest.
PTHB/22/73	MINUTES OF MEETINGS HELD ON 28 SEPTEMBER 2022 The minutes of the meeting held on 28 September 2022 were APPROVED as a true and accurate record.
PTHB/22/74	MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING There were no matters arising.
PTHB/22/75	BOARD ACTION LOG In respect of PTHB/21/93 – an in-depth review of committee based risks to be undertaken in quarter 4 - the Board Secretary advised the Revised Corporate Risk Register had been reported to Board in September 2022 with Committee Risk Registers routinely reported to Committee. The action was closed.
PTHB/22/76	PATIENT EXPERIENCE STORY The Director of Therapies and Health Sciences presented Richard Davies' story 'Y 'Simmer' a'r Comod' – 'The Zimmer and Commode'. Mr Davies had written a poem and a recording of his recitation was played. He expressed appreciation of the support he had received from the Occupational Therapy Service. The Board welcomed the presentation and wished to express thanks to Mr Davies for sharing his story.
PTHB/22/77	UPDATE FROM THE CHAIR The Chair presented his first report to Board and provided the following overview: <ul style="list-style-type: none">• first impressions as a new Chair had been encouraging;

	<ul style="list-style-type: none"> • induction and introductory meetings had been key, including the National Induction for Independent Members which a number of fellow Independent Members had attended; • attended his first Chair's Peer Group; • attended his first joint Board and Community Health Council meeting; • attended his first partnership meeting with Powys County Council; and • attended at his first NHS Confederation Conference. <p>UPDATE FROM THE VICE CHAIR</p> <p>The Vice Chair presented the report and highlighted the following matters:</p> <ul style="list-style-type: none"> • Vaccination Centre visits to Bronllys and Llandrindod Wells; • Conference Chair for the 'Whole System Approach to Healthy Weight' strategic engagement event; • Interim Chair of the Powys Regional Partnership Board; • met with 3 Dads Walking to discuss service developments relating to suicide prevention in Powys; • attended the all Wales Quality and Safety Committee Chair's Group; • attended the NHS Confederation Dinner; • attended the Vice Chair Peer Group; and • attended the Advancing Health Care Awards with the Director of Therapies and Health Sciences who had been shortlisted for the Welsh Government Award for Compassionate and Outstanding Leadership. <p>UPDATE FROM THE CHIEF EXECUTIVE OFFICER</p> <p>The Chief Executive presented the report and highlighted the following matters:</p> <ul style="list-style-type: none"> • system and organisational performance and outlook for 2023/24 is extremely challenging given the national financial position. The financial settlement was expected in December 2022, and was unlikely to cover inflationary pressures
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	<ul style="list-style-type: none"> • Health and Safety Executive prosecution of the health board for exposure to hand arm vibration syndrome. The health board pleaded guilty at Court, publicly apologised for the historic failings and demonstrated improvements subsequently made. A fine of £160,000 plus costs was imposed in recognition of the seriousness of the failures and nature of the health boards business. • staff excellence where a number of health board colleagues have been finalists or winners in national awards; and • engagement activity including engagement with staff, public and politicians; attending a Certificate of Appreciation Event; meeting the team recently transferred from Public Health Wales to the health board; meeting the Police and Crime Commissioner; attending the opening of the Health and Care Academy; participation in the Welsh NHS Confederation Conference; visiting the mass vaccination centres; presenting at the Digital Transformation Conference; and participation in NHS Wales Peer Group Learning Sessions. <p>The Board RECEIVED and NOTED the Reports of the Chair, Vice Chair and Chief Executive.</p>
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ITEMS FOR APPROVAL/RATIFICATION/DECISION

PTHB/22/78	<p>CHARITABLE FUNDS STRATEGY</p> <p>The Interim Board Secretary presented the Charity Strategy 2022-25 which outlined key strategic priorities for the Charity for the next three to four years in line with the objectives of the health boards Integrated Medium Term Plan and overall vision and values of the Charity.</p> <p>The Chief Executive noted that the decision some time ago to appoint a Charity Manager had enabled the development of the Charity in recent years. The development of the Strategy would enable the funds to be used to the best effect for the people of Powys.</p> <p>The Board APPROVED the Powys Teaching Health Board Charity Strategy 2022-25.</p>
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PTHB/22/79	<p>MANAGEMENT OF POLICIES, PROCEDURES AND OTHER WRITTEN CONTROL DOCUMENTS</p> <p>The Interim Board Secretary presented the Revised Policy CG 004 Management of Policies, Procedures, and other written control documents.</p> <p>The aim of the policy is to provide a structure or process for the development or review, approval, dissemination, and management of policies ensuring that they are in line with current legislation, guidance, and evidence.</p> <p><i>The impact statement summary notes this policy will adversely affect those who wish to use Welsh Language as policies are not routinely translated into Welsh. What steps will the health board take to address this and what is the risk of not all polices being available in English and Welsh?</i></p> <p>The Interim Board Secretary advised that Welsh Language is fully considered when developing policies and any requirements are considered. There are a number of policies which are available bi-lingually, but the statement relates to the wider written control documents of which there are about 400 documents.</p> <p>The Chief Executive advised that there are large number of Welsh Language Standards that the organisation was trying to achieve and there was a need to balance where resources could be used with most impact.</p> <p>Consideration was given to Welsh Language when developing policies and those that were required to be made available bilingually were translated. There is a need to target Welsh Language resources to patient care and access to services and translation of policies and written control documents this may affected as access to resource is increasingly challenged.</p> <p>The Board APPROVED the Management of Policies, Procedures and other Written Control Documents Policy.</p>
PTHB/22/80	<p>RISK MANAGEMENT FRAMEWORK AND RISK APPETITE STATEMENT</p> <p>The Interim Board Secretary presented the Risk Management Framework and Risk Appetite Statement report. The Risk Management Framework was presented to Board for annual review with no changes proposed from the previous version approved in November 2021. The Risk Appetite Statement had</p>

	<p>been reviewed in light of the current operating environment. Additional detail had been provided to enable it to be of more use to the organisation which had been considered by the Audit, Risk and Assurance Committee.</p> <p>The Chair of Audit, Risk and Assurance Committee advised the report had been welcomed and a useful discussion had taken place. A suggestion was made to strengthen the Risk Appetite Statement in relation to access to services along with quality and safety of services (p93 of the agenda pack).</p> <p>The Chief Executive advised the Executive Committee had discussed this in detail. The Risk Appetite Statement would help guide decisions that would need to be taken in the coming months.</p> <p>The Deputy Chief Executive confirmed the Risk Appetite Statement had previously helped the organisation in partnership working and the revised document was welcomed. There was a need to be open to change and to recognise that not all innovative approaches may be successful.</p> <p><i>To what extent is the spirit of culture in this Risk Appetite Statement shared across all staff?</i></p> <p>The Chief Executive advised that organisation had increased its focus in finding innovative solutions to deep seated problems. Staff had welcomed the freedom to innovate during the pandemic.</p> <p><i>Given the current recruitment challenges to what extent is the organisation forced into considering all options and does the risk need to change from cautious?</i></p> <p>The Director of Workforce and OD noted the cautious position did not prevent the organisation from being creative. All recruitment pipelines were being reviewed to identify those likely to be most successful.</p> <p>The Board APPROVED the Risk Management Framework and Risk Appetite Statement subject to the strengthening of the risk appetite statement in relation to access which would be communicated to Board Members.</p>
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ITEMS FOR DISCUSSION	
PTHB/22/81	<p>INTEGRATED PERFORMANCE REPORT, MONTH 6</p> <p>The Director of Planning and Performance presented the item which provided the latest available performance update including data up until the end of month 6 (September 22) and provided an overview of performance against the:</p> <ul style="list-style-type: none"> • NHS Wales Performance Framework; • National Outcomes Framework: Performance Scorecard; • Quadruple Aims; • Operational Measures; and • Referral to Treatment performance <p>Attention was drawn to the following areas:</p> <ul style="list-style-type: none"> • provider performance continued to perform well; • commissioned services were not performing to expected standards; • ambulance performance for the 8 minute response time was 51% at the end of September and had declined to just over 40%; • Therapy Services had 252 patients exceeding the 8 week target due to delays in staff recruitment; • 61% of those eligible had received their covid booster vaccine; • referral to treatment times in Wales had slightly improved with 596 patients waiting more than 2 years whilst in England 12 patients were waiting more than 2 years; • Mental Health services have challenges in relation to interventions for over 18s due to an increase in demand and challenges in recruitment; • agency spend remains high; and • sickness figures are 6% at the end of September. <p>The referral to treatment times is noted as a risk on the risk register and there are plans to bring patients back to Powys where it is safe to do so which are nearing readiness for implementation.</p> <p>The Chair of Delivery and Performance Committee advised that an improved level of information was now available, and it was intended that future reporting would be on an exception basis. Commissioned service information is clearly set out within the report. Innovative solutions to improve the position were welcomed.</p>

In relation to the Decarbonisation Strategy the report notes CO₂ increased between 2018-2021. Is the health board on target to reduce CO₂ emissions by 2025?

The Director of Environment advised the increase related to improvements made at Ysbyty Bro Ddyfi Community Hospital together with the way the emissions are measured. In future years the benefit will be realised. Health boards are working individually and collectively on the target reduction but, along with other health boards, there is no clear line of sight on this 2025 target.

The Deputy Chief Executive noted the Welsh Ambulance Services Trust performance had been an ongoing concern. From 1 December joint working is taking place focusing on returning resources to Powys after handover to District General Hospitals. Powys crews are known to have responded to a number of out of county calls which has had an impact on the available response within Powys.

There has been a substantial increase in mental health referrals both in numbers and complexity. The health board are working closely with primary care to provide support as quickly as possible, and the national team to implement the 111 service for mental health in the new year.

The Greater Devon Trust have improved their recruitment pipeline by 25%. Can colleagues contact the Greater Devon Trust to ascertain if lessons can be learned?

The Chief Executive noted the organisation welcomed learning which would be picked up by the Director of Workforce and OD.

The Board DISCUSSED and NOTED the Integrated Performance Report.

Q2 INTEGRATED MEDIUM TERM PLAN PERFORMANCE

The Director of Planning and Performance presented the report which provided an update on the progress made

	<p>against the Integrate Medium Term Plan (IMTP) to September 2022.</p> <p>A number of requests for changes to the milestones have been made as a result of guidance issued after approval of the plan. The health board had also subsequently received additional one-off funding which has been included in the delivery plan.</p> <p>The Chair of Delivery and Performance Committee welcomed the progress against targets. Attention was drawn to one area of concern regarding a request to defer actions relating to Occupational Health to Quarter 4 given the earlier Chief Executive update on the Health and Safety Court case.</p> <p>The Director of Workforce and OD confirmed Occupational Health had been a fragile service and action had been taken recently to stabilise the service. Assurance was given this was an improving position.</p> <p><i>It is concerning that in relation to strategic priority 16 (to enhance access to high quality education and training) that there is a delay relating to work undertaken locally and nationally.</i></p> <p>The Director of Workforce and OD noted this was a critical priority and it was disappointing to be reporting a red indicator in relation to Advanced Practitioners. It was recognised internally it was necessary to tie in with national work in this area, however, work has continued locally to progress this.</p> <p><i>In relation to digital first, whilst the detailed work undertaken and progress made in digital services is commended, without an overarching plan it is difficult for the Board to make informed decisions regarding the allocation of scarce resources.</i></p> <p>The Director of Finance and IT confirmed the Digital Strategic Framework was important and a Board Development session had recently been held to shape this. The learning would be used to develop a framework for approval by Board.</p>
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	<p>The Chief Executive advised the context had been changing through the year with a Welsh Government review of digital funding investment.</p> <p><i>There has been a considerable amount of change regarding the delivery of the IMTP – new guidance, new Welsh Government priorities and new funding streams together with some changes which are due to factors within the health board’s control. It is likely that late guidance and extra funding will continue. What has the health board learnt from the process this year that can help improve planning in future years?</i></p> <p>The Chief Executive drew attention to the Change Control Process, a new process added in to give greater scrutiny and opportunity for learning and reflection.</p> <p><i>Throughout the paper there is commentary on red rated actions except Strategic Priorities 2 (deliver health improvement priorities) and 13 (designing and implementing a comprehensive approach to workforce planning). Could the Board be updated on why the commentary on these two priorities are missing?</i></p> <p>The Chief Executive advised that the missing comments will be followed up.</p> <p><i>Should there be fewer priorities to allow focus and enable substantial progress in priority areas?</i></p> <p>The Director of Planning and Performance agreed there was merit in this approach.</p> <p>The Board DISCUSSED and AGREED the change requests in the IMTP Performance Report.</p>
PTHB/22/82	<p>FINANCIAL RECOVERY PLAN; FINANCIAL PERFORMANCE MONTH 6; AND FINANCIAL POSITION FLASH REPORT MONTH 7</p> <p>The Director of Finance and IT presented the three reports and highlighted the following matters:</p>

	<p><u>Financial Recovery Plan</u></p> <ul style="list-style-type: none"> • a Financial Recovery Group has been convened chaired by the Chief Executive with each Director responsible for reporting their current financial position, forecast position and actions taken to return to balance; • each scheme is categorised as red, amber or green; and • green and amber actions total £728k for 2022/23 and £993k for 2023/24. <p><u>Finance Report Month 06</u></p> <ul style="list-style-type: none"> • The standard report which was presented to Delivery and Performance Committee. <p><u>Finance Flash Report Month 07</u></p> <ul style="list-style-type: none"> • a reported overspend of £4.932m with a forecast deficit position of £7.5m; • key drivers are long term complex care, commissioned care (good performance from English providers and pressures in emergency care), non-delivery of savings against savings target, pressures in relation to variable pay and pressures in prescribing (drug prices); • page 6 of the report outlines operational variance against key cost drivers and included covid response funding. A total operational variance of £15.1m with ongoing covid support of £7.6m resulting in the forecast deficit of £7.5m; • a number of risks were flagged which could result in a deteriorating deficit position including: <ul style="list-style-type: none"> ○ ongoing growth of Continuing Health Care; ○ ongoing pressures in prescribing; and ○ further pressure in the commissioning position, in particular in relation to English providers and emergency care; • page 7 of the report outlines the recovery approach to monitor action on a directorate level; • page 8 and 9 outlook shows 2023/24 will be challenging with a forecast deficit of £15m; and • further potential pressure relating to ongoing covid response costs expected to be business as usual next year.
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It will be necessary to have a clear focus on priorities, on actions to reduce the run rate and to continue to address the red schemes to reduce expenditure. Underpinning the approach is the Accelerated Sustainability Model and Value Based Health Care.

The Chair of Delivery and Performance Committee observed that sight of the Month 7 position, suggests the £7.5m forecast deficit is not now justifiable given there are in month deficits of £1m. The Committee had been time challenged when examining the cost pressures and queried how sustainable the forecast deficit was.

The Director of Finance and IT advised that as at month 7 the forecast deficit position held.

Can the financial consequence of not being able to return patients from District General Hospitals be quantified over the last year?

The Director of Finance and IT advised an exact figure could not be given but Wye Valley NHS Trust costs for the provision of Community Hospital placements in England are circa £1m. The full costs of delayed transfers of care across all service areas will be included in future financial reports to the Delivery and Performance Committee.

Action: Director of Finance and IT

The financial recovery plan papers are implicit on the point of quality. The health board has a strong focus on quality and value based health care. Should this financial recovery plan be explicit on this point?

The Director of Finance and IT confirmed quality and financial efficiency go together, and each scheme is impact assessed with quality a key part of the impact assessment.

In the 2023/24 outlook there are exceptional pressures such as energy costs, real living wage and National Insurance (NI)

	<p><i>health and social care levy. How will the NI Social Care levy impact on these pressures?</i></p> <p>The Director of Finance and IT advised the health and social care levy had been reversed. It is expected the ongoing covid response will be business as usual and therefore a cost pressure. The exceptional cost pressures will be worked through when the financial allocation is received.</p> <p>The Director of Planning and Performance noted that forecasting was challenging, in particular in relation to commissioned care from England. The more commissioned work that is carried out the greater the costs incurred. However, planned work is being cancelled due to winter pressures which makes forecasting complex.</p> <p>The Board DISCUSSED and NOTED the reports.</p>
PTHB/22/83	<p>HEALTH INEQUALITIES REPORT</p> <p>The Director of Public Health presented the report outlining the work that had been undertaken in relation to health inequalities in preparation for the development of the IMTP.</p> <p>Health inequalities are influenced by a variety of complex interlinked factors. Prior to the pandemic the improvements in life expectancy had slowed and the difference between lowest and highest life expectancy had widened. The pandemic had reflected and exacerbated health inequalities. Life expectancy in Powys is the highest in Wales. However, there are differences between the least and most deprived areas.</p> <p>The health board are working in partnership to lessen health inequalities both as a provider of health care, and as a large employer and anchor organisation.</p> <p><i>There are other inequalities such as differences in commissioned provider performance, the distance travelled to access care and the impact of these factors is greater than in other health boards. Should these additional factors be included in the report.</i></p> <p>The Director of Public Health confirmed these issues are important and are captured within the heading 'healthcare'.</p>

	<p><i>Comparison of Powys with other Welsh health boards may not be the best comparators. Should comparisons with other, more similar areas to Powys be included in the report?</i></p> <p>The Chief Executive noted the importance of this work in relation to the Accelerated Sustainable Model work and issues of equity of access. The benchmarks to other areas are important given the uniqueness of the health boards position in Wales. Eden in Cumbria has the same 26 people/km² sparsity as Powys and this work is coming through board development sessions which will help inform the planning process.</p> <p><i>Public Health Wales have estimated the cost of health inequality as £322m/annum. How is this figure calculated?</i></p> <p>The Director of Public Health advised the Observatory Team has worked on the associated and additional costs of not accessing health care resulting in late presentations. The report detailing this will be shared with Board Members</p> <p>The Board DISCUSSED and NOTED the Health Inequalities Report.</p>
PTHB/22/84	<p>DIGITAL FIRST OVERVIEW REPORT</p> <p>The Director of Finance and IT presented the report. The programme was on track for all actions and the following areas were highlighted:</p> <ul style="list-style-type: none"> • Medilogic endoscopy system has been updated and implemented with the health board being the first to move to a fully cloud based system; • Civica rescheduling tool – are ready for introduction; • Attend Anywhere – 12,000 appointments completed using this method. There has been a reduction in use and the system will be relaunched with an emphasis on the benefits when clinically appropriate; • progress made on cyber security; and • full digital programme of work included to show extent of activity in the digital arena.

	<p><i>Concerns were expressed that progress is contingent on short term funding from Welsh Government. There are some advanced proposals within the overview, and it is unclear how these will be developed with current shortfalls in digital infrastructure and issues with cyber security.</i></p> <p>The Chief Executive noted the challenges of infrastructure were known and acknowledged. Cyber security is a serious threat and organisational capacity, and capability has been improved to address this.</p> <p><i>Welsh Government are looking to withdraw funding supporting Attend anywhere and virtual consultation. How does this fit with the proposed relaunch?</i></p> <p>The Director of Workforce and IT noted the health board aimed to have the most ambitious programme within the funding available. The Welsh approach to digital funding is coordinated centrally which provides opportunity for working on single approach for Wales.</p> <p><i>What is the position regarding Welsh Community Care Information System (WCCIS)?</i></p> <p>The Chief Executive as national lead for WCCIS advised that Part 1 of the Strategic Review of the WCCIS programme was complete with Part 2 underway. Important decisions on the programme would need to be made imminently.</p> <p><i>Are the reasons for the fall in use of Attend Anywhere known?</i></p> <p>The Medical Director advised that it was likely to be a combination of factors including access to infrastructure. It will be necessary to provide the public with information relating to the benefits of Attend Anywhere.</p> <p><i>Whilst external funding is available to support digital programmes an appropriated base budget is also required. Is this in place?</i></p> <p>The Director of Finance and IT advised the funding mechanisms were being worked through and the base budget would be a decision for Board as part of the IMTP.</p>
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	<p>The Board DISCUSSED and NOTED the Digital First Overview Report.</p>
PTHB/22/85	<p>CORPORATE RISK REGISTER</p> <p>The Interim Board Secretary presented the Corporate Risk Register detailing that the paper had been considered at Executive Committee where detailed consideration had been given to the proposal by the Planning, Partnerships and Public Health Committee that two of the risks be increased. It was concluded that the two risks should remain the same.</p> <p><i>The lack of a single comprehensive clinical record is a risk. Has this been reviewed?</i></p> <p>The Interim Board Secretary advised that this risk continues to be held at Directorate level and remains under review.</p> <p>The Chief Executive confirmed that this related to the ability of clinicians to access all required information. The NHS continues to transition from a paper based system to an electronic system. This includes the sharing of patient records across the border.</p> <p><i>For Risk 005 (inequity of access to planned, secondary and specialised care results in poorer outcomes and experience for some Powys citizens) there is a reference to creating a funding proposal. When might this happen, and an impact be seen?</i></p> <p>The Director of Planning and Performance confirmed this related to reducing waiting lists across Powys by various means including potentially accessing health care in England for those procedures unable to be undertaken locally. This would create an additional cost pressure.</p> <p>The Board REVIEWED the Risk Register.</p>
PTHB/22/86	<p>REPORT OF THE CHIEF OFFICER OF THE COMMUNITY HEALTH COUNCIL (CHC)</p> <p>The Chief Officer of the CHC presented the item which provided an overview of the following matters:</p>

	<ul style="list-style-type: none"> • a visit to Ystradgynlais had taken place, one is planned to Brecon, and it is hoped to visit Shrewsbury and Telford Hospitals Maternity Unit; • concern relating the number of missed red calls in Powys; • concern relating to the reduction in conveyance in Powys, with people choosing or being told to drive to Accident and Emergency departments; • advocacy data provided with a number of issues resolved locally without progression to formal complaint; • improvements in dental services were highlighted; • awaiting detail on Emergency Ambulance Services Committee (EASC) proposals regarding the commissioning of Welsh Air Ambulance Services; and • workstreams have been set up in readiness for the Citizen Voice Body coming into effect in April 2023. <p>The Chief Executive appreciated the noting of improvements in dentistry. The EASC meeting regarding Welsh Air Ambulance Services is on 6 December 2022 where it is expected that the detail will be made available which will enable the health board to assess the proposals evidentially.</p> <p>The Deputy Chief Executive confirmed that the health board receive Have Your Say insights from the Community Health Council which provide valuable information including to the Patient Experience, Quality and Safety Committee.</p> <p>The Board RECEIVED and NOTED the Chief Officer's Report.</p>
PTHB/22/87	<p>ASSURANCE REPORTS OF THE BOARD'S COMMITTEES</p> <ul style="list-style-type: none"> • PTHB COMMITTEES <p>The following Chair's Assurance Reports were received:</p> <p><u>Executive Committee</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Executive Committee on 5 October 2022, 19 October 2022 and 9 November 2022.</p> <p><u>Audit, Risk and Assurance Committee</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Audit, Risk and</p>

	<p>Assurance Committee on 27 September 2022 and 15 November 2022.</p> <p>The Chair advised there was one item which received Limited Assurance – The IT Infrastructure and Asset Management. Further assurance was sought on this item during the meeting.</p> <p>The Board NOTED the report.</p> <p><u>Delivery and Performance Committee</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Delivery and Performance Committee on 11 November 2022.</p> <p>The agenda for this meeting had been ambitious and it had been difficult to get through it all in detail. Many of the items had been on the Board agenda and had already been reported on from a committee perspective.</p> <p>The Board NOTED the report.</p> <p><u>Charitable Funds</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Charitable Funds Committee on 23 September 2022.</p> <p>The Board NOTED the report.</p> <p><u>Planning, Partnerships and Population Health Committee</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Planning, Partnerships and Population Health Committee on 20 October 2022.</p> <p>Attention was drawn to the requirement for match funding from core funding for any bids made to the Regional Integrated Care Fund, and the impact this would have in light of the current financial challenges.</p> <p>The Chief Executive advised the Welsh Health Chief Executives had discussed this and Welsh Government were intending to look again at this.</p>
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	<p>The Vice-Chair advised that these concerns were echoed by the Welsh Regional Partnership Board Chairs and are being articulated through various channels to Welsh Government.</p> <p>The Board NOTED the report.</p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Workforce and Culture Committee on the 20 September 2022.</p> <p>Attention was drawn to discussions taking place between colleagues in relation to overlaps between the work undertaken in this Committee and the Patient Experience, Quality and Safety Committee.</p> <p>The Board NOTED the report.</p> <ul style="list-style-type: none"> • JOINT COMMITTEES <p>The Chief Executive presented the item which provided an update to the Board in respect of the matters discussed and agreed at recent meetings of the Joint Committees of the Board:</p> <ul style="list-style-type: none"> • Welsh Health Specialised Services Committee (WHSSC); • Emergency Ambulance Service Committee (EASC); and • an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC). <p>Attention was drawn to the future plans for the Welsh Health Specialised Services Committee which were particularly challenging in relating to the current financial position.</p> <p><i>The EASC Report notes the ambulance handover loss relates to 30% of ambulance conveyancing capacity. Given there has been work in this area how successful is this, as it appears the situation has deteriorated?</i></p> <p>The Chief Executive advised it was an extremely worrying position. Handover delays have been discussed at a national summit in Wales which the health board attended. Lessons learned were shared by Walsall and Cardiff and Vale University Health Board where significant progress has been made on handover delays. This is one of the indicators on the health of the flow system and needs to urgently improve.</p>
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	The Board NOTED the updates contained within the report in respect of the matters discussed and agreed at recent Joint Committee meetings.
PTHB/22/88	<p>ASSURANCE REPORT OF THE BOARD'S PARTNERSHIP ARRANGEMENTS</p> <p>The Chief Executive provided an update to the Board in respect of the matters discussed and agreed at recent partnership board meetings, including the following:</p> <ul style="list-style-type: none"> • NHS Wales Shared Services Partnership Committee (NWSSPC); • Powys Public Services Board (PSB); • Regional Partnership Board (RPB); and • Joint Partnership Board (JPB). <p>The Board DISCUSSED and NOTED the updates contained in the report in respect of the matters discussed and agreed at recent partnership board meetings.</p>
PTHB/22/89	<p>REPORT OF THE BOARD'S LOCAL PARTNERSHIP FORUM</p> <p>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.</p> <p>The Board DISCUSSED and NOTED the Report of the Board's Local Partnership Forum.</p>
OTHER MATTERS	
PTHB/22/90	<p>ANY OTHER URGENT BUSINESS</p> <p>No other urgent business was declared.</p>
PTHB/22/91	<p>DATE OF THE NEXT MEETING:</p> <p>30 November 2022, 10am, via Microsoft Teams</p>
PTHB/22/92	<p>The following motion was passed:</p> <p><i>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.</i></p>

<p>PTHB IC/22/93</p>	<p>SECTION 28A AGREEMENT UPDATE</p> <p>The Board considered the report of the Director of Finance and IT in respect of a settlement of a longstanding issue with Powys County Council.</p> <p>The Board AGREED the recommendations within the report.</p>
<p>PTHB IC/22/94</p>	<p>COVID-19 PUBLIC INQUIRY</p> <p>The Board considered the report of the Interim Board Secretary in respect of the UK Covid-19 Inquiry – Module 3.</p> <p>The Board AGREED not to apply for Core Participant status for the UK Covid-19 Inquiry – Module 3.</p>

Patterson, Liz
23/01/2023 11:23:18

Key:

Action Complete
Not yet due
Due
Overdue
Transferred

BOARD ACTION LOG (Updated January 2023)

Board Minute	Board Date	Action	Responsible	Progress as at 17 01 2023	Status
PTHB/22/82	30 Nov 2022	Full costs of delayed transfers of care across all service areas will be included in future financial reports to the Delivery and Performance Committee	Director of Finance and IT	Transferred to Delivery and Performance Committee Action Log	Transferred

Patterson, Liz
23/01/2023 11:23:18



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Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Patient Experience Story

PTHB Board, 25 January 2023

Item, 1.6

Patterson, Liz
23/01/2023 11:23:18

Sut y bu ffisiotherapi yn drobwynt go iawn i mi. How physiotherapy was a real turning point for me.

I began feeling symptoms of a prolapsed uterus in 2021. It felt like something was pushing down and although nothing was actually protruding it was uncomfortable and I experienced pain at various levels throughout the day. Mild pain in the morning increasing to severe pain in the late afternoon and evening. The pain would also affect my sleep. There were often times when I would have to sit down to relieve the pain. It affected just about everything I did and I had to reduce or stop most activities that I enjoyed and so I was also feeling increasingly depressed.

My GP confirmed that I had a prolapsed uterus and referred me to a gynaecologist. I waited what seemed like a long while for this appointment. The gynaecologist advised that my uterus was healthy and fortunately, I was not experiencing any form of incontinence. We discussed various treatments and procedures and she suggested that I do a lot of pelvic floor exercises.

I did not want hormone treatment or vaginal pessaries which were suggested by the gynaecologist, but I am grateful to her for offering me physiotherapy. The NHS webpage "Pelvic organ prolapse" does not mention physiotherapy and I had no idea that it was an alternative. I wanted a better understanding of what was going on with my body. I waited what felt like a long time for this appointment, all the while doing regular pelvic floor exercises throughout the day. At this time it felt like the pain was getting worse, but nevertheless, I persevered. I should mention that in my personal life I was under a great deal of stress, both physical and mental, because of family health issues.

I eventually had a telephone appointment with Miriam Evans, Physiotherapist, and this felt like a real turning point for me. I started the recommended exercises and breathing techniques immediately and by the time I saw her for a face to face appointment, I was already pain free and the discomfort had eased considerably.

My life is now back to normal, I am pain free and the discomfort continues to improve. I can enjoy all the activities I used to do before. I will be continuing with the exercises and breathing techniques to ensure that I can maintain my pelvic health and avoid any unnecessary procedures in the future.

I would highly recommend this physiotherapy to everyone and wish that it was more readily available. It provides a greater understanding of physical health, prevents unnecessary pain, discomfort and invasive treatment.

Problemau llawr y pelfis

Pelvic floor issues

- ❖ Mae'n bwysig tynnu sylw at y materion hyn ac i siarad amdanynt, felly diolch i'n claf a rannodd y stori hon
- ❖ Amcangyfrifir bod gan 7 miliwn o bobl yn y DU anymataliaeth, ond mae llai na hanner yn gofyn am help
- ❖ Credir bod nifer yr achosion o brolaps mewn 3-6% o'r boblogaeth
- ❖ Yn effeithio ar fenywod a dynion (2:1)
- ❖ Amcangyfrifir bod llai na hanner yn gofyn am gymorth gan fod gormod o gywilydd ganddynt i drafod neu gyfaddef y broblem
- ❖ Dioddef yn dawel
- ❖ Nid yw llawer o bobl yn sylweddoli bod triniaethau effeithiol ar gael neu bod ffisiotherapyddion yn trin y cyflyrau hyn
- ❖ Important to highlight these issues and to talk about them, so thank you to our patient who shared this story
- ❖ Estimated 7 million people in UK have incontinence, but fewer than half seek help
- ❖ Prolapse prevalence thought to be 3-6% population
- ❖ Affects women and men (2:1)
- ❖ Estimated fewer than half seek help as are too embarrassed to discuss or admit the problem
- ❖ Suffer in silence
- ❖ Many people don't realise there are effective treatments available or that for instance physiotherapists treat these conditions

Rhagor o gefnogaeth ar Ymarferion Llawr y Pelfis

Further support on Pelvic Floor Exercises



[Pelvic floor exercises | The Chartered Society of
Physiotherapy \(csp.org.uk\)](https://www.csp.org.uk)

Pattinson, Liz
23/06/2023 11:23:18



AGENDA ITEM: 1.7a

BOARD MEETING		Date of Meeting: 25 January 2023
Subject:	CHAIR'S REPORT	
Approved and Presented by:	Carl Cooper, PTHB Chair	
Prepared by:	Carl Cooper, PTHB Chair	
Other Committees and meetings considered at:	None	

PURPOSE:

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

RECOMMENDATION(S):

It is recommended that the Board NOTES this report.

Approval/Ratification/Decision	Discussion	Information
x	✓	x

Patterson, Liz
23/01/2023 11:23:10

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

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

CHAIR'S REPORT:

Welcome

It is good to be able to welcome Cllr. Chris Walsh as a new Independent Member of the board from the local authority, and Helen Bushell, our new Director for Corporate Governance and Board Secretary. Both are highly skilled people with experience and expertise that will enrich and strengthen our work as a board.

Introductory Meetings

Since the previous board meeting I have continued my introductory conversations with PTHB members and stakeholders. I have recently begun one-to-one discussions with local politicians. I am grateful to everyone for their candour and helpful observations, all of which I seek to take forward into my continued learning and leadership of the board.

Board Development

It has been a pleasure to join with board member colleagues in regular board development sessions. These have focused on the particular challenges faced by PTHB and the increasing demands placed on our staff and services. We have considered the implications of next year's financial allocation and how we will be able to continue to provide the best services possible for and with the people of Powys. Our discussions and decisions will be reflected in next year's IMTP and in the embryonic Accelerated Sustainability Plan.

Bronllys Site

I held conversation with two groups that have a particular interest in the Bronllys Hospital Site – the Veterans Forum and Bronllys Wellbeing Park Community Land Trust.

I am grateful to representatives of both groups for very positive and constructive discussions. We had an opportunity to consider how PTHB's plans for the future of the hospital site will also engage with and involve the local community wherever possible and appropriate. I was particularly please to visit the Veterans' Garden and learn about the fabulous ways in which volunteers have helped to enhance this area of the site.

Chair at Large

After my initial weeks of induction and introductory meetings, I am delighted that I have begun a programme of visits around PTHB sites and with the wider PTHB personnel. It was a pleasure to meet colleagues and to glimpse a little of the inspiring treatment, care and support being offered on Llywelyn Ward and in by the Mental Health team based in Felindre Ward. It was invaluable to listen to and learn from staff and patients about their experiences, and also to collect suggestions of how we might build even further on the good work already being done.

I look forward to my imminent visit to Llandrindod Hospital and to other sites in due course.

PTHB and Powys County Council

Senior leaders from PCC and PTHB are holding monthly meetings, specifically to explore how we can work better together in order to alleviate the unprecedented pressures on our shared health care system. It is essential that we exhaust all possibilities to enable people to be discharged from hospital and be cared for at home as expeditiously as is safely possible. I am encouraged that Executive leads from PCC and PTHB have developed and are implementing a joint Rapid Escalation Plan that commits both organisations to ensuring that every effort is made to offer people the right care and the right time in the right place.

Community Health Council

Thank you to the chair and members of Powys CHC for the warm welcome at the recent meeting of the CHC board. It is heartening and encouraging to experience the quality of relationship that exists between the organisations, each respecting the other's distinctive roles and responsibilities.

CEO Staff Briefings

I have been pleased to attend the Chief Executive's monthly briefings for PTHB staff. It is particularly encouraging to see the consistently high level of attendance and engagement at these briefings, and the emphasis on staff wellbeing as well as topics for information.

Chair's Meeting with Minister

Before Christmas all Health Board Chairs and Leaders of Local Authorities were called to a meeting with the Minister for Health and Social Care. The purpose of the meeting was to discuss the current, urgent and emergency situation that is exacerbated by industrial action. The Minister was very keen to emphasise that she fully appreciates the strain and stress, not only on 'the system', but on people within the system straining every sinew to do the best possible under unprecedented difficulties. I readily add my thanks and appreciation to those of the Minister as I think of the diligence and dedication of every member of our organisation.

Patterson, Liz
23/01/2023 11:23:18

AGENDA ITEM: 1.7b

BOARD MEETING		Date of Meeting: 25 January 2023
Subject:	VICE CHAIR'S REPORT	
Approved and Presented by:	Kirsty Williams, PTHB Vice Chair	
Prepared by:	Kirsty Williams, PTHB Vice Chair	
Other Committees and meetings considered at:	None	

PURPOSE:

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

RECOMMENDATION(S):

It is recommended that the Board NOTES this report.

Approval/Ratification/Decision	Discussion	Information
x	✓	x

Patterson, Liz
23/01/2023 11:23:11

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

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

VICE CHAIR'S REPORT:

Visits and Community Engagement

I was very grateful to the Therapy staff of Newtown Hospital for arranging a visit to meet with the Dietetics, Occupational Therapy and Radiology teams. I also took the opportunity to visit the Outpatients Department. It was a valuable opportunity to hear directly from staff about developments to ensure timely and impactful access to care for our patients.

Just prior to Christmas, I met with members of the Primary Care team based at The Gwalia, Llandrindod Wells. It was an opportunity to thank the staff who provide really valuable support to frontline Primary Care services who have been under significant pressure during this period.

It was a pleasure to participate in two carer related events, firstly representing the Health Board at the Credu Carers Conference, held at Basil Webb. It was humbling to listen to the delegates and their experiences.

I was invited to attend a session of the Young Carers Group in Ystradgynlais. It was a delight to join in their Christmas party but also listen to the challenges that this group of young people face.

Patterson, Liz
23/01/2023 11:23:11

Regional Partnership Board

It has been a very busy few months at the RPB. I have been confirmed as the Chair of the RPB and activities have included Board Meetings, Development sessions and meetings with WG Ministers and Officials. These sessions have included discussions on winter pressures and discharge arrangements from hospitals, the Housing with Care Fund and potential changes to the statutory guidance on partnership working. I also attended the Youth Work Wales Awards in this capacity.

Veterans' issues

Alongside the Chair, I met with a representative of the previous Veterans' Forum Group that was paused during the pandemic period. I am now working with the Director of Public Health to reinvigorate this area of stakeholder engagement.

Meeting with Welsh Government Ministers

The regular meeting with WG Ministers took place on 1st December 2022, items discussed were Primary Care, CAMHS and Dementia Services.

CAMHS

I am delighted to report that we successfully interviewed for a new CAMHS Consultant and I look forward to welcoming our new colleague to Powys in March.

At the invitation of the National Lead, CAMHS, NHS Collaborative, I visited the Windmill Farm Service, a new collaboration between Aneurin Bevan University Health Board and the local authorities in Gwent, to see first hand the new services that have been developed to respond to the needs of young people, who have suffered significant trauma.

Patterson, Liz
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Powys Teaching
Health Board

Agenda item: 1.7c

BOARD MEETING

DATE OF MEETING:
25 January 2023

Subject:

CHIEF EXECUTIVE REPORT

**Approved and
Presented by:**

Carol Shillabeer, Chief Executive

Prepared by:

Carol Shillabeer, Chief Executive

**Other Committees
and meetings
considered at:**

Elements of this report may have been considered at various committees or meetings prior to being presented.

PURPOSE:

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

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

The report specifically covers:

- **Significant service resilience matters**
- **Performance, including financial performance**
- **Engagement activity**
- **Staff Excellence**

RECOMMENDATION(S):

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

Approval/Ratification/Decision¹

Discussion

Information

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

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

EXECUTIVE SUMMARY:

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

- **Significant service resilience matters**
- **Performance, including financial performance**
- **Engagement activity**
- **Staff Excellence**

DETAILED BACKGROUND AND ASSESSMENT:

Significant service resilience matters

There are items on the Board agenda (Winter Plan Update) that support scrutiny and discussion regarding the significant system resilience matters that the organisation and wider system has been managing. In summary, the system has been focusing on several key issues:

- **Demand for services:** in particular winter respiratory viruses have been prevalent including a 5th wave of COVID-19 infection, influenza and Strep A. This demand has presented across the system including primary care where consultation numbers have increased significantly (double in some areas), as well as in hospital, including intensive care units. Care homes have been affected by the coalescence of these respiratory viruses with additional measures for infection prevention and control taken.
- **Workforce sickness:** across the system higher rates than 'normal' of staff sickness absence has left services less resilient and restricted in the ability to rapidly expand. Sickness absence, when coupled with annual leave during the Christmas period and the underlying vacancy position across the system, acts as an escalator in terms of workforce availability. The impacts on staff workload and wellbeing are key.
- **Industrial action:** at the Board in November 2022, it was reported that ballots had been held and likely strike action dates were to be announced. Since that time strike action has taken place by the Royal College of Nursing and by Unions covering ambulance services. Further dates have now been announced in relation to both groups/services. It is anticipated that further information regarding industrial action will be forthcoming from the Royal College of Midwives, Chartered Society of Physiotherapists, UNITE, GMB, Unison and the British Medical Association.
- **Working to strengthen community care:** Positive dialogue with the Leader and CEO of Powys County Council has taken place regarding the steps that could be taken to strengthen community care, in the context of significant backlog and demand for services. Key areas of this work are outlined in the report on the agenda.

Performance, including financial performance

The Health Board continues to make progress in a range of areas against the standards set by Welsh Government in the NHS Wales Performance Framework. The detailed performance report is provided further on the agenda however it is prudent to draw attention to the following:

- **Planned Care:** As a provider the health board continues to deliver a strong performance against both the 26 and 36 week access standard. There are fragilities in performance in a small number of areas which are receiving additional focus and attention for improvement.
- **Mental health:** the increased demand has had a significant impact on the ability of the service to respond to the timeframes for access. Furthermore, the issue of workforce gaps, including social workers, means that urgent assessment and triage is prioritised. The impact of this results

Patterson, Liz
23/01/2023 11:20:18

in a longer access time for intervention which senior leaders are seeking to address.

- **Urgent and Emergency Care:** There is a more detailed report on system resilience during Winter. Several significant standards however have not been met including those at the highest level of clinical escalation. Red ambulance response times have fallen significantly short of the 65% standard, with the added issue of ambulance responses being prioritised to the highest level of acuity only, meaning that a response is not sent at times of high pressure to all calls made. Time for patient handover from ambulance services to Emergency Departments has been extremely long in some cases, and assessment and treatment in the Emergency Department has been significantly extended with significantly higher proportion of people waiting longer than 4 and 12 hours in the departments. The number of people whose main treatment has been completed and are ready for discharge but who for a range of reasons cannot leave hospital is significant. It is clear that both safety and experience of people seeking urgent and emergency care has been significantly compromised during this period. Whilst this is a national (Wales and wider UK) local leadership and action is key in enabling improvements and reducing harm.
- **Finance:** The financial report is presented on the agenda, however it is important to indicate that the health board continues to project an overspend in-year. This is significant given the organisation has delivered a breakeven financial position in each of the last 7 years. The projected overspend continues to be forecast as £7.5M.

Engagement activity

There are a range of key engagement processes underway that relate to services provided to the Powys population including:

- **Cochlear Implant and Bone Conduction Hearing Implant Services in South Wales:** This service is commissioned collectively under the Welsh Health Specialised Services Committee. There are formally 2 services providers in South Wales (located in Swansea and Cardiff); however for service sustainability those services came together several years ago. A formal review and decision regarding the location of provision is now underway. More information is available on the health boards website; with this phase of the work due to close on 14 February 2023.
- **Belmont Surgery in Gilwern:** The health board has received an application for the closure of the branch surgery that is part of the Crickhowell Medical Practice Group. Whilst the branch surgery is located in the Aneurin Bevan Health Board area it is currently serving Powys

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registered population. Targeted (geographical) information has been sent to people in the area who may have an interest in this service provision. Views are welcome to help feed into the process undertaken by the health board in considering the proposal put forward by the Practice. The closing date for these is 6th March 2022.

- **Wales Air Ambulance and EMRTS services:** A proposal presented to the Emergency Ambulance Services Committee by the Emergency Medical Retrieval and Transfer Service regarding service configuration will lead to an engagement process. This was due to commence in early January, however with the system pressures requiring resources to be diverted, it is now likely that the engagement will start during February. The EASC briefing version 4 has recently been published by EASC and is available on the health boards website.

In other engagement activity, a **Public Briefing session** has been held giving an opportunity to thank both the people of Powys for their patience during this significantly pressured period and to thank colleagues across the health and care system for their hard work. A meeting was also held with local **elected members in North Powys** relating to a variety of matters, where the issues of the Air Ambulance Services and the North Powys Wellbeing Programme were discussed. The CEO met recently with the **Older Peoples Commissioner** to discuss the challenges for older people in accessing appropriate care in the 'right' part of the system, recognising the extreme changes for people trying to leave hospital who need community care and those who require hospital treatment on an urgent and emergency basis.

Staff Excellence

The Workforce Futures Programme Team has been shortlisted for the Wales Great British Care Awards, in the category of 'Workforce Development'. The award recognises efforts to put enhanced mechanisms in place to support future arrangements for developing the workforce and recognising the uniqueness of significant rurality.

A partnership team working across health, care and third sector in Powys has made an immense contribution to:

- generate continued engagement from partners pre, post and during the pandemic
- generate investment of over £1.3m to develop the programme of work, open the first state of the art physical space and create more opportunities for the workforce to upskill and widen access to employment into the sector
- proactive and influential in a challenging complex system of working

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The award event will take place on the 26th January in Cardiff when the winners of each category will be announced.

Finally, congratulations to Powys GP Dr Andy Raynsford for being recognised in the King's New Year Honours with a British Empire Medal. Dr Raynsford is well known to colleagues across the health board and until relatively recently was the Cluster Lead for the North Powys cluster. He is a senior lead in Llanidloes Medical Practice and has been a key supported of developing services across North Powys, including providing input into the North Powys Wellbeing Programme.

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

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Agenda item: 2.1

Board Meeting		Date of Meeting: 25 January 2023
Subject:	Winter Plan 2022/23 – Update Report	
Approved and Presented by:	Chief Executive with Director of Planning and Performance Director of Primary Care, Community and Mental Health Director of Public Health	
Prepared by:	Chief Executive Assistant Director of Corporate Business	
Other Committees and meetings considered at:	Executive Committee Gold (Winter Resilience) Command	

PURPOSE:

This report provides an overview of the progress being made in implementing the Winter Plan, approved by Board in September 2022, and outlines the current position, risks and issues.

RECOMMENDATION(S):

The Board is asked to consider the current position, issues and risks relating to Winter System Resilience and **ENDORSE** the actions and approaches being taken to manage the significant system risk.

Approval/Ratification/Decision	Discussion	Information
✓	✓	✓

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

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

EXECUTIVE SUMMARY:

The Board considered and approved the Strategic Winter Plan 2022/23 at its meeting in September 2022. The Plan, developed in partnership, was also considered and supported as part of the Powys Regional Partnership Board arrangements.

The aim of the Plan was to make further improvements in addressing (existing) pressures in the system, to be prepared for Winter (escalation) and to ensure that Powys residents were supported. Key partners include Powys County Council and the Powys Association of Voluntary Organisations. A number of expected benefits were outlined in the Plan against which the report refers.

The Plan outline focuses on 5 key areas of action:

1. 'Six goals' of urgent and emergency care
2. Primary Care
3. Vaccination and wider public health
4. System capacity
5. Resilience and Business continuity

An overview against each area is provided, demonstrating the progress made, the issues being managed, and the risks being mitigated, managed, reduced, transferred or accepted.

In summary, across the range of areas there are significant issues and higher-level risks being realised and managed.

DETAILED BACKGROUND AND ASSESSMENT:

Background

The Board approved the Strategic Winter Plan for 2022/23 in September 2022. The plan, developed with partners outlined the approach to preparations for winter in the context of system pressure that already existed, and the expectation of the highly demanding winter period. The Plan was also considered and endorsed by the Powys Regional Partnership Board.

Key partners to the Plan include Powys County Council and the Powys Association of Voluntary Organisations; recognising wider partners include other Health Boards in Wales, NHS Trusts in England, Dyfed Powys Local Resilience Forum, Welsh Ambulance Services Trust and Welsh Government. The Plan reflected the learning from previous Winter planning.

The expected benefits of the plan include:

- ☐ Progress in reducing length of stay in community hospitals
- ☐ System delays to be minimised with timely assessments, discharges and transfers
- ☐ Timely repatriations
- ☐ Sustained availability of reablement and home support delivered by partners across all sectors
- ☐ Sustained availability of residential and placement based care delivered by partners across all sectors
- ☐ Ability to track and respond to wider system status escalations including primary care, social care, third sector and DGHs/ neighbouring systems
- ☐ Maintaining good overall system flow with optimum community bed utilisation and availability
- ☐ Surge bed capacity plans in place but optimally, will not be required, subject to the above

Core areas of the Winter Plan

The 2022/23 Winter Plan focused on the following core areas:

1. Six Goals of Urgent & Emergency Care

- a) Goal 1: Coordination, planning and support for populations at greater risk of needing urgent or emergency care
- b) Goal 2: Signposting people with urgent care needs to the right place, first time
- c) Goal 3: Clinically safe alternatives to admission to hospital
- d) Goal 4: Rapid response in physical or mental crisis
- e) Goal 5: Optimal hospital care and discharge practice from the point of admission
- f) Goal 6: Home first approach and reduce the risk of readmission

- 2. Primary Care
- 3. Vaccination and Public Health
- 4. System Capacity: Social Care, Independent and Third Sector and Powys component of '1000 beds', Commissioned Services / Neighbouring systems
- 5. Resilience and Business Continuity

This report should be read in conjunction with the Integrated Performance Report on the Board agenda.

Progress, issues and risks

1. Six goals of urgent and emergency care

The health board considers the range of actions both as a commissioner and provider of services. The progress report therefore indicates the high-level key areas of action that the health board and partners are taking.

Implementation Progress

1. Coordination, planning and support for populations at greater risk of needing urgent or emergency care:
 - People residing in care homes have had access to the following:
 - COVID-19 and Flu vaccination with good uptake rates
 - Access to GP services covering each care home; with advanced planning in place for many
 - Complex Care Nurse oversight for those residents with nursing care and continuing healthcare needs
 - Additional/enhanced infection, prevention and control support through the Incident Management Team approaches.
 - Providers of care homes are part of the Care Home Forum with Powys County Council and health board input.
 - People with respiratory illness have had increased support through advanced/escalation planning
 - ASSIST (Powys County Council information and advice service) in place and being highly utilised. Pressure is significant in terms of the need for social worker assessment and Local Authority colleagues are working to reduce the numbers of people (and the length of time) waiting.
 - Community Connectors (approx. 13) are in place across Powys that seek to identify and support people in the community in greater need.

- Virtual Wards are in place across Powys. These continue to feature as a key clinical and wider multi-disciplinary team mechanism to identify patients at greater risk of needing urgent or emergency care.
2. Signposting people with urgent care needs to the right place, first time:
- NHS Wales 111 continues to be highly utilised; however there has been extremely long waits for the service over the last months or so, peaking on 27th December when the call system defaulted as a result of call volumes. Rapid action was undertaken nationally to expand the capacity of the call system, and in addition a contingency arrangement was put in place to divert calls to local Out of Hours/other services. This has not been activated to date. It is recognised the people may have had a poor experience of this service over recent weeks.
 - Urgent care is provided by primary care, particularly General Practice and Community Pharmacy services. General Practice in particular has seen significant increases in demand and has therefore needed to reprioritise other work to cope with this. Escalation levels are monitored and discussed weekly and additional discussions have taken place with the Director of Primary Care, Community and Mental Health and the Medical Director with colleagues in primary care.
3. Clinically safe alternatives to admission to hospital
- Same Day Emergency Care (SDEC) services have been established across the main secondary care providers to the Powys population. There is a variation in availability of these services in terms of operating hours and the Minister has indicated expanding this service as a priority for 2023/24. The reporting of the effectiveness and impact/contribution of these services will need to mature, however the intention is that an increased number of people who would otherwise have been admitted to hospital can be supported as an SDEC patient.
 - Significant scope exists to support care homes with clinically managing patients who needs may escalate. Work being undertaken by the Emergency Ambulance Services Committee and Welsh Ambulance Service is key in this regard; however other local workstreams are in different stages of development in this regard the aim being to enable care to be provided to care home patients without an admission to hospital wherever possible.
4. Rapid response in physical or mental crisis
- Extreme pressure has been experienced in relation to the provision of ambulance services, including those with life-threatening calls. There have been several occasions when the highest level of escalation has been implemented by the Welsh Ambulance Services Trust (WAST), which in effect means that calls cannot be responded to, including some impact on life threatening situations. The Ambulance Service has maintained a good level of staffing for the emergency response, however the resources have been consistently and significantly delayed at Emergency Departments, with some extreme delays of over 35 hours. This has been reported widely in the media, and unfortunately some Powys residents have experienced poor experience as a result. Key incidents are being jointly investigated with WAST.

- In relation to mental health services and in particular access to a rapid assessment/intervention, the balance of demand with available 'duty' response ('duty' is where practitioners are available to solely focus on often new, mostly urgent or rapid response/triage) is challenged. Social worker vacancies are resulting in a redirection of staff from regular work into duty
 - Mental health NHS '111 press 2' is a new national telephone service specifically focused on supporting people who need access to advice regarding their mental health. The implementation is taking place on a roll-out basis with Powys' roll out being scheduled for Quarter 4 2022/23.
5. Optimal hospital care and discharge practice from the point of admission
- The Chief Nursing Officer and Deputy Chief Medical Officer issues guidance to NHS colleagues in relation to risk balancing discharge practice. The significant concern relating to people in the community not being able to access timely ambulance, ED or other hospital care needs to be balanced with the risk of discharging people from hospital (who are medically fit). A 'Discharge Summit' was held by Welsh Government with each Regional Partnership to review progress in enabling discharge practice to be implemented effectively.
 - Assessment processes, for example those that identify the longer term care needs of people, are a key reason for delays in patients moving through their hospital journey. Given the level of social worker vacancies, in Wales as well as specifically in Powys, this is a key cause of delay. The local authority is working on seeking to recruit social workers, however Welsh Government has now issued a requirement for a Trusted Assessor approach to be adopted. This now forms part of an Escalated Action Plan between the health board and Powys County Council. In addition, for those patients likely to require ongoing nursing care an assessment for continuing healthcare has been undertaken whilst in hospital. This assessment process takes time to establish and complete given it includes family members and a wider multidisciplinary team (including social care who have a shortage of social workers to attend). A protocol has now been agreed that patient requiring nursing care (usually in a nursing care home) will be transferred to that care setting and assessed within 6 weeks.
6. Home first approach and reduce the risk of readmission
- The health board provides residential care in Cottage View in Knighton. Interim expansion of this facility is proposed and dialogue is underway with Care Inspectorate Wales. This facility could provide important step-down care for the people of East Radnorshire, given the level of delay in discharge from Hereford Hospital.
 - The health board is scoping the potential to directly provide domiciliary care services in addition to more direct provision of community healthcare. This would be targeted to those areas where there has largely been a market failure in domiciliary care and where the unmet need for domiciliary care has meant patients being significantly delayed in hospital.

Key Issues and risks

1. *Risks associated with delay in allocation of people for social work assessment.* The Welfare calls Scheme implemented during the COVID pandemic is being re-established by Powys Association of Voluntary Organisations and will seek to offer general support (not personal care) to those awaiting the allocation of a social worker.
2. *Sustainability of NHS Wales 111 during significantly increased activity levels.* The Lead CEO for 111 has discussed the potential review/lessons learned regarding NHS Wales 111 in order to identify actions for improvement.
3. *Support for primary care in dealing with scale of urgent care demand; recognising that there may be some indirect impacts on routine care being reprioritised.* Whilst there has been no national contractual change of expectations on primary care delivery, the health board will continue to work with GPs in relation to significant impacts on delivering the whole range of contracted activity.
4. *The impacts and further potential of SDEC is not fully understood across all commissioned providers.* The health board will need to understand the scaling-up intentions for SDEC into 2023/24 from commissioned providers and the trajectory of impacts. This will form part of planning in the IMTP.
5. *Handover delays in Emergency Departments need to be reduced.* A project being undertaken jointly between the health board and WAST seeks to identify mechanisms to improve the 'return to footprint' opportunities. Other Welsh Health Boards are focusing on achieving a maximum 4 hour-maximum handover threshold.
6. *Routine mental health interventions are lagging behind in terms of access times.* Further work is required to find appropriate solutions to the impact of vacancies in social workers who are part of the mental health services to reduce the impact of 'duty' displacing more routine activity.
7. *Changes to assessment processes require embedding to enable maximum impact.* It is recognised that the implementation of Trusted Assessor and the nursing Home Assessment protocol (DST) are significant changes with agreement and change management practice needed across health and social care.
8. *The provision of social care is unusual for health board in Wales, with the provision of domiciliary care new to the health board.* Although some areas of England are providing social care, the NHS working in this way is not commonplace. Given the significant reduction in available domiciliary care (approx. 1800 hours/week over the last 12 months), this approach could provide important support in the county if established effectively.

2. Primary Care

Many of the primary care actions relating to the Winter Plan are outlined in the 6 Goals for Urgent and Emergency Care work. There are however some important other elements to draw out specifically relating to primary care.

Implementation Progress

- In late December, Welsh Government wrote to primary care (General Medical Services related) requesting that a key focus be put on urgent access primary care services. The letter indicated the need to prioritise urgent care above that of routine care. Practices have had up to a doubling of demand at its peak at the end of December and into early January. There is concern that should be pressures continue beyond a couple of weeks, that the impact on routine care will be significant and the contractual requirements at risk of being met.
- In terms of dental services, volumes for both routine and urgent care remain high. Additional urgent care capacity was secured via an expanded contract some months ago. The volume of calls to NHS Wales 111 for dental advice and access has been very high with a further review planned for how best to manage this demand at the Wales as well as local level. The dental helpline continues to operation Monday – Friday locally and dental access will continue to be a priority in the upcoming IMTP.

Issues and risks

1. *Routine primary care could be significantly impacted if the period of winter pressure and the prioritisation of urgent care above routine care continues.* This position will be kept under close review and advice will be sought from Welsh Government should contractual issue need consideration. Discussions with primary care colleagues will continue in order to best support both the urgent and routine care needs of the population.
2. *Urgent dental care demand continues to outstrip supply.* The NHS Wales 111 service will undertake a review to identify further measures that can be considered to more effectively manage demand.

3. Vaccination and Public Health

A key part of the Winter Plan 2022/23 were action regarding prevention. The action in the plan included vaccination, Test, Trace, Protect and public health advice.

Implementation Progress

- The uptake for the COVID-19 autumn booster has reached 80% of the eligible cohort. This means that 80% of people who had a primary course and were in the eligible groups (over 50 years old, resident in a care home, specified underlying condition, health and care worker). The vaccination continues to be offered through drop-in session. The flu vaccination campaign continues into the new year and people are being encouraged to take this up given uptake rates are poorer (although latest data is yet to be fully validated).
- The 5th COVID wave is thought to have peaked and is now reducing. At its height the Office for National Statistics was indicating that 1 in 22 people in one week had COVID infection. This coincide with an increase in flu which had a significant impact on hospital admissions and use of intensive care.
- Significant public concern and increased demand for advice and treatment for Strep A occurred during December. This has reduced over the last few weeks and the position is being carefully monitored.

Issues and risks

1. *Uptake rates for flu vaccination are lower than desired exposing people to increased risk.* Additional vaccination access has been made available and this will continue to be publicised during January/early February.

4. System Capacity: Social Care, Independent and Third Sector and Powys component of '1000 beds', Commissioned Services / Neighbouring systems

A core part of the Winter Plan 2022/23 was to focus on increasing the effective use of existing capacity and to increase capacity should the demand for services require it. Significant organisational and partnership capacity and focus has been geared toward this work.

Implementation Progress

- All District General Hospitals have expanded their capacity, creating 'surge' (extra beds) including boarding and double boarding (having additional patients in clinical areas above that that they are designed to have). It is though that approx. 500 additional beds have been created across Wales.
- The health board has created an additional 11 surge beds including 3 assessment beds across the community hospital network. These beds have been distributed across Powys and will seek to reduce over the next few months where possible.
- Significant work is underway on reducing the length of stay and thus using bed based capacity more effectively. The current length of stay is well above what is deemed as good performance, largely as a result of approx. one third of community hospital beds having people who are medically fit and 'awaiting' the next stage of care prior to discharge. Length of stay is starting to reduce slightly with the measures being taken and the absolute focus on reducing system pressure and improving patient safety and outcomes.
- Local authority commissioned and provided domiciliary care is under significant pressure with an overall reduction in availability through 2022. Two new providers however have started, and although it is recognised that these are relatively small volumes in comparison to the loss of hour over the year, it is nonetheless a step in the right direction.
- To help reduce the risk to people in the community who are awaiting either social worker allocation or the social worker assessment, PAVO has established a Welfare Calls service inline with that provided during the pandemic. Given there is unlikely to be a significant short term recovery of the delays in accessing social worker assessment due to the level of vacancies, this service could be extended beyond March 2023.
- The local authority is seeking to commission additional Care home beds, with funding from the Regional Partnership Board. Work is underway in liaison with the care sector to identify capacity that could be created should the workforce challenges be overcome.

Issues and risks

1. *Additional bed based capacity is a short term intervention and will need to be reduced in the coming weeks.* A plan has been developed to start reducing beds to the usual level to the end of March.
2. *Length of stay is a significant performance issue.* This results in fewer patients being able to access community hospital care in a timely manner. A wide range of actions will continue to be implemented (Trusted Assessor, Nursing Home /DST assessment) to improve the position.
3. *Social worker capacity is a key concern.* This is unlikely to be resolved in the short term, however actions to reduce the impact are included in the Escalated Action Plan that has been developed between the health board and local authority.
4. *Additional bed based (residential home) capacity, whilst helpful is short-term, and the core issue of lack of domiciliary care needs to be addressed.* Welsh Government is examining this issue but also expect local and regional action to expand this service. This forms part fo the joint Escalated Action Plan.

5. Resilience and Business Continuity

The final section of the Winter Plan indicated that the organisation and wider Regional Partnership would need to have ready mechanism to escalate. Escalated actions and mechanisms have been required.

Implementation Progress

- A 'Gold Command' has been activated, starting early December and planned to continue until the end of February. Health Board, Local Authority and PAVO leadership is included in the arrangements. In general Gold has met weekly however during the peak of pressure this has been more frequent.
- Welsh Government issued a revised 'Local Options Framework' which enables health boards to reprioritise their work and focus on escalated system pressures. The options include reducing and pausing elective care and routine services in order to divert capacity and resources to urgent and emergency care. Most health boards and Trusts have implemented elements of the Local Options Framework with elective care having been postponed for many patients and many days. The health board has not, to date, implemented the Local Options Framework, although this would be required should any further surge in bed based capacity be needed; however attempts have been made to streamline leadership and management activity to focus on the urgent system pressures.
- Powys County Council declared Business Continuity for Adult Social care in December given the scale of challenges facing the service. This enables staff to be redirected to work on urgent issues.
- Industrial action, not anticipated at the time of developing the Winter Plan 2022/23 is having a significant impact in terms of both the preparation and planning and the 'on-the-day' impacts. It is clear that Industrial Action is now intensifying, and several significant and intense days of action are likely in February. A strong planning approach will continue, with open and constructive dialogue with Trades Unions at a local level.

Issues and risks

1. *The implementation of the Local Options Framework in the health board has been limited to some streamlining of meetings and refocusing of work of leaders and managers in relation to winter system pressures. To reduce the impact on other work, this will be kept under close review.*
2. *Industrial action, alongside system pressures, is presenting an increasing risk especially as strike action intensifies. Focused planning will continue and risk reducing actions will be implemented. Further briefings on action being taken will be available to Board members as strikes expand to other groups.*

The Board is asked to:

- **CONSIDER** the progress made in implementing the key elements of the Winter Plan 2022/23
- **DISCUSS** the key risks and issues

- **ENDORSE the approach being taken and the partial activation of the Local Options Framework that has directed leaders and managers to focus on system pressures.**

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Agenda item: 2.3

BOARD MEETING		Date of Meeting: 25 January 2023
Subject :	CHARITABLE FUNDS ANNUAL REPORT AND ACCOUNTS FOR YEAR ENDED 31 MARCH 2022	
Approved and Presented by:	Director of Finance	
Prepared by:	Head of Financial Services	
Other Committees and meetings considered at:	Charitable Funds Committee	

PURPOSE:

The purpose of this paper is to provide the Charitable Funds Annual Report and Accounts for the period to 31 March 2022 for consideration.

RECOMMENDATION(S):

The Board is asked to APPROVE the Charitable Funds Annual Report and Accounts for the period to 31 March 2022 which are recommended by the Charitable Funds Committee to Board for approval as Corporate Trustee.

Approval/Ratification/Decision¹	Discussion	Information
✓		

¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level
Charitable Funds Annual Report
and Accounts to 31 March 2022

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 Powys Teaching Health Board (PTHB) as Corporate Trustee must provide to the Charity Commission an Annual Report and Accounts for the year ended 31st March 2022 for the Powys Teaching Local Health Board Charitable Fund that has been subject to Statutory Audit by External Audit and approved by the PTHB Board. The deadline for this submission is 31st January 2023.

DETAILED BACKGROUND AND ASSESSMENT:

The Charitable Funds Annual Report and Accounts has been compiled and is attached at **Appendix A** for the Board's consideration.

The Charity has exceeded the Charity Commission thresholds for statutory audit for the financial year to 31st March 2022 therefore a full statutory Audit has been undertaken by Audit Wales.

The 2021-22 ISA 260 report is attached at **Appendix B** for information.

The Annual Report and Accounts are attached and have been considered by the Charitable Funds Committee on 16th January 2023 and it is a recommendation of that committee that the Board approve the Annual Reports and Accounts as Corporate Trustee at its 25th January 2023 meeting.

The Annual Report and Accounts have to be signed by the Board Chair and Chief Executive, prior to the signing of the Auditor General for Wales on 30th January 2023.

As part of the signing process a Letter of Representation must be provided to the auditors at the time of signing. This has been drafted and is attached at **Appendix C**.

Once all parties have signed, the submission to the Charity Commission will be undertaken.

NEXT STEPS:

- The Annual Report and Accounts will be signed by the Auditor General for Wales on 30 January 2023 prior to submission the Charity Commission.

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Powys Teaching Local Health Board Charitable Fund

Annual Report and Accounts for the Year
Ended 31st March 2022

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Trustee Arrangements

Powys Teaching Local Health Board Charitable Fund (the Charity) is registered with the Charity Commission; Powys Teaching Local Health Board (Powys THB) is designated as Corporate Trustee.

The members of Powys THB who served during the financial year to 31st March 2022 were as follows:

Powys Teaching Local Health Board Board Members 2021/22			
	Chair	Vivienne Harpwood	
	Vice Chair	Melanie Davies (to 26 Dec 2021) Kirsty Williams (from 10 Jan 2022)	
	Chief Executive	Carol Shillabeer	
Independent Members		Officer Members	
Third Sector	Trish Buchan	Executive Director of Finance & IT	Pete Hopgood
Trade Union	Susan Newport (to 30 Sep 2021) Cathie Poynton (from 11 Nov 2021)	Executive Director of Workforce & OD	Julie Rowles
University	Frances Gerrard	Executive Medical Director	Paul Buss
Finance	Anthony Thomas	Executive Director of Nursing	Alison Davies (to 7 Mar 2022) Claire Roche (from 7 Mar 2022)
Capital /Estates	Mark Taylor	Executive Director of Planning & Performance	Hayley Thomas
Local Authority	Matthew Dorrance	Executive Director of Therapies & Health Sciences	Claire Madsen
ICT	Ian Phillips	Executive Director of Primary, Community Care and Mental Health	Jamie Marchant (to Nov 2021)

General	Rhobert Lewis	Executive Director of Public Health	Stuart Bourne to 11 Mar 2022
General	Ronnie Alexander (from 21 Jun 2021)	Interim Board Secretary	James Quance

In order to assist the Corporate Trustee to fulfil its statutory duties under this registration, a Charitable Fund's Committee has been established with delegated powers to manage the Charity.

Charitable Funds Committee Membership

Current

Vivienne Harpwood	-	Chair (to 16 October 2022)
Carl Cooper	-	Chair (from 17 October 2022)
Rhobert Lewis	-	Independent Member (Vice Chair of Committee)
Cathie Poynton	-	Independent Member
Pete Hopgood	-	Executive Director of Finance & IT
Claire Madsen	-	Executive Director of Therapies

Registered Office

The registered office of the Charity is Bronllys Hospital, Bronllys, Brecon, Powys, LD3 0LY.

Registration Number

The Charity is registered with the Charity Commission – Registered Number 1057902.

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Bankers

Barclays Bank
57 Frogmore Street
Abergavenny
Gwent
NP7 5AT

Internal Auditors

NHS Wales Shared
Services Partnership
Audit & Assurance Services
4-5 Charnwood Court
Heol Billingsley
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Investment Advisors

Brewin Dolphin Ltd
12 Smithfield Street
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External Auditors

Auditor General for Wales
Audit Wales
24 Cathedral Road
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CF11 9LJ

Foreword

The Charity was formally created on 28th May 2004 by a 'Deed of Arrangement' which replaced the Powys Health Care NHS Trust Charitable Fund, which had been in existence since 26th July 1996.

These accounts have been prepared in line with Financial Reporting Standard 102 (FRS 102).

The Charity's annual report and accounts for the year ending 31st March 2022 have been prepared by the Corporate Trustee in accordance with Part VI of the Charities Act 2011 and the Charities (Accounts and Reports) Regulations 2005 (Statement of Recommended Practice (SORP) 2015). The Charity's report and accounts include all the separately established charitable funds for which the Local Health Board is responsible.

Administrative Details

The Charity has an umbrella registration with the Charity Commission under which funds are registered together under a single 'main' registration number. There are a total of 72 individual funds maintained within the accounting records as at the 31 March 2022, and the notes to the accounts distinguish the types of funds and disclose separately all material funds.

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

Trustee

Powys THB is the Corporate Trustee of the Charitable Fund governed by the law applicable to Local Health Boards, principally the Trustee Act 2000 and also the law applicable to Charities, which is governed by the Charities Act 2011.

The chair and independent members of the Board are appointed by the Welsh Government and the executive directors are appointed by the Board.

The Corporate Trustee devolves responsibility for the on-going management of the charity to the Charitable Funds Committee which administers the fund on behalf of the Corporate Trustee. Details of the Corporate Trustee and its Charitable Funds Committee are disclosed on pages 2 to 4.

Principal Charitable Fund Advisor to the Board

Under a scheme of delegated authority approved by the Corporate Trustee, the Executive Director of Finance of Powys THB has responsibility for the management of the Charity, and the Head of Financial Services is the principal officer overseeing the day-to-day financial management and accounting for the charitable fund and its specific charitable accounts during the year.

Professional Advisors

The principal professional advisors to the Corporate Trustee are detailed on page 4.

Structure Governance and Management

The Charity's unrestricted fund was established using the model declaration of trust. All funds held on trust as at the date of registration were either part of this unrestricted fund or registered as separate restricted funds under the main Charity. Subsequent donations and gifts received by the Charity that are attributable to the original funds are added to those fund balances within the existing Charity. Where funds have been received which have unique specific restrictions set by the donor, new unrestricted (designated) funds have been established.

The current structure of the individual funds reflects the fact that the majority of income and expenditure is focused where patients receive services. Operational managers exercise control over the funds donated to their management area. The charitable funds available for spending are allocated to service areas within Powys THB's management structure. There are, for example, specific allocations made for individual wards and for specific service areas such as Palliative Care and Brecon Cardiac Services.

Members of the Powys THB and its Charitable Funds Committee are not individual Trustees under Charity Law but act as agents on behalf of the Corporate Trustee.

Acting for the Corporate Trustee, the Charitable Funds Committee is responsible for the overall management of the Charitable Funds. The Committee is required to:

- control, manage and monitor the use of the fund's resources for the public benefit having regard to guidance issued by the Charity Commission,
- provide support, guidance and encouragement for all its income raising activities whilst managing and monitoring the receipt of all income,
- ensure that 'best practice' is followed in the conduct of all its affairs fulfilling all of its legal responsibilities,
- ensure that the approved Investment Policy incorporated within the Charitable Funds Policy approved by the Teaching Local Health Board as Corporate Trustee is adhered to and that performance is regularly reviewed whilst being aware of ethical considerations,
- keep the Corporate Trustee fully informed on the activity, performance and risks of the Charity.

Powys THB is the main beneficiary of the charity and is a related party by virtue of being the Charity's Corporate Trustee. By working in partnership with Powys THB, the charitable funds are used to best effect and so when deciding upon the most beneficial way to use charitable funds, the Corporate Trustee has regard to its main activities, objectives, strategies and plans. The Corporate Trustee fulfils its legal duty by ensuring that funds are spent in accordance with the objectives of each fund that has been designated to respect the specific wishes of each donor.

The accounting records and the day-to-day administration of the fund is dealt with by the Finance Department located at Bronllys Hospital, Brecon, Powys, LD3 0LS.

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A message from our Chair

Hello,

You may or may not already be familiar with our Charity but PTHB Charity is the registered charity for the whole of the Powys Teaching Health Board and we look after all donations that are made to NHS staff, services, and hospitals in Powys. We work with health board staff to use those donations directly, or distribute them through our different funding streams. It is our goal to support NHS staff, patient, and community projects for the benefit of the health and wellbeing of Powys.

Following on from a remarkably difficult period during the pandemic there was still a lot of uncertainty and many challenges for us as a Charity during the past year. At the start of 2022, our Charity team was seconded for a period of three months to lend support to business-critical services at the Health Board, amidst the pressures created by COVID-19. This impacted much of our planning but despite the obvious obstacles, our staff managed to rise to the occasion with a host of new projects, partnerships, and positive impacts to celebrate.

This year, one of those celebrations was the 25th anniversary of the Powys Teaching Health Board Charity being established as a Registered Charity. To mark the occasion, we held our very first photography competition which saw some eye-catching submissions from PTHB staff members and the public to showcase what Powys means to them. Twelve winning submissions made onto our very own photo calendar (another first), helping us to raise vital service funds over the Christmas period. I highly encourage you to visit our website and social media channels to see those if you have not done so already!

With a greatly expanded scope and a host of new opportunities to progress from the previous year, 2021-22 also saw the growth of our Charity team with another full-time member of staff. Shania Jones joined us in the newly established role of Charity Administrative Support Officer in May 2021, helping us achieve the strongest year for fundraising and engagement in the Charity's history.

In 2021-22 we were able to commit a total of over four hundred and fifty thousand pounds and fund thirty-seven new projects across Powys. This included everything from ambitious multi-year projects which provide state-of-the-art training opportunities in the Powys Health and Care Academy, to grassroots support for health clubs in local schools and community centres. The diversity and breadth of projects supported was a historic first for the Charity that would not have been possible without the dedication of our health board colleagues and community partners to bring those projects to fruition.

The Charity also successfully raised over half a million pounds thanks to the incredible generosity of our local donors in Powys and an impactful national fundraising campaign by NHS Charities Together which captured the hearts and minds of millions. This outpouring of generosity has provided the platform for our Charity to invest in the local health care of our community for many years to

come. With your support, we will continue to work towards our goal of making positive long-term impacts to help people live healthier lives in Powys.

Thank you to each and every single one of our amazing supporters, staff, partners and NHS colleagues that have helped to make these achievements possible.

Carl Cooper,

**Chair of Powys Teaching Local Health Board and
PTHB Charitable Funds Committee**

Our objectives

The Charity's main fund has NHS wide objectives as follows:

"The Trustee shall hold the Trust fund upon trust to apply the income, and at their discretion, so far as may be permissible, the capital, for any charitable purpose or purposes relating to the National Health Service, wholly or mainly for the services provided by Powys Teaching Local Health Board (hereinafter referred to as "the objects")"

This means that the fund can be used for the benefit of patients and staff who receive or help deliver the services provided by Powys THB in accordance with the Deed of Trust.

The Charity is funded by donations and/or legacies received from patients, relatives and friends, the general public and other external organisations. The Corporate Trustee fulfils its legal duty by ensuring that funds are spent in accordance with the objects of each fund. The trustee respects the wishes of our donors to benefit patient care and advance good health and welfare of patients and staff and ensuring that all expenditure fulfils public benefit criteria. The practice of the Charity is to provide support to the Powys THB by the following means: -

- | | |
|------------------------|---|
| Patients' Expenditure: | by purchase of small equipment, and the provision of services and facilities not normally provided by or additional to the normal NHS provision. |
| Staff Expenditure: | by supporting staff to provide more effective services to patients, through (for example) additional education and training opportunities; and facilitating and promoting research. |
| Medical Equipment: | by purchase of equipment in addition to that normally provided by the NHS. |

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When there are changes in the delivery of a service, or when for some other reason it becomes impractical to maintain a separate fund, the Corporate Trustee has ultimate discretion, in accordance with Section 96 of the NHS Act 1977, to apply the charitable funds. Its objective, however, is to continue to respect the donor's wishes.

Placing the Charity in context

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

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

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

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

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

Key objectives

The objectives outlined below have been set out in-line with the strategic objectives of the Powys Teaching Health Board's Integrated Medium Term Plan and its core values.

The strategic objectives aim to:

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- Provide clarity on the Charity's purpose and remit for PTHB staff and members of the public.
- Outline key areas for development.
- Establish a pathway for progression.
- Demonstrate the synergies between the objectives of the Charity and those of the PTHB as set out by the Integrated Medium-Term Plan (IMTP).

The following objectives were chosen in order to outline a clear and consistent identity for the Charity, build a profile and increase its impact through greater engagement, and ensure it remains sustainable throughout 2021-22 and beyond.

- 1) Ensure strategy, planning and governance are efficient and effective
 - a) Review all Charity governance and bidding arrangements to implement operational efficiencies.
 - b) Establish clear Charity guidelines and policy for PTHB staff and independent members.
 - c) Develop a new Stakeholder Engagement Strategy for the Charity.
 - d) Scale and adapt the Charity whilst ensuring its long-term viability and sustainability.
- 2) Develop a timely and effective charitable response to health and wellbeing issues across Powys
 - a) Proactively engage with staff and patients to facilitate new charitable funding proposals.
 - b) Increase collaboration with third sector partners on fundraising and awareness raising campaigns.
 - c) Implement an effective COVID support and recovery funding programme for staff, volunteers and patients.
 - d) Generate relevant engagement opportunities to allow the public to connect with the Charity.
- 3) Create and deliver an engaging communication strategy.
 - a) Create a new brand identity for the Charity with input from key stakeholders (PTHB staff, third sector partners, service users, beneficiaries and local residents).
 - b) Enhance the Charity's public fundraising presence and generate new fundraising opportunities for the Charity.
 - c) Produce effective and engaging campaigns to widen the Charity's reach and engage new audiences.
- 4) Develop and coordinate a comprehensive stakeholder network.
 - a) Build on existing regional partnerships in order to further the Charity's strategic objectives.
 - b) Form new partnerships with key stakeholders which support the implementation of the Charity's strategic objectives.
 - c) Manage the Charity's engagement network (staff, volunteers and public).

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Delivery and monitoring

Delivery of these objectives is overseen and monitored by the Charitable Funds Committee on behalf of the Corporate Trustee as a key programme of work.

Our year in review

Impact of the pandemic

Like many other services across the Powys Teaching Health Board, the final months of 2021-22 were a relatively unsettled period for the Charity team. With organisational staffing impacted by a combination of vacant roles and COVID-19, January saw both members of the team temporarily seconded to support other services where there was operational urgency. Charity activity was temporarily reduced because of this to business essential activity only. These working arrangements remained in place until the end of March when the Charity began to gradually return to a business-as-usual capacity. This resulted in some delays to the operational activity outlined in the PTHB Charity 2021/22 annual workplan. The most notable delay was to the planned development of a new Charity brand, which will instead be carried into the next financial year.

Despite the slight disruption the Charity team responded well to the ask and challenges presented during this time and has benefited from more visibility at senior levels in the organisation, new connections with adjacent teams and services that will benefit its work going forwards.

Fundraising

Following a record-breaking year for fundraising interest and engagement from the community in 2020/21 due to the COVID-19 pandemic, 21/22 saw overall fewer numbers of active community fundraisers and donors, although the Charity continued to diversify its income streams. Growth in grant funding, legacy donations and investment income offset fewer grassroots and community donations. Thanks to this, the Charity's overall income was higher than the previous year, generating over £540,000. Despite this year-on-year increase, the Charity anticipates that income will decrease slightly in future years as the world moves on from the pandemic. This has been echoed in feedback from across the sector, including NHS Charities Together and Welsh NHS Charity colleagues.

The Charity continued to benefit from strong individual donations from local communities for specific, frontline teams such as the North Powys Palliative Care Team and the Talgarth District Nursing Team. The Charity team shifted priorities during the year to better maintain ongoing links between donors, the Charity and teams who are benefitting from the donation to ensure the impact of these donations was better captured and celebrated.

In May 2021, the Charity received a significant legacy donation of circa £200,000 for the benefit of Welshpool hospital. Legacies and gifts have formed a large percentage of the Charity's funds over the past 25 years, despite very little information on the topic made available to the public. Inspired by this donation,

the Charity launched a Legacy awareness raising campaign in November 2021 with new guidance on how to leave a gift in a will and how these donations benefit NHS staff and patients in Powys.

There was also support from corporate partners during the year with the Maldwyn Agency of NFU Mutual chose to make a sizeable contribution to the Newtown Stroke Unit. In December, The Original Factory Shop in Machynlleth made the decision to nominate PTHB Charity as their official charity of the year. This made them the Charity's first corporate partner and donations made in store and via purchases will help to support their local hospital throughout the year.

PTHB Charity was also involved in an all-Wales NHS Fundraiser organised by the Swansea Bay Health Board Charity, established during the pandemic, which raised over £190,000 to be distributed evenly between 9 NHS Charities in Wales.

Communications & Engagement

The introduction of a Charity Manager in the previous year led to a steady increase in the scope and reach of the Health Board's Charitable Funds with the addition of new internal and external communication channels, an increased public-facing presence and the development of new partnerships and commitments.

The Corporate Trustee, therefore, decided that an additional post should be a part of the efforts to scale up the Charity whilst ensuring its long-term viability and sustainability. Shania Jones started in the newly created post of Charity Administrative Support Officer in May 2021. In addition to greater general support with administrative and clerical tasks, the post has allowed the Charity to develop a more consistent schedule of digital engagement content and higher quality social media posts with far higher engagement levels. An example of this being the monthly PTHB Charity newsletter launched in July 2021, initially for PTHB staff, and since expanded to the wider public. The Charity's social media channels also amassed over 75,000 impressions during the year, with an average engagement rate of 2.35% and a total of almost 400 active followers across all channels.

July marked the 73rd birthday of the NHS, which the Charity celebrated by taking part in the NHS Big Tea campaign. The national campaign was coordinated by NHS Charities Together as an opportunity to celebrate and reflect on the successes of the NHS. PTHB Charity used the campaign as an opportunity to highlight the various projects, big and small, that were funded over the previous 12 months in Powys, with a view to encouraging new project submissions. The Charity team held a Powys-wide Randomised Tea Break for PTHB staff. This was an opportunity for the Charity to pair participants with other colleagues at random and arranging a short coffee break catch up which could be held physically or digitally. The aim was to help staff connect (or reconnect) despite COVID-19 restrictions and raise funds for the individual teams and services. Over 30 staff participated in the first digital event, providing a lot of positive feedback. This led to the concept being incorporated into other campaigns throughout the year.

The campaign which proved most successful during the year was a '25 years of PTHB Charity' campaign to commemorate 25 years since the Charity was first registered. The campaign gained traction through a photography competition for

NHS staff, Powys schools and members of the public. The aim of the competition was to encourage more engagement from the public through their submission of their favourite images of Powys from across the last quarter of a century. A selection of winning entries were chosen to create a set of PTHB Charity calendars for 2022, which were sold to raise funds over the Christmas period.

During the festive season, both Legacies and community fundraising were the principal communication priorities with *Choose Your Cause* messaging, which aimed to spotlight fundraising opportunities for the smaller, individual PTHB services that were most relevant to Charity audiences.

Looking ahead to 2022-23, the development of a unified, consistent brand identity remains a key priority for the Charity to broaden its engagement. The team will look to enlist support from external creative marketing agencies to help expedite the process.

Powys Health and Care Academy

In June 2021, PTHB Charity supported its biggest most ambitious project yet, providing funding for the Bronllys campus of the Powys Health and Care Academy. The Charity provided £180,000 towards the new £1.6 million facility as part of a new strategic partnership which will help improve access to health and social care training in the county and encourage more people to take up a career in the sector.

A large proportion of the working-age population of Powys accessing education, learning and development outside of county, given there is no 'brick university' within the footprint of Powys. Approximately 500 students each year go out of county to access higher level educational opportunities, equating to £2 million worth of educational funding moving to neighbouring counties and across the border into England. To meet future demand, there has to be a change in the way services are delivered and how the workforce is secured and developed, so that both are affordable and sustainable. The concept of operating as a hub and spoke model across the county, offers a practical solution to accessing health and social care education and training across the geographical footprint in Powys.

The Charity's contribution was utilised as part of the refurbishment of Basil Webb Hall, a new outdoor learning space, and an adaptive living space in the refurbished Magpies bungalow, which will be used to provide simulated learning in a community setting. It will specifically provide state-of-the-art IT kit and furnishings to enable Powys to better link with Academic partners outside of county and increase the in-reach of education into county and offer more research, innovation and improvement initiatives.

The Academy is planned to soft launch early in 2022-23 with a view to a full opening later in the year to align with the academic year.

Ongoing projects and partnerships

The Charity continued its aim to support larger, more strategic interventions in September 2021 with a commitment of £238,000 support to a new nurse training

programme bursary scheme over a four-year period. The funding will support 4 candidates from the Powys Community to join a new initiative recruiting local Powys residents to newly created Healthcare Support Worker (HCSW)/ Registered Nurse (RN) Training Posts and will provide a total of 8 new training roles.

The funding provided by PTHB Charity will be awarded as a bursary/sponsorship scheme targeting areas of high deprivation. Using this approach, new recruits will be employed as Band 2 HCSWs, will undertake the pre-registration nurse degree part-time over four years with the Open University (OU) and exit their training as a qualified Registered Nurse (RN). They will be guaranteed a RN role and will be committed to working in PTHB for a minimum of two years post registration.

These recently advertised training posts have attracted huge interest from existing Powys residents and communities, making it more likely that they will remain in PTHB after qualifying. It will also support recruitment in targeted locations where we have hard to fill RN posts. The Charity plans to closely monitor the progress of the recruits over their four year journey and explore future options for targeted bursary support following the evaluation of the programme.

Ongoing projects and partnerships

The Powys End of Life Care project was awarded £60,000 in 2020 and has continued to make good project progress into this year. The project team has run a very successful series of surveys for staff and members of the public in Powys to establish benchmarks for end of life care. Due to the large uptake in responses to the surveys, there are a number of external organisations interested in the findings, such as Hospice UK and other Health Boards. The National Museum of Wales (NMW) is also collaborating with the project group on its NHS Decides / Celf ar y Cyd project, which aims to deliver a bespoke implementation of artwork for hospital settings. While the project involves all Health Boards in Wales, PTHB is the only Health Board that is utilising the project in end of life care. The NHS Decides project will lead to bespoke packs for patients, families and caregivers which includes a variety of artwork and supporting materials that have been chosen and developed with input from staff and patients that will help people learn and gain more from the pieces.

After launching the highly successful COVID Response Fund in the previous year to help support staff, patients, and services affected by the pandemic, the Charity focused on promoting and utilising all the funding received from NHS Charities Together in 2021-22. Many of the Fund's projects, particularly larger programmes, experienced delays during the year due to various factors related to the pandemic. The Charity is working to ensure that all of the funding is committed, and the projects supported are able to be completed by the end of the next financial year.

The HORIZON arts in mental health project partnership with Powys County Council, started work in earnest during the year after receiving funding from the Charity in March 2021. There are currently several intervention workshops taking place across Powys to support patients with creative endeavours as part of their treatment. Other creative interventions are being planned in Powys,

including somatic experiencing and dance with people engaged in the Improving the Cancer Journey (ICJ) programme, and clay modelling, sculpture making and printing workshops for young people at risk of substance misuse at the Mid Wales Arts Centre.

Income & expenditure

Income

Voluntary income consists of donations and legacies from patients and their relatives and friends. Total income of £723,661 received during 2021/22 included £542,893 which related to three legacies.

Donations in 2021/22 include an amount of £4,443 received from various Leagues of Friends associated with Powys Hospitals (2021: £17,217).

The generosity of all those who made a donation or left a legacy is greatly appreciated. An analysis of total income is given below.

	2021/22	2020/21
	£	£
Interest and Dividends	112,028	79,104
Donations	68,740	102,439
Legacies	542,893	58,987
Grant Income	0	151,600
	<u>723,661</u>	<u>392,130</u>

Expenditure

Expenditure on charitable activities and Support Costs in 2021/22 was £278,225 (2021: £256,685).

An analysis of expenditure (excluding Fundraising costs) is shown below:

	2021/22	2020/21
	£	£
Staff Education, Welfare and Amenities	16,669	56,409
Patient Education, Welfare and Amenities	96,558	92,209
Medical Equipment	7,812	15,188
Building and Refurbishment	55,563	1,584
Support Costs	101,623	91,295
	<u>278,225</u>	<u>256,685</u>

Gain/Loss on Investment Assets

An amount of £2.804M was invested via Brewin Dolphin Ltd in February 2020 and at the 31st March 2022 was valued at £3.548M (2021:£3.328M) the unrealised gain on Investment totalled £0.236M. Unrealised gains and losses are calculated as the difference between the market value of the investment at the year end and opening carrying value. Since the investments have not physically been sold, this change in valuation remains an unrealised gain/loss until a sale transaction realises the value and it becomes a realised gain/loss.

Elements of funds held

Expenditure was undertaken from the Charity's unrestricted and restricted income funds; these funds comprise two elements:

- **The General Purposes Fund**, which is constituted of funds received by the Charity with no particular preference expressed by donors. Applications can be made to this fund from any service area within Powys THB. Expenditure from this fund is targeted on projects in areas that do not have available Designated Funds to pay for them.
- **Designated Funds**, which usually contain donations where a particular part of a Hospital or Health Board activity was nominated by the donor at the time their donation was made. Whilst their nomination is non-binding on the Trustee, the designated funds reflect these nominations and are overseen by Service Managers who can make recommendations on how to spend the money within their designated area. Service Managers' recommendations are duly considered and these funds can be spent at any time with the prior approval of the Charitable Funds Committee or Executive Directors/Assistant Directors.

Reserves policy

The Charity's reserves policy has the objective of ensuring that the Charity has sufficient funds available to maintain liquidity, cover unforeseen risks and provide for future opportunities.

The Charity relies heavily on income from donations, fundraising and legacies. These are unpredictable sources that can vary year to year. Therefore, the Charity needs sufficient reserves to be able to continue its activities in the event of fluctuations in its income.

The Charity has a target level of reserves of £0.708M. This is based on the following calculation, with average figures taken from the last three years of audited accounts:

- One year's administration cost (support costs, fundraising costs and investment management costs).
- 20% of the value of investments held.

- 25% of the grant funded activity expenditure.

The target level of reserves will be reassessed on an annual basis.

The Trustee will review the actual reserves held against the target at least annually, to ensure that sufficient funds are held within the Charity, whilst also continuing to utilise funds within a reasonable period of receipt.

A review of funds, performance & investments

The net assets of the Charitable Funds as at 31st March 2022 were £4,596,846 (2021: £3,932,603). Overall net assets increased by £664,243.

The charity continues to rely on donations and legacies and investment income as the main sources of income. Total incoming resources increased by £331,531 compared with the previous financial year. Legacy income increased by £483,906.

Expenditure of £278,225 has increased compared with the previous year (2021: £256,685). The total charitable expenditure on direct charitable activity, including support costs was £278,225 across a range of programmes.

Purchase of new medical equipment

The total spend on providing new equipment for Powys THB of £7,812 (2021: £15,188) represents a vital and valuable contribution to enhancing the provision of clinical care ranging from purchases of small items of rehabilitation equipment through to an hydraulic patient chair.

Provision of Staff Education, Welfare and Amenities

Of the total Staff Education, Welfare and Amenities expenditure in year of £16,669 (2021: £56,409), the Charity contributed £10,057 (2020: £22,411) towards the provision of education and training for Powys THB staff undertaking further professional education and training.

Provision of Patient Education, Welfare and Amenities

A significant amount of expenditure £96,557 (2021: £92,209) has been charged under this heading in the year from small initiatives such as increased patient activities at day hospitals to the funding of a digital facilitator to assist patients in the community access hospital services via digital means.

Performance management

The Charity Manager and Charity Administrative Support Officer have been employed to deliver a new strategy for the Charity and to support the development of new projects, partnerships and proposals to help the Charity to best fulfil its

charitable aims and objectives. The Charity team will help the Trustee to monitor general progress and performance of charitable funds and their utilisation. The performance of the Charity team is regularly reviewed by both the Charitable Funds Committee and the Corporate Trustee in order to ensure to the Charity continues to achieve and deliver support to its full potential.

All general purpose funding proposals and significant proposals (above £5,000 in value) are reviewed and approved by the Charitable Funds Committee with prior support from the PTHB Executive Committee. Local and designated fund requests that fall below the above threshold require support from Executive Directors/Assistant Directors for the delegated service managers who manage those funds.

Investments

The Corporate Trustee has considered potential risks to which the Charity is exposed. There are no major risks that have been identified other than those associated with the normal fluctuations in the value of investments. The Trustee believes these risks are appropriately managed. Independent investment advisors (Brewin Dolphin Limited) have been appointed, and investments are held in a diversified fund of investments.

The Corporate Trustee invests the funds of the Charity with Brewin Dolphin Ltd via a Portfolio arrangement. At the year-end 13%, 73%, 6% and 7% were invested in Fixed Income, Equities, Alternatives and Other Investments respectively with the remaining 1% held as cash assets.

The Corporate Trustee continues to consider its exposure to the fluctuations in the value of its equity-based investment, and receives a quarterly investments performance report at each Charitable Funds Committee meeting.

In line with the ethos of promoting patient wellbeing, the Corporate Trustee attempts to ensure that all investments are ethically and environmentally sound, and are not opposed to the core purpose of the Charity. This ethical mandate is interpreted by our Investment Managers and informs the makeup of our portfolio. These ethical considerations and regularly monitored on a quarterly basis.

The strategy of the Corporate Trustee is that funds are spent within a timely manner after receipt. The Charity has further developed this strategy to target funds that remained dormant for a period of over 12 months to ensure that the funds that have been built up over many years are being targeted and distributed equitably. This has been made possible by the introduction of a Charity Manager to support the Corporate Trustee's aims and to support service managers, Senior operational teams and Directorate Managers in developing strategic proposals to utilise funds throughout the year.

Looking ahead to 2023

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This review should be viewed in the context of the Corporate Trustee vision to ensure wherever possible, the Charity supports the health and wellbeing of the people of Powys.

The overall direction of the Charity will continue to be developed in future years with priorities and objectives which outline a clear and consistent identity. This will help to build its profile and increase the impact of its work through greater engagement and strategic investment. To achieve this, the Charity will undertake a full review of its vision, values and strategic priorities with its stakeholders and implement a new long-term strategy. This strategy will ensure PTHB Charity remains relevant and sustainable following the widespread and lasting impact of the COVID-19 pandemic.

The priorities for this strategy will be identified through consultation with the Charity's stakeholders, which includes PTHB staff and Board members, third sector partners, patients and their families, as well as members of the community. All future priorities for PTHB Charity should reflect its stakeholders' expectations of what it can deliver and complement the strategic aims of Powys Teaching Health Board's Integrated Medium-Term Plan (IMTP) 2022-2025.

The Charity will continue work with partners, donors, staff and other stakeholders to add benefit to the population of Powys receiving health care services. As such, income and expenditure plans will be the subject of continual review to ensure that future needs are prioritised accordingly.

Thank you for all your support

On behalf of the patients, staff and community members who have benefited from improved services due to donations and legacies, the Corporate Trustee and the Charity would like to thank all patients, relatives, friends and staff who have made charitable donations or contributions during the year. We have been overwhelmed by the generosity of our communities this year and for that we cannot thank them enough.

PTHB Charity and the Powys Teaching Health Board has a clear view of how health services should be delivered to improve the health and wellbeing of Powys. We can only make this vision possible through our partners, staff, patients, carers and our Powys communities and we invite you to join us to make this a reality. If you want to learn more about PTHB Charity and how you can support, please visit the

Charity’s website: pthb.nhs.wales/about-us/our-charity/ or
contact the Charity at PTHB.Charity@wales.nhs.uk.

Mr Carl Cooper

Chair

**Powys Teaching
Local Health Board**

Mrs C Shillabeer

Chief Executive

**Powys Teaching
Local Health Board**

Patterson Liz
23/01/2023 11:23:18

Statement of Trustee responsibilities in respect of the Trustee's Report and the financial statements

Under charity law, the Trustee is responsible for preparing the Trustee Report and the financial statements for each financial year which show a true and fair view of the state of affairs of the charity and of the excess of income over expenditure for that period.

In preparing these financial statements, generally accepted accounting practice entails that the Trustee:

- selects suitable accounting policies and then applies them consistently;
- makes judgements and estimates that are reasonable and prudent;
- states whether the recommendations of the Statement of Recommended Practice FRS 102 have been followed, subject to any material departures disclosed and explained in the financial statements;
- states whether the financial statements comply with the trust deed, subject to any material departures disclosed and explained in the financial statements;
- prepares the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue its activities.

The Trustee is required to act in accordance with the trust deed and the rules of the charity, within the framework of trust law. The Trustee is responsible for keeping proper accounting records, sufficient to disclose at any time, with reasonable accuracy, the financial position of the charity at that time, and to enable the Trustee to ensure that, where any statements of accounts are prepared by them under section 42(1) of the Charities Act 2011, those statements of accounts comply with the requirements of regulations under that provision. The Trustee has a general responsibility for taking such steps as are reasonably open to it to safeguard the assets of the charity and to prevent and detect fraud and other irregularities.

The Trustee is responsible for the maintenance and integrity of the financial and other information included on the Powys Teaching Local Health Board website. Legislation in the UK governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

The Trustee confirms that it has met the responsibilities set out above and complied with the requirements for preparing the accounts. The financial statements set out on pages 25 to 39 attached have been compiled from and are in accordance with the financial records maintained by the Trustee.

By Order of the Trustee

Signed:(Chair)

Date:.....

Signed:(Chief Executive) Date:.....

Patterson
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The independent auditor's report of the Auditor General for Wales to the Trustee of Powys Teaching Local Health Board Charitable Fund

Opinion on financial statements

I have audited the financial statements of Powys Teaching Health Board Charitable Fund (the Charity) for the year ended 31 March 2022 under the Charities Act 2011. These comprise the Statement of Financial Activities, Balance Sheet, Statement of Cash Flows and related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of the Charity as at 31 March 2022 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Charities Act 2011.

Basis of opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the charity in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the Trustee with respect to going concern are described in the relevant sections of this report.

Patterson, Liz
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Other Information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The Trustee is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Report on other requirements

Matters on which I report by exception

I have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require me to report to you if, in my opinion:

- the information given in the financial statements is inconsistent in any material respect with the Trustee's report;
- sufficient accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements are not in agreement with the accounting records and returns; or
- I have not received all of the information and explanations I require for my audit.

Responsibilities

Responsibilities of the Trustee for the financial statements

As explained more fully in the Statement of Trustee Responsibility, the Trustee is responsible for preparing the financial statements in accordance with the Charities Act 2011, for being satisfied that they give a true and fair view, and for such internal control as the Trustee determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Trustee is responsible for assessing the Charity's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

Auditor's responsibilities for the audit of the financial statements

I have been appointed as auditor under section 150 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management, the Charity's internal auditors and those charged with governance, including obtaining and reviewing supporting documentation relating to the Charity's policies and procedures concerned with:
 - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
 - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in the following areas: posting of unusual journals and cut-off;
- Obtaining an understanding of the Charity's framework of authority as well as other legal and regulatory frameworks that the Charity operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of the Charity.
- In addition to the above, my procedures to respond to identified risks included the following:
 - reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations;
 - enquiring of management and those charged with governance about actual and potential litigation and claims;
 - reading minutes of meetings of those charged with governance;
 - in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the

effectiveness of the Charity's controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Adrian Crompton
Auditor General for Wales
30th January 2023

24 Cathedral Road
Cardiff
CF11 9LJ

Patterson Liz
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Powys Teaching Local Health Board Charity Statement of Financial Activities for the year ended 31 March 2022

		Unrestricted funds £000	Restricted Income funds £000	Endowment funds £000	Total Funds 2021/22 £000
	Note				
Incoming resources from generated funds:					
Donations and legacies	3	611	0	0	611
Investments	5	112		0	112
Total incoming resources		723	0	0	723
Expenditure on:					
Raising Funds	6	16	0	0	16
Charitable activities	7	279	0	0	279
Total expenditure		295	0	0	295
Net gains / (losses) on investments	13	236	0	0	236
Net income / (expenditure)		664	0	0	664
Transfer between funds	18	0	0	0	0
Net movement in funds		664	0	0	664
Reconciliation of Funds					
Total Funds brought forward	19	3,930	0	3	3,933
Total Funds carried forward		4,594	0	3	4,597

Powys Teaching Local Health Board Charity Statement of Financial Activities for the year ended 31 March 2021

		Unrestricted funds £000	Restricted Income funds £000	Endowment funds £000	Total Funds 2020/21 £000
	Note				
Incoming resources from generated funds:					
Donations and legacies	3	313	0	0	313
Investments	5	79	0	0	79
Total incoming resources		392	0	0	392
Expenditure on:					
Raising Funds	6	13	0	0	13
Charitable activities	7	256	0	0	256
Total expenditure		269	0	0	269
Net gains / (losses) on investments	13	557	0	1	558
Net income / (expenditure)		680	0	1	681
Transfer between funds	18	0	(2)	2	0
Net movement in funds		680	(2)	3	681
Reconciliation of Funds					
Total Funds brought forward	19	3,250	2	0	3,252
Total Funds carried forward		3,930	0	3	3,933

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Powys Teaching Local Health Board Charity Balance Sheet as at 31 March 2022

		Unrestricted funds	Restricted Income funds	Endowment funds	Total 31 March 2022	Total 31 March 2021
	Note	£000	£000	£000	£000	£000
Fixed assets:						
Investments	13	3,788	0	3	3,791	3,390
Total fixed assets		3,788	0	3	3,791	3,390
Current assets:						
Debtors	14	4	0	0	4	32
Cash and cash equivalents	15	980	0		980	657
Total current assets		984	0	0	984	689
Liabilities:						
Creditors: Amounts falling due within one year	16	178	0	0	178	146
Net current assets / (liabilities)		806	0	0	806	543
Total assets less current liabilities		4,594	0	3	4,597	3,933
Creditors: Amounts falling due after more than one year	16	0	0	0	0	0
Total net assets / (liabilities)		4,594	0	3	4,597	3,933
The funds of the charity:						
Endowment Funds	19			3	3	3
Restricted income funds	19		0		0	0
Unrestricted income funds	19	4,594			4,594	3,930
Total funds		4,594	0	3	4,597	3,933

The notes on pages 30 to 40 form part of these accounts

Signed :

Name :(Chair of Trustees)

Date :

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Powys Teaching Local Health Board Charity Statement of Cash Flows for the year ending 31 March 2022

		Unrestricted funds	Restricted Income funds	Endowment funds	Total Funds 2021-22	Total Funds 2020-21
	Note				£000	£000
Cash flows from operating activities:						
Net cash provided by (used in) operating activities	17	195	0	0	195	(10)
Cash flows from investing activities:						
Dividend, interest and rents from investments	5	112	0	0	112	79
Proceeds from the sale of investments	13	369	0	0	369	804
Purchase of investments	13	(351)	0	0	(351)	(1,586)
Movement of Cash held as part of investment portfolio	13	(2)	0	0	(2)	779
Net cash provided by (used in) investing activities		128	0	0	128	76
Change in cash and cash equivalents in the reporting period		323	0	0	323	66
Cash and cash equivalents at the beginning of the reporting period	15	657	0	0	657	591
Cash and cash equivalents at the end of the reporting period	15	980	0	0	980	657

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Note on the accounts

1 Accounting Policies

(a) Basis of preparation

The financial statements have been prepared under the historic cost convention, with the exception of investments which are included at fair value.

The accounts (financial statements) have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2015.

The accounts (financial statements) have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair view'. This departure has involved following Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 rather than the Accounting and Reporting by Charities: Statement of Recommended Practice effective from 1 April 2005 which has since been withdrawn.

The Trustees consider that there are no material uncertainties about the Charity's ability to continue as a going concern. There are no material uncertainties affecting the current year's accounts.

In future years, the key risks to the Charity are a fall in income from donations or investment income but the trustees have arrangements in place to mitigate those risks (see the risk management and reserves sections of the annual report for more information).

The Charity meet the definition of public benefit entity under FRS 102.

(b) Funds structure

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified either as:

- A restricted fund or
- An endowment fund.

Restricted funds are those where the donor has provided for the donation to be spent in furtherance of a specified charitable purpose. The Charity's restricted funds tend to result from donations or legacies for specified purposes.

Endowment funds arise when the donor has expressly provided that the gift is to be invested and only the income of the fund may be spent. These funds are sub analysed between those where the Trustees have the discretion to spend the capital (expendable endowment) and those where there is no discretion to expend the capital (permanent endowment).

Those funds which are neither endowment nor restricted income funds, are unrestricted income funds which are sub analysed between designated (earmarked) funds where the Trustees have set aside amounts to be used for specific purposes or which reflect the non-binding wishes of donors and unrestricted funds which are at the Trustees' discretion, including the general fund which represents the charity's reserves. The major funds held in each of these categories are disclosed in note 19.

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(c) Incoming resources

Income consists of donations, legacies, income from charitable activities and investment income.

Donations are accounted for when received by the charity. All other income is recognised once the charity has entitlement to the resources, it is probable (more likely than not) that the resources will be received and the monetary value of incoming resources can be measured with sufficient reliability.

Where there are terms or conditions attached to incoming resources, particularly grants, then these terms or conditions must be met before the income is recognised as the entitlement condition will not be satisfied until that point. Where terms or conditions have not been met or uncertainty exists as to whether they can be met then the relevant income is not recognised in the year but deferred and shown on the balance sheet as deferred income.

(d) Incoming resources from legacies

Legacies are accounted for as incoming resources either upon receipt or where the receipt of the legacy is probable.

Receipt is probable when:

- Confirmation has been received from the representatives of the estate(s) that probate has been granted
- The executors have established that there are sufficient assets in the estate to pay the legacy and
- All conditions attached to the legacy have been fulfilled or are within the charity's control.

If there is uncertainty as to the amount of the legacy and it cannot be reliably estimated then the legacy is shown as a contingent asset until all of the conditions for income recognition are met.

(e) Incoming resources from endowment funds

The income received from the investment of endowment funds is attributed to unrestricted funds to be spent on charitable purposes. Any gains or losses arising from the valuation of investment of the endowment capital amount are attributed to the endowment fund

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(f) Resources expended and irrecoverable VAT

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to each category of expense shown in the Statement of Financial Activities. Expenditure is recognised when the following criteria are met:

- There is a present legal or constructive obligation resulting from a past event
- It is more likely than not that a transfer of benefits (usually a cash payment) will be required in settlement
- The amount of the obligation can be measured or estimated reliably.

Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

(g) Recognition of expenditure and associated liabilities as a result of grants

Grants payable are payments made to linked, related party or third party NHS bodies and non NHS bodies, in furtherance of the charitable objectives of the funds held on trust, primarily relief of those who are sick.

Grant payments are recognised as expenditure when the conditions for their payment have been met or where there is a constructive obligation to make a payment.

A constructive obligation arises when:

- We have communicated our intention to award a grant to a recipient who then has a reasonable expectation that they will receive a grant
- We have made a public announcement about a commitment which is specific enough for the recipient to have a reasonable expectation that they will receive a grant
- There is an established pattern of practice which indicates to the recipient that we will honour our commitment.

The Trustees have control over the amount and timing of grant payments and consequently where approval has been given by the trustees and any of the above criteria have been met then a liability is recognised. Grants are not usually awarded with conditions attached. However, when they are then those conditions have to be met before the liability is recognised.

Where an intention has not been communicated, then no expenditure is recognised but an appropriate designation is made in the appropriate fund. If a grant has been offered but there is uncertainty as to whether it will be accepted or whether conditions will be met then no liability is recognised.

(h) Allocation of support costs

Support costs are those costs which do not relate directly to a single activity. These include staff costs, costs of administration, internal and external audit costs. Support costs have been apportioned between charitable activities on an appropriate basis. The analysis of support costs and the bases of apportionment applied are shown in note 10.

(i) Fundraising costs

There has been £16K fundraising costs incurred by the Charity during 2021/22 (2020/21 £13K). This relates to investment management costs.

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(j) Charitable activities

Costs of charitable activities comprise all costs incurred in the pursuit of the charitable objects of the charity. These costs, where not wholly attributable, are apportioned between the categories of charitable expenditure in addition to the direct costs. The total costs of each category of charitable expenditure include an apportionment of support costs as shown in note 7.

(k) Debtors

Debtors are amounts owed to the charity. They are measured on the basis of their recoverable amount.

(l) Fixed Asset Investments

Investments are a form of basic financial instrument. Fixed Asset investments are initially recognised at their transaction value and are subsequently measured at their fair value (market value) at the balance sheet date. The Statement of Financial Activities includes the net gains and losses arising on revaluation and disposal throughout the year. Quoted stocks and shares are included in the Balance Sheet at the current mid price market value quoted by the investment analyst, excluding dividend. The SORP recommends that the bid price market price be used in valuing stocks and shares, although the difference between the bid and mid market price is not material. Other investments are included at the trustees' best estimate of market value.

The main form of financial risk faced by the charity is that of volatility in equity markets and investment markets due to the wider economic conditions, the attitude of investors to investment risk and changes in sentiment concerning equities and within particular sectors or sub sectors. Further information on the charity's investments can be found in note 13.

(m) Cash and cash equivalents

Cash at bank and in hand is held to meet the day to day running costs of the charity as they fall due. Cash equivalents are short term, highly liquid investments, usually in no notice interest bearing savings accounts.

(n) Creditors

Creditors are amounts owed by the charity. They are measured at the amount that the charity expects to have to pay to settle the debt.

Amounts which are owed in more than a year are shown as long term creditors.

(o) Realised gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening carrying value. Unrealised gains and losses are calculated as the difference between the market value at the year end and opening carrying value.

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2. Related party transactions

During the year none of the trustees or members of the key management staff or parties related to them has undertaken any material transactions with the Powys Teaching Local Health Board Charitable Funds other than those disclosed below.

Board Members (and other senior staff) take decisions both on Charity and Exchequer matters but endeavour to keep the interests of each discrete and do not seek to benefit personally from such decisions. Declarations of personal interest have been made in both capacities and are available to be inspected by the public.

The Charitable Trust Fund has made payments to Powys Teaching Health Board of £0.171M. As at 31 March 2022 the total owed to the Health Board was £0.135M (2021: £0.116M), and owed by the Health Board was £0.000M (2021: £0.002M).

The Charity's Board members have related party interests in the the following:

<u>Name</u>	<u>Details</u>	<u>Related Party Interests</u>
Trish Buchan	Independent Member	Powys Association of Voluntary Organisations (Ex off
Matthew Dorrance	Independent Member	Powys County Council

The Total value of transactions with related parties during 2021/22 are as follows:

Related Party	Payment to related party £	Amounts received from related party £	Amounts owed to related party £	Amounts due from related party £
Powys Association of Voluntary Organisations	10,462	0	0	0
Powys County Council	2,224	0	0	0

3. Income from donations and legacies

	Unrestricted funds £000	Restricted Income funds £000	Endowment funds £000	Total 2021-22 £000	Total 2020-21 £000
Donations	69	0	0	69	102
Legacies	542	0	0	542	59
Grants	0	0	0	0	152
	611	0	0	611	313

4. Role of volunteers

Like all charities, the THB Charity is reliant on a team of volunteers for our smooth running. Our volunteers perform the following role:

- Fund advisors – there are about 13 THB staff who manage how the charity's designated funds should be spent. These funds are designated (or earmarked) by the trustees to be spent for a particular purpose or in a particular ward or department. Each fund advisor has delegated powers to spend the designated funds that they manage in accordance with the trustees wishes subject to the approval of their Executive Director/Assistant Director or the Charitable Funds Committee. The trustees determine through its Strategy the key aims that expenditure should be utilised for. Fund advisors who spend more than £5,000 are required to seek approval from the Charitable Funds Committee setting out what they intend to spend the money on and the difference it will make to the patients and staff of the THB services.

In accordance with the SORP, due to the absence of any reliable measurement basis, the contribution of these volunteers is not recognised in the accounts.

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5. Gross investment income

	Unrestricted funds £000	Restricted Income funds £000	Total 2021-22 £000	Total 2020-21 £000
Fixed asset equity and similar investments	112	0	112	79
Short term investments, deposits and cash on deposit	0	0	0	0
	112	0	112	79

6. Analysis of expenditure on raising funds

	Unrestricted funds £000	Restricted Income funds £000	Total 2021-22 £000	Total 2020-21 £000
Investment management	16	0	16	13
	16	0	16	13

7. Analysis of charitable activity

	Grant funded activity £000	Support costs £000	Total 2021-22 £000	Total 2020-21 £000
Medical research				
Purchase of new equipment	8	4	12	23
Building and refurbishment	56	32	88	3
Staff education and welfare	17	10	27	87
Patient education and welfare	96	56	152	143
	177	102	279	256

Support costs are apportioned based on %age of Grant funded activity

8. Analysis of grants

The charity does not make grants to individuals. All grants are made to the Health Board to provide for the care of NHS patients in furtherance of our charitable aims. The total cost of making grants, including support costs, is disclosed on the face of the Statement of Financial Activities and the actual funds spent on each category of charitable activity, is disclosed in note 7.

The trustees operate a scheme of delegation for the majority of the charitable funds, under which fund advisors manage the day to day disbursements on their projects in accordance with the directions set out by the trustees in charity standing orders and financial instructions. Funds managed under the scheme of delegation represent ongoing activities and it is not possible to segment these activities into discrete individual grant awards.

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9. Movements in funding commitments

	Current liabilities	Restricted Non-current liabilities	Total 31 March 2022	Total 31 March 2021
	£000	£000	£000	£000
Opening balance at 1 April (see note 16)	146		146	190
Movement in liabilities	32		32	(44)
Closing balance at 31 March (see note 16)	178	0	178	146

As described in notes 7 and 8, the charity awards a number of grants in the year. Many grants are awarded and paid out in the same financial year. However, some grants which are awarded for example funding a specific post can span financial years. For such grants whilst the award may be for more than one year, it is only the annual amount that is paid out in year and recorded as expenditure within charitable activities.

The charity at present does not issue formal grant letters to recipients and therefore the expectation of the recipient in recognition of this grant as defined by the SORP is not met with certainty.

10. Allocation of support costs

Support and overhead costs are allocated between fundraising activities and charitable activities. Governance costs are those support costs which relate to the strategic and day to day management of a charity.

	Raising funds £000	Charitable activities £000	Total 2021-22 £000	Total 2020-21 £000	Basis
Governance					
External audit	0	15	15	25	Charged to Central Fund
Finance and administration	0	3	3	3	Charged to Central Fund
Other professional fees					
Total governance	0	18	18	28	
Finance and administration	0	84	84	63	Charged to Central Fund
	0	102	102	91	
	Unrestricted funds £000	Restricted Income funds £000	Endowment funds £000	Total Funds 2021-22 £000	Total Funds 2020-21 £000
Charitable activities	102	0	0	102	91
	102	0	0	102	91

11. Staff Costs, Trustees' remuneration, benefits and expenses

The charity does not make any payments for remuneration nor to reimburse expenses to the charity trustees for their work undertaken as trustee.

The charity has no employees. Staff services are provided to the charity from Powys Teaching Local Health Board, the corporate Trustee of the Charity, which has received reimbursement from the Charity of £0.133M (2020/21: £0.066M).

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12. Auditors remuneration

The External auditors remuneration of £14,963 (2020-21: £25,000.00) related solely to the Audit of the Statutory Annual Report and Accounts. Due to the Charity exceeding the threshold requirements during 2020/21 a full audit of the Annual Report and Accounts was required. Previous years has seen an Independent Examination being undertaken as the thresholds had not been exceeded.

Internal Auditors review seeks to provide the Health Board with assurance that operational procedures are compliant with the Health Board's Charitable Funds Policy and Guidance, along with its underlying Standing Financial Instructions, and wider NHS Charities guidance. An Internal Audit review was undertaken during October 2022 which provided a rating of Reasonable Assurance which indicates:

"The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved"

During the year 2020/21 the Local Counter Fraud Service undertook a risk assessment of controls for charitable funds. NHS Protect has issued a Risk Assessment tool to guide Local Counter Fraud functions to undertake a Risk Assessment of the Counter Fraud arrangements in place at their own organisation. The Assessment of Charitable funds indicated a low risk rating of 1x4 with the only recommendation being to 'maintain the robust controls that are in place and consult with Counter fraud prior to any amendments being initiated'.

13. Fixed asset investments

Movement in fixed assets investments

	Total 2021-22	Total 2020-21
	£000	£000
Market value brought forward	3,390	2,829
Add: additions to investments at cost	351	1,586
Add: additions to investments at cost (Non Cash)	181	0
Less disposals at carrying value	(369)	(804)
Add net gain / (loss) on revaluation	236	558
Movement of Cash held as part of investment portfolio	2	(779)
Market value as at 31st March	3,791	3,390

Fixed Asset by Type

	Total 2021-22	Total 2020-21
	£000	£000
Investment Properties	243	62
UK Bonds	149	269
Overseas Bonds	300	193
UK Equities	962	931
Global Equities	1,590	1,444
Emerging Market Equities	39	71
Global Investments	0	0
Absolute Return	143	149
Property	79	67
Other Investments	235	155
Cash	51	49
	3,791	3,390

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All investments are carried at their fair value.

The Charitable Trustee has considered potential risks to which the Charity is exposed. There are no major risks that have been identified other than those associated with the normal fluctuations in the value of investments. The Trustee believes these risks are appropriately managed. Independent investment advisors (Brewin Dolphin Ltd) have been appointed, and investments are held in a diversified fund of investments, including 13% in fixed interest mainly government stock

The Corporate Trustee invests the funds of the Charity with Brewin Dolphin Ltd via a Portfolio arrangement. At the year-end 73% (2021:74%), 13%(2021: 14%), 6%(2021:6%), and 7% (2021:5%), were invested in Equities, Fixed Income, Alternatives and Other Investments respectively with the remaining 1% (2021:1%), held as cash assets.

The Corporate Trustee continues to consider its exposure to the fluctuations in the value of its equity based investment, and receives a quarterly investments performance report at each Charitable Funds Committee meeting.

The charity during 2018/19 undertook a re-tender of its investment manager services. This has resulted in a change of Investment Management services to Brewin Dolphin Ltd with the investment with CCLA Ltd being sold during October 2019 and a new portfolio investment with Brewin Dolphin Ltd from February 2020.

Investment property brought forward includes assets left to the charity as part of a legacy are contained within this note. The Charity owns a 1/3 share of these properties and receives a 1/3 share of income and expenditure regarding these properties.

During the year, Investment Properties has increased to include the recognition of a new investment asset left to the charity as part of a legacy estate. The charity owns a 1/4 share of this property and receives a 1/4 share of income and expenditure regarding this property.

The valuation of investment properties, consisting of freehold ground and property rents is based on a professional assessment of fair value by an independent valuer. Subsequent movements on valuations at 31st March will be recognised as a gain or loss within the Statement of Financial Activities for the corresponding year.

During the year an unrealised gain of £0.236M was recognised in the accounts.

In line with the ethos of promoting patient wellbeing, the Corporate Trustee attempts to ensure that all investments are ethically and environmentally sound, and are not opposed to the "purpose" of the charity. The performance of the investments are regularly monitored and reported on a quarterly basis by our investment managers.

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14. Analysis of current debtors

Debtors under 1 year

	Total 31 March 2022	Total 31 March 2021
	£000	£000
Prepayment	0	28
Other debtors	4	4
	4	32

15. Analysis of cash and cash equivalents

	Total 31 March 2022	Total 31 March 2021
	£000	£000
Cash in hand	980	657
	980	657

No cash or cash equivalents or current asset investments were held in non-cash investments or outside of the UK.

16. Analysis of liabilities

	Total 31 March 2022	Total 31 March 2021
	£000	£000
Creditors under 1 year		
Trade creditors	178	146
	178	146
Creditors over 1 year		
Trade creditors	0	0
	0	0
Total creditors	178	146

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17. Reconciliation of net income / expenditure to net cash flow from operating activities

	Total 2021-22	Total 2020-21
	£000	£000
Net income / (expenditure) (per Statement of Financial Activities)	664	681
Adjustment for:		
(Gains) / losses on investments	(236)	(558)
Dividends, interest and rents from investments	(112)	(79)
(Increase) / decrease in debtors	28	(10)
Increase / (decrease) in creditors	32	(44)
Non cash donation of property in operating activities	(181)	0
Net cash provided by (used in) operating activities	195	(10)

18. Transfer between funds

There have been no transfer between funds within the year.

19. Analysis of funds

a. Analysis of endowment fund movements

	Balance 1 April 2021 £000	Income £000	Expenditure £000	Transfers £000	Gains and losses £000	Balance 31 March 2022 £000
Endowment Funds	3	0	0	0	0	3
	<u>3</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>3</u>

There is a small capital in perpetuity donation which specifies that the capital amount is to be invested and any income from this is to be utilised by the Charity. The original donation amount cannot be discharged and must remain as an investment. The income received from this endowment is added to unrestricted funds to be spent on charitable purposes. Any gains or losses arising from the valuation of investment of the endowment capital amount are attributed to the endowment fund

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b. Analysis of restricted fund movements

	Balance 1 April 2021 £000	Income £000	Expenditure £000	Transfers £000	Gains and losses £000	Balance 31 March 2022 £000
Restricted Funds	0	0	0	0	0	0
	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

There are no funds classed as restricted held by the charity.

c. Analysis of unrestricted and material designated fund movements

	Balance 1 April 2021 Restated £000	Income £000	Expenditure £000	Transfers £000	Gains and losses £000	Balance 31 March 2022 £000
8010 Ystradgynlais General Purposes	34	5	(2)	0	0	37
8102 Ystradgynlais Geriatric Ward Fund	59	4	0	0	0	63
8011 Welshpool General Purposes	181	359	(6)	0	0	534
8330 North Powys District Nursing Fund	30	17	0	0	0	47
8012 Machynlleth General Purposes	73	3	0	0	0	76
8003 Llandrindod General Purposes	50	1	0	0	0	51
8067 Llandrindod Hazels Legacy	272	0	(1)	0	0	271
8005 Knighton General Purposes	72	0	0	0	0	72
8016 Powys General Purposes	1,210	110	(224)	0	236	1,332
8040 Palliative Care	44	12	(3)	0	0	53
8321 Mid & South Powys Community and Palliative Care Fund	1,028	0	(17)	0	0	1,011
8323 Mental Health General Purposes	354	0	0	0	0	354
8324 Covid General Purposes	107	0	(24)	0	0	83
8140 Bronllys AMI Legacy	136	0	(9)	0	0	127
8001 Brecon General Purposes	37	1	0	0	0	38
8325 Estate M R Morgan Properties Fund	62	0	0	0	0	62
8326 Estate M J Brand Property Fund	0	181	0	0	0	181
Other Unrestricted Funds	181	30	(9)	0	0	202
	<u>3,930</u>	<u>723</u>	<u>(295)</u>	<u>0</u>	<u>236</u>	<u>4,594</u>

The objects of the unrestricted funds are as follows:

The unrestricted Funds usually contain donations where a particular part of a Hospital or Health Board activity was nominated by the donor at the time their donation was made. Whilst their nomination is non-binding on the Trustee, the designated funds reflect these nominations and are overseen by Service managers who can make recommendations on how to spend the money within their designated area. Service Managers' recommendations are duly considered and these funds can be spent at any time with the prior approval of the Charitable Funds Committee or Executive Directors/Assistant Directors.

Estate M R Morgan Properties Fund is a fund that holds the valuation of investment properties at the balance sheet date. This note includes the recognition of investment property assets left to the charity as part of a legacy estate. The Charity owns a 1/3 share of these properties and receives a 1/3 share of income and expenditure regarding these properties. All gains and losses relating to the valuation of these properties are charged to this fund. All rental income and investment management expenditure in relation to these properties is allocated to the unrestricted General Purpose funds so that it can be used for the furtherance of general charitable purposes.

Estate M J Brand Property Fund is a fund that holds the valuation of an investment property at the balance sheet date. This fund includes the recognition of investment property asset left to the charity as part of a legacy estate. The Charity owns a 1/4 share in this property and receives a 1/4 share of income and expenditure regarding this property. All gains and losses relating to the valuation of this property are charged to this fund. All rental income and investment management expenditure in relation to this property is allocated to the unrestricted General Purpose funds so that it can be used for the furtherance of general charitable purposes.

The material funds specified in the above note will vary from year to year dependent on the closing year end balance.

We consider that a closing fund balance of £25,000 or greater are material for disclosure in these accounts.

The balance at 1 April 2021 has been restated across individual lines within the note to update for previous incorrect amounts. This has no change to the overall value of £3.930M and relates to reclassification of balances held between individual lines.

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Audit of Accounts Report – Powys Teaching Health Board Charitable Fund

Audit year: 2021-22

Date issued: January 2023

Document reference: 3324A2023

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This document has been prepared as part of work performed in accordance with statutory functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000.

The section 45 code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and the Wales Audit Office are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to the Wales Audit Office at infoofficer@audit.wales.

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

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Contents

We intend to issue an unqualified audit report on your 2021-22 accounts. There are some matters to report to you prior to their approval.

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Audit of Accounts Report

Introduction

- 1 We summarise the main findings from our audit of your 2021-22 annual report and accounts in this report.
- 2 We have already discussed these issues with the Director of Finance and the Head of Financial Services.
- 3 Auditors can never give complete assurance that accounts are correctly stated. Instead, we work to a level of 'materiality'. This level of materiality is set to try to identify and correct misstatements that might otherwise cause a user of the accounts into being misled.
- 4 We set this level at £45,840 for this year's audit.
- 5 There are some areas of the accounts that may be of more importance to the reader. We judge that this is the case for disclosure of related parties, for which we have set a separate materiality level of £1,000.
- 6 We have now substantially completed this year's audit.
- 7 In our professional view, we have complied with the ethical standards that apply to our work; remain independent of yourselves; and our objectivity has not been compromised in any way. There are no relationships between ourselves and yourselves that we believe could undermine our objectivity and independence.

Proposed audit opinion

- 8 We intend to issue an unqualified audit opinion on this year's accounts once you have provided us with a Letter of Representation based on that set out in **Appendix 1**.
- 9 We issue a 'qualified' audit opinion where we have material concerns about some aspects of your accounts; otherwise we issue an unqualified opinion.
- 10 The Letter of Representation contains certain confirmations we are required to obtain from you under auditing standards.
- 11 Our proposed audit report is set out in **Appendix 2**.

Significant issues arising from the audit

Uncorrected misstatements

- 12 There are no misstatements identified in the accounts, which remain uncorrected.

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Corrected misstatements

- 13 There were initially misstatements in the accounts that have now been corrected by management. However, we believe that these should be drawn to your attention, and they are set out with explanations in **Appendix 3**.

Other significant issues arising from the audit

- 14 In the course of the audit, we consider a number of matters relating to the accounts and report any significant issues arising to you, such as:
- concerns about the qualitative aspects of accounting practices and financial reporting;
 - any significant difficulties during the audit;
 - significant matters discussed and corresponded upon with management which we need to report to those charged with governance;
 - any other matters significant to the oversight of the financial reporting process that we need to report;
 - any identified material weaknesses in internal controls; and
 - any other matters specifically required by auditing standards to be communicated to those charged with governance, eg issues relating to fraud, compliance with laws and regulations, audit of the group, non-disclosure of information such as related parties or significant related party transactions, going concern, subsequent events etc.
- 15 There were no issues arising in these areas this year.
- 16 Following our 2020-21 audit, we raised significant issues relating to the Charity's accounting processes, recognition of donated assets and the overall quality of the financial statements. We are pleased to note substantial progress against these issues in 2021-22 and have no further matters to report in these areas.

Recommendations

- 17 There are no recommendations arising from our audit work over the 2021-22 accounts to bring to the attention of the Charity's Trustee.

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Appendix 1

Final Letter of Representation

[Audited body's letterhead]

Auditor General for Wales
Wales Audit Office
24 Cathedral Road
Cardiff
CF11 9LJ

25 January 2023

Representations regarding the 2021-22 financial statements

This letter is provided in connection with your audit of the financial statements (including that part of the Remuneration Report that is subject to audit) of Powys Teaching Local Health Board Charitable Fund for the year ended 31 March 2022 for the purpose of expressing an opinion on their truth and fairness and their proper preparation.

We confirm that to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

Management representations

Responsibilities

We have fulfilled our responsibilities for:

- the preparation of the financial statements in accordance with legislative requirements and the Charities Act 2011; in particular the financial statements give a true and fair view in accordance therewith; and
- the design, implementation, maintenance and review of internal control to prevent and detect fraud and error.

Information provided

We have provided you with:

- full access to:
 - all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;

- additional information that you have requested from us for the purpose of the audit; and
- unrestricted access to staff from whom you determined it necessary to obtain audit evidence;
- the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud;
- our knowledge of fraud or suspected fraud that we are aware of and that affects Powys Teaching Local Health Board Charitable Fund and involves:
 - management;
 - employees who have significant roles in internal control; or
 - others where the fraud could have a material effect on the financial statements;
- our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others;
- our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements; and
- the identity of all related parties and all the related party relationships and transactions of which we are aware.

Financial statement representations

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

The methods, the data and the significant assumptions used in making accounting estimates, and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the applicable financial reporting framework.

Related party relationships and transactions have been appropriately accounted for and disclosed.

All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

The financial statements are free of material misstatements, including omissions. The effects of uncorrected misstatements identified during the audit are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

Representations by the Corporate Trustee

We acknowledge that the representations made by management, above, have been discussed with us.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by Powys Teaching Health Board on 25 January 2023.

We confirm that we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

Signed by:

Signed by:

Carol Shillabeer
Chief Executive, Powys Teaching Health Board
Date: 25 January 2023

Carl Cooper
Chair, Powys Teaching Health Board
Date: 25 January 2023

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Appendix 2

Proposed Audit Report

The independent auditor's report of the Auditor General for Wales to the Trustee of Powys Teaching Health Board Charitable Fund

Opinion on financial statements

I have audited the financial statements of Powys Teaching Health Board Charitable Fund (the Charity) for the year ended 31 March 2022 under the Charities Act 2011. These comprise the Statement of Financial Activities, Balance Sheet, Statement of Cash Flows and related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of the Charity as at 31 March 2022 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Charities Act 2011.

Basis of opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the charity in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt

on the body's ability to continue to adopt the going concern basis of accounting for a period of at least 12 months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the Trustee with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The Trustee is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Report on other requirements

Matters on which I report by exception

I have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require me to report to you if, in my opinion:

- the information given in the financial statements is inconsistent in any material respect with the Trustee's report;
- sufficient accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements are not in agreement with the accounting records and returns; or
- I have not received all of the information and explanations I require for my audit.

Responsibilities

Responsibilities of the Trustee for the financial statements

As explained more fully in the Statement of Trustee Responsibility, the Trustee is responsible for preparing the financial statements in accordance with the Charities Act 2011, for being satisfied that they give a true and fair view, and for such internal control

as the Trustee determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Trustee is responsible for assessing the Charity's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

Auditor's responsibilities for the audit of the financial statements

I have been appointed as auditor under section 150 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- enquiring of management, the Charity's internal auditors and those charged with governance, including obtaining and reviewing supporting documentation relating to the Charity's policies and procedures concerned with:
 - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
 - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in the following areas: posting of unusual journals and cut-off.
- obtaining an understanding of the Charity's framework of authority as well as other legal and regulatory frameworks that the Charity operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of the Charity.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations;
- enquiring of management and those charged with governance about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance; and
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all the audit team and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Charity's controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Adrian Crompton
Auditor General for Wales
xx January 2023

24 Cathedral Road
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Appendix 3

Summary of Corrections Made

During our audit, we identified the following misstatements that have been corrected by management, but which we consider should be drawn to your attention due to their relevance to your responsibilities over the financial reporting process.

Exhibit 1: summary of corrections made

Area of correction	Nature of correction	Reason for correction
Note 9 (Movements in Funding Commitments): Correction of comparative balance.	To ensure that comparative balances are accurately reported in the 2021-22 accounts.	Our audit identified that the opening balance of commitments was incorrectly quoted as £96,000, when it should have been £190,000. This has been corrected in the final accounts.
Note 13 (Investments): Addition of new donated property asset.	To ensure that the Charity's balance sheet includes all assets under its control.	During our audit, the Charity notified us of a further donated asset to be accounted for in 2021-22. A formal valuation of this property asset was outstanding at the time of production of the draft accounts, meaning that the asset could not be included at that time. A valuation has now been received, confirming the asset's value of £181,000. This asset has now been appropriately accounted for.
Note 19c (Analysis of Funds): Restatement of opening designated fund balances.	To ensure that this material restatement is correctly reported in the final accounts.	Our audit identified that the opening balances of certain designated funds had been restated from the figures audited in 2020-21. This restatement does not change the total opening fund balance of £3.9 million, and we are satisfied that the basis for this restatement between individual funds is sound. However, narrative has now been added to this note (as required by auditing standards) to explain the reason for this material restatement.
Various: Other presentational changes	To ensure that the final accounts are accurately presented.	Our audit has identified some other narrative and presentational amendments throughout the final accounts which have now been corrected.



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We welcome correspondence and
telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a
galwadau ffôn yn Gymraeg a Saesneg.

Vivienne Harpwood, Cadeirydd / Chair
Ffon / Phone: 01874 712502
E-bost / Email: Vivienne.Harpwood@wales.nhs.uk

Carol Shillabeer, Y Prif Weithredwr / Chief Executive
Ffon / Phone: 01874 712659
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GIG
CYMRU
NHS
WALES

**Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board**

Final Letter of Representation

Auditor General for Wales
Wales Audit Office
24 Cathedral Road
Cardiff
CF11 9LJ

25th January 2023

Representations regarding the 2021-22 financial statements

This letter is provided in connection with your audit of the financial statements of Powys Teaching Health Board Charitable Funds and Other Related Charities for the year ended 31 March 2022 for the purpose of expressing an opinion on their truth and fairness and their proper preparation.

We confirm that to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

Management representations

Responsibilities

We have fulfilled our responsibilities for:

- The preparation of the financial statements in accordance with legislative requirements and the Charities Act 2011, in particular the financial statements give a true and fair view in accordance therewith; and
- The design, implementation, maintenance and review of internal control to prevent and detect fraud and error.

Pencadlys
Tŷ Glasbury, Ysbyty Bronllys,
Aberhonddu, Powys LD3 0LU
Ffôn: 01874 711661



Headquarters
Glasbury House, Bronllys Hospital
Brecon, Powys LD3 0LU
Tel: 01874 711661

Rydym yn croesawu gohebiaeth Gymraeg
Bwrdd Iechyd Addysgu Powys yw enw gweithredd Bwrdd Iechyd Lleol
Addysgu Powys



We welcome correspondence in Welsh
Powys Teaching Health Board is the operational name of
Powys Teaching Local Health Board

Information provided

We have provided you with:

- Full access to:
 - all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;
 - additional information that you have requested from us for the purpose of the audit; and
 - unrestricted access to staff from whom you determined it necessary to obtain audit evidence.
- The results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- Our knowledge of fraud or suspected fraud that we are aware of and that affects Powys Teaching Health Board Charitable Fund and Other Related Charities and involves:
 - management;
 - employees who have significant roles in internal control; or
 - others where the fraud could have a material effect on the financial statements.
- Our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others.
- Our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.
- The identity of all related parties and all the related party relationships and transactions of which we are aware.

Financial statement representations

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

The methods, the data and the significant assumptions used in making accounting estimates, and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the applicable financial reporting framework.

Related party relationships and transactions have been appropriately accounted for and disclosed.

All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

The financial statements are free of material misstatements, including omissions. The effects of uncorrected misstatements identified during the audit are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

Representations by the Corporate Trustee

We acknowledge that the representations made by management, above, have been discussed with us.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by Powys Teaching Health Board on 25 January 2023.

We confirm that we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

Signed by:

Carol Shillabeer

Chief Executive and Accountable Officer

25th January 2023

Signed by:

Carl Cooper

Board Chair

25th January 2023

Patterson Liz
23/01/2023 11:23:18

PTHB Board		Date of Meeting: 25 January 2023
Subject:	Powys Teaching Health Board Integrated Performance Report. Position as at Month 8 2022/23	
Approved and Presented by:	Director of Planning and Performance	
Prepared by:	Performance Manager Assistant Director of Performance and Commissioning	
Other Committees and meetings considered at:		

PURPOSE:

This report provides an update on the latest available performance position for Powys Teaching Health Board against NHS Wales Performance Framework up until the end of November 2022 (month 8).

RECOMMENDATION(S):

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

Approval/Ratification/Decision	Discussion	Information
x	✓	✓

Patterson, Liz
23/01/2023 14:55

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 8 (November 2022), please note that data provided within the dashboards is latest where possible, however some measures have significant delays in reporting because of national collection processes.

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

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

Performance remains challenging across national metrics, with the following performance issues to month 8 highlighted:

Vaccinations and screening (Powys as provider)

- Childhood vaccinations - Performance slightly below target for children received 3 doses of hexavalent '6 in 1' vaccine by age 1; and children received 2 doses of MMR vaccine by age 5.
- Covid – Powys has met the Welsh Government target for vaccination of residents eligible for the autumn booster.
- Influenza – Performance is below the uptake target but benchmarking favourably against all Wales uptake target.
- Cancer screening – Powys remains ranked 1st for cervical screening, bowel screening and breast screening uptake.

Primary Care (Powys as provider)

- All GP practices have achieved all standards set out in National Access Standards for in-house GMS.
- Performance at June 2022 of patients starting clinical assessments within 1 hour of initial call to out of hours/111 had deteriorated. Temporary loss in data available from 4th August 2022 due to cyber-attack.

Unscheduled Care

- Powys Minor Injury Unit performance remains high with 99.7% of patients spending less than 4 hours from arrival until admission, transfer or discharge.
- Powys provider performance being maintained however risk of service fragility due to staffing pressures (sickness and vacancies) and winter pressures having escalated with challenging bed state position and ability to discharge medically fit patients.
- Wales Ambulance Service NHS Trust response times for Powys deteriorated reaching only 38.7% compliance for red calls arriving within 8 minutes against national target of 65% compliance.

- Demand for urgent care services continuing to increase with handover delays at DGH sites increasing, impacting on availability of crews to respond to red calls in the community.
- Unscheduled care pressures experienced in commissioned service providers is impacting on the ability of providers to deliver elective activity and consequent impact on Referral to Treatment (RTT) target compliance.

Planned Care

Powys Health Board provider performance being maintained:

- Referral to Treatment Times
 - No patients waiting over 52 weeks for a new outpatient appointment.
 - No patients waiting over 104 weeks for treatment.
 - 94.6% of patients are waiting less than 26 weeks for treatment.
 - Powys Health Board not currently meeting improvement trajectory in reducing number of patients waiting more than 36 weeks for treatment to zero by 2026.
 - Performance impacted by fragility of in-reach services with staffing pressures identified, particularly because of vacancies.
- Patients awaiting Follow Up appointment
 - Work ongoing regarding internal follow up validation, to address those patients identified as being 100%+ overdue a follow up appointment - approximately 50% of these pathways assessed as either invalid or duplicates.
- Diagnostic Breaches
 - Diagnostic endoscopy - Performance position has improved with diagnostic endoscopy having largely recovered and compliant with target. Breaches being experienced in Colonoscopy. Service is fragile and reliant on in-reach clinicians with national shortage of colonoscopists, endoscopists and endoscopy nurses.
 - Specified diagnostic (including various diagnostic provisions, echo cardiograms, non-obstetric ultrasound)- Performance and recovery remains fragile however showing improvement for last 10 months and meeting national target of reduction over 12 months.
- Therapy Breaches – Breaches have increased since Q4 2021/22 with services remaining fragile because of vacancies and long term sickness.

Commissioned Service provider performance is variable:

- English commissioned service provider performance: Patients waiting over 104 weeks very low with the number of patients waiting over 78 weeks continuing to improve. English providers working to have zero patients waiting over 78 weeks by the end of March 2023; and have zero patients waiting over 65 weeks by March 2024.
- Welsh commissioned service provider performance: Patients waiting over 104 weeks remains high, however has seen an improvement trend since March 2022. Welsh providers working to have zero patients waiting over 104 weeks for treatment and zero patients waiting over 52 weeks for new outpatient appointment by 30th June 2023.
- Powys residents impacted by significant variation in timely access with potential for up to 12 months difference in treatment time depending on whether accessing services in NHS England or NHS Wales.
- As a result of recent winter service pressures and increased sickness, elective care services suspended in several providers, impacting on RTT recovery for planned care.
- Work ongoing to explore opportunities to repatriate patients who may be able to receive their care/treatment within Powys Health Board.

Single Cancer Pathway

- Single cancer pathway performance compliance remains a concern across English and Welsh providers. Increasing demand pressures are being experienced within provider services with capacity challenges including increased referrals, diagnostic capacity and staffing pressures.

Mental Health (Powys provider)

- CAMHS: Powys provider performance continues to remain high and improved over the last 13 months, achieving national target.
- Neurodevelopmental Disorder: Performance has deteriorated since start of Q2 2022/23, however Powys ranks 1st in Wales.
- Adult Mental Health
 - Powys achieving target of mental health assessments undertaken within 28 days of receipt of referral; and of patients waiting less than 26 weeks to commence psychological therapy.
 - Powys not achieving target of interventions undertaken within 28 days of receipt of referral.

Patterson, Liz
23/01/2023 14:55

The Health Board remains focused on reviewing and improving performance reporting both to service leads and formal report forums. As part of the review this main performance report continues to evolve with the aim of producing and supplying more insightful information.

Patterson Liz
23/01/2023 14:55:18

Powys Teaching Health Board

Integrated Performance Report

Month 8 – Updated 13/01/2023

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

[Executive Summary](#)

[NHS Wales Performance Framework](#)

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

[Quadruple Aim 1](#)

[Quadruple Aim 2](#)

[Quadruple Aim 3](#)

[Quadruple Aim 4](#)

[Next Steps](#)

[Appendices](#)

Patterson, Liz
23/01/2023 11:23:18



Executive Summary

This integrated performance report (IPR) provides the Board with the latest available performance update against the 2022/23 NHS Wales Performance Framework released in July 2022. This release includes data up until the end of Month 8 (November 22), please note that various metrics will remain un-completed/delayed where they are new or without data, or where the metrics data is significantly delayed due to national validation process/update schedule.

The data, drawn from various sources has been supported by statistical process charts, and includes officer lead narrative for challenges, actions, and further mitigations. It should also be noted that the availability of recent performance data varies by measure with monthly, quarterly, and annual updates, this resulting in some metrics not having an update for a 12+ month period.

Summary

Performance for the health board remains challenging across key national metrics for Month 8.

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

As a resident of Powys timely access to care across commissioned services has significant geographical variation. Winter pressures for the NHS have escalated to a critical position during Q3, key issues include long wait times for ambulances, poor A&E access times, a challenging bed state (beds blocked awaiting discharge package/solution), and industrial action. Several commissioned providers suspended elective care as a result of these pressures, unfortunately this impacts the recovery of planned care and patient waits for treatments.

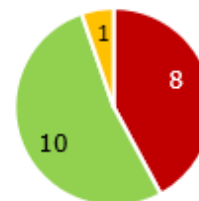
For those patients who wait on planned care treatment pathways (RTT) there is a potential for up to a 12+ months difference for their treatment time depending on specialty and the provider (only 2.2% of all Powys residents waiting over 2 years are in English providers when compared to Welsh).

The health board is also providing key support by maximising repatriation of patients to improve acute flows, and has placed further focus on increased management input into the Powys bed flow in a bid to maximise provider beds supporting demand and reducing repatriation delays to the absolute minimum.

Compliance against NHS Delivery framework measures at month 8 by quadruple aim area.

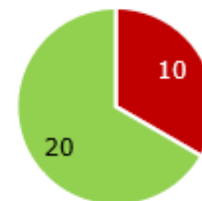
*Please note **amber** RAG ratings are for qualitative measures only

Compliance against targets quadruple aim 1



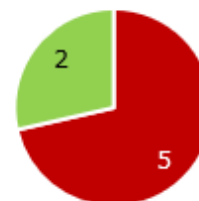
■ Red ■ Green ■ Amber

Compliance against quadruple aim 2



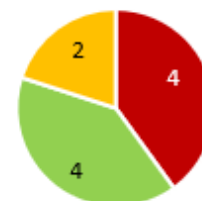
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Compliance against quadruple aim 3



■ Red ■ Green

Compliance against quadruple aim 4



■ Red ■ Green ■ Amber



NHS Wales Performance Framework

NHS Wales Performance Framework

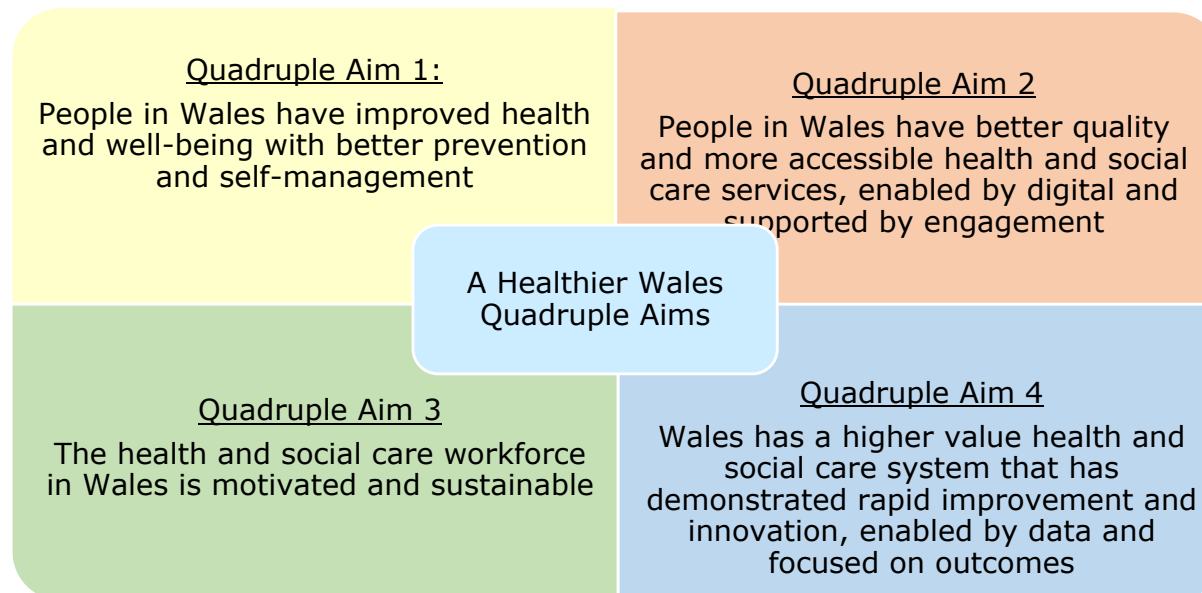
The NHS Wales Performance Framework has been significantly revised for 2022/23 with currently 84 measures. Of the 84 measures, 54 have been identified as ministerial priorities. A further 8 measures are classed as operational and not routinely reported to Welsh Government, but are included within the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

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

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

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

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



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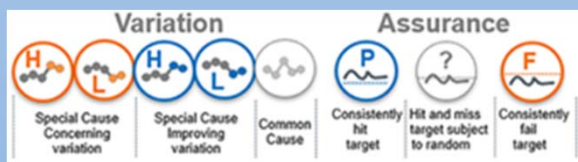
NHS Wales Performance Framework

A brief introduction to statistical process control charts (SPC)

SPC charts are used as an analytical technique to understand data (performance) over time. Using statistical science to underpin data, and using visual representation to understand variation, areas that require appropriate action are simply highlighted. This method is widely used within the NHS to assess whether change has resulted in improvement. The use of SPC allows us to view the information with an understanding of the Covid-19 pandemic in Wales. Covid caused a significant event altering the normal working practices for health care, in Wales this escalated at the end of March 2020, for consistency this will be used as the default step change as a special cause point for measures linked predominately to patient access.

SPC charts

The charts used will contain a variation of icons and coloured dots, these do not link directly to the existing RAG based measurement currently used within the outcome framework but provide a guide. SPC charts provide an excellent view of trends, highlighting areas of improvement, or concern over a significant time period (e.g. common or special cause variation). The graphs also contain a mean (average) value, and two process control limits UCL & LCL (expected maximum & minimum performance).



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

Key for performance & data quality RAG ratings

Performance against measurable targets	Data Quality
Performance meeting set target (Green)	Data confidence is high
Performance limited assurance (Amber) – this is only used for qualitative measures currently	Data confidence is limited
Performance does not meet target (Red)	Data confidence is poor or currently under investigation
Measure not applicable or missing appropriate data	Data unavailable



National Outcomes Framework: Performance Scorecard

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

2022/23 Performance Framework Measures							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	Director of Public Health	Consultant in Public Health	1	% Achieving Clinically Significant weight loss	✓	Annual improvement	Not currently available					
	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	Aug-22			Red	N/A	
	Director of Nursing	Head of Midwifery and Sexual Health	3	% Babies breastfed 10 days old	✓	Annual Improvement	2021/22	52.0%		56.5%	1st	36.7%
Smoking	Director of Public Health	Consultant in Public Health	4	% of adults that smoke daily or occasionally	✓	Annual reduction towards 5% prevalence 2030	2021/22	13.0%		10.7%	1st	13.0%
		Consultant in Public Health	5	% Attempted to quit smoking	✓	5% annual target	Q1 2022/23	0.88%		0.68%	7th	0.97%
		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	Aug-22			Amber	N/A	
Diabetes	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Assistant Director of Primary Care	7	% diabetics who receive 8 NICE care processes	✓	>=35.2%	Q2 2022/23	31.5%	42.4%	46.8%	1st	37.7%
			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		Assistant Director of Mental Health	9	Standardised rate of alcohol attributed hospital admissions	✓	4 quarter reduction trend	Q1 2022/23	443.5	394.2	398.9	5th	383.9
			10	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	✓	4 quarter improvement trend	Q2 2022/23	62.4%	70.6%	68.9%	4th	68.6%
Vaccinations	Director of Public Health	Consultant in Public Health	11	'6 in 1' vaccine by age 1		95%	Q2 2022/23	93.9%	92.7%	94.1%	6th	94.7%
			12	2 doses of the MMR vaccine by age 5		95%	Q2 2022/23	91.5%	93.6%	90.4%	3rd	90.0%
			13	Autumn 2022 COVID-19 Booster	✓	75%	15/12/2022		64.0%	81.0%		
			14a	Flu Vaccines - 65+		75%	2021/22	73.5%		75.3%	7th	78.0%
			14b	Flu Vaccines - under 65 in risk groups		55%	2021/22	52.2%		50.9%	3rd	48.2%
			14c	Flu Vaccines - Pregnant Women		75%	2021/22	92.3%		66.7%	6th	78.5%
			14d	Flu Vaccines - Health Care Workers		60%	2021/22	56.5%		52.1%	6th	55.6%
Screening	Director of Public Health	Consultant in Public Health	15a	Coverage of cancer screening for: cervical		80%	2020/21	76.1%		72.7%	1st	69.5%
			15b	Coverage of cancer screening for: bowel		60%	2020/21	56.4%		68.3%	1st	67.1%
			15c	Coverage of cancer screening for: breast		70%	2021/22 (May)	74.6%		75.8%	1st	72.3%



National Outcomes Framework: Performance Scorecard

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

2022/23 Performance Framework Measures							Performance				Welsh Government Benchmarking (*in arrears)	
	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Primary & Community Care	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Assistant Director of Primary Care	16	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS		100%	2021/22	93.8%		100.0%	1st	88.6%
			18	Number of new patients (children aged under 18 years) accessing NHS dental services	✓	4 quarter improvement trend	Q3 2022/23	Not available, new measure	423	473	7th	30,813
			19	Number of new patients (adults aged 18 years and over) accessing NHS dental services	✓	4 quarter improvement trend	Q3 2022/23		602	658	7th	47,495
			20	Number of existing patients accessing NHS dental services	✓	4 quarter improvement trend	Q3 2022/23		7842	7146	7th	378,903
Urgent & Emergency Care	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Senior Manager Unscheduled Care	21	% 111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed		90%	Jun-22	96.3%	87.0%	83.0%	*3rd	83.6%
			22	Percentage of total conveyances taken to a service other than a Type One Emergency Department	✓	4 quarter improvement trend	Q2 2022/23	7.7%	8.1%	8.2%	5th	11.7%
			25	MIU % patients who waited <4hr		95%	Nov-22	100.0%	99.8%	99.7%	*1st	66.6%
			26	MIU patients who waited +12hrs		0	Nov-22	0	0	0	*1st	11,030
			31	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes		65%	Nov-22	41.8%	40.5%	38.7%	7th	48.0%
Elective Planned Care	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Assistant Director of Community Services	39	Number of diagnostic endoscopy breaches 8+ weeks	✓	Improvement trajectory towards 0 by Spring 2024	Nov-22	115	2	4	*1st	15,746
			40	Number of diagnostic breaches 8+ weeks		12 month reduction trend towards 0 by Spring 2024	Nov-22	184	111	129	*1st	42,829
			41	Number of therapy breaches 14+ weeks		12 month reduction trend towards 0 by Spring 2024	Nov-22	42	236	258	*1st	11,152
			42	Number of patients waiting >52 weeks for a new outpatient appointment	✓	Improvement trajectory towards 0 by 31/12/22	Nov-22	7	0	0	*1st	95,074
			43	Number of patient follow-up outpatient appointment delayed by over 100% (unbooked & booked FUPs over 100%)	✓	Improvement trajectory towards a reduction of 30% by March 2023 against a baseline of March 2021	Nov-22	No RAG available DQ challenge	4548	4499		214,884
			44	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)		95%	Nov-22	56.5%	62.2%	56.2%	*4th	63.7%
			LM1	Percentage of patient pathways without a HRF factor		<= 2.0%	Nov-22	1.1%	0.8%	0.6%		
Elective Planned Care			45	RTT patients waiting more than 104 weeks	✓	Improvement trajectory towards 0 by 2024	Nov-22	1	0	0	*1st	54,491
			46	RTT patients waiting more than 36 weeks	✓	Improvement trajectory towards 0 by 2026 (64 Nov 22)	Nov-22	253	88	104	*1st	259,988
			47	RTT patients waiting less than 26 weeks	✓	Improvement trajectory towards 95% by 2026 (91% Nov 22)	Nov-22	90.7%	94.9%	94.6%	*1st	55.6%



National Outcomes Framework: Performance Scorecard

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

2022/23 Performance Framework Measures							Performance				Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Elective Planned Care	Director of Planning and Performance		LM2	Commissioned RTT patients waiting more than 104 weeks (English & Welsh Providers)		Individual Targets	Oct-22	449	665	620		
			LM3	Commissioned RTT patients waiting more than 52 weeks (English & Welsh Providers)		Individual Targets	Oct-22	2,560	2,830	2,770		
			LM4	Commissioned RTT patients waiting more than 36 weeks (English & Welsh Providers)		Individual Targets	Oct-22	4,411	5,099	5,008		
			LM5	Commissioned RTT patients waiting less than 26 weeks (English & Welsh Providers)		Individual Targets	Oct-22	61.7%	60.1%	61.3%		
Mental Health	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Assistant Director of Mental Health	48	Rate of hospital admissions with any mention of self-harm from children and young people per 1k	✓	Annual Reduction	2021/22	2.42		2.09	1st	3.95
			49	CAMHS % waiting <28 days for first appointment	✓	80%	Nov-22	91.4%	95.7%	97.0%	*4th	91.7%
			50	Assessments <28 days <18	✓	80%	Oct-22	92.1%	96.8%	100.0%	1st	72.2%
			51	Interventions <28 days <18	✓	80%	Oct-22	90.9%	72.2%	88.0%	1st	42.0%
			52	% residents with CTP <18	✓	90%	Oct-22	100.0%	100.0%	97.7%	2nd	64.3%
		Assistant Director of Women's and Children's Services	53	Children/Young People neurodevelopmental waits	✓	80%	Nov-22	58.8%	67.8%	61.4%	*1st	33.4%
		Assistant Director of Mental Health	54	Qualitative report detailing progress to develop a whole school approach to CAMHS in reach services	✓	Evidence Improvement	Aug-22			Green	N/A	
			55	% adults admitted to a psychiatric hospital 9am-9pm that have a CRHT gate keeping assessment prior to admission	✓	95%	Oct-22	100%	100%	100%	1st	100.0%
			56	% adults admitted without a CRHTS gate keeping assessment that receive a FU assessment within 24hrs of admission	✓	100%	Oct-22	100%	100%	100%	1st	100.0%
			57	Assessments <28 days 18+	✓	80%	Oct-22	94.2%	85.4%	91.7%	5th	88.2%
			58	Interventions <28 days 18+	✓	80%	Oct-22	67.0%	41.9%	61.4%	6th	73.6%
			59	Adult psychological therapy waiting < 26 weeks	✓	80%	Nov-22	98.1%	91.9%	95.3%	*3rd	74.6%
			60	% residents with CTP 18+	✓	90%	Oct-22	89.8%	78.2%	69.3%	7th	83.8%
			61	Qualitative report detailing progress to improve dementia care	✓	Evidence Improvement	Aug-22			Red	N/A	
			62	Qualitative report detailing progress against the priority areas to improve the lives of people with learning disabilities	✓	Evidence Improvement	Aug-22			Green	N/A	
Hospital Infection Control	Director of Nursing	Deputy Director of Nursing	63	HCAI - Klebsiella sp and Aeruginosa cumulative number	✓	Local	Nov-22			2 cases	PTHB is not nationally benchmarked for infection rates	
			64	HCAI - E.coli, S.aureus bacteraemia's (MRSA and MSSA) and C.difficile	✓		Nov-22			10 cases		

Patterson Liz
23/01/2023 11:23:18



National Outcomes Framework: Performance Scorecard

[Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable](#)

2022/23 Performance Framework Measures										Performance		Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales	
Staff Resources	Director of Finance and ICT	TBC	67	Agency spend as a percentage of the total pay bill	✓	12m↓	Oct-22	7.0%	8.0%	8.6%	12th (Aug-22)	5.40%	
	Director of Workforce and OD	Head of Workforce Service	68	(R12) Sickness Absence	✓	12m↓	Nov-22	5.4%	6.0%	6.0%	4th (Aug-22)	7.22%	
		Improvement Manager: Welsh Language &	69	% staff Welsh language listening/speaking skills level 2 (foundational level) and above	✓	Bi-annual improvement	6 months ending Sep-22	15.8%	16.1%	16.9%	5th	15.9%	
Training & Development	Director of Workforce and OD	Head of Workforce	70	Core Skills Mandatory Training	✓	85%	Nov-22	81.3%	82.1%	82.6%	2nd (Aug-22)	81.2%	
			71	Performance Appraisals (PADR)	✓	85%	Nov-22	74.0%	72.1%	75.0%	2nd (June 22)	57.7%	
Staff Engagement	Director of Workforce and OD	Head of Workforce	72	Staff Engagement Score	✓	Annual Improvement	2020	79% (2018)		78.0%	1st	75%	
			73	% staff reporting their line manager takes a positive interest in their health & wellbeing	✓	Annual Improvement	2020	77% (2018)		75.5%	2nd	65.9%	

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National Outcomes Framework: Performance Scorecard

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

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	Director of Environment	Environment and Sustainability Manager	74	Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach	✓	16% Reduction by 2025 Against 21018/19 NHS Wales Baseline	2020/21	17,021		23,107	2nd*	1,001,378
		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	Aug- 22			Amber	N/A	
New Ways of Working	Director of Planning & Performance	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	Aug- 22			Amber	N/A	
	Director of Finance and ICT & Medical Director	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)	Aug- 22			Red	N/A	
	Director of Finance and ICT	Lead Nurse for Informatics and Nurse Staffing	78	Number of risk assessments completed on the Welsh Nursing Clinical Record	✓	4 quarter improvement trend	Q2 2022/24	7236	28,438	30,865	5th	584,676
			79	Number of wards using the Welsh Nursing Clinical Record	✓	4 quarter improvement trend	Q2 2022/24	5	8	8	5th	149
		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	Oct- 22	100.0%	100.0%	100%	*1st	84.4%
Clinically Effective Prescribing	Medical Director	Chief Pharmacist	81	Total antibacterial items per 1,000 STAR-PUs	✓	A quarterly reduction of 5% against a baseline of 2019-20 (215.8)	Q2 2022/23	223.5	230.5	237.59	2nd	259.51
			82	% secondary care antibiotic usage within the WHO access category	✓	55%	Measure suspended by WG - Data quality					
			83	Number of patients 65+ years prescribed an antipsychotic		Quarter on quarter reduction	Q2 2022/23	472	486	485	*1st	*10,253
			84	Opioid average daily quantities per 1,000 patients	✓	4 quarter reduction trend	Q2 2022/23	4187.3	4139.6	4218.24	2nd	4,419.9



Operational Measures: Performance Scorecard

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

	Operational Measure	Target	Month	12 months Previous	Previous Period	Current Period
A.	Crude hospital mortality rate (74 years of age or less)	12 month reduction trend	Nov-22	2.35%	1.80%	1.81%
C.	Number of women of childbearing age prescribed valproate as a percentage of all women of child bearing age	Quarter on quarter reduction	Q2 2022/23	0.10%	0.10%	0.10%
G.	Percentage of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	75%	Q3 2022/23	32%	44%	83%

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Quadruple Aim 1

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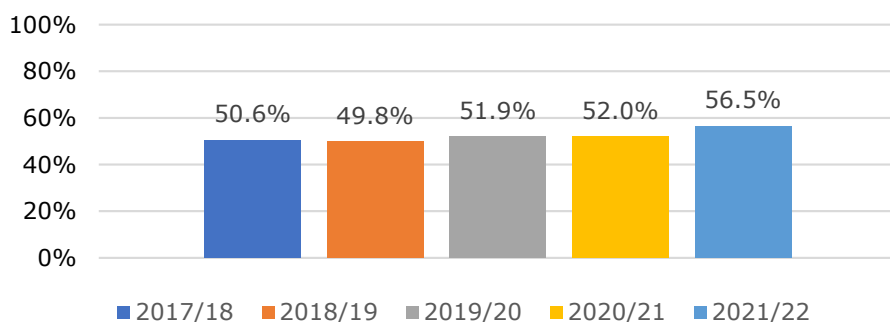
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People in Wales have improved health and well-being and better prevention and self-management

Breastfeeding

Percentage of babies who are exclusively breastfed at 10 days old – Powys as a provider

Percentage of babies who are exclusively breastfed at 10 days old



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

Executive Lead Director of Nursing

Officer Lead Head of Midwifery and Sexual Health

Strategic Priority 2

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

What the data tells us

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

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Issues

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

Some areas of Powys are noted anecdotally to have lower breastfeeding rates than others, but the current data collection methods do not support identification of specific areas.

COVID19 has resulted in some reduced visiting in the postnatal period, which may have impacted on the level of support provided to some breastfeeding mothers.

Actions

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

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

Mitigations

Powys is now a site for a multi-centre UK randomised control trial looking at the use of infant feeding helpers in supporting families antenatally and postnatally, with one aim being to identify if this results in improved breastfeeding rates in the intervention group. The study commenced recruitment in January 2022 and has recruited 33 women up to August 2022.

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



Quadruple Aim 1

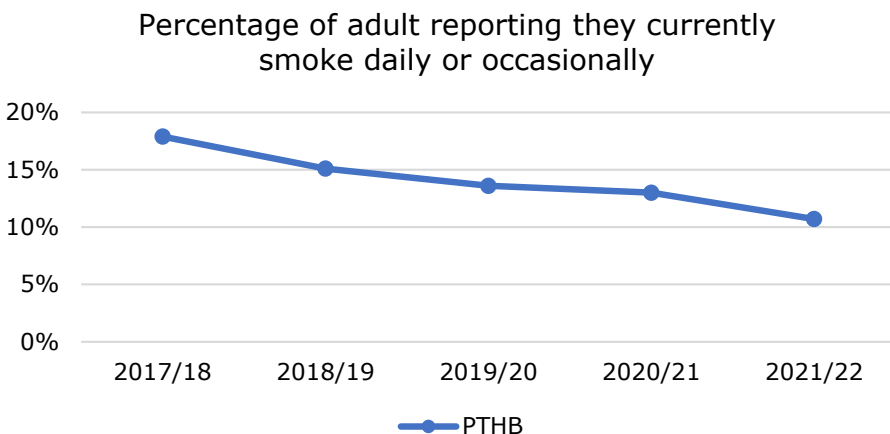
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People in Wales have improved health and well-being and better prevention and self-management

Smoking

Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally – Powys as a provider



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

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

"There is a need for a whole system approach if Wales is to achieve its vision of being smoke-free by 2030. NHS Wales (along with other service providers) is a key partner in delivering this ambition by optimising smoking cessation services and prevention of uptake provision."

What the data tells us

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

Issues

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

Actions

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

The Health Board plans to return to face to face offer of support commencing in areas of deprivation, in addition to the current telephone provision, as it's known to be the most effective provision of support.

Mitigations

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



Quadruple Aim 1

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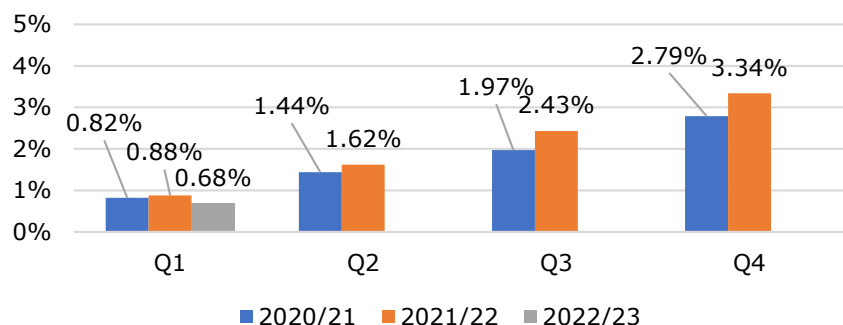
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People in Wales have improved health and well-being and better prevention and self-management

Smoking

Percentage of adult smokers who make a quit attempt via smoking cessation services – Powys as a provider

Percentage of adult smokers who make a quit attempt



Performance Q1 2022/23

Provider Performance	All Wales Benchmark
0.68%	7th (0.97%)

Variance Type

N/A

Target

5% Annual Target

Data Quality & Source

Welsh Government Performance Team

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

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

What the data tells us	Issues	Actions	Mitigations
<p>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.</p> <p>The cumulative quit attempts for 2021/22 show a slight uptake in quit attempts on 2020/21 but are below target and the national benchmark. 2022/23 quit attempts for Q1 has dropped in relation to Q1 in previous years.</p>	<p>With regards to Level 3 pharmacy smoking cessation services, services are below pre pandemic levels, with currently only approximately 50% of the L3 pharmacies who previously provided a service are doing so.</p> <p>An internal review has taken place within maternity services resulting in a plan to increase numbers of referrals from the maternity service of pregnant women who smoke for support to quit smoking.</p> <p>There has been a vacancy in the Community smoking advisor team which has been filled with new advisor to start in the new year</p> <p>As the percentage of adults smokers in Powys falls it leaves remaining the group of smokers who find it most difficult to quit.</p>	<p>A questionnaire was distributed to all pharmacies to understand the challenges and barriers to providing a service they face. An action plan has since been developed to address the issues identified</p> <p>Extra training in Health Coaching is planned for Smoking Cessation Advisors to enable them to offer further support to smokers in Powys who make a quit attempt.</p> <p>The Health Board plans to recommence face-to-face offer of support. Face-to-face stop smoking support is known to be the most effective provision of support to make a quit attempt.</p>	<p>Action to write to all GPs and allied health professionals to continue to raise awareness of the HMQ service.</p> <p>Plans are in place to visit all pharmacies, surgeries, optometrists, dentists, libraries, leisure centres, ensuring details about the HMQ programme is well displayed</p> <p>Re-orientating services to reach groups in deprived areas.</p>



Quadruple Aim 1

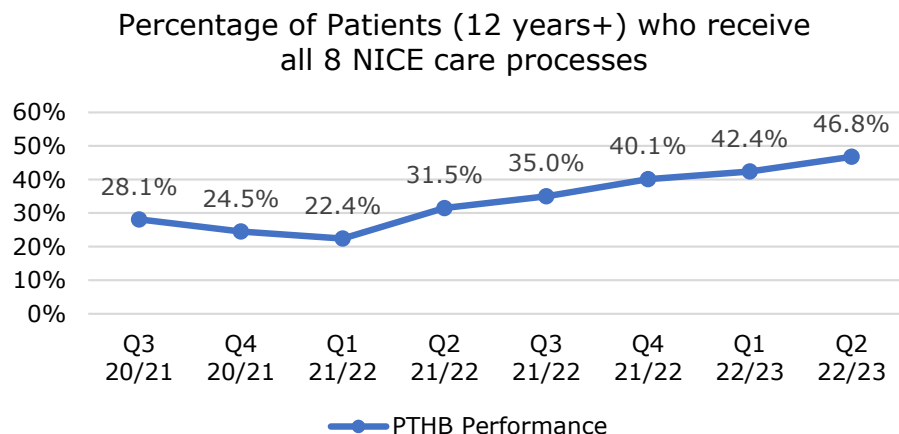
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People in Wales have improved health and well-being and better prevention and self-management

Diabetes

Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes – **Powys as a provider**



Performance Q2 2022/23	
Provider Performance	All Wales Benchmark
46.8%	1 st (37.7%)
Variance Type	
N/A	
Target	
Equal or greater than 35.2%	
Data Quality & Source	
Welsh Government Performance Team	

Executive Lead

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

Officer Lead**Strategic Priority**

2

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

What the data tells us

Performance continues to improve during Q1 & Q2 2022/23, it is now at 46.8% against the set 35.2% target which is a 2.5% improvement on 20/21 baseline. This benchmarks favourably against the All Wales average of 37.7% for the same period.

Issues

- No officer lead has been identified for narrative updates.

Actions

Mitigations



Quadruple Aim 1

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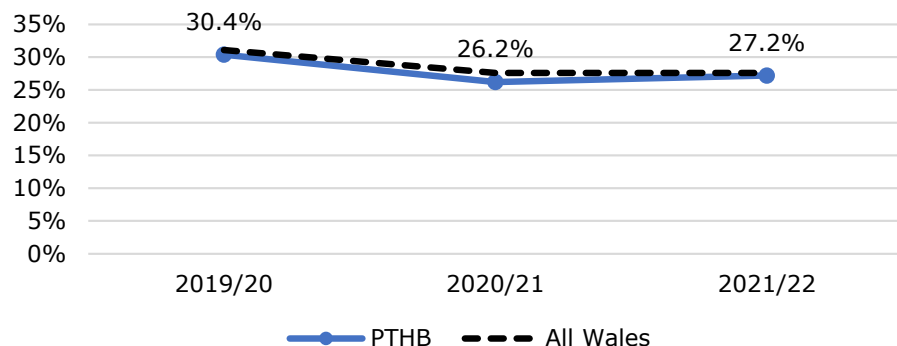
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People in Wales have improved health and well-being and better prevention and self-management

Diabetes

Percentage of patients (aged 12 years and over) with diabetes achieving all three treatment targets in the preceding 15 months – **Powys as a provider**

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



Performance 2021/22	
Provider Performance	All Wales Benchmark
27.2%	4 th (27.6%)
Variance Type	
N/A	
Target	
1% annual increase from baseline data 2020-21 (27.2%)	
Data Quality & Source	
Welsh Government Performance Team	

Executive Lead

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

Officer Lead**Strategic Priority**

2

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

What the data tells us

Performance reported in 2021/22 has improved slightly meeting target to 27.2%. This is slightly below the All Wales average of 27.6%.

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Issues

- No officer lead has been identified for narrative updates.

Actions

Mitigations



Quadruple Aim 1

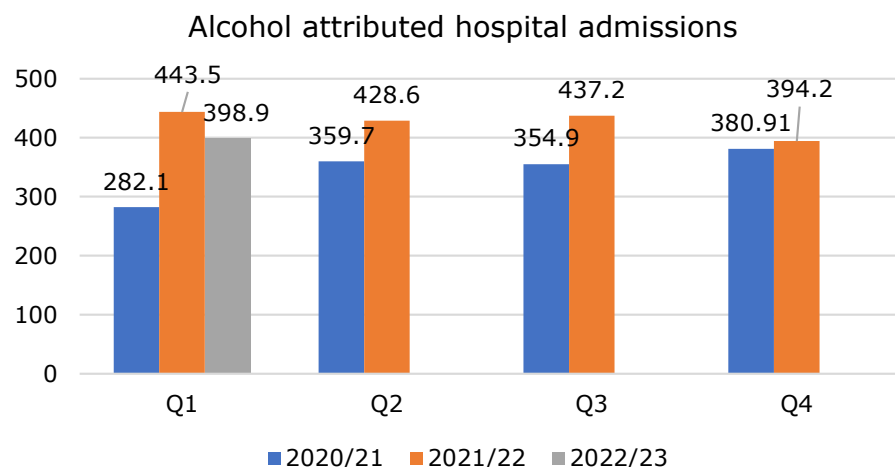
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9

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

Alcohol Misuse

European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based) – Powys as a provider



Performance Q1 2022/23	
Provider Performance	All Wales Benchmark
398.9	5th (383.9)
Variance Type	
N/A	
Target	
4 quarter reduction trend	
Data Quality & Source	
Welsh Government Performance Team	

Executive Lead

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

Officer Lead

Assistant Director of Mental Health

Strategic Priority

2

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

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

What the data tells us

Alcohol attributed hospital admissions have displayed a reduction trend that continues into 2022/23 with the latest update showing further reduction to 398.9. PTHB ranks 5th improving on Q4 2021/22 but above the All Wales average of 383.9.

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

Actions

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

Mitigations

To be confirmed once further action has been taken.



Quadruple Aim 1

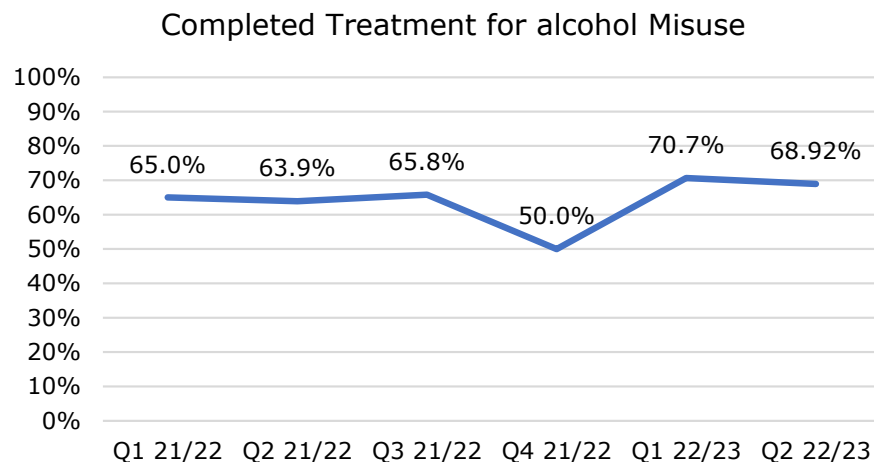
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10

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

Alcohol Misuse

Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse – **Powys as a provider**



Performance Q2 2022/23

Provider Performance	All Wales Benchmark
68.9%	4th (68.6%)

Variance Type

N/A

Target

4 Quarter Improvement Trend

Data Quality & Source

Welsh Government
Performance Team

Executive Lead

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

Officer Lead

Assistant Director of Mental Health

Strategic Priority

2

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

What the data tells us

Performance has fallen slightly for Q2 to 68.9%, this still meets the target however of 4 quarter improvement. The health board is ranked 4th in Wales against the All Wales figure of 68.6%.

Please note that historical data has been re-validated nationally from Q1 2021/22. This has not affected 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

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.



Quadruple Aim 1

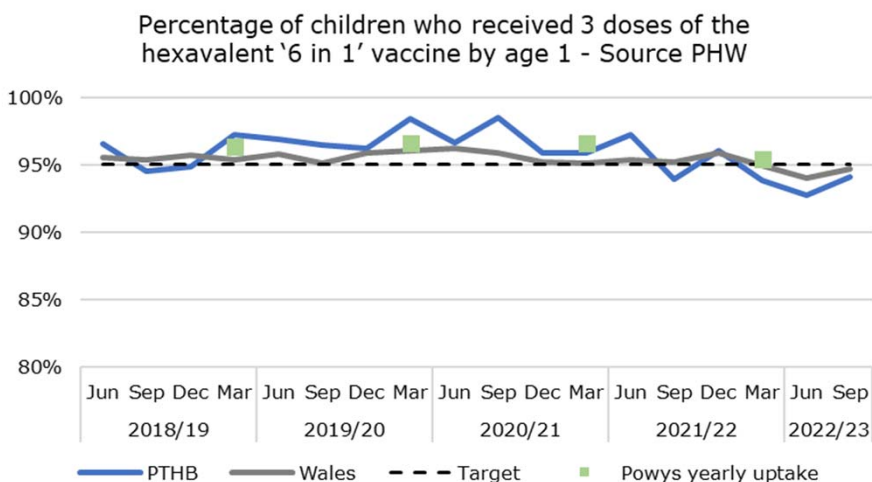
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11

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

Childhood Vaccinations

Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1 – Powys as a provider



Performance Q2 2022/23

Provider Performance	All Wales Benchmark
94.1%	6 th (94.7%)

Variance Type

Common Cause

Target

95%

Data Quality & Source

PTHB Public Health

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

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

What the data tells us

Uptake of the complete three-dose of '6 in 1' and 2 doses by the first birthday has recovered over the quarter 2 to 94.1%, slightly below the 95% target.

Vaccinating a further 3 children would have reached the 95% target, and a further 16 children 100% of eligible cohort.

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.

Actions

Work ongoing to cleanse data, promote uptake and offer missed immunisations. In addition, a polio vaccination catch-up is underway.

Mitigations

To be confirmed once further actions have been taken.



Quadruple Aim 1

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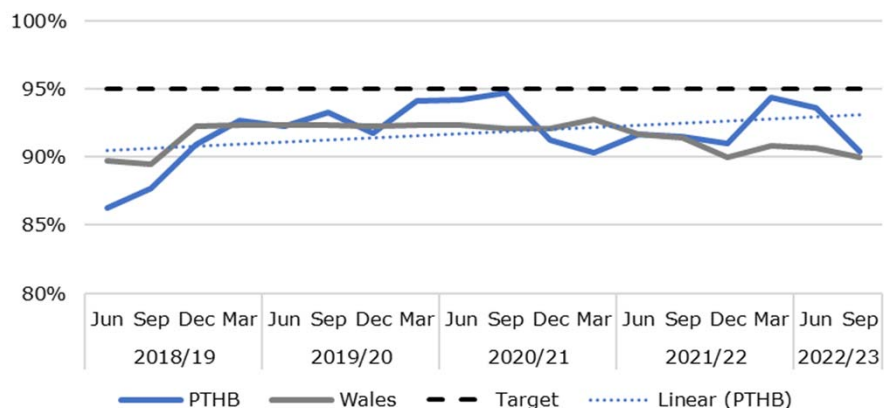
12

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

Childhood Vaccinations

Percentage of children who received 2 doses of the MMR vaccine by age 5 – Powys as a provider

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



Performance Q2 2022/23

Provider Performance	All Wales Benchmark
90.4%	3rd (90.0%)

Variance Type

Common Cause

Target

95%

Data Quality & Source

PTHB Public Health

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

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

What the data tells us

The uptake of 2 doses of MMR by age 5 in Powys has decreased to 90.4% in Q2. The health board remains above the All Wales average and ranked 3rd in Wales.

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Issues

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

Actions

There is currently a local Polio catch-up being undertaken and it is envisaged that this will lead to GPs offering other vaccinations and reviewing their reporting lists which should increase reporting accuracy, and uptake of all childhood immunisations.

Data cleansing is underway prior to targeted MMR catch up being planned for quarter 4 via the mass vaccination team.

Mitigations

To be confirmed once further actions have been taken.

Quadruple Aim 1

No.

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

COVID-19

Percentage uptake of autumn 2022 booster dose of the COVID-19 vaccination in all eligible Wales residents by health board – **Uptake snapshot 06/01/2023**

Total Eligible	Had Autumn Booster	Currently Eligible	Percentage uptake Autumn Booster
74K	60K	72K	81%
Who is Eligible All individuals who have completed a primary course (whether they have had a booster or not) where: the latest dose is more than or equal to 91 from end of Autumn campaign (31/03/2023), and there is no date of death, and there is no opt out date	Numerator had annual booster within campaign dates 01/09/2022 to 31/03/2023	Denominator All individuals who are in the total eligible cohort and there is no suspense date or the suspense date is before the end of campaign.	Calculation Had Autumn booster/Total Eligible

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

Performance 2022/23
Target
75%
Data Quality & Source
PTHB Information Team

What the data tells us	Issues	Actions	Mitigations
<ul style="list-style-type: none"> The rollout of the COVID-19 booster campaign started officially in Wales from September 1st to care home residents, and immunosuppressed individuals. PTHB has vaccinated 59,882 people with the booster, this is 81% of the total eligible (73,909) as reported at 06/01/2023 05:17am, and now meets the Welsh Government requirement target of 75%. 	<ul style="list-style-type: none"> Postal disruption due to strike action. Significant reduced social, digital and media communication Denominator for health and social care group 	<ul style="list-style-type: none"> Strengthening local communications Reserved list operating for over 50s to maximise appointments/resource and flexibility of access and timing of appointments for residents Second offer appointments for MVC allocated residents underway. Primary Care vaccinators have completed second and third offer Letters are sent with sufficient notice, in manageable batches to minimise postal disruption Emergency Surge Plan and action cards developed as part of business continuity planning and plans to undertake a desk top exercise 	<ul style="list-style-type: none"> Cancellation rate is reviewed twice a week and at the Operational Delivery and Leaving No One Behind Group. Uptake is anticipated to increase as COVID-19 rates and seasonal pressures increase with capacity identified.



Quadruple Aim 1

No.

14

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

Influenza Vaccination

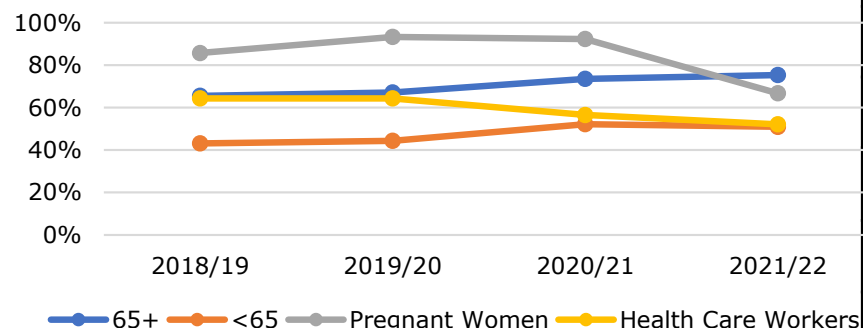
Uptake of the influenza vaccination among: 65 year olds and over, under 65s in risk groups, pregnant women, and health care workers. – Powys as a provider

Executive Lead Director of Public Health

Officer Lead Consultant in Public Health

Strategic Priority 2

Influenza vaccination uptake by group – source PHW



Performance 2021/22			
Measure	Local	21/22 Target	All Wales
65+	75.3%	75%	7 th (78.0%)
<65 at risk	50.9%	55%	3 rd (48.2%)
Pregnant Women	66.7%	75%	6 th (78.5%)
Health Care Workers	52.1%	60%	6 th (55.6%)
Data Quality & Source			
PTHB Public Health			

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

2022/23 Framework

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

What the data tells us

- 65+ yrs: Performance this year 2021/22 just past the 75% target and shows a year on year improvement.
- <65ys at risk: Performance was above the Wales average but remains below target and has dropped 1.3% since 2020/21, although this may reflect the impact of COVID19
- Health care workers uptake has declined for a second year partly due to COVID-19, and with remote working.
- Please note the new measure cannot be used for 2021/22 data e.g., cannot be compared against new set target.**

Issues

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

Actions

- Although the pregnant women uptake appears to have dropped significantly this percentage is based on very small sample. 100% of pregnant women were offered the flu vaccine.
- We are actively engaging primary care regarding delivery of the flu and COVID-19 vaccines for Autumn 2022/23.
- A staff vaccination steering group has been established to lead on offer of co-delivery of COVID-19 and flu vaccination to maximise use of resources, followed by targeted peer vaccinators model.

Performance 2021/22

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



Quadruple Aim 1

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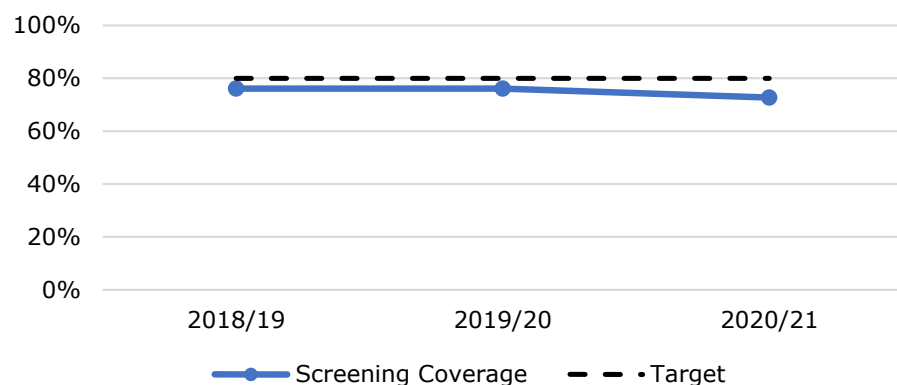
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People in Wales have improved health and well-being and better prevention and self-management

Cancer Screening

Percentage of eligible people aged 25-49 will have participated in the cervical screening programme within the last 3.5 years and eligible people aged 50-64 within the last 5.5 years – **Powys as a provider**

Coverage of cancer screening for: cervical



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

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

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

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

What the data tells us	Issues	Actions	Mitigations
<p>Since 2018/19 Powys has ranked as the highest achieving Health Board and remains ranked 1st with an uptake of 72.2% in 2020/21, which is above the Wales average of 69.5%, though below the 80% national target. There has been a slight decrease in uptake across the whole of Wales due to the suspension of the service between March 2020 and June 2020, and recommencement of services at reduced capacity.</p> <p>Data prior to 2018/19 for cervical screening is not comparable due to a change in the age coverage</p>	<p>The suspension of the service between March 2020 and June 2020, and recommencement of services at reduced capacity resulted in delay and backlog of individuals due to be invited for screening.</p> <p>Services have now fully recovered.</p>	<p>Services have fully recovered from impact of pandemic during 2021/22.</p>	



Quadruple Aim 1

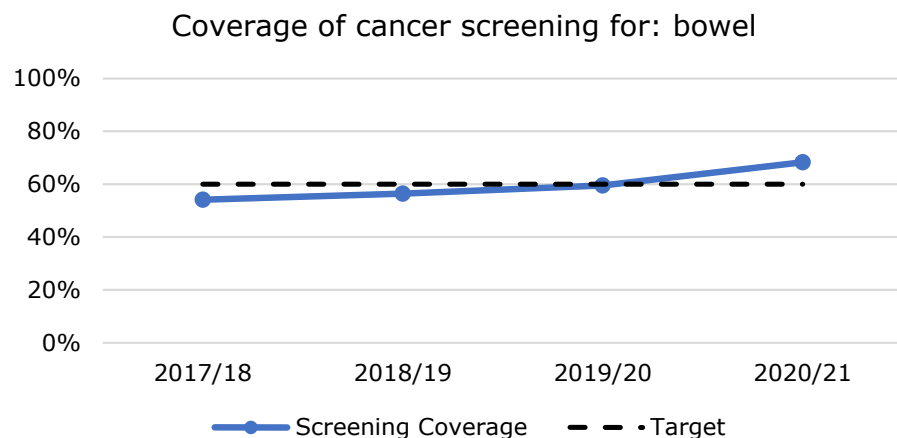
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People in Wales have improved health and well-being and better prevention and self-management

Cancer Screening

Percentage of eligible people that have participated in the bowel screening programme within the last 2.5 years – Powys as a provider



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

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

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

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

What the data tells us	Issues	Actions	Mitigations
<p>Coverage for bowel screening has improved consistently for Powys, with uptake at 68.3%, up 6.6% from 2019/20 and achieving well above the 60% target.</p> <p>The Health Board has the highest uptake across Wales, with the Wales average being 67.1%. The GP clusters are also sitting above the target with the North GP cluster reaching 67.8%, Mid 67.0% and the South GP cluster having an uptake of 69.4%</p>	<p>The bowel screening programme in Wales is in the process of expanding the eligible screening population and will start inviting those aged from 55 years old from 05 October 2022.</p>	<p>PTHB will continue to support the roll out and extension of the bowel screening programme to maintain uptake rates.</p>	<p>None required</p>



Quadruple Aim 1

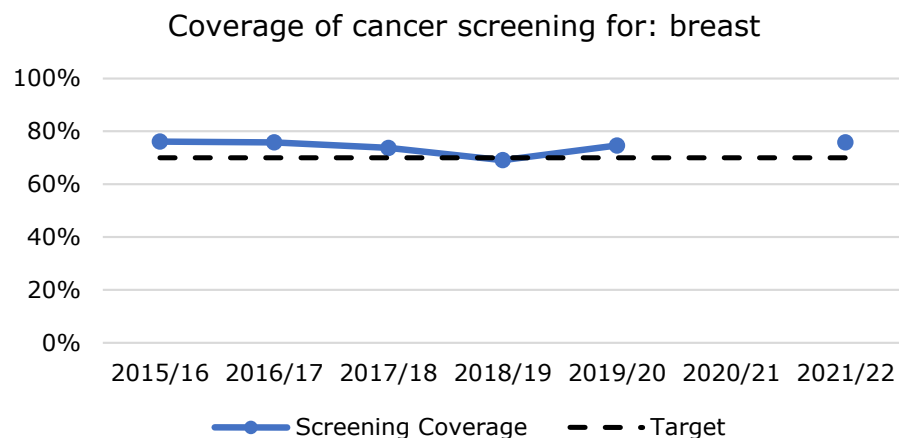
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15c

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

Cancer Screening

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



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

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

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

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

What the data tells us	Issues	Actions	Mitigations
Coverage for breast screening improved again in 2021 to 75.8% from 74.6%, above the Wales average for the past 5 years. PTHB is target compliant and benchmarks positively against the All Wales average of 72.3%. <small>Patterson, Liz 23/01/2023 11:23:18</small>	PHW Breast Screening Services invite eligible women on a three yearly cycle for a screening appointment. The impact of temporarily pausing screening services due to Covid-19 along with reduced activity during restarting of services to enable covid-safe pathways resulted in substantially reduced numbers being invited for screening during 2020/21 compared to previous years.	Although PTHB has the highest uptake of breast screening in Wales. The impact of pausing services during 2020 and reduced capacity on restart due to the pandemic resulted in delays/backlog waiting to be invited for screening across Wales. PHW Screening Services are implementing a recovery plan which includes increasing the number of women been able to be screened in addition to increasing the number of screening clinics.	



Quadruple Aim 2

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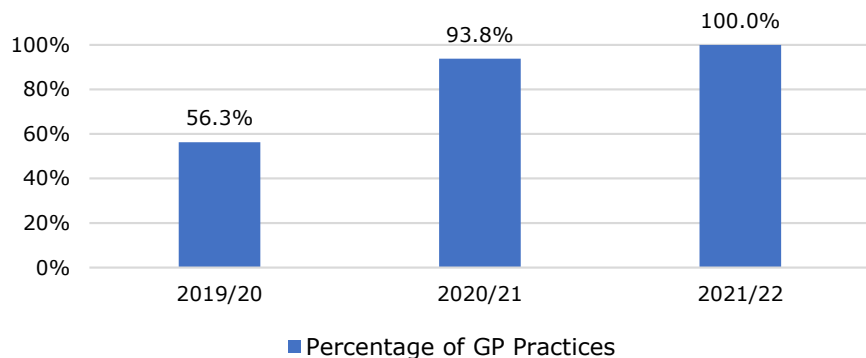
16

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

In-hours GP Access

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

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



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

Executive Lead

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

Officer Lead

Assistant Director of Primary Care

Strategic Priority

4

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

What the data tells us

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

General Practice participation in meeting the Access Standards is not a mandatory contractual requirement and therefore practice participation is optional, however 100% of Powys practices are committed to aspire to achieve the Access Standards. Access Standard achievement is annual and year end performance data for 2022/2023 will be 31/03/2023. 100% of practices achieved Phase 1 of the 2022/2023 Access Standards at 30/09/2022, allowing progression onto Phase 2 to be achieved by 31/03/2023.

Issues

Actions

Mitigations

Practices are required to submit quarterly updates on their progress in meeting the standards. PTHB provides an ongoing supportive role in assisting practices with achievement of the standards. Through the local Access Forum and aligned to the national work, PTHB works closely with all practices to maintain all access standards achievement.



Quadruple Aim 2

No. 18,19,20

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

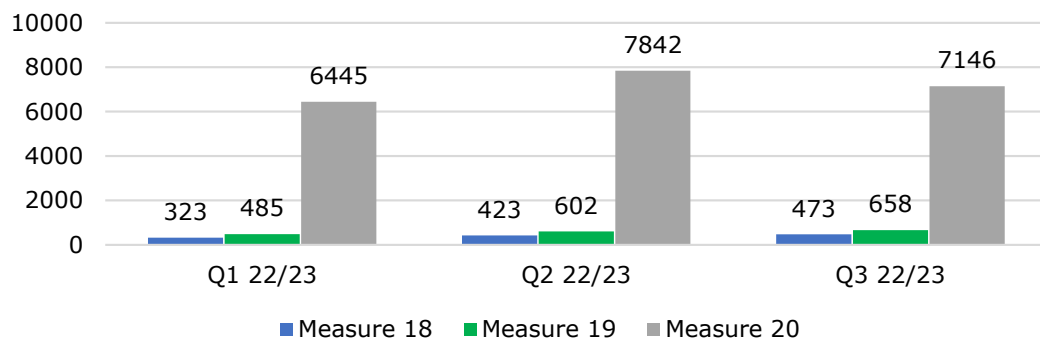
Dental - Powys as a provider

Measure 18. Number of new patients (children aged under 18 years) accessing NHS dental services

Measure 19. Number of new patients (adults aged 18 years and over) accessing NHS dental

Measure 20. Number of existing patients accessing NHS dental services

Number of new patients <18 (measure 18), Number of new patients 18+ (measure 19), and number of existing patients accessing NHS dental services by quarter.



Q3 Performance 2022/23

Provider Performance		All Wales Benchmark
18	473	7th 30,813
19	658	7th 47,495
20	7,146	7th 378,903

Variance Type

N/A

Target

4 quarter improvement

Data Quality & Source

Welsh Government Performance Team

Executive Lead

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

Officer Lead

Assistant Director of Primary Care

Strategic Priority

4

Due to COVID-19 there are some localised problems with regards to the number of patients accessing NHS dental services. To address this, a focus is being placed on the recovery of dental services (following the pandemic), which includes increased access, particularly for those most at risk. This also includes encouraging NHS dental practices to take on new patients.

What the data tells us

This measure is new for 2022/23 and currently only has three data points, at present Powys has improved on the numbers of new patients across the 3 quarters to date, and dipped at Q3 existing patients accessing NHS dental services, however still showing an increase from Q1.

Benchmarking is not appropriate without a rate for comparison. Powys with its smaller population will be unlikely not to be ranked lowest of all health board areas.

Issues

Actions

Mitigations



Quadruple Aim 2

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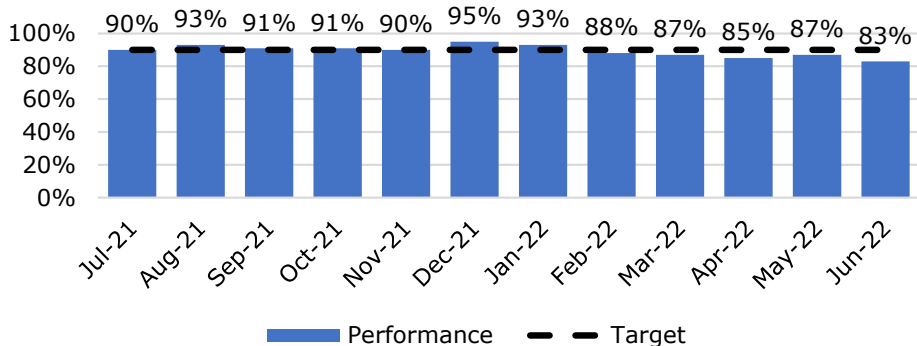
21

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111 Assessment

Percentage of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed – Powys as a provider

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



June 2022 Performance	
Local Performance	All Wales Benchmark
83%	N/A
Variance Type	
N/A	
Target	
90%	
Data Quality & Source	
PTHB Primary Care	

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

"NHS Wales is committed to providing services 24 hours a day seven days a week. To ensure that the most urgent callers get timely advice and/or the medicine required, a nurse, emergency dentist, pharmacist or GP should provide a clinical assessment within one hour of the initial call being answered."

What the chart tells us

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

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

Issues

- Accurate Out Of Hours (OOH) reporting is an ongoing national issue and given the need for accurate reporting a replacement IT system, SALUS, is currently being developed for implementation in 2023.
- On the 4th August 2022, Advanced had a cybersecurity incident caused by ransomware and immediately took action to mitigate any further risk by disabling all of their Health and Care systems. As a result, there has been a temporary loss in service to the out of hours Adastra system, used to support NHS Wales (and England). This has affected all Health Boards across Wales. From the PTHB perspective this has impacted significantly on 111, Shropdoc and the Swansea Bay University Health Board (SBUHB) OOH service. Therefore no data is available for July, August and September. The reinstating of Adastra is currently being rolled out across NHS Wales with limited functionality as the Concentrator system which enables 111 Adastra to share information with Health Boards/Shropdoc Adastra is still not working and needs to be rebuilt
- 111, Shropdoc and SBUHB continue to operate under BCI arrangements.

Actions

Mitigations

- In the absence of Adastra, the PTHB OOH Performance Management Group continue to seek assurance on the OOH service.
- The Assistant Director of Primary Care attends the national daily Business Continuity & Incident calls



Quadruple Aim 2

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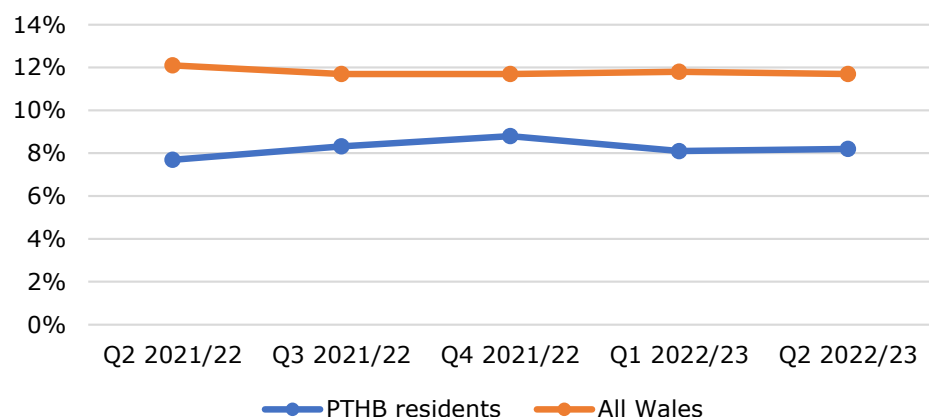
22

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Conveyance

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

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



Q2 2022/23 Performance	
PTHB Responsible Performance	All Wales Benchmark
8.2%	5 th (11.7%)
Variance Type	
N/A	
Target	
4 quarter improvement trend	
Data Quality & Source	
Welsh Government Performance Team	

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

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

What the data tells us

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

Performance in Q2 increased slightly to 8.2%, but Powys does not meet the 4 quarter improvement target.

Powys Performance sits below the All Wales average of 11.7%, ranking 5th out of the Health Boards.

Issues

Actions

Mitigations



Quadruple Aim 2

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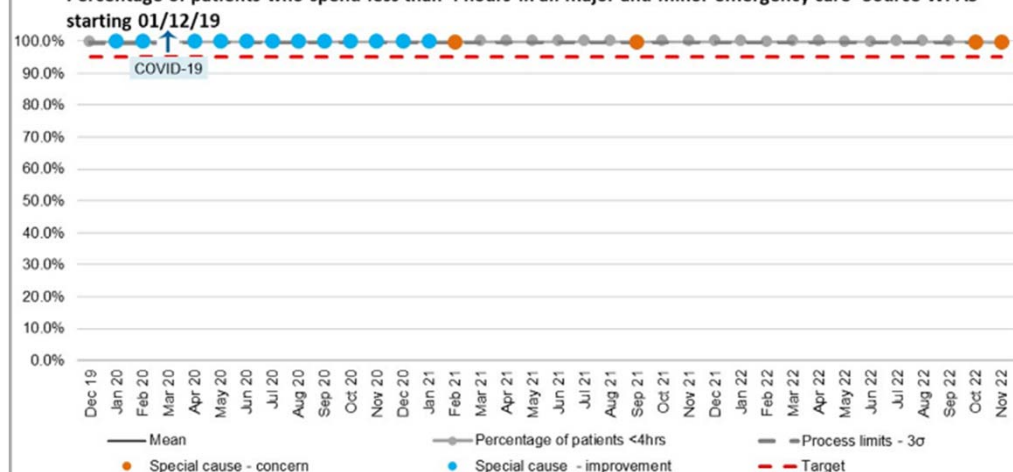
25

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Minor Injury Unit (MIU) Performance

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

Percentage of patients who spend less than 4 hours in all major and minor emergency care -Source WPAS starting 01/12/19



November 2022 Performance

Provider Performance	All Wales Benchmark
99.7%	*1 st (66.6%)

Variance Type

Special cause concern

Target

95%

Data Quality & Source

EDDS

Executive Lead

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

Officer Lead

Senior Manager
Unscheduled Care

Strategic Priority

11

"Patients attending [MIU] expect to be seen and treated, transferred or discharged in a timely manner.

To ensure that patients spend less than 4 hours in [MIU], health boards need to provide efficient and effective services, whilst educating patients to make the best use of alternative NHS services."

What the chart tells us

MIU performance against the access target remains excellent circa 99+% on a monthly basis.

It should be noted however that the November performance of 99.7% is statistically special cause concern variation.

In November 3 patients waited over 4hrs

The All Wales average for October was 66.6%, but this performance is non comparable as Powys only has minor injury facilities.

Issues

No issues with MIU performance as reflected in data.

Ambulance arrival times for 999 patients have caused delays in transferring but attributed to transport.

Actions

A standard operating procedure (SOP) and training has been done on the management of delays which has been signed off by the medical director and head of nursing.

Mitigations

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



Quadruple Aim 2

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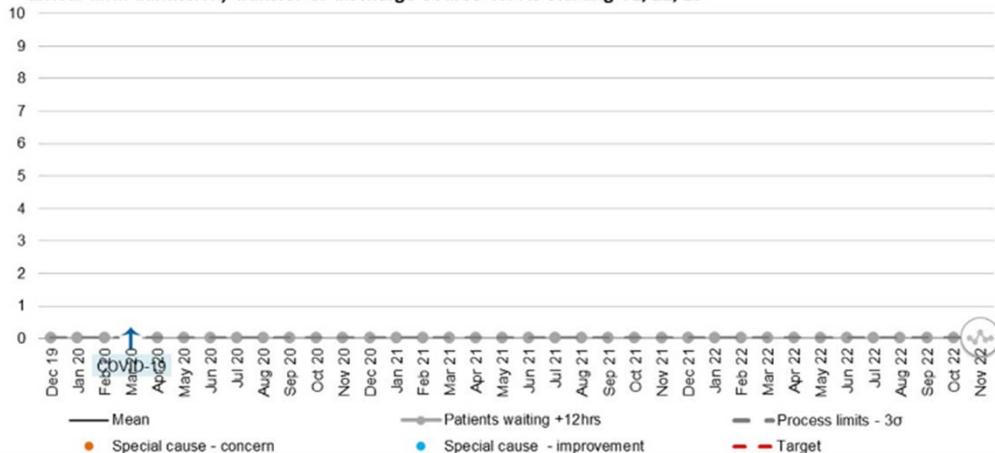
26

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Minor Injury Unit (MIU) Performance

Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge – **Powys as a provider**

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



November 2022 Performance

Provider Performance	All Wales Benchmark
0	*1 st (11,030)

Variance Type

Common Cause

Target

0

Data Quality & Source

EDDS

Executive Lead

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

Officer Lead

Senior Manager
Unscheduled Care

Strategic Priority

11

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

What the data tells us

MIU performance against the access target remains excellent with no 12hr breaches on a monthly basis.

The All Wales total of patients waiting for admission over 12 hours in major and minor emergency care reported increase to 11,030 in October.

Performance is non comparable as Powys only has minor injury facilities.

Issues

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

Actions

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

Mitigations

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



Quadruple Aim 2

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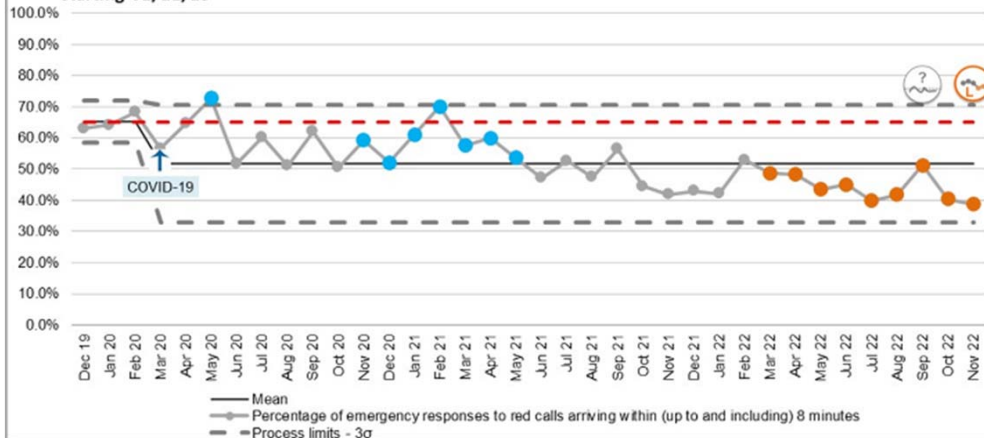
31

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Red Calls

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

Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes- Source WAST starting 01/12/19



November 2022 Performance

Local Performance	All Wales Benchmark
38.7%	7 th (48%)

Variance Type

Special cause concern

Target

65%

Data Quality & Source

WAST

Executive Lead n

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

Officer Lead

As above

Strategic Priority

11

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

What the data tells us

The reported performance in November is the worst Powys has had since this metric was revised in 2018 reaching only 38.7% compliance.

The All Wales performance is also very poor against the 65% target at 48% but PTHB ranks 7th this month.

Issues

Demand for urgent care services continues to increase including calls to 999 ambulance services

Handover delays at A&E sites are increasing the time ambulance crews are spent static as opposed to quick turnaround times

Impact of Covid 19 on ambulance staffing continues to cause significant impact on staff availability and rotas.

Delayed discharges - for patients declared medically fit for discharge (MFFD) the number occupying hospital beds

Actions

All hospital providers running A&E services have been asked to improve flow so that ambulance turnaround times can be improved

All Wales urgent care system escalation calls being held daily (often more than once per day)

Health Boards asked to review Local Options Frameworks. Most Health Board who run acute services have now deployed elements of this service resilience option. Staff have been redeployed to support urgent care flow

Mitigations

Wider system calls being held daily with the aim to improve overall system flow.



Quadruple Aim 2

No. 35 & 36

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

35. Patient Flow

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

36. Patient Flow

Percentage of people leaving hospital on a D2RA pathway

Executive Lead n

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

Officer Lead

Senior Manager
Unscheduled Care

Strategic Priority

11

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

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

Issues

- PTHB does not directly provide any acute hospital beds, therefore all patients enter the D2RA process when stepped down from acute hospitals to a community hospital. As such, the HB reports 100% compliance to the Delivery Unit until DTOC is reinstated as the relevant measure.
- Patients who go are admitted directly home (with support) from out of county acute hospital locations are recorded as receiving 'Home First' services, and are exempt from inclusion in the D2RA reporting.
- To inform community development, all discharge pathways have been implemented for recording onto WPAS. Compliance in recording can be limited, including utilisation of Estimated Discharge Dates on WPAS by the wards. Mandating of some fields has not been implemented at this time, due to the likely change in national reporting due shortly.

Actions

- Report required & requested from informatics on non compliance.
- Further reinforced within discharge training at ward level intended to improve compliance.
- Additional workshop in place for W/C 14th November to continue to embed patient pathways

Mitigations

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



Quadruple Aim 2

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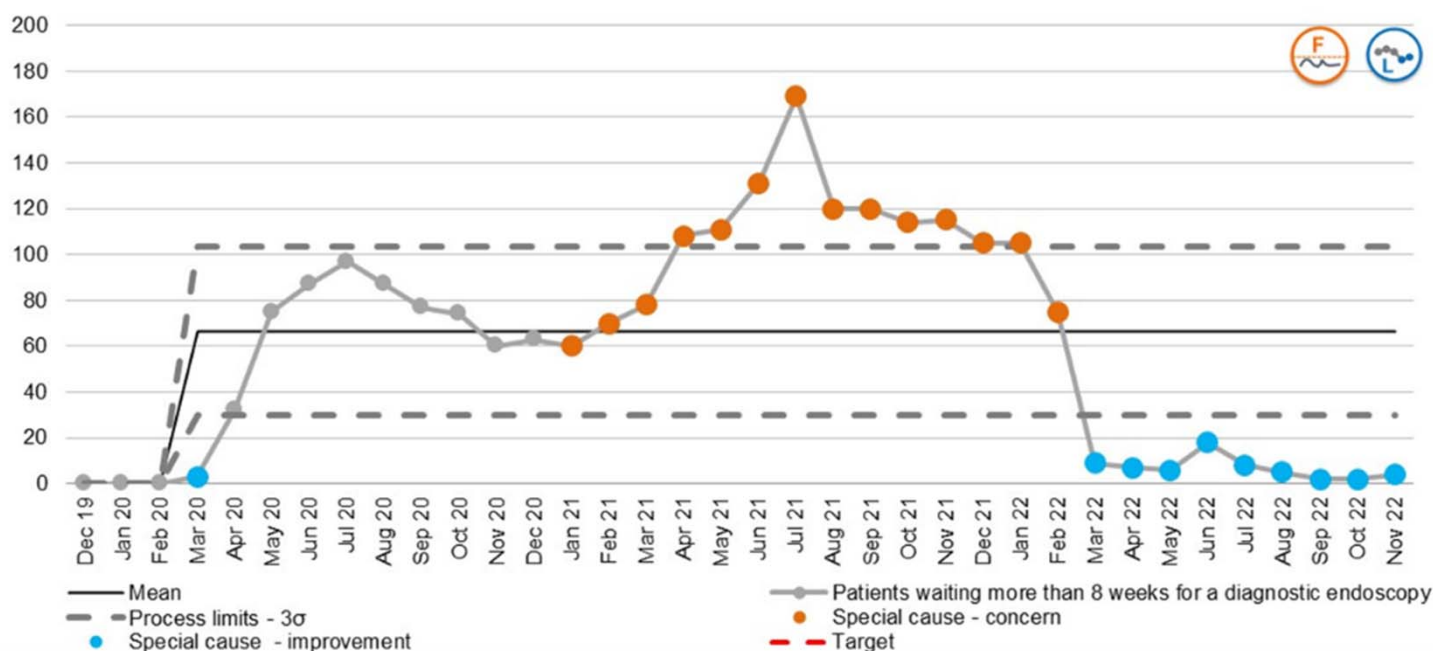
39

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Diagnostic Breaches

Number of patients waiting more than 8 weeks for a diagnostic endoscopy – Powys as a provider

Patients waiting more than 8 weeks for a Diagnostic Endoscopy- Source WPAS starting 01/12/19



What the data tells us

- Diagnostic Endoscopy has largely recovered (4 breaches in November) since breaches reached their peak 12 months ago. Performance is compliant with target and shows as special cause-improvement for the last 9 months.
- Breaches reported for September are in Colonoscopy

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

November 2022 Performance

Provider Performance	All Wales Benchmark
4	*1 st (15,746)
Special Cause Improvement	
Target	
Improvement trajectory towards 0 by Spring 2024	
Data Quality & Source	
WPAS	

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

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

Issues, actions, and mitigations are on the next slide



Quadruple Aim 2

No.

39

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Diagnostic Breaches

Number of patients waiting more than 8 weeks for a diagnostic endoscopy – Powys as a provider

Issues	Actions	Mitigations
<ul style="list-style-type: none"> The service is fragile and reliant on in reach clinicians. The in reach Clinical Director retired returned in Q2, awaiting a formal replacement proposal from Cwm Taf Morgannwg University Health Board (CTUHB) & consultant team activity There is a national shortage of colonoscopists, clinical/screening endoscopists and endoscopy nurses Bowel screening service is fragile with single points of failure and increasing demand due to changes in FIT test age from Oct 22 Demand & Capacity modelling pre-covid indicated underlying deficit in colonoscopy capacity for PTHB 5 sessions per month plus vacancy sessions nurse consultant In reach fragility in General Surgery OP pathway, diagnostic & histology delays in DGHS 	<ul style="list-style-type: none"> Lead Nurse post for endoscopy developed and successfully recruited to provide specific speciality level clinical leadership to the service. PTHB first clinical endoscopist trainee post has completed training with university confirmation Jan-2023, this post will provide additional JAG accredited endoscopy capacity for gastroscopy. Schemes under development for endoscopy include cytosponge and naso endoscopy to commence in 2023/24 Clinical Endoscopist currently working with National Team to develop lifestyle peer support group clinics for endoscopy patients Working with National Endoscopy Programme on demand and capacity modelling and regional plans/solutions (across 3 regions South East, South West, North) Plans in place for medical model & leadership review with recruitment to Planned Care Clinical Director post in Q4 Working with PHW Bowel Screening Wales on regional solutions to service sustainability, CTMUHB specialist nurse post providing in reach into PTHB service. Successful recruitment to join bowel screening specialist nurse post with CTMUHB Dec 22 & successful recruitment to PTHB bowel screening post Oct 22 Capacity support requested from health boards & NHS trust for lower endoscopy, currently no sessions forthcoming due to acute provider backlogs Re escalated commissioning issues CTMUHB/Aneurin Bevan University Health Board (ABUHB) & service level agreement (SLA) concerns around fragility & long term agreement (LTA) pathology, histology delays. Working closely with Wye Valley NHS Trust (WVT) to repatriate gastro back to LWH, ongoing work with ABUHB. 	<ul style="list-style-type: none"> Rolling programme of clinical and administrative waiting list validation. Additional in-sourcing capacity to be provided to address routine backlog commenced in March 22 on-going, but with provisional extension to March 23. Working at Regional level to support service sustainability offering estate capacity endoscopy suite as part of regional solution mutual aid

Patterson, Liz
23/01/2023 11:23:18



Quadruple Aim 2

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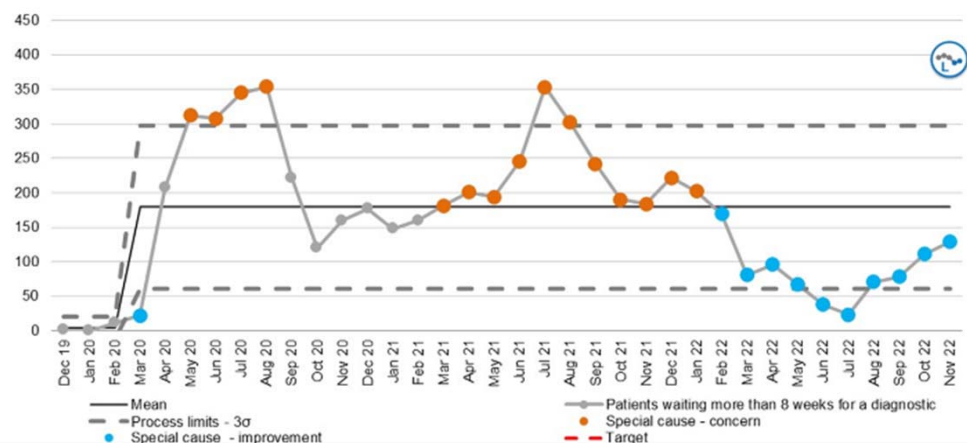
40

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Diagnostic Breaches

Number of patients waiting more than 8 weeks for a specified diagnostic – Powys as a provider

Patients waiting more than 8 weeks for a diagnostic - Source WPAS starting 01/12/19



November 2022 Performance

Provider Performance	All Wales Benchmark
129	*1 st (42,829)

Variance Type

Special cause improvement

Target

12 month reduction trend towards 0 by Spring 2024

Data Quality & Source

WPAS

Executive Lead n

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

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

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

What the data tells us

This measure includes various diagnostic provisions, echo cardiograms, endoscopy, and non obstetric ultrasound. Performance and recovery remains fragile although showing special cause improvement for the last 10 months and meeting the national target of reduction over 12 months. There however has been a 4 month trend of increased breaches reaching 129 in November 2022, these are consistently within NOUS.

Although Powys provider performance is best in Wales Powys residents will be breaching the 8 week target within commissioned acute health care providers.

[Please note Endoscopy specific narrative within previous slide](#)

Issues

Non Obstetric Ultrasound (NOUS)

- PTHB have appointed own Sonographers
- 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 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

- Ongoing in-reach fragility with visiting consultants and technicians.
- Ongoing equipment review for the Brecon service with supplier and in-reach technicians.

Actions

Non Obstetric Ultrasound (NOUS)

- Liaising with external providers to provide a plan

Cardiology

- Requesting backfill sessions from in reach provider via SLA

Mitigations

Non Obstetric Ultrasound (NOUS)

Continuous monitoring of waiting list



Quadruple Aim 2

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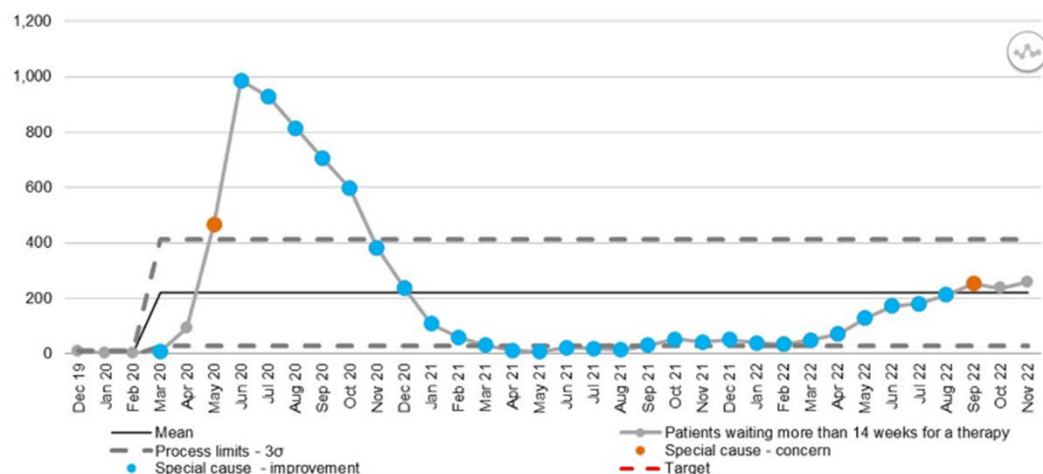
41

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Therapy Breaches

Number of patients waiting more than 14 weeks for a specified therapy – Powys as a provider

Patients waiting more than 14 weeks for a therapy - Source WPAS starting 01/12/19



November 2022 Performance

Provider Performance	All Wales Benchmark
258	*1 st (11,152)

Variance Type

Common cause variation

Target

12 month reduction trend towards 0 by Spring 2024

Data Quality & Source

PTHB Information Warehouse

Executive Lead n

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

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

"Reducing the time that a patient waits for a therapy service reduces the risk of the condition deteriorating and alleviates the patient's symptoms sooner."

This measure provides greater transparency and encourages improvement in the timeliness of accessing NHS therapy services."

What the data tells us

Breaches in therapies have increased since Q4 2021/22. 258 patients waiting longer than 14 weeks during November remaining above post pandemic average but common cause variation.

Breach spec & longest wait;

- Audiology – 27 weeks
- Dietetics – 20 weeks
- Physiotherapy – 27 weeks
- Podiatry – 16 weeks
- Adult Speech & Language Therapy – 44 weeks.

Issues

- Cancellations of clinics at short notice as a result of staff having to isolate due to covid caused breaches
- Vacancies across services particularly physiotherapy, Dietetics and Audiology having some impact.
- North Powys particularly challenging for staffing fragility.
- Podiatry currently 3 whole time equivalent (WTE) vacancies down on staffing capacity, no agency support available.
- SALT – Long term sickness within voice and transgender service resulting in long waiting times. Locum and Commissioned providers unable to provide support.

Actions

- Locums have been employed; however, the market is becoming limited.
- Weekly management of waiting lists by Heads of Service.
- MSK North Powys vacancy filled and starting November.
- MSK Bank physiotherapy support starting from November in North Powys
- Podiatry one WTE starting in November.
- Head of service (clinical) increased sessions by 40% for wound care (high risk).
- SALT – Head of service reviewing on weekly basis.

Mitigations

- To be confirmed if actions fail to resolve current performance shortfall



Quadruple Aim 2

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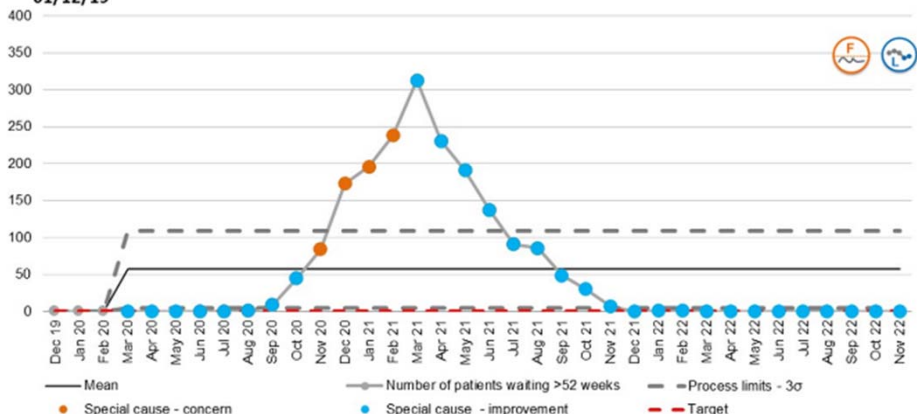
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New Outpatient

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

Patients Waiting >52 weeks for a New Outpatient Appointment-Powys Teaching Health Board starting 01/12/19



November 2022 Performance

Local Performance	All Wales Benchmark
0	*1 st (95,074)
Variance Type	
Special Cause - Improvement	
Target	
Improvement trajectory towards 0 by 31/12/22	
Data Quality & Source	
DHCW	

Executive Lead n

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

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

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

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

What the data tells us

Powys as a care provider has no patients waiting greater than 52 weeks for a new out patient appointment.

However, Powys residents breach the 52 week target within commissioned health care providers which will be covered in later slides.

Issues

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

Actions

- Significant Programme of outpatient (OP) improvement in progress

Mitigations

- OP Transformation focussing on MDT approach to ensure patient seen at right time by right PTHB clinician – to support improvements in access times, care closer to home, environmental impact less miles travelled
- Utilising in reach to support capacity shortfalls in oral surgery & general surgery.
- Reviewing use of see on symptoms (SOS)/ patient initiated follow-ups (PIFU) across specialities.
- Managing service level agreements for Planned Care via PTHB Commissioning assurance framework process with in reach providers.



Quadruple Aim 2

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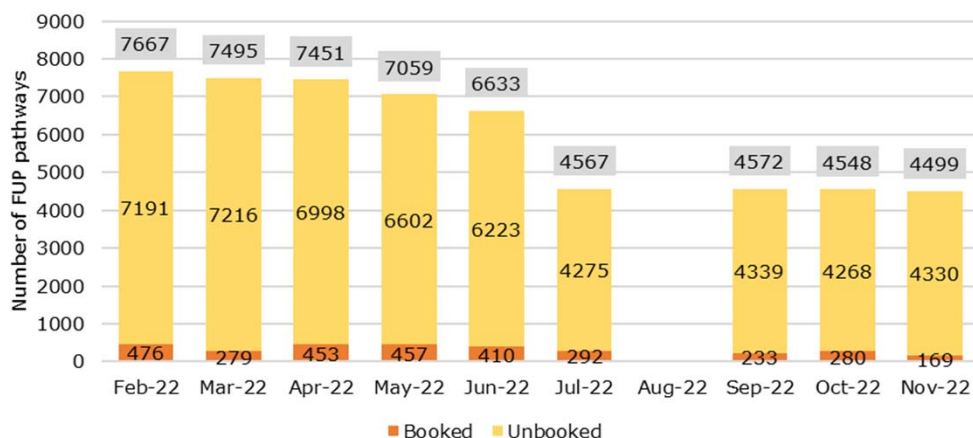
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Follow up outpatient (FUP)

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

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



November 2022 Performance

Provider Performance	All Wales Benchmark
4499	*(214,884)

Variance Type

N/A

Target

Improvement trajectory towards a reduction of 30% by March 2023 against a baseline of March 2021

Data Quality & Source

WPAS

Executive Lead n

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

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

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

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

What the data tells us

- PTHB is **not** reporting the revised position of FUPs nationally. Internal validation reports show 4499 patients are overdue 100%+ on a FUP pathways including non reportable specialties and those with booked appointments. However circa 50%+ of these pathways are assessed to be invalid or duplicates and await fixing on WPAS system..
- Nationally since December the position for Wales has worsened to 214,884 patients waiting over 100% for a FUP in *October 2022.

Issues

- Phase 2 of the validation process is ongoing delay for completion as a result of capacity within Digital Transformation team. This directorate has advised this is not a priority to close invalid or duplicate pathways.
- Some phase 1 validation remains outstanding especially in Mental Health where clinical work priority challenges historic system validation.

Actions

- Ongoing validation exercises with clinical and administration teams.
- All pathways both those traditionally reportable and non reportable are being validated.
- Engagement with Welsh Government for clinical support in correct utilisation of see on symptom pathways (SOS) and patient initiated follow up pathways (PIFU).
- Director of Planning & Performance & Assistant Director of Digital Transformation lead on recovery work.
- Senior lead engagement process workshop Jan-23

Mitigations

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



Quadruple Aim 2

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Ophthalmology

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

Executive Lead

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

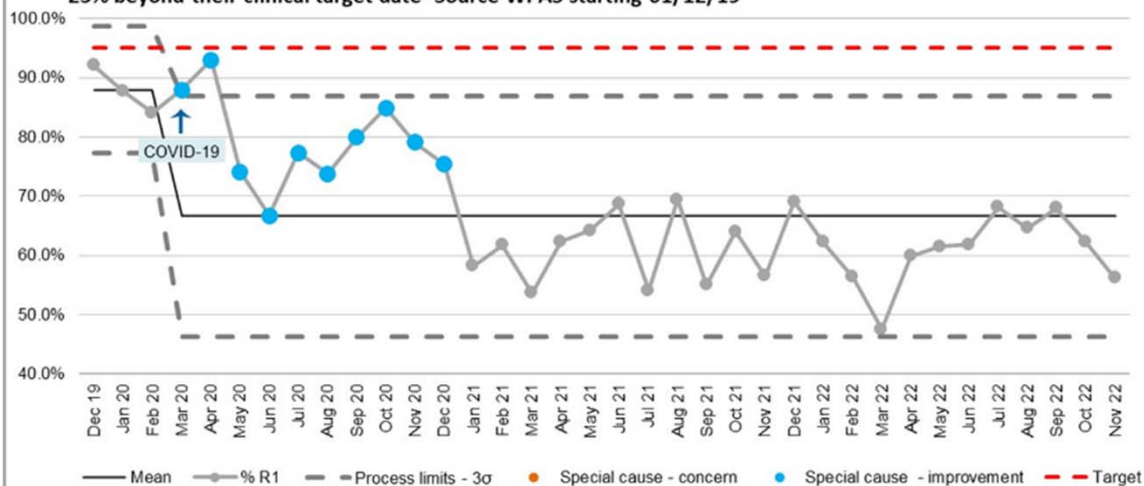
Officer Lead

Assistant Director of Community Services

Strategic Priority

5

Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date- Source WPAS starting 01/12/19



November 2022 Performance

Local Performance	All Wales Benchmark
56.2%	*4th (63.7%)

Variance Type

Common Cause

Target

95%

Data Quality & Source

WPAS

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

What the chart tells us

Performance for R1 appointments attended does not meet the 95% target and has fallen for the last 2 months reporting 56.2% in November. Performance remains common cause variation but has fallen below the post pandemic average. The health board was benchmarked 4th in Wales during October against a national performance of 63.7%.

In the provider the percentage of patients without a HRF factor in November reported 0.6% which is excellent and below the 2% recommended maximum.

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

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



Quadruple Aim 2

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

Ophthalmology

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

Issues	Actions	Mitigations
<ul style="list-style-type: none"> Reporting for the measure is under review with PTHB Information Department with performance risk linked to follow-up validation & reporting issues. Fragility of in reach providers and DGH system pressures including industrial action, sickness including ongoing COVID-19 pressures. Fragility of theatre staffing due to sickness absence, and vacancies Digital Eye Care pilot continued delay since May 2022 and National system & IG issues are flagged. 	<ul style="list-style-type: none"> Wet Age-related macular degeneration (AMD) service has been extended into mid Powys, embedded as service model for Llandrindod/Brecon Hospitals. PTHB 1st nurse eye care injector trained, plans in place for 2nd PTHB injector training (complete 2023/24). Excellent AMD clinical outcomes above national average for wet AMD service with presentation to International Eye Conference in Oxford July 22. Zero clinical complications reported. Eye Care MDT Inc. ophthalmic scientist/hospital optometry developed. New one stop eye care clinic established in Llanidloes/Welshpool, patients no longer need to travel out of county to Hywel Dda University Health Board(HDUHB)/face significant wait for eye care scans, approx. 42,000 miles of patient journey saved per annum. Care closer to home for patients, instant diagnostics for decision making for clinicians and improved access times to support RTT management. Outpatient nursing team supporting the Digital eye care record roll out in PTHB to be lead with pilot in YCH with National Planned Care Clinical Lead who is a PTHB in reach ophthalmologist, with phase 2 into North Powys. Local Safety Standard for Invasive Procedures (LOCSIPs) in place for Eye Care & other outpatient department specialities first HB in Wales. Trainee Eye Care Nurse post job description has been developed by the Service & agreed by education, working closely with Rural Health Care Academy on career pathways for eye care in PTHB Hydroxychloroquine Screening Service for eye care & rheumatology patients under development with equipment purchased from WG Eye Care funding in Q4 2021/22. Service SOPs developed utilising best practice from Birmingham and Midland Eye Centre. Information governance agreements in place. Equipment provider is building a server, also awaiting implementation of Welsh Government (WG) referral management centre centrally triaged referrals from optometry for All HBs. This has been flagged at National level, WG fully appraised but anticipate further 3 month delay that impacts all HBs. MDT lead glaucoma management within Planned Care & Community Optometry – service open to referrals from Nov 22 One stop shop cataracts biometrics pre assessment, consultant appointment pan Powys – Q3 2022/23. Awaiting data from HDUHB North Road on PTHB numbers, meeting 5th Sept to progress. Supporting Performance/Commissioning with repatriation plans for cataracts – awaiting PTL details. Working with WVT & Rural Health Care Academy to formalise training opportunities in DGH, extending OP role to include eye care scrub for potential future clean room developments in PTHB. Nov 22 – no patients waiting over 52 weeks for Ophthalmology, X patients wait over 36 weeks for a new outpatient appointment. Patients waiting within clinical target date or <25% over target X%, patients attended X%. National Digital Eye Care Programme ICT, IG, procurement, finance is currently being reviewed by DHCW outcome of review anticipated Nov 22 	<ul style="list-style-type: none"> Community optometry support to risk stratify long waits/overdue follow ups Development of eye care MDT to support service sustainability Corporate review of FU reporting performance and harm management In reach SLA managed via PTHB CAF

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Quadruple Aim 2

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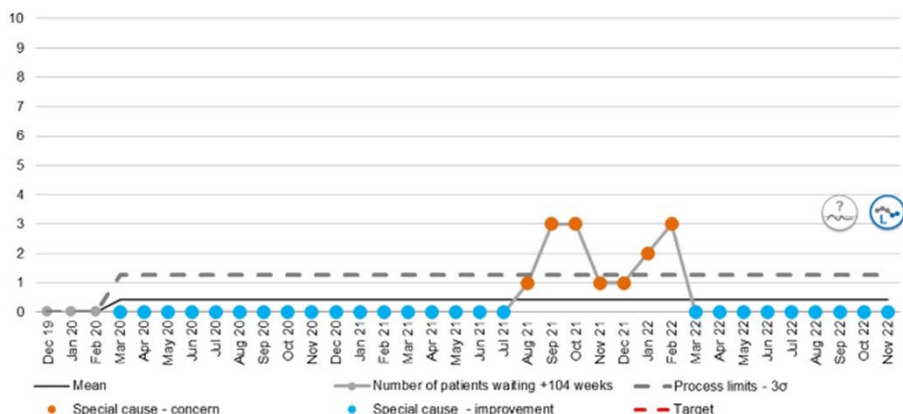
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Referral to Treatment – Powys Teaching Health Board as a provider

Number of patients waiting more than 104 weeks for treatment

Patients Waiting +104 weeks Including D&T-Powys Teaching Health Board starting 01/12/19



November 2022 Performance

Provider Performance

0

All Wales Benchmark

1st (54,491)*

Variance Type

Special Cause Improvement

Target

Improvement trajectory towards a national target of zero by 2024 (zero Nov-22)

Data Quality & Source

DHCW

Executive Lead n

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

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

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

What the data tells us

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

It should be noted that Powys residents wait longer than 104 weeks in commissioned services. – See commissioned services slides, and appendix for more details.

Issues

Fragility across all in reach services.

Particular issues with anaesthetics fragility

Impact of DGH pathology & diagnostic waits on RTT pathways – soft tissue scan delays impacting with 12-14 month scan wait

Actions

Escalating issues via CQPRM meetings

Mitigations

As previous



Quadruple Aim 2

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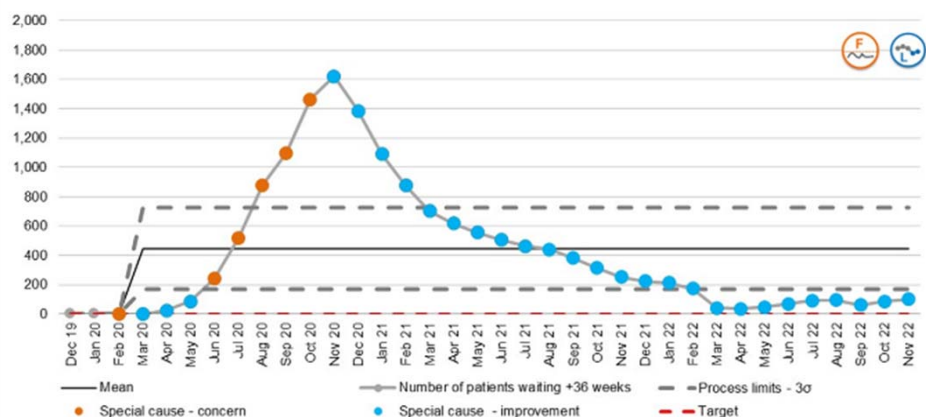
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Referral to Treatment – Powys Teaching health board as a provider

Number of patients waiting more than 36 weeks for treatment

Patients Waiting +36 weeks Including D&T-Powys Teaching Health Board starting 01/12/19



November 2022 Performance

Provider Performance	All Wales Benchmark
102	1 st (259,988)*

Variance Type

Special Cause- Improvement

Target

Improvement trajectory towards 0 by 2026 (64 Nov-22)

Data Quality & Source

DHCW

Executive Lead n

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

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

What the chart tells us

- Powys is not meeting the improvement trajectory currently in reducing +36 week waiters to zero by 2026 with waiters increasing over the last 2 months to 102 in November, however the SPC chart continues to report special cause improvement.
- Fragility of service remains the largest risk to maintaining performance, it is predicted to show a worsening trend into the winter period (Q3) as a result of system pressure, and environmental factors effecting access e.g., snow etc.

Actions

- Improvement work to manage waiting lists in line with the National Planned Care Programme Outpatient Transformation and Speciality Boards continues with activity levels closely monitored locally via the daily review of patient lists and weekly RTT meetings.
- Waiting lists are clinically validated and risk stratified in addition to administrative waiting list validation. Theatre lists are clinically prioritised utilising the Federation of Surgical Speciality Association Covid-19 prioritisation tool with the vast majority of patients categorised as priority 4 (low risk), however all long waiters are regularly, clinically reviewed to ensure their condition is not changing and in need of re-prioritising. Any patients requiring urgent treatment are transferred to DGH urgent pathways if immediate lists are not available in PTHB.
- Wet Age-related macular degeneration (AMD) service has been extended into mid Powys, now available in Llandrindod and Brecon Hospitals. PTHB 1st nurse eye care injector trained. Excellent clinical outcomes above national average for wet AMD service.
- MDT for eye care including ophthalmic scientist and hospital optometry developed. New one stop eye care clinic established in Llanidloes, patients no longer need to travel out of county to HDUHB Bronglais and face significant wait for eye care scans. General OP teams in North Powys received update training specific. Care closer to home for patients, instant diagnostics for decision making for clinicians and improved access times to support RTT management.
- Embedded vascular "mega" clinic established in North Powys August 2021 vascular surgeon, ultrasonography, podiatry, district nursing – one stop clinic running successfully.
- Recruitment to Clinical Director Planned Care new medical leadership post Q4

Mitigations

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



Quadruple Aim 2

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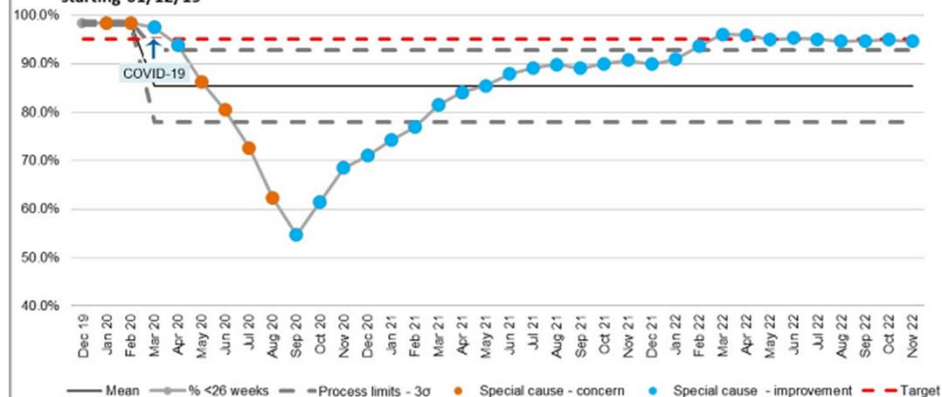
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Referral to Treatment – Powys Teaching health board as a provider

Percentage of patients waiting less than 26 weeks for treatment

Percentage of patients waiting less than 26 weeks for treatment (Including D&T)-Powys Teaching Health Board starting 01/12/19



November 2022 Performance

Provider Performance	All Wales Benchmark
94.6%	1 st (55.6%)*

Variance Type

Special Cause - Improvement

Target

Improvement trajectory towards 0 by 2026 (91% Nov 22)

Data Quality & Source

DHCW

Executive Lead n

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

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

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

RTT pathways by specialty and band	Nov-22	Patients Waiting				
Main Spec	* % of pathways < 26 Weeks	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	Total Waiting
100 - GENERAL SURGERY	94.5%	379	15	4	3	401
101 - UROLOGY	80.2%	105	14	12		131
110 - TRAUMA & ORTHOPAEDICS	90.6%	538	34	22		594
120 - ENT	91.6%	512	37	10		559
130 - OPHTHALMOLOGY	87.0%	807	103	18		928
140 - ORAL SURGERY	93.8%	210	8	6		224
191 - PAIN MANAGEMENT	100.0%	168				168
300 - GENERAL MEDICINE	98.1%	51	1			52
320 - RADIOLOGY	85.4%	182	23	8		213
330 - DERMATOLOGY	100.0%	110				110
410 - RHEUMATOLOGY	75.7%	115	28	9		152
420 - PAEDIATRICS	97.9%	47	1			48
430 - GERIATRIC MEDICINE	95.2%	20	1			21
502 - GYNAECOLOGY	95.3%	184	8	1		193
998 - Diagnostic Services	93.8%	90	6			96
999 - Allied Health Professional Services	99.4%	3405	11	11		3427
Total	94.6%	6923	290	101	3	7317

*RAG rating based on previous 95% national target compliance

What the chart tells us

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

The service in November reported a slight reduction to 94.6% compliance, meeting the target set for 2026. The health board remains under pressure from increased demand and ongoing fragility of services.

Issues

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

Anaesthetic cover remains challenging particularly into mid Powys liaising with Wye Valley Trust to resolve and develop forward plan, managed via PTHB commissioning performance and assurance processes

[Actions and Mitigations on previous page](#)



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Referral to Treatment (RTT) Commissioned

Performance of patient pathways within commissioned services against Welsh NHS targets

	Nov-22	Patients Waiting						
Welsh Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
Aneurin Bevan Local Health Board	63.3%	1480	282	245	148	90	93	2338
Betsi Cadwaladr University Local Health Board	47.3%	316	72	74	76	69	61	668
Cardiff & Vale University Local Health Board	53.3%	204	36	40	39	25	39	383
Cwm Taf Morgannwg University Local Health Board	52.0%	318	48	71	70	42	63	612
Hywel Dda Local Health Board	59.7%	963	161	182	151	58	97	1612
Swansea Bay University Local Health Board	50.1%	967	182	240	197	117	227	1930
Total	56.3%	4248	781	852	681	401	580	7543

	Oct-22	Patients Waiting						
English Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
English Other	68.7%	200	36	37	14	4		291
Robert Jones & Agnes Hunt Orthopaedic & District Trust	59.9%	1740	304	409	314	125	13	2905
Shrewsbury & Telford Hospital NHS Trust	64.8%	2701	514	538	369	43		4165
Wye Valley NHS Trust	68.8%	2295	453	403	159	27	1	3338
Total	64.8%	6936	1307	1387	856	199	14	10699

No. long waits by cohort, with latest SPC variance					
Over 36 wks (inc 52 and over 104)		over 52 wks (inc over 104)		Over 104 weeks	
576		331		93	
280		206		61	
143		103		39	
246		175		63	
488		306		97	
781		541		227	
2514		1662		580	

Data Quality & Source

DHCW

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

No. long waits by cohort, with latest SPC variance					
Over 36 wks (inc 52 and over 104)		over 52 wks (inc over 104)		Over 104 weeks	
55		18		0	
861		452		13	
950		412		0	
590		187		1	
2456		1069		14	

[Detailed SPC's by provider in Appendix 1](#)

What the data tells us

- Welsh commissioned provider performance has seen limited change (common cause variation) against the under 26 week position with a slight reduction to 56.3% reported in November. Patient pathways over 36 weeks have decreased for the last 3 months to 2,514 but remains special cause for concern, patient pathways waiting over 1 year have reduced to 1662 (also remaining special cause for concern), and finally the extremely long patient pathways (104+ weeks) has seen a reduction trend (580 Nov-22) since Mar-22 and report special cause improvement.
- English commissioned services report limited change for under 26 week pathways in Oct-22 (64.8%) and report special cause for concern. The number of pathways over 36 weeks have increased slightly from the previous month (2456 Oct-22) and remain special cause for concern. Patient pathways over 1 year continue to increase with 1069 reported in October (special cause concern), but pathways waiting 104+ weeks remains very low (14) although growing slightly by 165/326 (common cause variation).

Quadruple Aim 2

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Referral to Treatment (RTT) Commissioned continued...

Performance of patient pathways within commissioned services against Welsh NHS targets

Issues	Actions	Mitigations
<ul style="list-style-type: none"> Recent service pressures as a result of industrial action, increased sickness, bed capacity pressures, and winter weather during Q3 have resulted in suspension of elective activity in some providers, this will impact on patient waits and delay recovery progress to meet Q4 national targets. Recovery forecasts for waiting lists across all providers are particularly challenging with increased demand, and staffing fragility impacting through put. Powys residents are being impacted by significant geographical equity for care, especially those who have waited and remain waiting over 2 years for treatment. Patients who can have their pathways within the Powys as a provider have the quickest reported care, and with English acute health trusts providing a better service for residents in the North & East of the county. Those residents who live within the south west health economy have the poorest access times for treatment and wait the longest. Data access and quality provide ongoing challenges for waiting list review and engagement in a timely manner. 	<ul style="list-style-type: none"> Welsh & English providers, including Powys provider services have mobilised additional capacity be that insourcing, outsourcing or the increase usage of additional payments for clinical activity. Ongoing work with NHS Wales Delivery Unit around weekly Welsh waiting list provision including information on pathways such as staging, actual wait time, and identifiers to help with commissioned service engagement. Ongoing repatriation scoping workstream for Powys residents who may be able to have treatment/care within the provider or alternative private service. The health board continues to engage on a regular basis with all commissioned providers via commissioning, quality and performance meetings. These meetings are used to discuss challenges, and highlight key concerns but primarily to support the best possible care for Powys responsible patients within current health contracts. 	<ul style="list-style-type: none"> All patients waiting are being managed in accordance with clinical need, clinical surgical prioritisation and duration of wait. SATH currently developing future capacity resilience which will help with patient flow including Powys residents.



Quadruple Aim 2

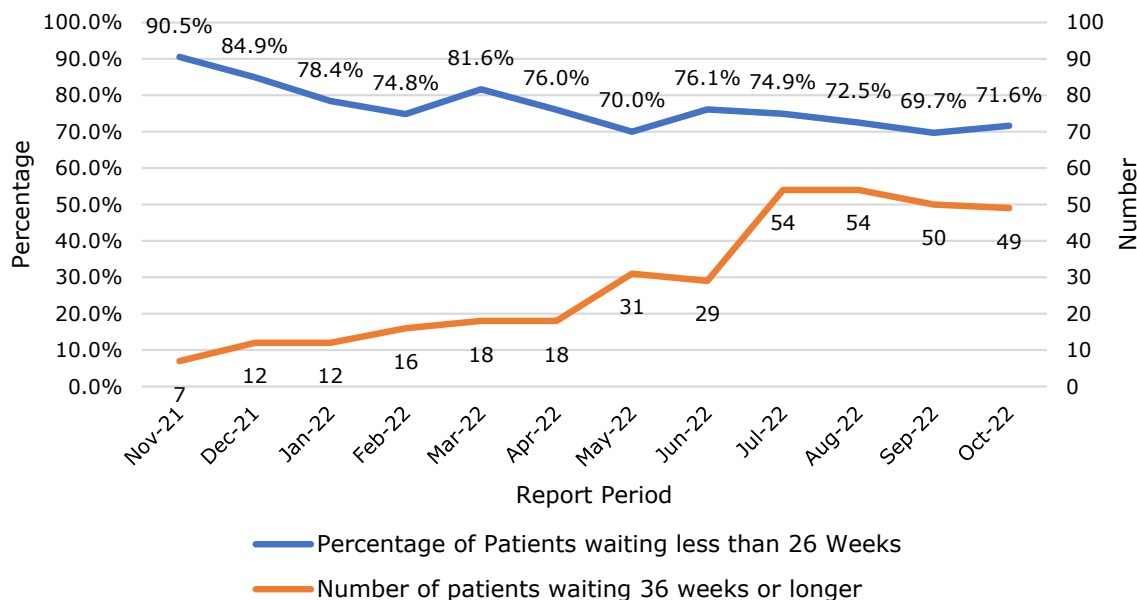
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Insourcing/Outsourcing

Private Dermatology Outsourcing – Referral to Treatment

Private Dermatology Outsourcing – Referral to Treatment



Source: Provider	% patients waiting under 26 weeks	Weeks Wait Bands				Total waiting
		Under 26	26 to 35	36 to 51	52+ Weeks	
Nov-21	90.5%	354	30	7	0	391
Dec-21	84.9%	338	48	12	0	398
Jan-22	78.4%	338	81	11	1	431
Feb-22	74.8%	336	97	16	0	449
Mar-22	81.6%	338	58	18	0	414
Apr-22	76.0%	333	87	18	0	438
May-22	70.0%	299	97	31	0	427
Jun-22	76.1%	372	88	29	0	489
Jul-22	74.9%	400	80	53	1	534
Aug-22	72.5%	407	100	52	2	561
Sep-22	69.7%	385	117	44	6	552
Oct-22	71.6%	371	98	45	4	518

Data Quality & Source

Direct feed – private provider

What the chart tells us

- Performance within private providers has improved for the first time since Jun-22 and is now reporting 71.6% in Oct -22. The total pathways waiting remains high with 518 reported.
- This provider has 4 breaches over 52 weeks.

Actions

- This service provider is the largest provider of outpatient dermatology services that Powys residents access.

Mitigations

- Review contract duration as part of 2022/23 planning.
- Provider reviewing capacity to be able to see more new patients and reduce waiting times.
- Underspend from 2021/22 - Health Board to review opportunity to utilise this to deliver additional activity this financial year.
- Private provider has advised extra capacity available from Q4 2022/23.



Quadruple Aim 2

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Provider Single Cancer Pathway (SCP) Reported Performance

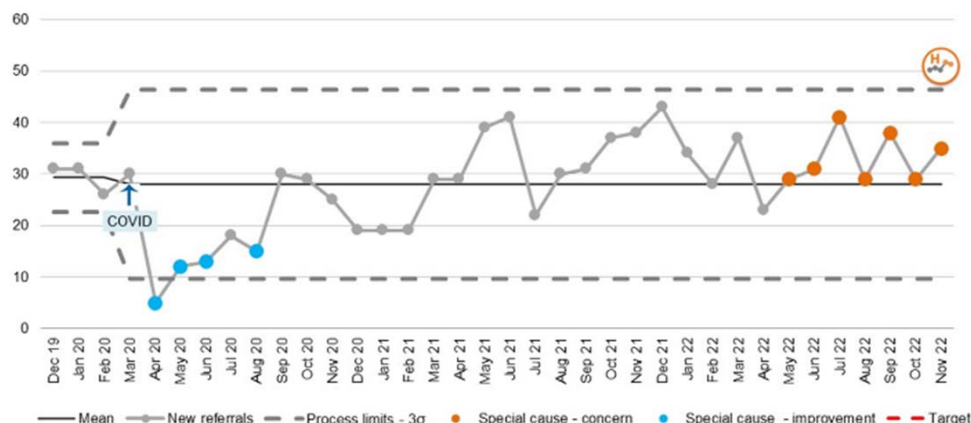
Patient referrals and downgrade performance against 28 day best practice.

Executive Lead Medical Director

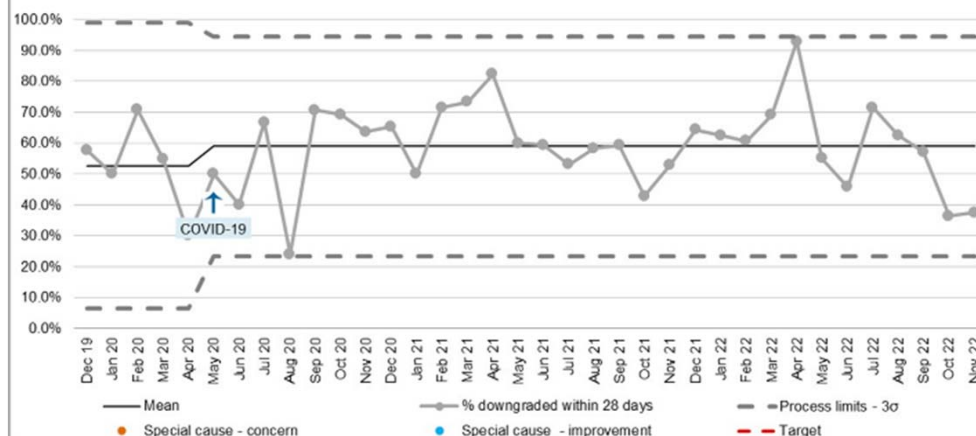
Officer Lead TBC

Strategic Priority 7

SCP referrals into Powys Provider - Source WPAS CWS starting 01/12/19



Single cancer pathway downgrades within 28 days best practice- Source WPAS CWS starting 01/12/19



What the data tells us

- Data refreshed for Q1 & Q2 06/01/2023 with very limited historical increase < 3 for the period.
- During November 35 patients started an SCP pathway within the provider, special cause concern has been flagged with referral numbers being above post covid mean for the 2022/23 financial year.
- The downgrade performance in for the last two months has been poor compared to normal against the recommended NICE guidance that patients who **DO NOT** have cancer are told within 28 days. Powys performance reported 37.5% in November, however the number of total downgrades was lower and pathways complex with delayed diagnostics. Performance remains common cause variance.

Issues

- Limited referrals come via Powys as a provider, the majority flow direct into acute care centres.
- Powys only submits official performance against downgrades, all patients diagnosed within the health board have their treatment pathway compliance reported by their treating health board.
- Compliance against the component parts of cancer pathways is directly linked to service fragility as described in measure 39 and main RTT planned care measures 40, 45, 46, and 47.
- Higher than average median to first diagnostic (40 days reported in November).
- Median wait time for first outpatient appointment 15 days

Actions

- 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.

Mitigations

Data Quality & Source

WPAS CWT



Quadruple Aim 2

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Cancer performance reporting, commissioned services

Executive Lead n Medical Director

Officer Lead TBC

Strategic Priority 7

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	2021-12	2022-01	2022-02	2022-03	2022-04	2022-05	2022-06	2022-07	2022-08	2022-09	2022-10	2022-11
Aneurin Bevan Local Health Board	89%	56%	63%	57%	89%	80%	58%	73%	63%	61%	67%	48%
Betsi Cadwaladr University Local Health Board	0%		100%		100%	0%	0%	100%	100%	0%	30%	38%
Cardiff & Vale University Local Health Board			100%							50%		100%
Cwm Taf Morgannwg University Local Health Board	50%	67%	40%	100%	33%	33%	67%	14%	25%	22%	57%	0%
Hywel Dda Local Health Board	43%	0%	83%	43%	80%	30%	40%	25%	33%	50%	50%	57%
Swansea Bay University Local Health Board	80%	67%	43%	75%	0%	50%	67%	25%	80%	67%	67%	60%
Total number treated within target (numerator)	16	13	18	14	15	14	17	12	18	20	22	26
Total pathways that started treatment (denominator)	24	25	29	22	21	28	33	27	29	46	41	52
Total monthly percentage compliance	67%	52%	62%	64%	71%	50%	52%	44%	62%	43%	54%	50%

Data Quality & Source

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

Commissioned services key notes on performance

Welsh Providers

- Provisional data for November shows that 26 patients missed the 62 day cancer target (50% compliance), it should be noted that individual provider performance can be adversely affected by low numbers starting treatment in that month. It should also be noted that patients flowing into Cwm Taf Morgannwg could have initial diagnostics and outpatient appointments carried out by the Powys hosted in-reach services (PTHB has one of the highest median waits for first outpatients in Wales). Key challenges include service flow, surgical, and diagnostic capacity in secondary care. There is marked variation across health boards particularly in relation to Breast, Gynaecology and Head and Neck SCP performance within Wales.

English Providers

- Shrewsbury and Telford Hospital (SATH) NHS Trust reported 5 breaches of their cancer pathway reported for October 2022. 4 of the 5 breaches were patients waiting over 104 days, key breach tumour sites include Gynaecology, Breast, Colorectal and Lung. Reasons for breaches primarily caused by capacity issues.
- Wye Valley NHS Trust (WVT) – The latest data for Powys residents breaches is September 2022, 6 breaches were reported and 3 of these breaches were over 104 days. Urology during September was the most challenge speciality with 50% of total breaches. At present no harm reviews are available for September linked to the previously reported capacity challenge for WVT MDT and their ability to complete harm reviews.



Quadruple Aim 2

No.

C38

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Cancer performance reporting, commissioned services continued...

Executive Lead n	Medical Director
Officer Lead	TBC
Strategic Priority	7

Issues	Actions	Mitigations
<ul style="list-style-type: none">Commissioned services in England & Wales are showing increased demand pressures with increased referrals & later staging of patients.Risk of increasing backlog of all patients (not just residents) waiting over 62 & 104 days in SATH. Capacity challenge includes increased referrals, radiology delays, complex pathways.Tumour site specific performance variation has been flagged across Welsh providers.	<ul style="list-style-type: none">Cancer breaches are part of the agenda for each Commissioning, Quality & Performance Review Meetings led by the Commissioning Team.The PTHB Renewal Programme is working with the Wales Cancer Network to develop an intelligence tool to track Powys patients currently active on the on the Suspected Cancer Pathway for Welsh providers. Initial discussions have taken place to include English flows so that the tracking tool includes all Powys residents.The Cancer Renewal Programme has established a clinically led Harm Review Panel reviewing the harm reviews undertaken in different health boards and NHS Trusts for Powys patients.	<ul style="list-style-type: none">New BI tool is available for Welsh provider data, but currently it is waiting for English provider information source.Wales Cancer Network non recurrent funding will enable further refinement of the tool to take place October 22 – March 23.The pilot of the temporary cancer tracker support will be evaluated.Organisationally, through operational and commissioning routes, validation of waiting lists continues.

Patterson.Liz
23/01/2023 11:23:18



Quadruple Aim 2

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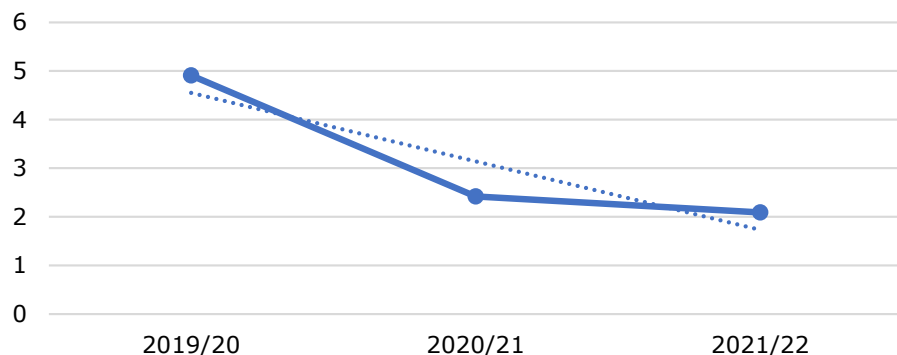
48

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Self-Harm

Rate of hospital admissions with any mention of intentional self-harm from children and young people (age 10-24 years) per 1,000 population – Powys as a provider

Rate of hospital admissions with any mention of self-harm from children and young people per 1k



Performance 2021/22	
Provider Performance	All Wales Benchmark
2.09	1st (3.95)
Variance Type	
N/A	
Target	
Annual Reduction	
Data Quality & Source	
Welsh Government Performance Team	

Executive Lead n

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

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

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

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

What the data tells us

Please note that the data available via Welsh Government has been refreshed/updated compared to the previous IPR.

Reported self harm rates within hospital admissions meets the annual reduction target reporting 2.09 per 1k in 2021/22. Through benchmarking PTHB ranks first against the All Wales position of 3.95 per 1k population.

Issues

Presentations of self harm amongst Young people has increased during the pandemic, although incidents of self harm are amongst the lowest in Wales.

Actions

- Suicide and Self harm coordinator is leading an all age focused intervention to reduce the impact of harm. CAMHS is included and involved in a working group as well as training opportunities for staff, this has included training for Minor Injury staff.
- The Powys Forum for the Prevention of Suicide & Self Harm was officially launched on the 30th of June 2022.
- School CAMHS outreach is now operational (through the WG funded programme) to provide MH and Wellbeing practitioners in every Powys secondary school. They are providing straining and support around self harm.

Mitigations

See actions.



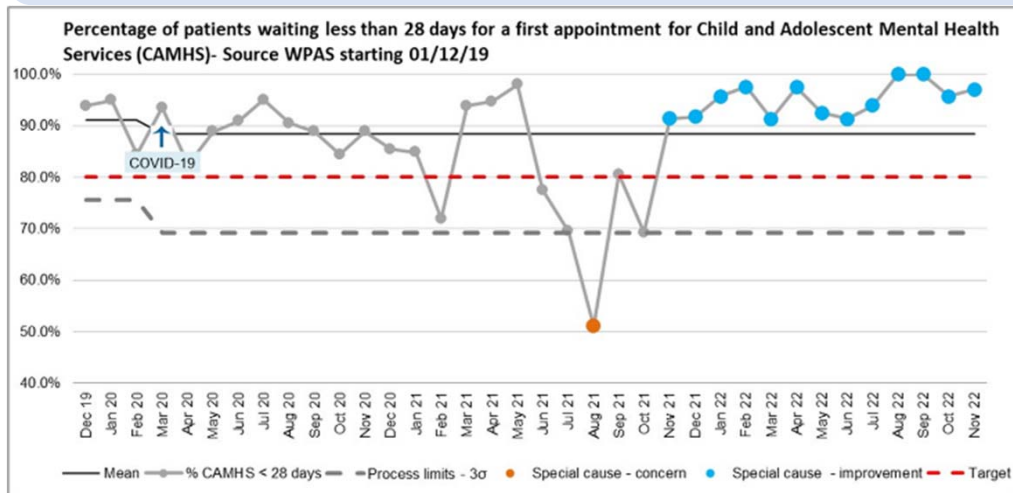
Quadruple Aim 2

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



Performance November 2022

Provider Performance All Wales Benchmark

97%

*4th (91.7%)

Variance Type

Special Cause Improvement

Target

80%

Data Quality & Source

WPAS

Executive Lead

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

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

"Improving the mental health and the well-being of children and young people is a priority of Welsh Government's 10-year strategy Together for Mental Health. To ensure that children and young people experiencing mental ill health get better sooner, it is important that they have early access to intervention and treatment services (CAMHS)."

What the data tells us

Performance has reported special cause improvement for the last 13 months and achieves national targets.

Powys benchmarked 4th in October 2022 with the national position reported as 91.7%.

Issues

Performance would be further improved by;

- Recruitment to vacant posts remains a significant challenge within CAMHS. We had recruited into vacant posts reported in the last quarter but subsequently, additional vacancies have arisen. Recently lost a staff member from SPOA.
- All options to further skill mix are being considered, including further training in CBT and DBT for existing practitioners. This will enable the service to respond to changing needs.

Actions

New recruitment campaign continues and has achieved a number of successful appointments.

Providing children and young people with a timely assessment is a priority

Single Point of Access (SPOA) service has been operational since July. By offering a service dedicated to providing the majority of Part 1 assessments as well as screening and triaging all referrals into CAMHS, it has now given both Primary Mental Health and SCAMHS practitioners capacity to provide more timely intervention support.

Mitigations

See actions.



Quadruple Aim 2

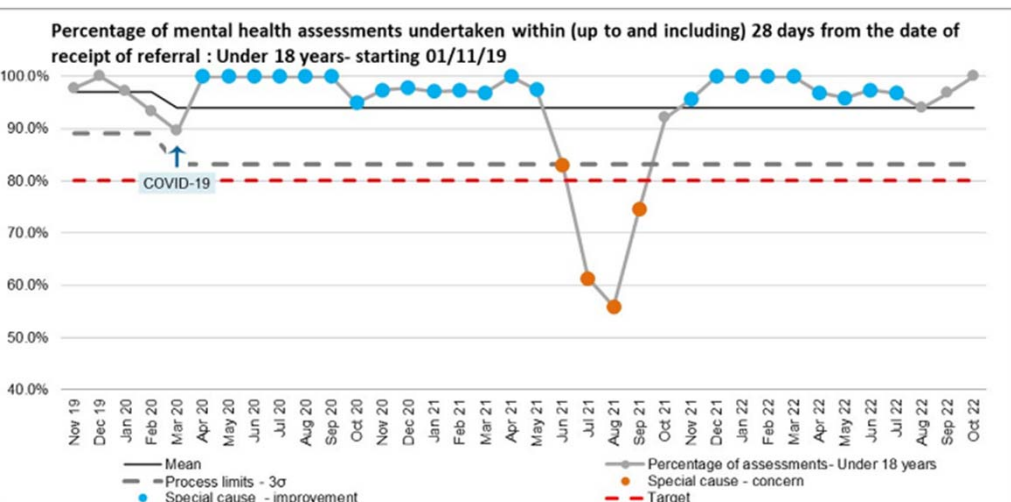
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Mental Health Assessments, <18s

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



Performance October 2022

Provider Performance	All Wales
100%	1 st (72.2%)

Variance Type

Special cause improvement

Target

80%

Data Quality & Source

PTHB Mental Health Service

Executive Lead

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

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

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

What the data tells us

Performance has reported 100% compliance.

PTHB ranks 1st in Wales against the All Wales position of 72.2%

Patterson, Liz
23/01/2023 11:23:18

Issues

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

Actions

- The introduction of Single Point Of Access (SPOA) team is instrumental in supporting the compliance with Part 1 Measure
- Awaiting appointment of new starters to support SPOA
- Awaiting appointment of intervention workers so that PMH can support SPOA when capacity increases.
- A number of vacant posts within CAMHS have now been filled.

Mitigations

See actions



Quadruple Aim 2

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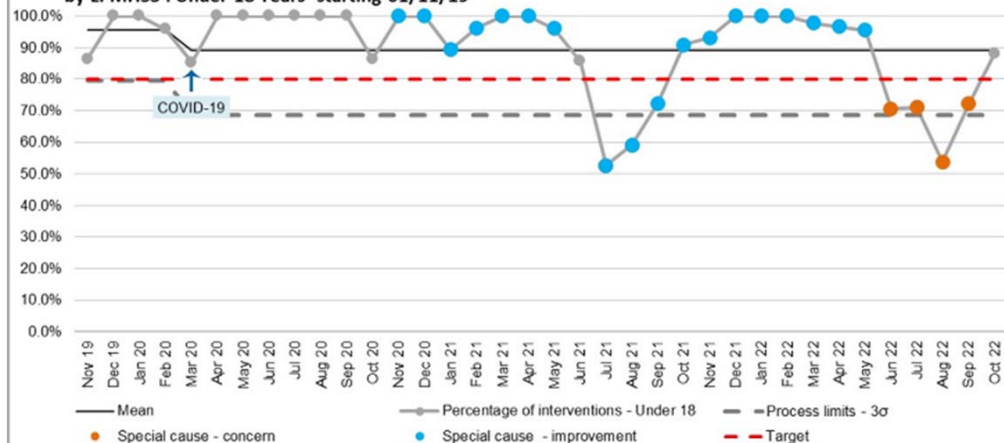
51

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Mental Health Interventions, <18s

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

Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS : Under 18 Years- starting 01/11/19



Performance October 2022

Provider Performance	All Wales
88%	1 st (42%)

Variance Type

Common cause

Target

80%

Data Quality & Source

PTHB Mental Health Service

Executive Lead

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

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

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

What the data tells us

Performance in October meets the target reporting 88% compliance and is slightly below the post pandemic average of 89%.

PTHB benchmarks 1st in Wales against an average of 42%.

Issues

- Performance in terms of interventions within 28 days dropped due to reorganisation of the Single Point Of Access (SPOA)
- Staff sickness, vacant posts, annual leave within the team and demand outstripped capacity in the service.
- CAMHS service, increased referral demand.
- Data quality challenge including post submission revisions.

Actions

- Development of the SPOA – DUTY and Assessment team where a team of dedicated staff conduct all the duty calls and part 1 assessments in a timely manner, thus freeing up the rest of Local primary mental health support (LMPHS) and specialist child and adolescent mental health services (SCAMHS) to provide timely interventions.
- Recruitment of an intervention worker to south Powys Primary Mental Health and further recruitment into the North Team will aid compliance to provide therapeutic assessments within 28 days.

Mitigations

See Actions



Quadruple Aim 2

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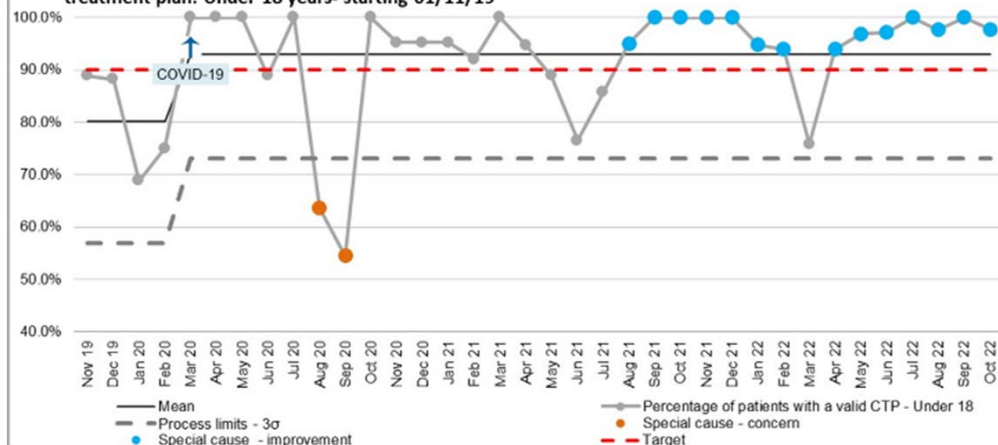
52

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Mental Health CTP, <18s

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

Percentage of health board patients in receipt of secondary mental health services who have a valid care and treatment plan: Under 18 years- starting 01/11/19



Performance October 2022

Provider Performance	All Wales
97.7%	2 nd (64.3%)

Variance Type

Special cause improvement

Target

90%

Data Quality & Source

PTHB Mental Health Service

Executive Lead

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

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

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

What the data tells us

Performance remains above target so far in 2022/23 financial year, during October 97.7% was the reported compliance.

PTHB benchmarks 2nd against and All Wales average of 64.3%.

Issues

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

Data quality challenge including post submission revisions.

Actions

CTP compliance is a standing agenda item on caseload supervision.

Due to the (relatively) small number of relevant patients under Part 2 of the MHM, one patient's over due CTP can lead to a significant variation in performance.

Mitigations



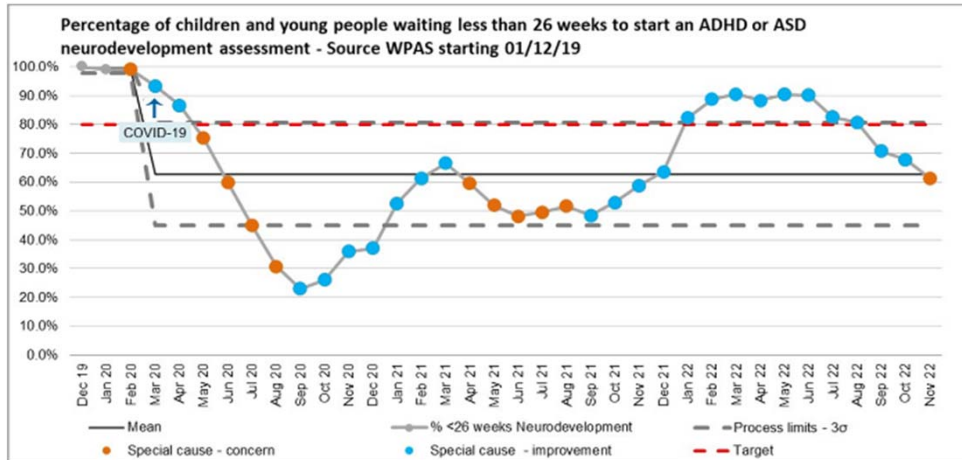
Quadruple Aim 2

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Neurodevelopment (ND) Assessment

Percentage of children and young people waiting less than 26 weeks to start and ADHD or ASD neurodevelopment assessment - Powys as a provider



Performance November 2022	
Provider Performance	All Wales Benchmark
61.4%	*1 st (33.4%)
Variance Type	
Special cause concern	
Target	
80%	
Data Quality & Source	
WPAS	

Executive Lead	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services
Officer Lead	Assistant Director of Women's and Children's Services
Strategic Priority	10

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

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

What the data tells us	Issues	Actions	Mitigations
<p>Performance for neurodevelopmental assessment has fallen since the start of Q2 reporting 61.4% compliance against the 80% target in November, and reporting special cause concern variance.</p> <p>Powys ranks 1st in Wales against an average as reporting in October of 33.4% compliance.</p>	<ul style="list-style-type: none"> The referral demand continues to increased from an average of 20 per month pre COVID, to an average of 50 as at end Qtr3 2022/23 (based on 12 months leading up to and including December 2022). Capacity remains insufficient to meet this ongoing demand, even with additional temporary renewal work force colleagues. During Qtr3, temporary capacity issues have impacted on performance. The hidden waiting list (assessments in progress) backlog, is not reducing as anticipated due to the overwhelming referral demand. Given the consistent increase in referral demand, there is a high risk the waiting lists will not be addressed to a satisfactory position by 31st March 2023. 	<ul style="list-style-type: none"> To ensure the position improves, the focus for Qtr4 will be to address the Referral To Treatment (RTT) waiting time target only. However, it must be acknowledged that an increase in the 'assessments in progress' waiting list is therefore anticipated. 	<ul style="list-style-type: none"> Additional non recurrent renewal funding has been extended for 5 key posts until Dec 2022 to enable the current waiting list backlogs to continue to be addressed. Grant funding streams have been sourced to extend the additional workforce until March 2023. An IBG funding application will be submitted to secure core recurring monies beyond March 2023. This will support the essential capacity required to meet the increase in referral demand long term.



Quadruple Aim 2

No.

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Qualitative report detailing progress to develop a whole school approach to CAMHS in reach services
- **Powys as a provider**

Rationale – "The CAMHS in-reach is a response to concerns that pupil and mental health and well-being is deteriorating (exacerbated by the COVID-19 pandemic), whilst specialist CAMHS is struggling to meet rising demand. The CAMHS in-reach service provides mental health and wellbeing support to children in primary and secondary schools. It ensures that pupils experiencing difficulties such as feeling low or anxiety receive early help in school, avoiding preventing more serious problems occurring later in life. This indicator measures the progress that health boards have made towards building capacity in schools to deliver this service and to improve access of schools to specialist liaison, consultancy and advice when needed. "

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

Performance Apr - Aug 2022 (Bi-annual submissions)

Powys provider awarded RAG status

Green

Target

Evidence Improvement

Reason for RAG status (Welsh Government policy lead narrative)	Areas done well (Welsh Government policy lead narrative)	Areas for improvement (Welsh Government policy lead narrative)	PTHB comments
<ul style="list-style-type: none"> The health board is clearly committed to addressing maternal smoking and has made good progress in advancing this work. We look forward to seeing further progress in the next return. <p>Patterson, Liz 23/01/2023 11:23:18</p>	<ul style="list-style-type: none"> The organisation has demonstrated clear integration of this agenda within its organisational policies and by its strategic leadership. We are pleased to see the health board is seeking to understand the needs of its population in order to inform service delivery and improvements. The health board has robust mechanisms in place for monitoring progress and outcomes. 	<ul style="list-style-type: none"> We would like to see the organisation address the identified risks so that they can continue to build on and make further progress with a sustainable integrated service. We welcome the health board's commitment to reducing maternal smoking and willingness to participate in the national work that will look at maternal smoking across Wales being led by Welsh Government and Public Health Wales. 	<p>CAMHS Schools in reach services are fully operational in all of Powys schools. However, we have labelled them as 'Wellbeing support' within schools in order to not stigmatise Young people with a Mental Illness 'label' or diagnosis. Further work is required to raise awareness with Teachers about this service and support their understanding that the Wellbeing service is part of the CAMHS offer to Schools.</p>



Quadruple Aim 2

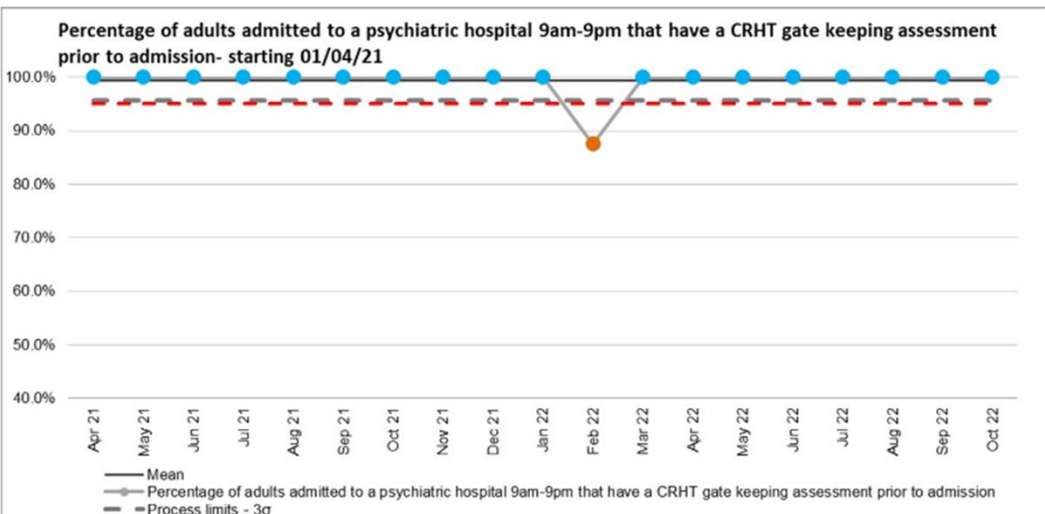
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Gatekeeping Assessments, Adults

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



Performance October 2022

Provider Performance	All Wales Benchmark
100%	1 st (100%)

Variance Type

Special cause improvement

Target

95%

Data Quality & Source

Welsh Government Performance Team

Executive Lead

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

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

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

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

What the data tells us

Performance is 100% compliant with the national target.

PTHB benchmarks joint 1st with 4 other health boards all achieving 100%.

Issues

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

Actions

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

Mitigations



Quadruple Aim 2

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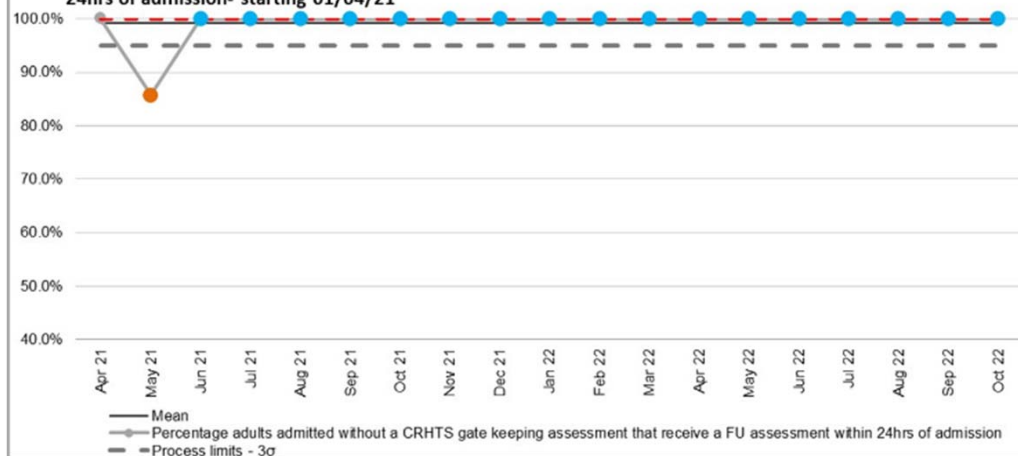
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Gate Keeping Assessments, Adults

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

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



Performance October 2022

Provider Performance	All Wales Benchmark
100%	1 st (100%)

Variance Type

Special cause - Improvement

Target

100%

Data Quality & Source

Welsh Government Performance Team

Executive Lead

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

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

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

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

What the data tells us

Performance is reported at 100% for the last 17 months and compliant with the national target.

All health boards in Wales have 100% compliance against this measure.

Issues

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

Actions

- Continue performance.

Mitigations



Quadruple Aim 2

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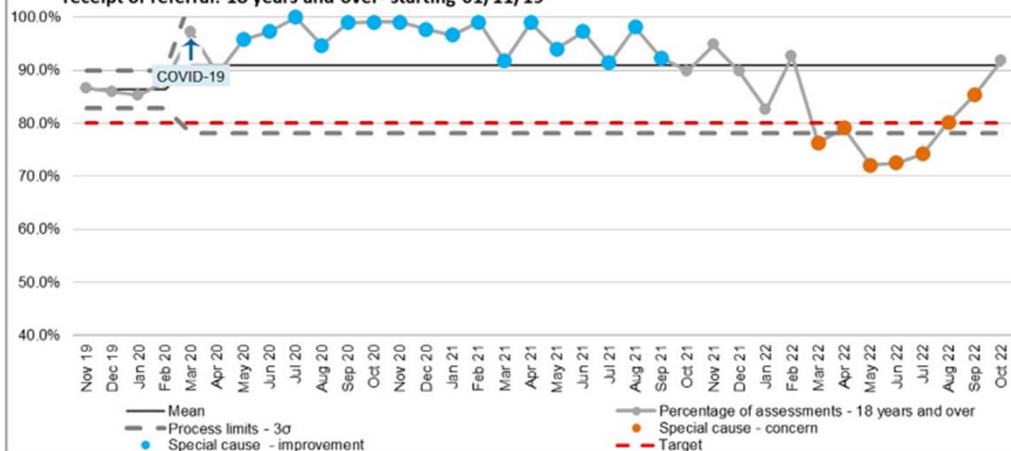
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Mental Health Assessments, Adults

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

Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral: 18 years and over- starting 01/11/19



Performance October 2022

Provider Performance	All Wales Benchmark
91.7%	5 th (88.2%)

Variance Type

Common Cause

Target

80%

Data Quality & Source

PTHB Mental Health Service

Executive Lead

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

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

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

What the data tells us

Performance was reported as 91.7% in October meeting the national target. Powys benchmarks above the All Wales average of 88.2% ranking 5th in Wales for the same period.

Patterson, Liz
23/01/2023 11:23:18

Issues

Challenges with performance are a direct result of staffing sickness which continue to impact on the service, reducing service capacity and inevitably building the waiting list.

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

Actions

Additional resource for LPMHSS has been awarded by WG via the 2022 Service Improvement Fund and recruitment to implement additional capacity is underway. However, additional demand is growing more quickly than LPMHSS service can increase capacity – this is despite good availability and take up of self help and third sector services.

Mitigations

Delivery of waiting list initiative during Winter 2022.



Quadruple Aim 2

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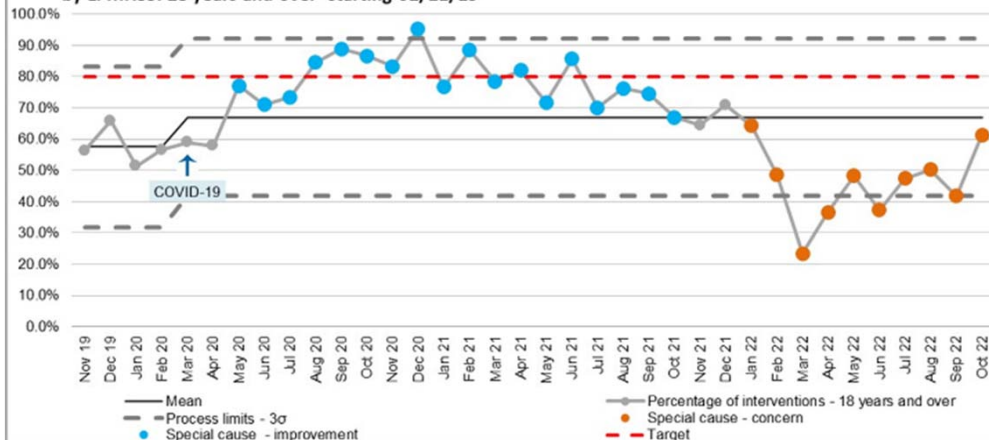
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People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Mental Health Interventions, Adults

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

Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS: 18 years and over- starting 01/11/19



Performance October 2022

Provider Performance	All Wales Benchmark
61.4%	6 th (73.6%)

Variance Type

Special Cause Concern

Target

80%

Data Quality & Source

PTHB Mental Health Service

Executive Lead

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

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

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

What the data tells us

Performance for therapeutic interventions in adult and older patients improved in October to 61.4%. However, performance remains a special cause of concern and below the 80% target.

Powys ranked 6th during October against an All Wales position of 73.6%.

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

- 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.
- A waiting list initiative will be implemented during winter 2022, along with an increase in capacity for the service. However, it should be noted that demand is continuing to rise faster than PTHB is able to increase capacity (despite investment and good take up of in tier 0/1 services).

Mitigations

See actions



Quadruple Aim 2

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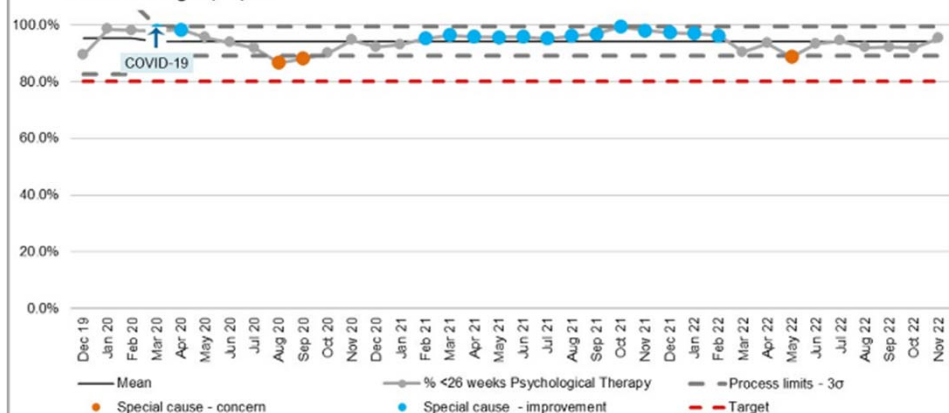
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Psychological Therapy

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

Percentage of patients waiting less than 26 weeks to start a Psychological therapy in Specialist Adult Mental Health- starting 01/12/19



Performance November 2022

Provider Performance	All Wales Benchmark
95.3%	*3rd (74.6%)
Variance Type	
Common Cause	
Target	
80%	
Data Quality & Source	
WPAS	

Executive Lead

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

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

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

What the data tells us

Performance remains above target and is common cause variation

In the latest benchmarking available for the October period PTHB benchmarked 3rd against an All Wales position of 74.6%.

Issues

- Waiting list data is reviewed weekly to ensure that patients with a clinical condition of "Psychology - Neuropsychological Assessment" are not included in the 26 week wait list (as neuro assessment does not fall under the 26-week target).
- Since the neuro assessment patients have been removed from the 26-week waiting list, the number of valid waiters has reduced, providing an accurate waiting list in terms of this target.
- Data quality challenge including post submission revisions.

Actions

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

Mitigations

see actions



Quadruple Aim 2

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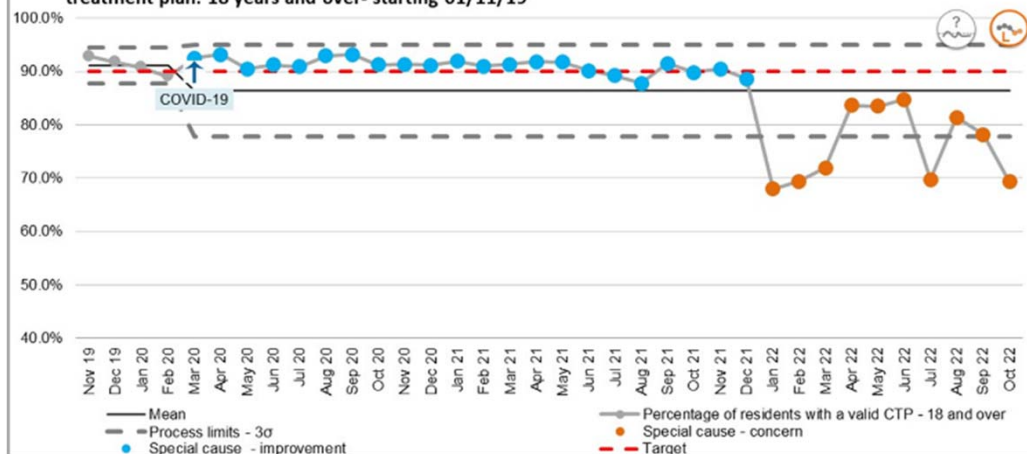
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People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Mental Health CTP, Adults

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

Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan: 18 years and over- starting 01/11/19



Performance October 2022

Provider Performance	All Wales
69.3%	7th (83.8%)

Variance Type

Special Cause Concern

Target

90%

Data Quality & Source

PTHB Mental Health Service

Executive Lead

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

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

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

What the data tells us

Adult and older CTP compliance has fallen to 69.3%. The variance is reporting as special cause concern for the last 10 months and the 90% target has not been met.

PTHB benchmarks unfavourably against the All Wales position of 83.8%, the health board ranks 7th.

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

- 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.



Quadruple Aim 2

No.

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

Qualitative report detailing progress against the priority areas to improve the lives of people with learning disabilities - **Powys as a provider**

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

Rationale – “Evidence indicates that people with a learning disability suffer a disproportionately higher level of health inequalities and mortality at a younger age in comparison with the general population. To address this, the Learning Disability – Strategic Action plan (published 31 May 2022) outlines a series of health actions that will strengthen NHS services and subsequently improve the lives of people with a learning disability.

August 2022 submission (Bi-annual submissions)

Powys provider awarded RAG status

Green

Target

Evidence Improvement

Reason for RAG status (Welsh Government policy lead narrative)	Areas done well (Welsh Government policy lead narrative)	Areas for improvement (Welsh Government policy lead narrative)	PTHB comments
<ul style="list-style-type: none"> Good achievement across all but one priority area and the lack of evidence regarding reducing reliance on medication priority may be related to the very small numbers of inpatients. <p>Patterson Liz 23/01/2023 11:23:18</p>	<ul style="list-style-type: none"> Strong focus on transition, early intervention and crisis prevention for young people, including identifying young people requiring support from adult LD team and ensuring smooth transition planning prevent crisis into adult services. Robust discharge planning resulting in no lengthy stays in Assessment & Treatment Units and no delayed discharges. Implementation of the Paul Ridd Foundation Module – supporting NHS mainstream staff to identify and respond appropriately to the needs of an individual with LD – making reasonable adjustments. 	<ul style="list-style-type: none"> No areas for improvement requested by policy lead. 	



Quadruple Aim 2

No.

63

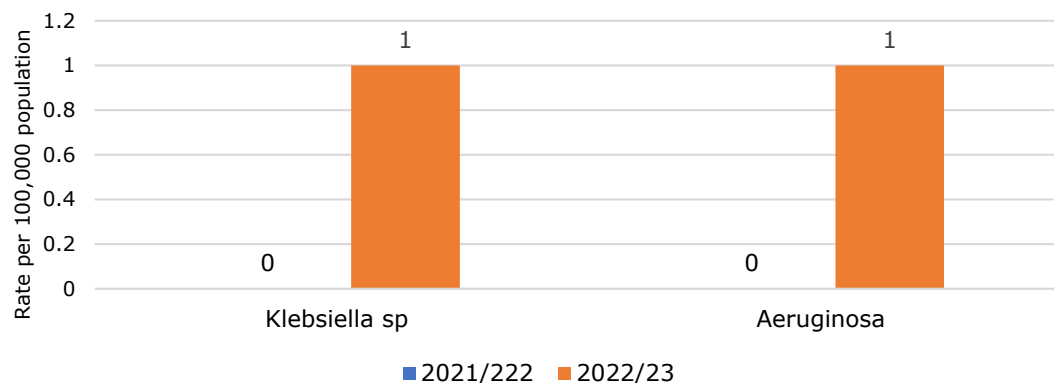
People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

HCAI

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

Executive Lead	Director of Nursing
Officer Lead	Deputy Director of Nursing
Strategic Priority	22

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



Performance November 2022/23	
Provider Performance No.	
Infection Type	Performance
Klebsiella sp	1
Aeruginosa	1
Target	
Local	
Data Quality & Source	
Workbook Wales	

"Antimicrobial resistance (AMR) is a global problem that impacts all countries and all people, regardless of their wealth or status..."

In order to reduce AMR, there is a need to lower the burden of infection and a key part of this work is to lower the burden of healthcare associated infections (HCAI) through improvements in Infection Prevention and Control across our health and social care systems."

What the data tells us	Issues	Actions	Mitigations
<p>Powys has had 1 inpatient specimen of Klebsiella.sp in July but none reported during August and September.</p> <p>Powys has had 1 inpatient specimen of Aeruginosa reported in September.</p> <p>Patterson,Liz 23/01/2023 11:23:18</p>	No issues to report	The health board remains vigilant with proactive management to maintain low infection rates, and high performance against all the national infection measures.	



Quadruple Aim 2

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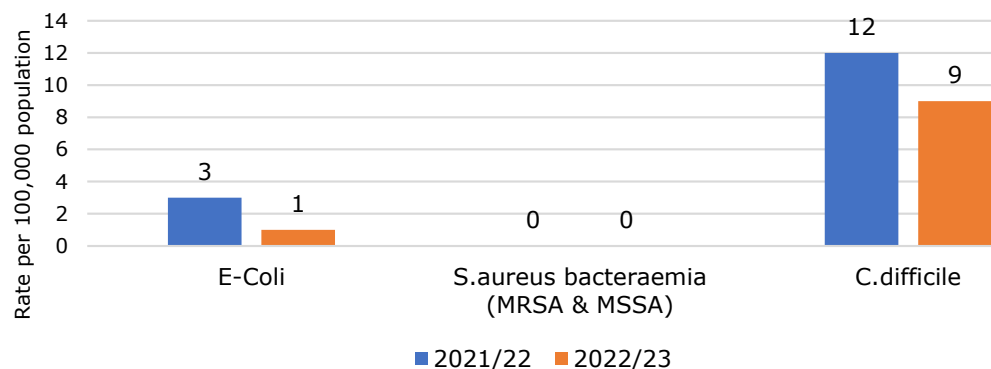
64

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

HCAI

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

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



Performance November 2022/23

Provider Performance per 100k

Infection Type	Performance
E-coli	1.12
S.Aureus (MRSA & MSSA)	0
C.Difficile	10.12

Target

Local

Data Quality & Source

Workbook Wales

Executive Lead
Director of Nursing

Officer Lead
Deputy Director of Nursing

Strategic Priority
22

"Antimicrobial resistance (AMR) is a global problem that impacts all countries and all people, regardless of their wealth or status..."

In order to reduce AMR, there is a need to lower the burden of infection and a key part of this work is to lower the burden of healthcare associated infections (HCAI) through improvements in Infection Prevention and Control across our health and social care systems."

What the data tells us

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

E-coli cumulative rate for 2022/23 is 1.12 per 100k slightly below the rate for the same period in 2021/22. (1 case of inpatient infection)

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

The C.difficile reported rate in November is above the previous year at the same period at 10.12 compared to 7.87 per 100k in November 2021.

Issues

No issues reported

Actions

The health board remains vigilant with proactive management to maintain low infection rates, and high performance against all the national infection measures.

Mitigations



Quadruple Aim 3

No.

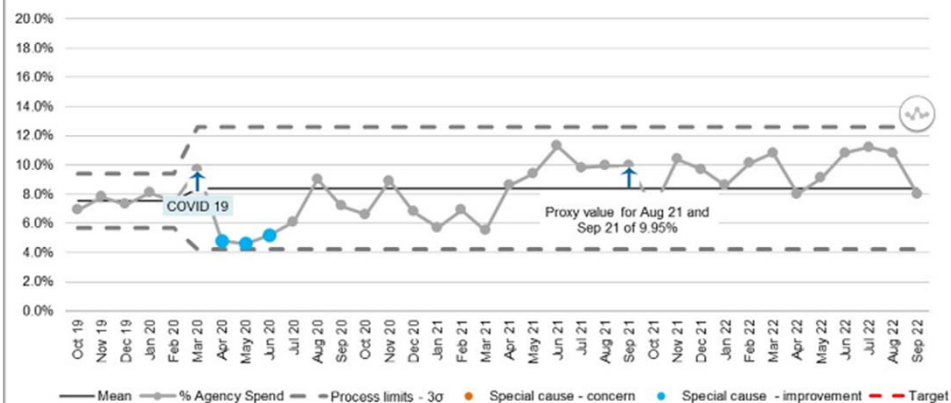
67

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

Agency Spend

Agency spend as a percentage of the total pay bill

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



Performance September 2022

Provider Performance	All Wales Benchmark
8%	8 th 6% (Apr-22)
Variance Type	
N/A	
Target	
12 Month Reduction Trend	
Data Quality & Source	
PTHB Finance	

Executive Lead

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

Officer Lead

TBC

Strategic Priority

13

"To ensure safe and sustainable NHS services across Wales, there is need to drive down agency and locum deployment and encourage people to return to the NHS labour market."

This will provide a regular supply of staff who can provide a quality and consistent approach to patient care, whilst reducing overall spend."

What the data tells us

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

Issues

- Changes in operational footprint including escalation
- Limited substantive Professional workforce availability
- Rurality
- COVID & impacts of short term Sickness absence
- Patient acuity & dependency

Actions

- Reviewing operational footprint to further reduce reliance on temporary staffing
- Negotiating with on-contract agencies for additional recruitment and long-lining of staff
- Implementation of actions from establishment review

Mitigations

- Further tightening of operational processes including;
- Additional controls on high cost agency use
- Earlier roster planning
- Improved roster compliance and sign off
- Targeting of Bank over agency
- Targeted recruitment campaigns
- Long lining of on contract agency
- Establishment review



Quadruple Aim 3

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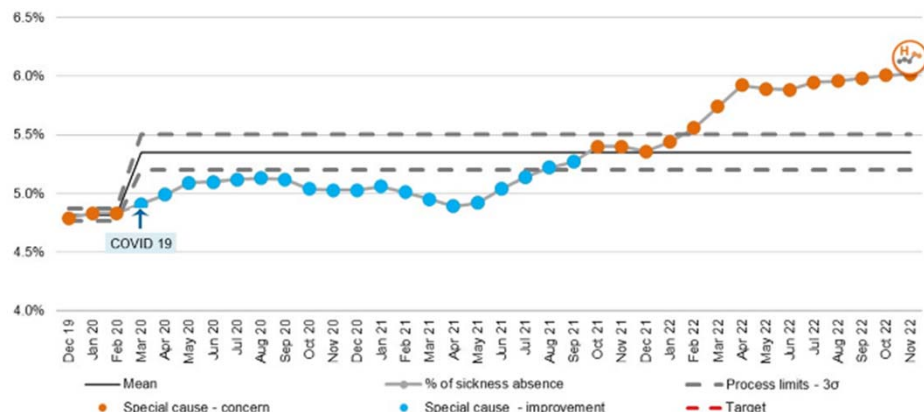
68

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

Sickness Absence (R12)

Percentage of sickness absence rate of staff – **Provider services**

Percentage of sickness absence rate of staff - starting 01/12/19



Performance November 2022

Provider Performance

6.02%

All Wales Benchmark

4th (7.22% Aug-22)

Variance Type

Special Cause - Concern

Target

12 month reduction

Data Quality & Source

PTHB ESR

Executive Lead Director of Workforce and OD

Officer Lead Head of Workforce

Strategic Priority 14

"Reducing sickness absence rates, via effective management processes, can create significant savings and improve the quality of the services provided by NHS Wales."

What the data tells us

- PTHB sickness performance remains as special cause of concern. The rolling 12 months performance is reported as 6.02% for November, monthly actual 5.77% which consists of 2.15% short term and 3.62% long term sickness. Although high when compared to pre-covid the health board is one of the lowest in Wales.

Issues

- Absences relating to Stress & Anxiety remain high. Covid-19 also continues to have an impact on sickness absence percentage.
- Occupational Health staffing vacancies remains a concern.

Actions

- Services have been asked to establish trajectories for improvement, to be agreed by their Exec Directors.
- Bespoke training sessions for managers on All Wales. Managing Attendance at Work policy to be scheduled.
- Recruitment to 1.4 whole time equivalent (WTE) clinical vacant posts in Occupational Health is underway.
- New Counselling service provider due live since the 5th of September (VIVUP)
- New managers toolkit for Attendance Management published.

Mitigations

- Training for managers on Managing Attendance at Work Policy.
- Well being action plan.
- Staff counselling service.
- Online Cognitive behavioural therapy (CBT).
- Long Covid Programme.
- Occupational Health Service offer.
- Case reviews for all long term absences undertaken every 2 weeks.
- Review of short term absence prompts being undertaken to ensure compliance with the Managing Attendance at Work Policy.



Quadruple Aim 3

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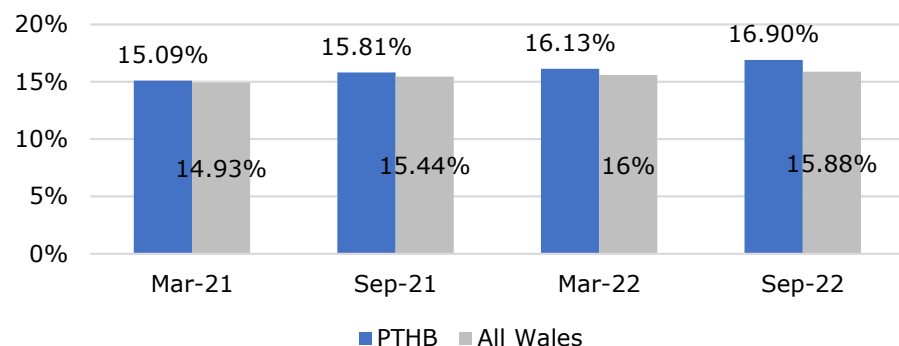
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The health and social care workforce in Wales is motivated and sustainable

Welsh Language

Percentage of staff who have recorded their Welsh language skills on ESR who have Welsh language listening/speaking skills level 2 (foundational level) and above – **Provider measure**

% Staff recording foundational Welsh Language Skills on ESR



Performance 6 months ending September 2022

Provider Performance	All Wales Benchmark
16.1%	15.9%

Variance Type

N/A

Target

Bi annual Improvement

Data Quality

WG Performance Scorecard

Executive Lead	Director of Workforce and OD
Officer Lead	Service Improvement Manager: Welsh Language & Equalities
Strategic Priority	14

"Welsh language skills of the NHS Wales workforce are critical to effectively engaging with Welsh speaking patients, their family and friends... As part of the More Than Just Words plan NHS organisations are required to: offer opportunities for staff to learn Welsh or improve their existing language skills and to record the Welsh language skills of their staff on ESR."

What the data tells us

PTHB is compliant with target. For the 6 months ending September 2022/23, 16.9% of PTHB employees had recorded Welsh language speaking and listening skills at foundational level or above on electronic staff record (ESR), this is above the national average of 15.9%.

Staff with these skills are unevenly distributed across the Health Board (e.g. for this metric, the Machynlleth based staff body is at 56% whilst the Brecon Hospital staff body is at 10%).

Issues

- Not all staff reporting a certain level of skills will be willing/have confidence to use their Welsh with the patients.
- Wider issues around recruitment make it difficult to make inroads in this area by favouring Welsh skills in recruitment.
- Staff with Welsh language skills may be concentrated in particular areas and/or departments, leaving others unable to provide services in Welsh.
- Growth in figures may merely represent improved ESR completion rates.

Actions

- Beginners' classes and confidence building courses available via Health Education Improvement Wales (HEIW) and Aberystwyth University and Work Welsh scheme will be promoted to all staff
- Working Welsh resources promoted to staff on sharepoint via the Welsh language team.
- Encourage recruiters to consider the Welsh skills needed for new posts and Welsh team to support.
- Rolling 'Welsh Essential' RN and HCSW vacancies to encourage applicants.

Mitigations

- Concentrations of Welsh-speaking staff map concentrations of Welsh speakers in the wider population, meaning the best-equipped sites are those most likely to see demand for the use of Welsh (Machynlleth, Ystradgynlais).



Quadruple Aim 3

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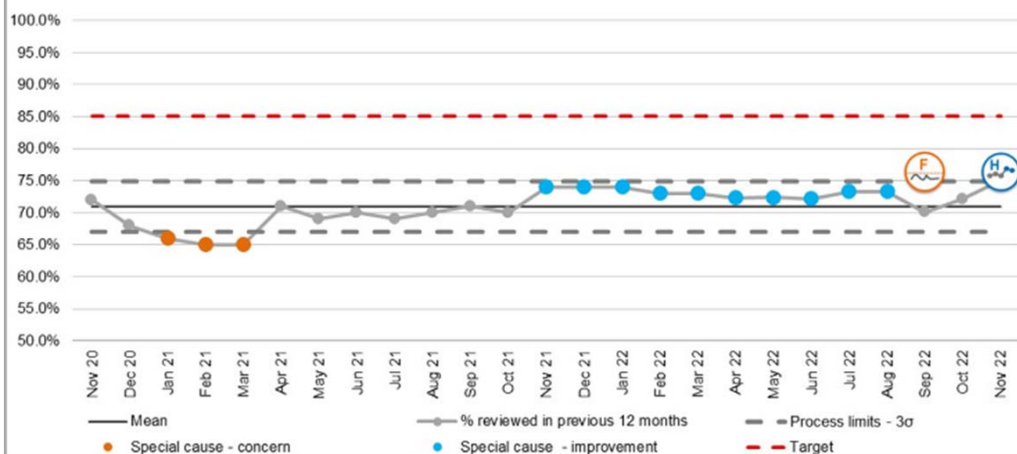
71

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

PADR Compliance

Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (incl. Doctors and Dentists in training)

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



Performance November 2022

Provider Performance	All Wales Benchmark
75%	3 rd (60.7% Aug-22)

Variance Type

Special cause improvement

Target

85%

Data Quality

PTHB WOD

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

"A key employment practice that supports and engages staff in delivering the vision of NHS Wales is the provision of an annual personal appraisal and development review."

This allows staff at all levels to have clear performance objectives, with an agreed development plan, that supports them to deliver their roles."

What the data tells us

PTHB PADR performance reported at 75% for November, which is below the 85% target but has shifted to special cause improvement with the increase in performance

Patterson, Liz
23/01/2023 11:23:18

Issues

- Staff absence and vacancies has caused challenges in delivery of PADRs since the beginning of the pandemic. This continues to be a challenge post pandemic with increase service demand and inability to recruit.
- Pay progression policy reinstated from October 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

- WOD HR Business Partners are discussing PADR compliance at senior management groups within services.
- Services have been asked to establish trajectories for improvement, to be agreed by their Exec Directors, for areas performing below the national target.
- Monthly detailed analysis of compliance is shared via Assistant Directors.
- Ongoing performance relating to PADR compliance will be addressed with directorates via directorate performance review meetings once these are reinstated.
- FAQs for managers and staff developed by WOD and circulated.

Mitigations

- Regular updates are highlighted and discussed by Workforce Business Partners being undertaken and supported within services.



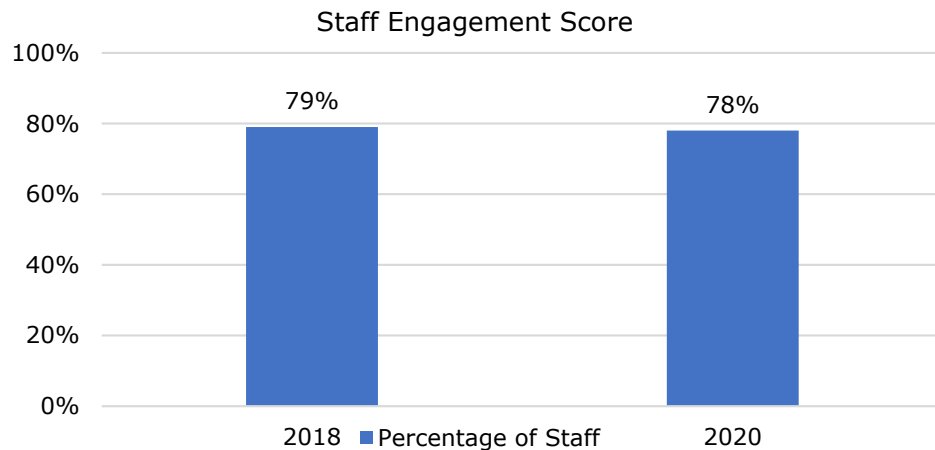
Quadruple Aim 3

No.

72

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

Overall Staff Engagement Score



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

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

"All NHS services should have key employment practices and actions in place to support and engage staff so that they are fully aligned and committed to delivering excellent care... The success of these mechanisms is monitored via the NHS Wales Staff Survey."

What the data tells us	Issues	Actions	Mitigations
<p>Performance is good when compared to the All Wales benchmark, the health board ranks 1st in Wales. However, PTHB has not met the improvement target when compared to the 2018 data point.</p> <p>Patterson, Liz 23/01/2023 11:23:18</p>	<p>The engagement index score is provided out of the national staff survey and the next iteration is not due to be undertaken until 2023.</p>		



Quadruple Aim 3

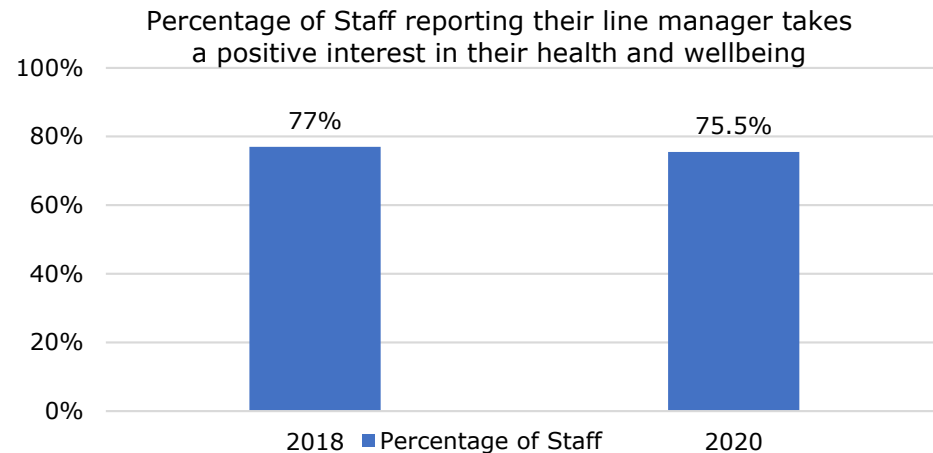
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73

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

Line Management

Percentage of staff reporting their line manager takes a positive interest in their health and wellbeing



2020 Performance	
Local Performance	All Wales Benchmark
75.5%	2 nd (65.9%)
Variance Type	
N/A	
Target	
Annual Improvement	
Data Quality & Source	
Welsh Government Scorecard	

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

"The workforce is the NHS' greatest asset and it is important that their health and well-being is prioritised and supported."

What the data tells us	Issues	Actions	Mitigations
<p>Performance is good when compared to the All Wales benchmark, the health board ranks 2nd in Wales. However, PTHB has not met the improvement target when compared to the 2018 data point.</p> <p>Patterson,Liz 23/01/2023 11:23:18</p>	<p>Sense of wellbeing overall in local survey was 4.15 out of 6. However, there is a difference between those working at home with an average score of 4.94, and those in the workplace (mainly clinicians) who scored 3.84.</p>	<p>All-Wales wellbeing conversation tool has been introduced and advertised. Wellbeing action plan being implemented.</p>	<p>Updated agile working policy. Continued focus on PADR.</p>



Quadruple Aim 4

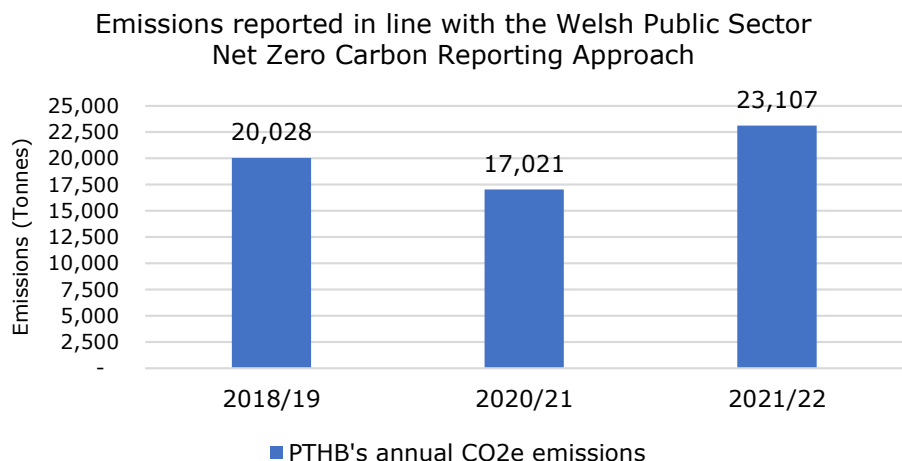
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74

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

Decarbonisation

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



Performance 2020/21	
Local Performance	All Wales Benchmark
23,107	2 nd (1,001,378)*
Variance Type	
N/A	
Target	
16% reduction in carbon emissions by 2025 against the 2018/19 NHS Wales baseline position (tCO2e)	
Data Quality (RAG) & Source	
PTHB Environments and Estates	

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

"Wales has legally binding targets to deliver the goal of Net Zero emissions by 2050, this target is underpinned by an ambition for the Public Sector to be collectively Net Zero by 2030."

What the data tells usa	Issues	Actions	Mitigations
<p>PTHB's target is to reduce the emissions to 16,823 tCO2e by 2025 - a reduction of 16% against 2018/19 baseline of 20,028 tCO2e.</p> <p>Patterson, Liz 23/01/2023 11:23:18</p>	<p>Data reporting and sources of emissions nationally remain in a state of developing maturity. Data collection methods will need to be developed for particular measures.</p> <p>This increased data collection will likely lead to an increase in reported carbon output.</p>	<p>Annual quantitative carbon emissions report submitted to Welsh Government in September.</p>	<p>One must be mindful of the impact on carbon during the Covid-19 pandemic. Restrictions affected nearly all healthcare services, with expected impact on building, travel, waste and procurement emissions.</p> <p>Data mining reveals that scope 3 emissions have been negatively impacted by RPI increase, major capital investment and increased commissioned inpatient care.</p> <p>Data accuracy is being reported and discussed within meetings and Programme Boards with WG and other public sector bodies.</p>



Quadruple Aim 4

No.

75

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

Qualitative report detailing the progress of NHS Wales contribution to decarbonisation as outlined in the organisation's plan - **Powys as a provider**

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

Rationale – "Wales has legally binding targets to deliver the goal of Net Zero emissions by 2050, this target is underpinned by an ambition for the Public Sector to be collectively Net Zero by 2030. Action is needed not only because NHS Wales is the biggest public sector emitter, but also because the health and social care system are at the forefront of responding to the impact of climate and nature emergency on health outcomes. NHS organisations are required to embed the climate agenda in their strategic decision making, planning and allocation of resources and provide robust reporting to demonstrate collective progress is being made."

August Submission 2022 (Bi-annual submissions)

Powys provider awarded RAG status

Amber

Target

Evidence Improvement

Reason for RAG status

(Welsh Government policy lead narrative)

- PTHB report that a high percentage of their initiatives are 'on track' and their overall delivery confidence for reducing emissions by 2025 is higher than other NHS organisations. The information provided suggests there are several initiatives awaiting surveys or reports to be completed and so it is currently difficult to fully assure progress.

Areas done well

(Welsh Government policy lead narrative)

- PTHB has an established Environment and Sustainability Team which has meant they are well-placed to move this agenda forward and to drive Board level engagement. Monthly and quarterly review processes should mean they have a grip of progress and any risks to delivery.
- New staff car park at Brecon War Memorial Hospital has been designed with a new electrical feed, which can support current 10% provision, plus over 100% charge point growth, including WAST requirements. Expansion is possible further through smart array technology and load sharing amongst charge points.
- The Health Board has created and maintains a tree nursery which supports their Biodiversity Action Plan promise to plant 2 trees for any felled across their estate and has planted over 100 saplings around Bronllys Hospital this year with staff and volunteers.

Areas for improvement

(Welsh Government policy lead narrative)

- Report provides a lot of information but evidence on actual progress is difficult to assure.

PTHB comments

Granularity on decarbonisation tracking has been enhanced with decarbonisation progress on track with current progress at 58% against 2030 target progress of 63%.

Many decarbonisation initiatives are intertwined, which is why our Re:fit programme is intrinsically valuable for reducing our operational emissions. Have an extant Invitation to Tender on the Re:fit framework and actively working with six major energy contractors to visualise what efficiency savings can be met through the scheme.

Have designed improved exception reporting to the Environment & Sustainability Group, which will see extra detail on 'At Risk' and 'Work Req'd' initiatives. Improvements will be monitored.



Quadruple Aim 4

No.

77

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

Qualitative Report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision making processes - **Powys as a provider**

Rationale – “Value Based Health Care is the equitable and sustainable use of available resources to achieve better outcomes and experience for every person. It focuses on: reducing unwarranted variation in care pathways; investing in secondary prevention approaches; reducing adverse clinical outcomes and; collecting and using clinical and patient reported outcomes to inform decision making and clinical care. To achieve this approach, NHS organisations are required to embed Value Based Health Care in their strategic decision making, planning and allocation of resources.”

Executive Lead	Director of Finance and ICT & Medical Director
Officer Lead	Assistant Director of Transformation and Value
Strategic Priority	24

August Submission 2022 (Bi-annual submissions)

Powys provider awarded RAG status

Red

Target

Evidence of activity undertaken to embed a Value Based Health Care approach (as described in the reporting template)

Reason for RAG status

(Welsh Government policy lead narrative)

- Value Based Health and Care (VBHC) is still in its infancy. Powys THB has demonstrated that it is taking some steps towards VBHC, but that there is a need for a large amount of work to plan and create a structure and systems to ensure that it the organisation becomes a VBHC organisation.

PTHB comments

Powys THB is VBHC approach is embedded in its organisational IMTP and Delivery Plan, which is supported by a detailed programme plan.

Although the RAG status was Red in August 2022, members of the Welsh Value in Health Centre (WViHC) visited Powys THB on 21 Nov 2022 and recognised that the ranking for Powys THB needed to be uplifted against the WViHC's maturity matrix due to the progress made, which included:

- A well attended multidisciplinary VBHC Programme Board in place, jointly chaired by the Executive Leads
- VBHC priority areas identified,
- VBHC Opportunities Subgroup, chaired by Director of Clinical Strategy, has identified how value can be improved within the Wet AMD and Cataract pathways, with implementation plans in place to take the work forward,
- Interventions Not Normally Undertaken Subgroup established and examining outlying providers at specialty level to understand variance,
- £206k non-current funding secured for two additional VBHC projects focussing on a multiagency approach to prevention of falls and diagnosis of cardiac arrhythmias, with implement underway,
- Approval by Exec Committee for EQ-5D-5L as the generic organisation Powys THB PROM, with condition-specific PROMs layered on top, aligned to the work underway on the All Wales Outcomes Framework,
- Paper outlining a range of engagement activities to embed VBHC supported by VBHC Programme Board and for consideration by Exec Committee.
- Participation in Welsh Value Leads and other best practice sharing fora.

The WViHC agreed to continue to support Powys THB with specific VBHC priorities.



Quadruple Aim 4

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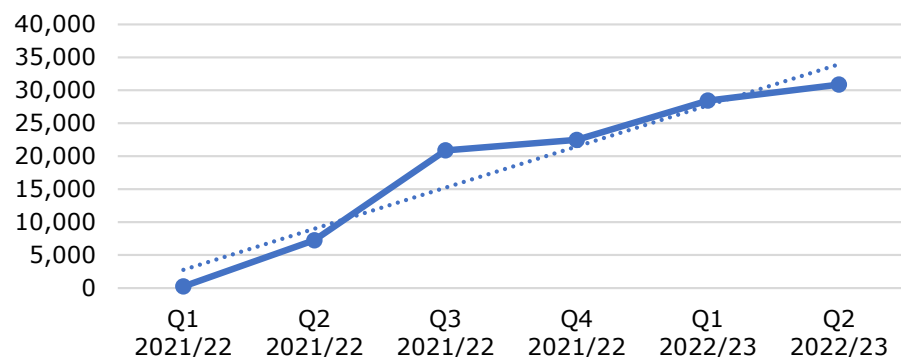
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Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Welsh Nursing Clinical Record

Number of risk assessments completed on the Welsh Nursing Clinical Record by Health Board/Trust – Powys as a provider

Number of risk assessments completed on the WNCR



Performance Q2 2022/23

Provider Performance	All Wales Benchmark
30,865	5 th (584,676)

Variance Type

N/A

Target

4 quarter improvement trend

Data Quality & Source

Welsh Government Scorecard

Executive Lead

Director of Finance and ICT

Officer Lead

Lead Nurse for Informatics and Nurse Staffing

Strategic Priority

22

"The Welsh Nursing Clinical Record enables nurses to complete assessments at a patient's bedside on a mobile tablet (or other handheld device) saving time and improving accuracy. It also minimises duplication as the digital assessment follows the patient wherever their care is provided in Wales."

What the data tells us

Usage of the Welsh Nursing Clinical Record in Powys has increased to 30,865 assessments in Q2 2022/23, performance is target compliant.

Patterson, Liz
23/01/2023 11:23:18

Issues

- No issues identified

Actions

Mitigations



Quadruple Aim 4

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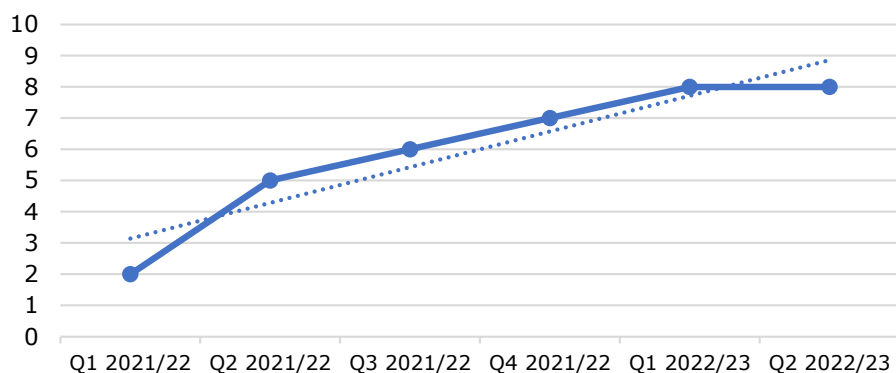
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Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Welsh Nursing Clinical Record

Number of wards using the Welsh Nursing Clinical Record by Health Board/Trust – Powys as a provider

Number of wards using the WNCR



Performance Q2 2022/23

Provider Performance	All Wales Benchmark
8	5 th (149)

Variance Type

N/A

Target

4 quarter improvement trend

Data Quality & Source

Welsh Government Scorecard

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

"The Welsh Nursing Clinical Record enables nurses to complete assessments at a patient's bedside on a mobile tablet (or other handheld device) saving time and improving accuracy. It also minimises duplication as the digital assessment follows the patient wherever their care is provided in Wales."

What the data tells us

The number of wards using the Welsh Nursing Clinical Record in Powys remains at 8 in Q2 2022/23, this meets the target of 4 quarter improvement trend.

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

- 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

Patterson, Liz
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Quadruple Aim 4

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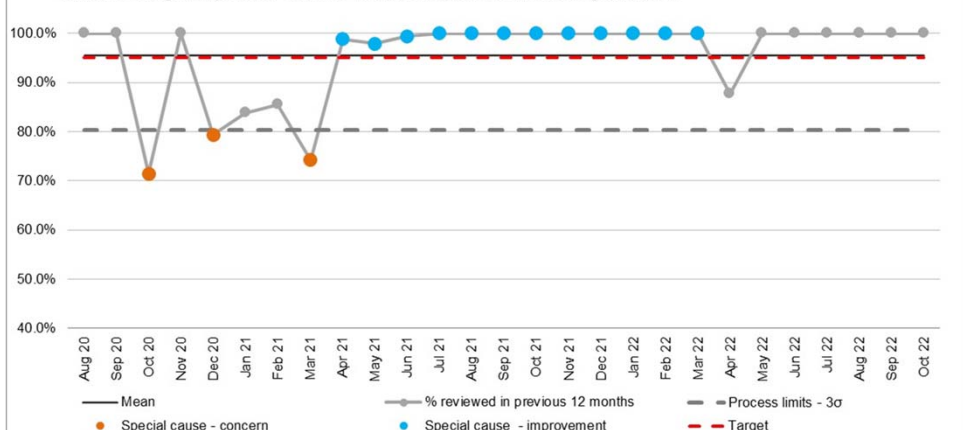
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Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Clinical Coding

Percentage of episodes clinically coded within one reporting month post episode discharge end date

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



Performance October 2022

Local Performance	All Wales Benchmark
100%	*1 st (84.4%)
Variance Type	
Common Cause	
Target	
95% or a 12 month improvement trend	
Data Quality & Source	
PTHB Information Team	

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

"Information from clinical coding is used to monitor clinical outcomes, mortality rates, effectiveness of treatment and clinical governance; it informs patient and service level costings and; is used to examine public health trends."

What the data tells us

PTHB performance is reporting 100% in October 2022, it should be noted that performance in May was incorrectly reported and has been revised to 100% inline with DHCW reported compliance. The All Wales performance for September was 84.4%, PTHB traditionally benchmarks 1st in Wales.

Issues

Actions

Mitigations



Quadruple Aim 4

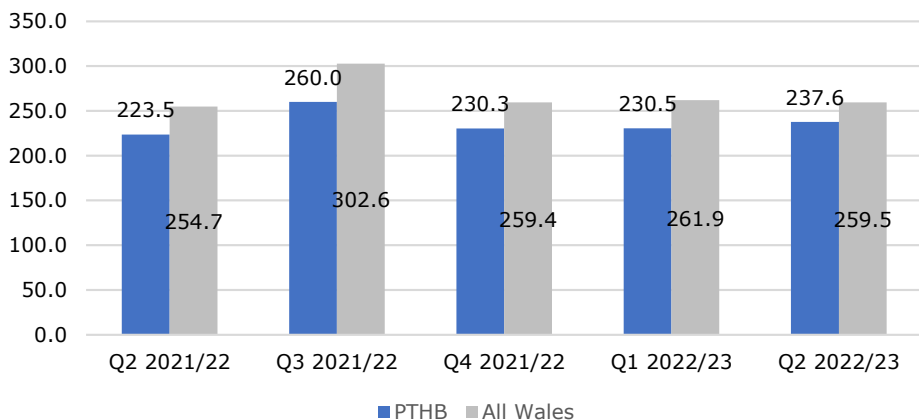
No. 81

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

Total Antibacterial Items per 1,000 STAR-PUs

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

Total Antibacterial Items per 1,000 STAR-PUs



Q2 2022/23 Performance	
Provider Performance	All Wales Benchmark
237.59	2nd (259.51)
Variance Type	
N/A	
Target	
≤206	
Data Quality & Source	
PTHB Pharmacy and Medicines Management	

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
Strategic Priority	24

“Antimicrobial resistance (AMR) is a global problem that impacts all countries and all people, regardless of their wealth or status...”

Optimal use of antibiotics is key to reducing the overall burden of antimicrobial usage driving antimicrobial resistance.”

What the data tells us	Issues	Actions	Mitigations
<p>PTHB performance for Q2 2022/23 reported 237.59, this does not meet the set target of under 206 per 1,000 STAR-PUs</p> <p>No health boards in Wales are meeting the target of ≤206 items per 1,000 STAR-PUs</p> <p>Powys is currently showing the second best performance against this indicator in Wales.</p> <p>Although PTHB has below average prescribing in Wales, when compared to English NHS organisations, prescribing is above the English average.</p> <p>There is considerable scope for improvement.</p>	<ul style="list-style-type: none">No antimicrobial stewardship pharmacist in post.Powys has the highest use of the 4C antimicrobials – this is something that the medicines management team is continuing to address as a priority	<ul style="list-style-type: none">Antimicrobial Stewardship Group in place (meets quarterly) – reports to IPC Group.Antimicrobial stewardship improvement plan in place.Data analyst providing regular data on antimicrobial prescribing in primary care.Antimicrobial prescribing discussed during practice meetings.Monthly antimicrobial KPI data provided to primary careAntimicrobial KPIs included in Medicines Management Incentive Scheme and practice SLAsAbsence of dedicated antimicrobial pharmacist included in meds management risk register	<p>See actions.</p> <p>Further mitigations not possible due to workforce challenges.</p>



Quadruple Aim 4

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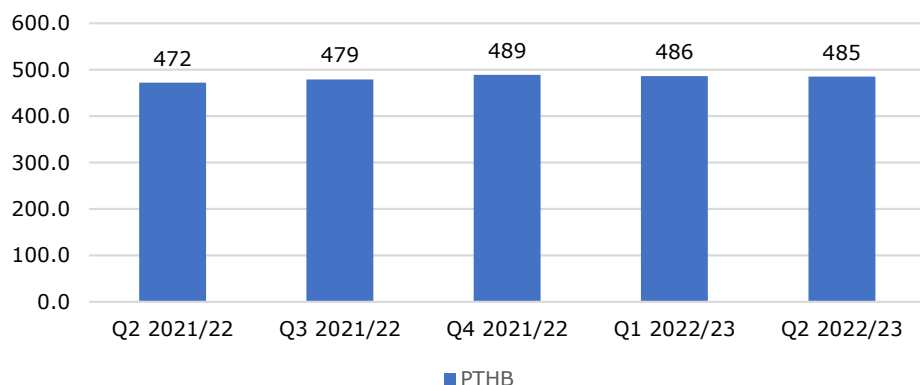
83

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

Older Age Adult Anti-Psychotics

Number of patients age 65 years or over prescribed an anti-psychotic – Powys as a provider

Number of patients age 65 years or over prescribed an antipsychotic



Q2 2022/23 Performance	
Provider Performance	All Wales Benchmark
485 (1.25%)	10,253* (1.49%)
Variance Type	
N/A	
Target	
Quarter on Quarter Reduction	
Data Quality & Source	
PTHB Pharmacy and Medicines Management	

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
Strategic Priority	24

"Evidence shows that antipsychotic medicines only have a limited benefit in treating the behavioural and psychological symptoms of dementia, whilst carrying a significant risk of harm."

What the data tells us	Issues	Actions	Mitigations
<p>PTHB has met the target of reduction for Q2 2022/23 - 485 patients aged 65 years or over were prescribed an antipsychotic (1.25%).</p> <p>PTHB has the lowest percentage of people aged 65 and over who are prescribed an antipsychotic (range 1.25%-1.74%)</p> <p>Further development of this indicator is required to allow comparisons between health boards in Wales (i.e. the indicator should show % of people aged 65 years and over who are prescribed an antipsychotic).</p>		<ul style="list-style-type: none">Patients aged ≥ 65 prescribed an antipsychotic as a percentage of all patients aged ≥ 65 monitored through national medicines safety dashboard.The national figure is 1.49%, our figure is 1.25%. Powys has the lowest level of prescribing in this area of all Welsh Health Boards.	<ul style="list-style-type: none">Regular monitoringRisks associated with antipsychotic prescribing in elderly patients with dementia reiterated on a regular basis.Plan to provide regular reports to primary care as soon as resource allows.



Quadruple Aim 4

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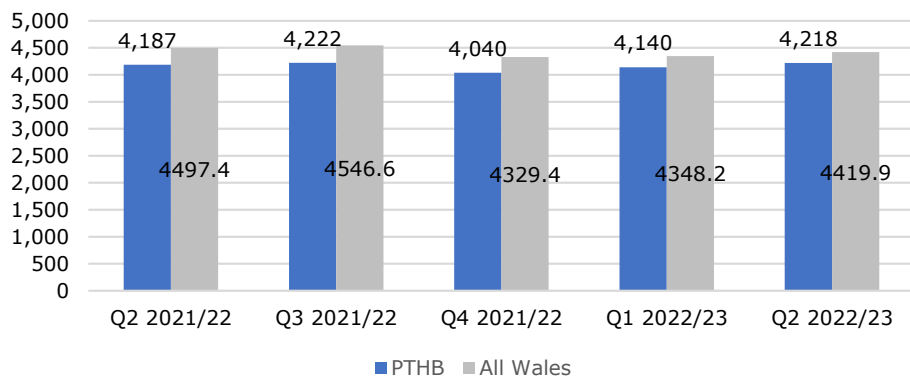
84

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

Opioid Usage

Opioid average daily quantities per 1,000 patients - Powys as a provider

Opioid average daily quantities per 1,000 patients



Q2 2022/23 Performance

Provider Performance	All Wales Benchmark
4,218.24	2 nd (4,419.89)

Variance Type

N/A

Target

4 Quarter reduction trend

Data Quality & Source

PTHB Pharmacy and Medicines Management

Executive Lead Medical Director

Officer Lead Chief Pharmacist

Strategic Priority 24

"Between 2007 and 2017 the number of prescriptions for opioid analgesic dispensed across Wales increased by 50% whilst the number of opioid related deaths increased by 59.4%. ...

The aim of this measure is to encourage health professionals to adopt a prudent approach to prescribing opioid analgesics, taking into account the risks and the benefits."

What the data tells us

PTHB has seen an increase in opioid prescribing volume since Q4 2021/22.

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Issues

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.

Actions

- Raising awareness of the issues associated with opioid prescribing and the variation in prescribing practice across the health board with clinicians and health board executives.
- Raising awareness of opioids aware resource for clinicians and patients.
- Regular monitoring through the national indicators.
- Regularly discussed during practice visits.
- Regular provision of prescribing data to primary care (monthly)
- 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



Operational Measures

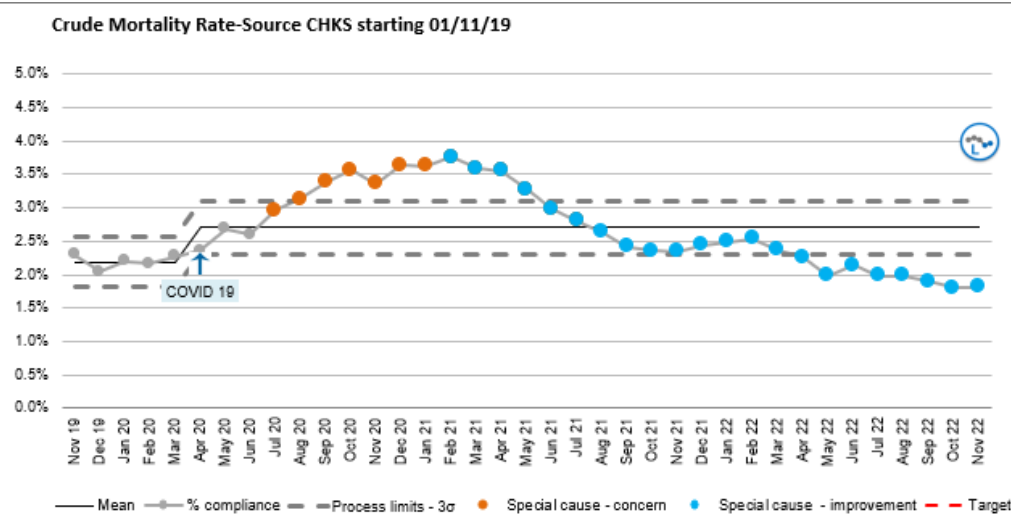
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Operational Measures are not routinely reported nationally

Crude Hospital Mortality Rate (R12)

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



Performance November 2022

Provider Performance	All Wales Benchmark
1.81%	N/A

Variance Type

Special Cause - Improvement

Target

12 month reduction trend

Data Quality & Source

CHKS

Executive Lead Medical Director

Officer Lead TBC

Strategic Priority 24

What the data tells us

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

Issues

No issues actual monthly deaths within expected values.

Actions

Mitigations

No mitigations are considered needed at this time.

COVID mitigations are in place.

Renewal work is exploring reinstating care pathways that have been disrupted due to COVID.



Operational Measures

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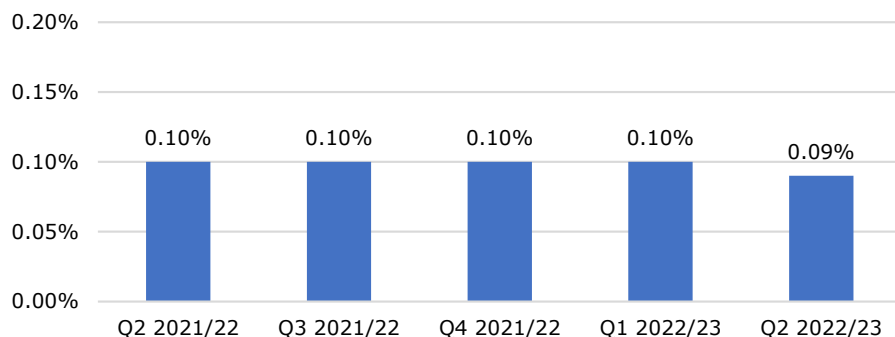
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Operational Measures are not routinely reported nationally

Valproate Usage

Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age - **Powys as a provider**

Percentage of women of child bearing age prescribed valproate



Q2 2022/23 Performance	
Provider Performance	All Wales Benchmark
0.09%	0.13%
Variance Type	
N/A	
Target	
Quarter on Quarter Reduction	
Data Quality & Source	
PTHB Pharmacy and Medicines Management	

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
Strategic Priority	24

What the data tells us	Issues	Actions	Mitigations
<p>0.09% of female patients aged 14-45 were prescribed valproate in Q2 2022/23.</p> <p>Powys continues to have the lowest prescribing rate of valproate in women of child bearing age in the whole of Wales.</p>	<p>Nationally Q2 2022/23 – 805 female patients aged 14-45 were issued with a prescription for sodium valproate in Wales = 0.13% of female patients aged 14-45.</p> <p>Powys = 0.09% (lowest % of all LHBs)</p>	<ul style="list-style-type: none">Regularly monitored through national medicines safety dashboard.Regular reminders about prescribing valproate in women of child bearing age.Reminder about Pregnancy Prevention Plan (PPP)Cascade of patient information to primary care and community pharmacy.	<p>See actions</p> <p>Plan to provide regular reports to primary care as soon as resource allows.</p>



Operational Measures

No.

G

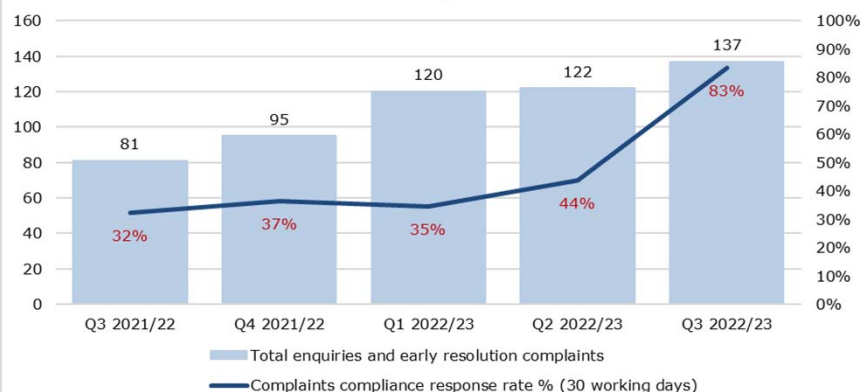
Operational Measures are not routinely reported nationally

Concerns and Complaints

Percentage of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation

Executive Lead	Director of Nursing
Officer Lead	Assistant Director of Quality & Safety - Nursing
Strategic Priority	24

Complaints compliance response rate & number of enquiries and early resolutions by quarter - Source Datix CloudIQ - Q3 2021/22 to Q3 2022/23



What the chart tells us

- Performance has significantly improved throughout 2022/23, with the improvements measures undertaken being realised.
- The number of concerns managed as early resolutions and enquires continues to rise with a focus from all services to proactively manage concerns, this is a positive approach with more contacts being dealt with in an appropriate and timely manner.
- No national benchmark is available at present for this operational measure.

Q2 2022/23 Performance

Local Performance	All Wales Benchmark
83%	N/A
Target	
75%	
Data Source & Quality	
PTHB Q&S Team	

Issues

- No user feedback
- Timely responses not received from other Health Boards/Trusts impacting lengthy delays

Actions

- Review of the concerns management process
- Implementation of a robust escalation process to meet 30 working day (WD) response timescale
- Review improvement plan
- Implement clear process for learning and improvement from concerns
- Continued proactive management of concerns and increase in numbers of enquiries/Early resolution resolved quickly.
- Implementation of a concerns feedback process 'How was the process for the complainant' with the use of Civica

Mitigations

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

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23/01/2023 11:23:18



Next Steps

Next Steps

- With the Integrated Performance Framework scope agreed the health board is implementing the required process to provide effective challenge, support, and scrutiny of both provider and commissioned services with the aim to improve patient outcomes.
- Further work and development with national and regional workgroups on topics such as Outpatient modernisation, My Planned Care, National Endoscopy, and Cancer.
- Ongoing work to tackle COVID backlog and capacity challenges remains the single largest risk for Powys residents and their required health care, solutions being scoped include the use of private providers to treat repatriated patients where their treatment can be carried out in Powys provider facilities.
- The Performance team is working with commissioned service providers to obtain understanding of referral demand, demand and capacity gaps, waiting list profiles at specialty level and convert outputs into indicative activity plans (IAP). This includes work to model robust performance trajectories in line with the NHS Wales Planning Framework targets 2023/24 for Powys provider, English and Welsh commissioned services.

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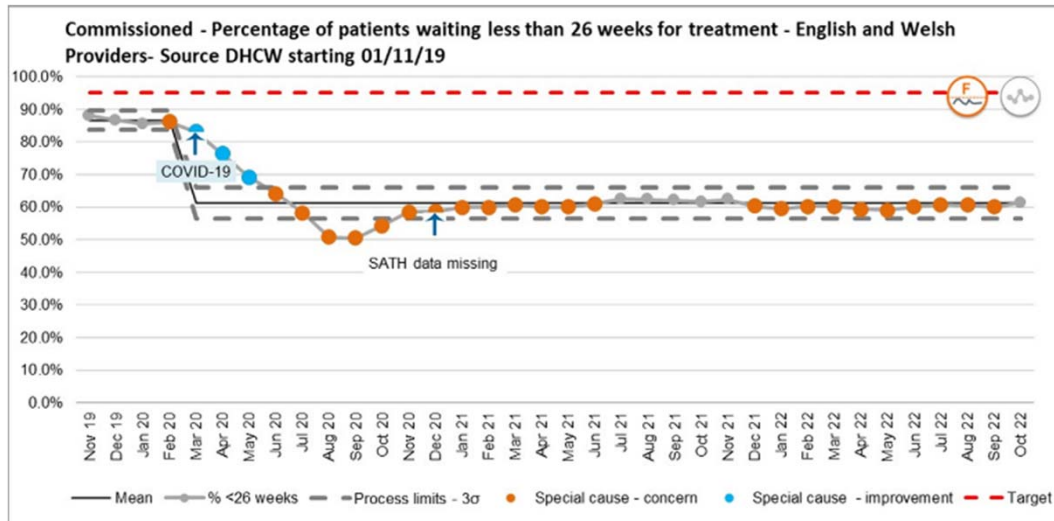


Appendix 1

Referral to Treatment (RTT) – Powys Teaching health board as a Commissioner (excludes Powys as a provider)

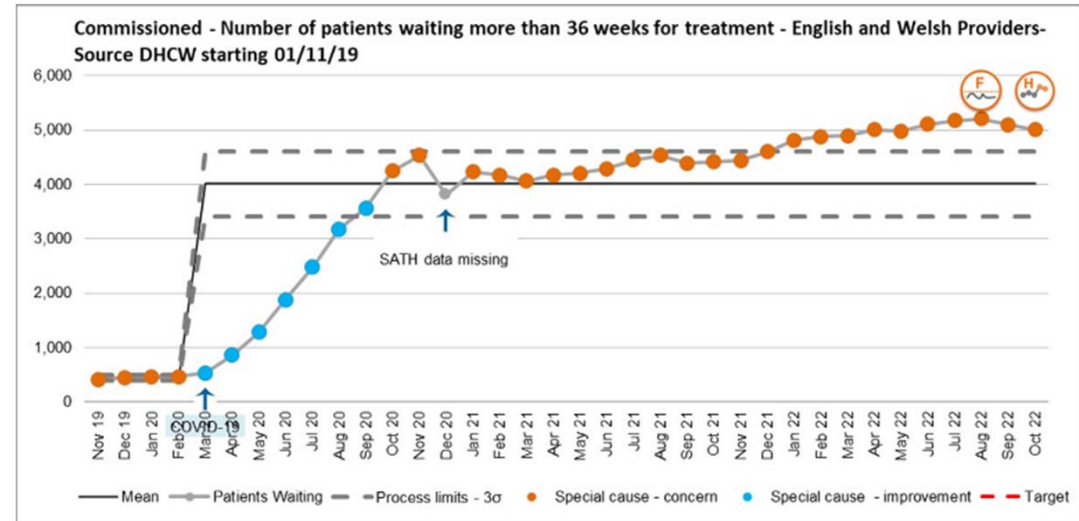
Combined Welsh and English Health Boards

Percentage of RTT pathways <26 weeks



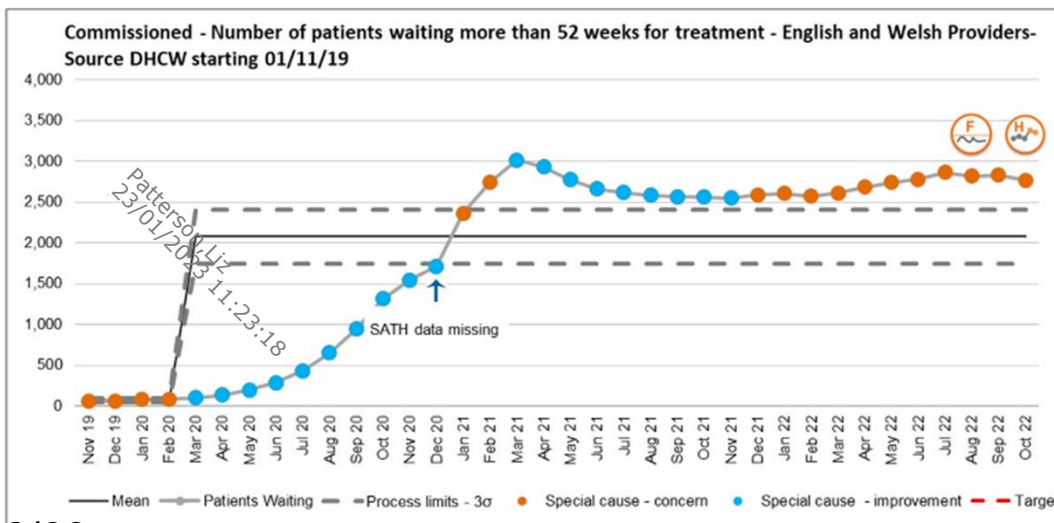
Number of RTT pathways 36+ weeks

(inclusive of those patients waiting in the over 52 & over 104 week band)

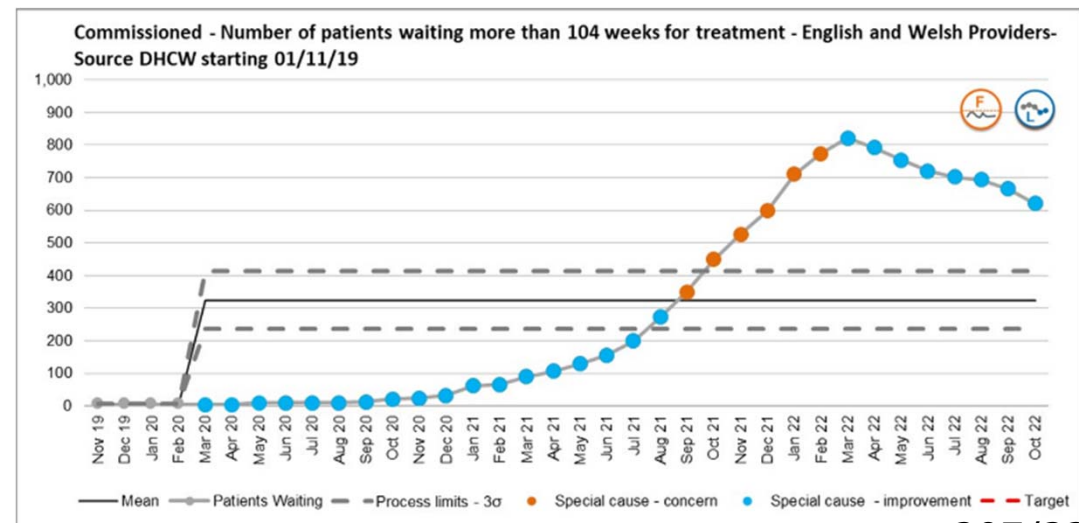


Number of RTT pathways over 52 weeks

(inclusive of those patients waiting in the over 104 week band)



Number of RTT pathways over 104 weeks



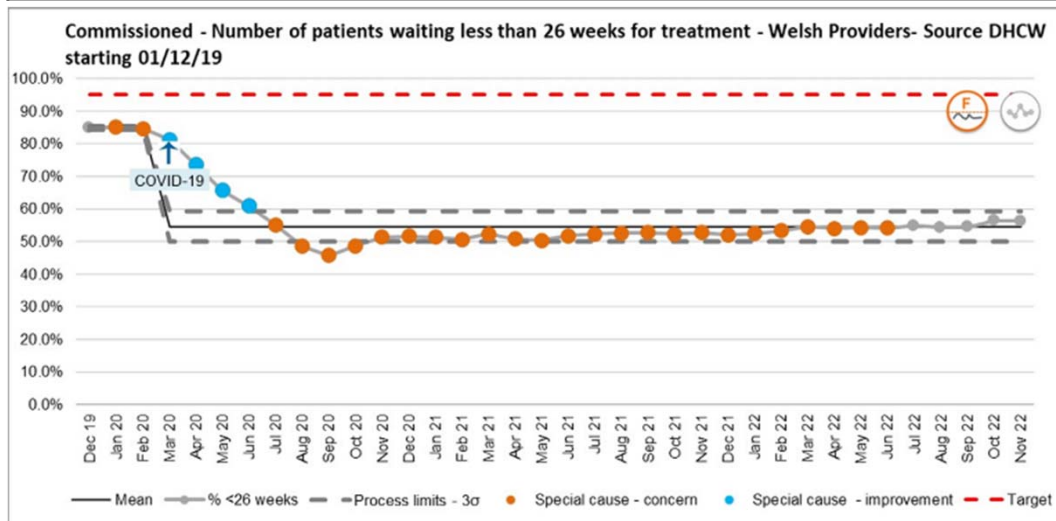


Appendix 1

Referral to Treatment – Powys Teaching health board as a Commissioner (excludes Powys as a provider)

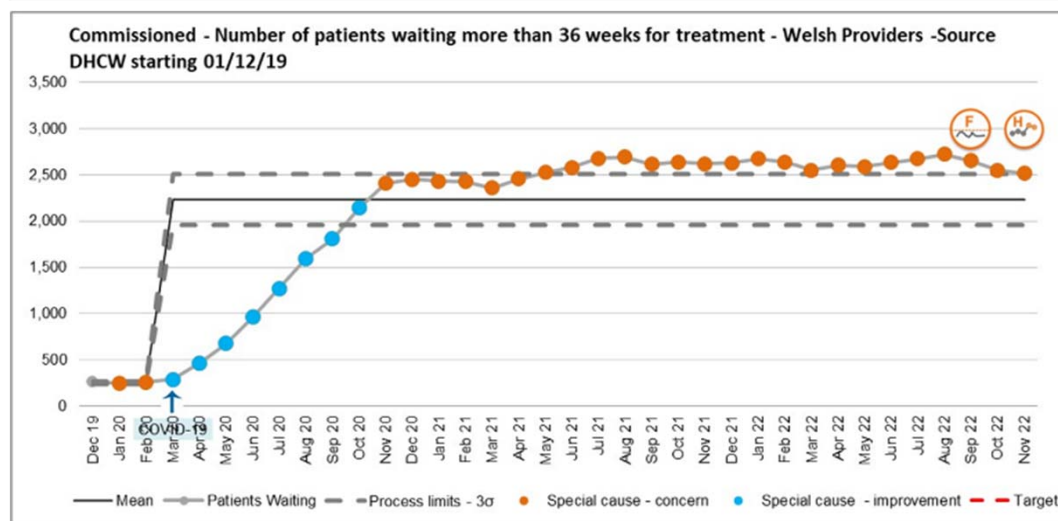
Combined Welsh Health Boards

Percentage of RTT pathways <26 weeks



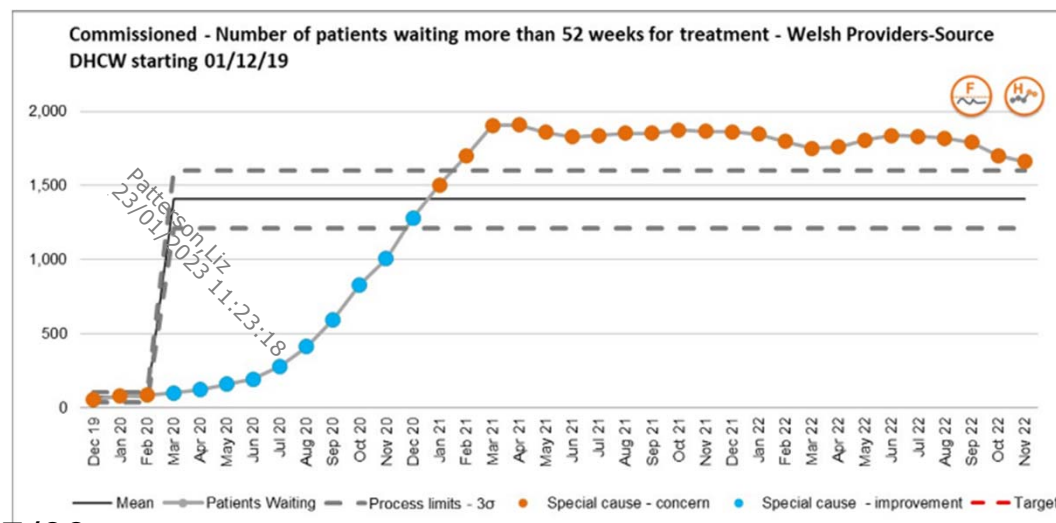
Number of RTT pathways 36+ weeks

(inclusive of those patients waiting in the over 52 & over 104 week band)

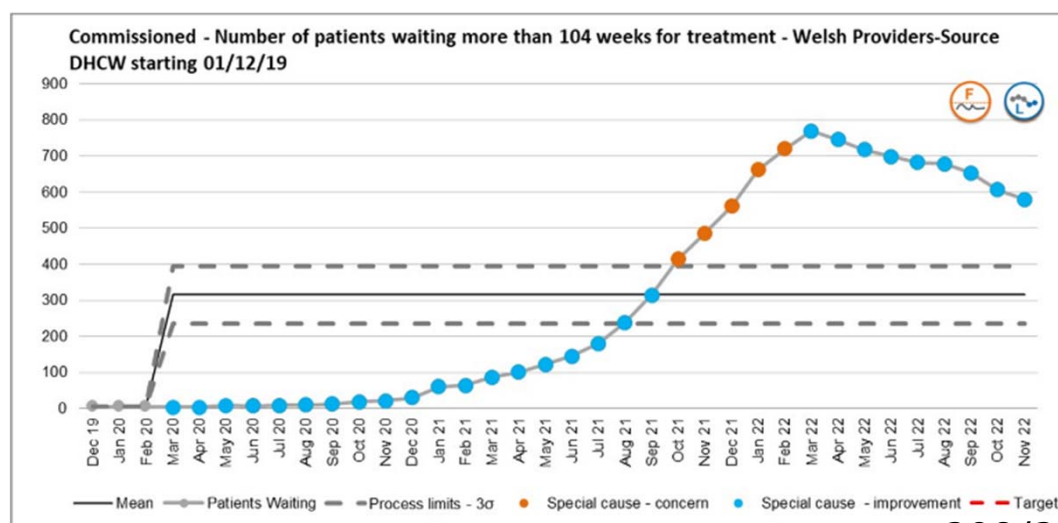


Number of RTT pathways over 52 weeks

(inclusive of those patients waiting in the over 104 week band)



Number of RTT pathways over 104 weeks

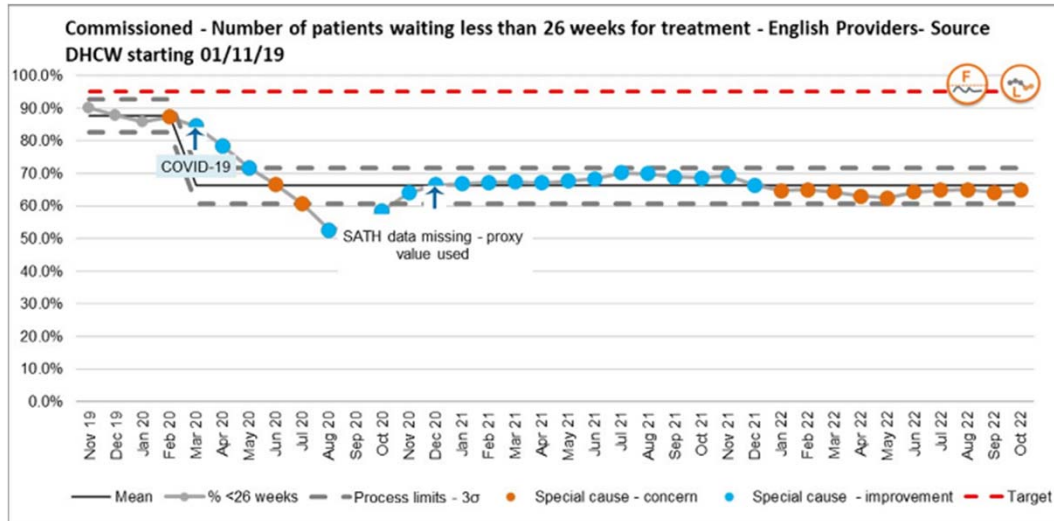




Appendix 1

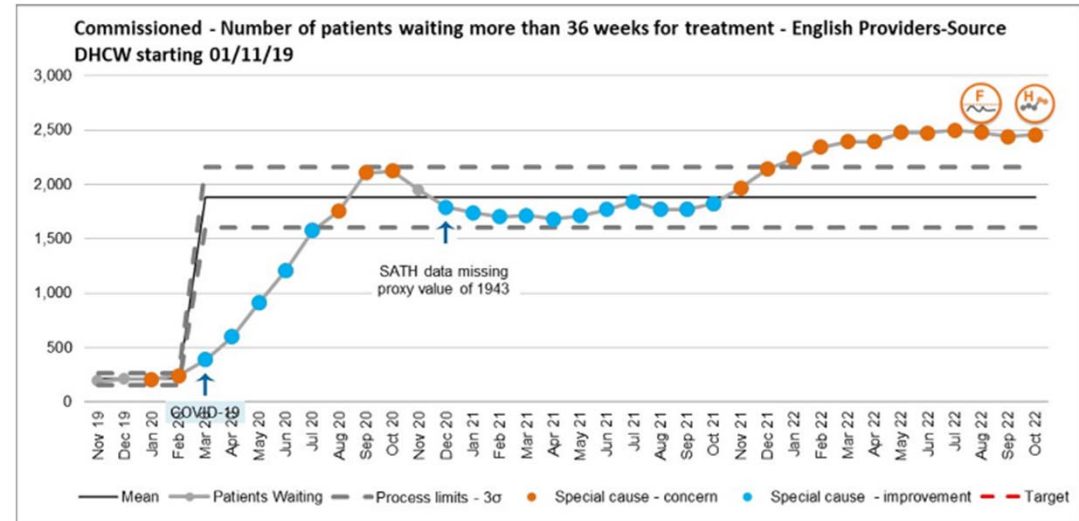
Referral to Treatment – Powys Teaching health board as a Commissioner Combined English Health Boards

Percentage of RTT pathways <26 weeks

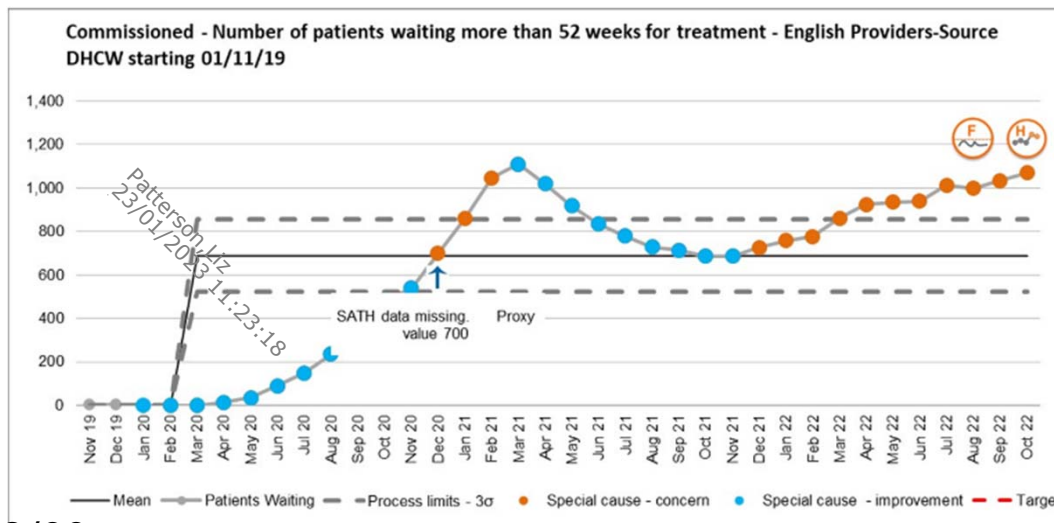


Number of RTT pathways 36+ weeks

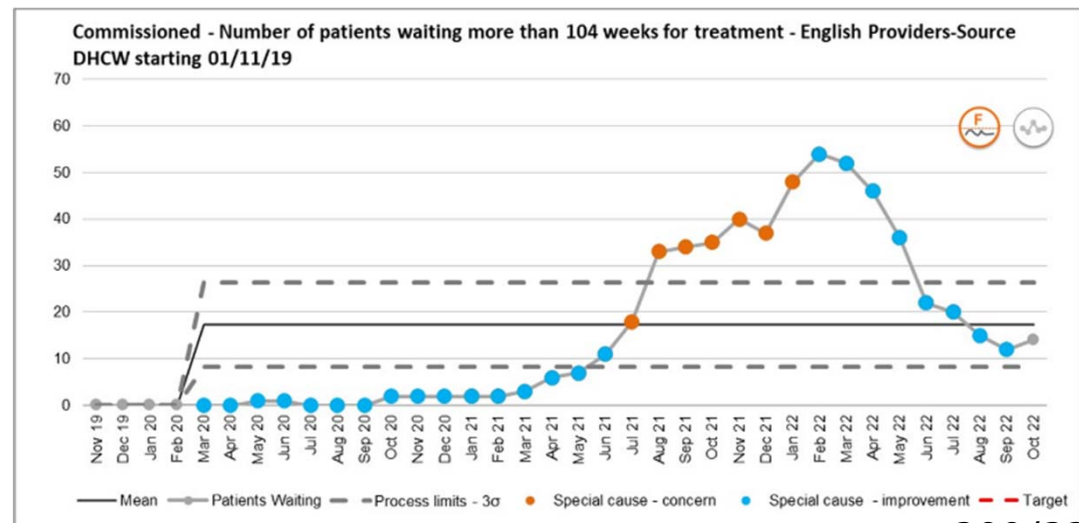
(inclusive of those patients waiting in the over 52 & over 104 week band)



Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)



Number of RTT pathways over 104 weeks

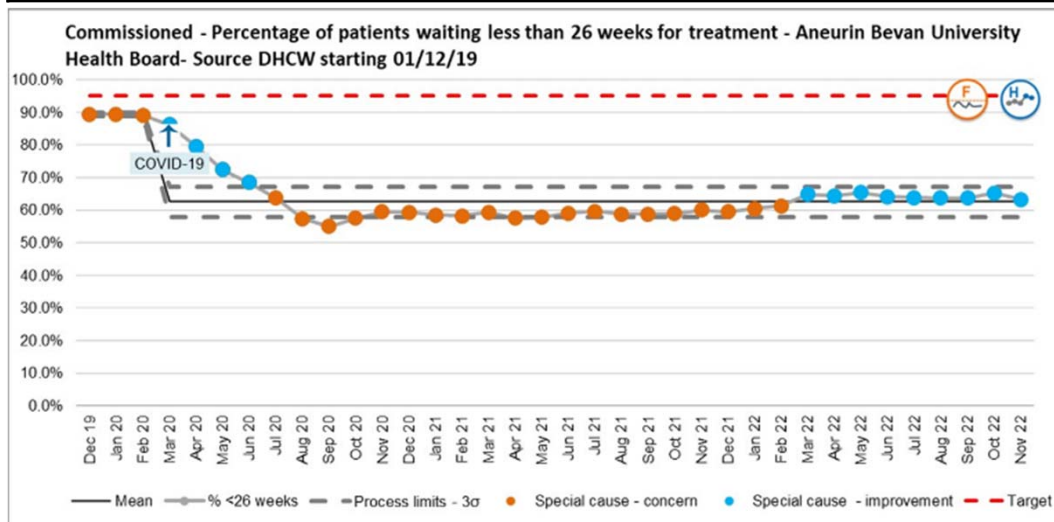




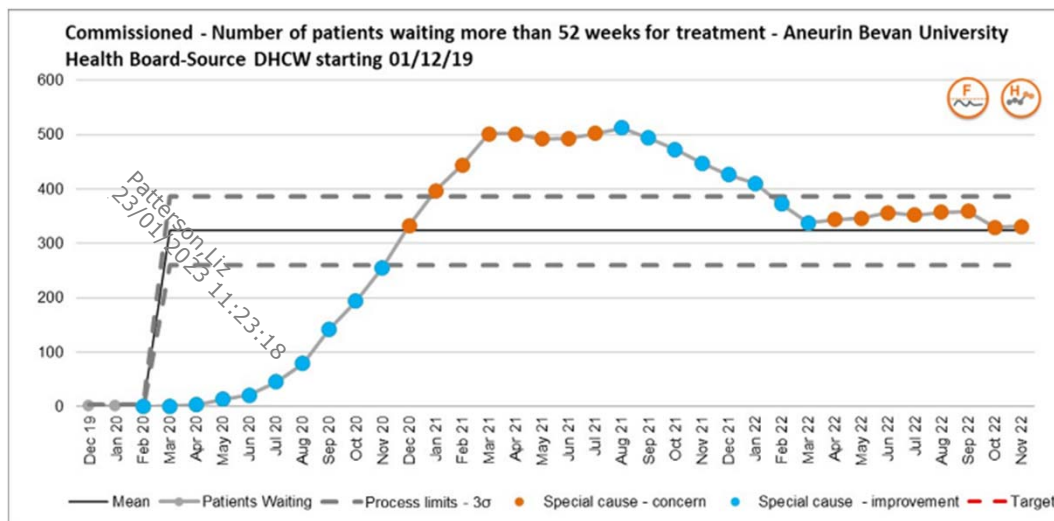
Appendix 1

Aneurin Bevan University Health Board Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks

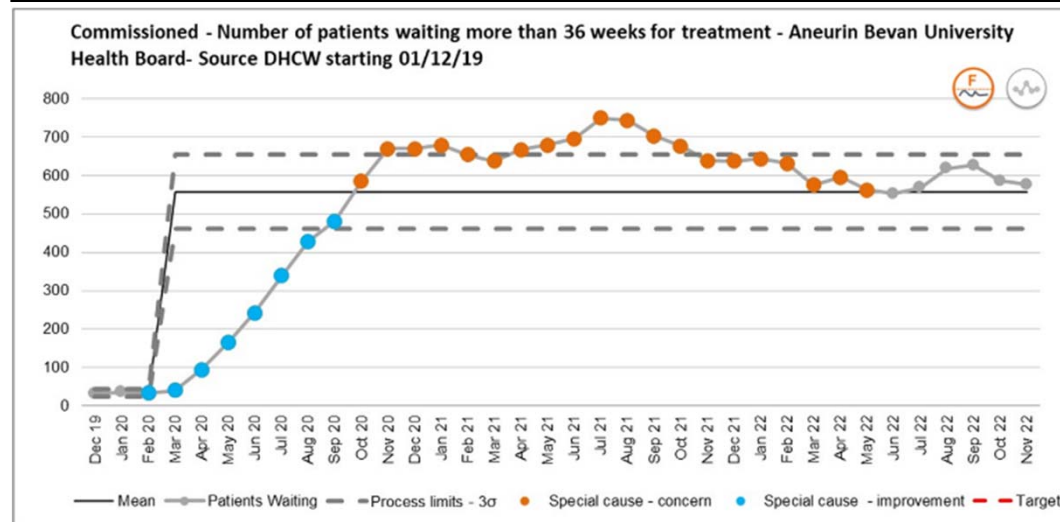


Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)

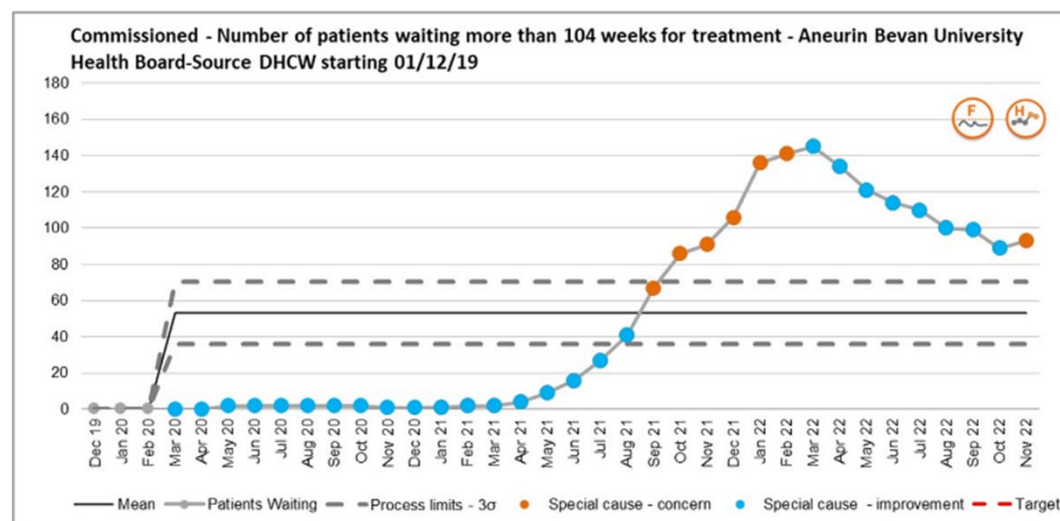


ABUHB	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	62%	28,000	8,700	9,200
Powys resident performance	63.3%	576	93	124

Number of RTT pathways 36+ weeks (inclusive of those patients waiting in the over 52 & over 104 week band)



Number of RTT pathways over 104 weeks

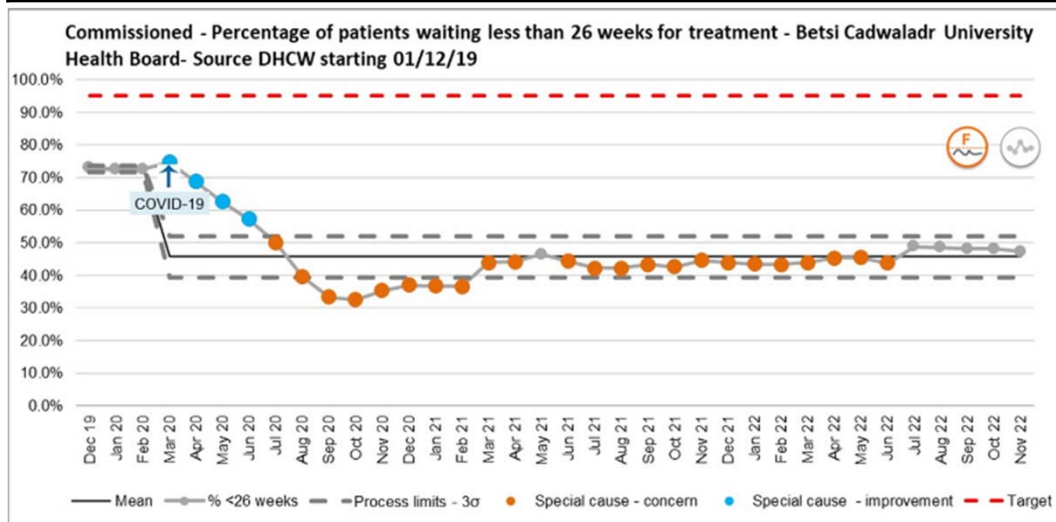




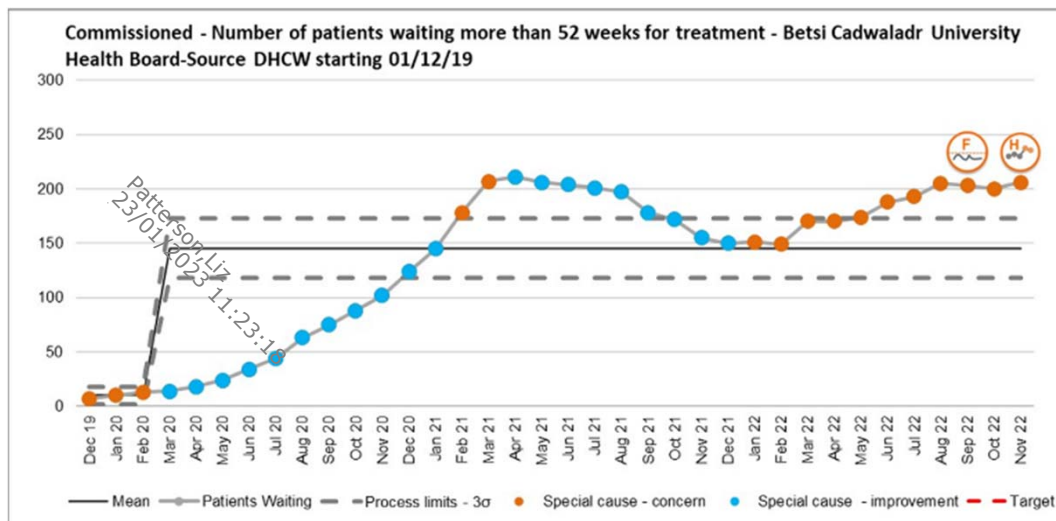
Appendix 1

Betsi Cadwaladr University Health Board Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks

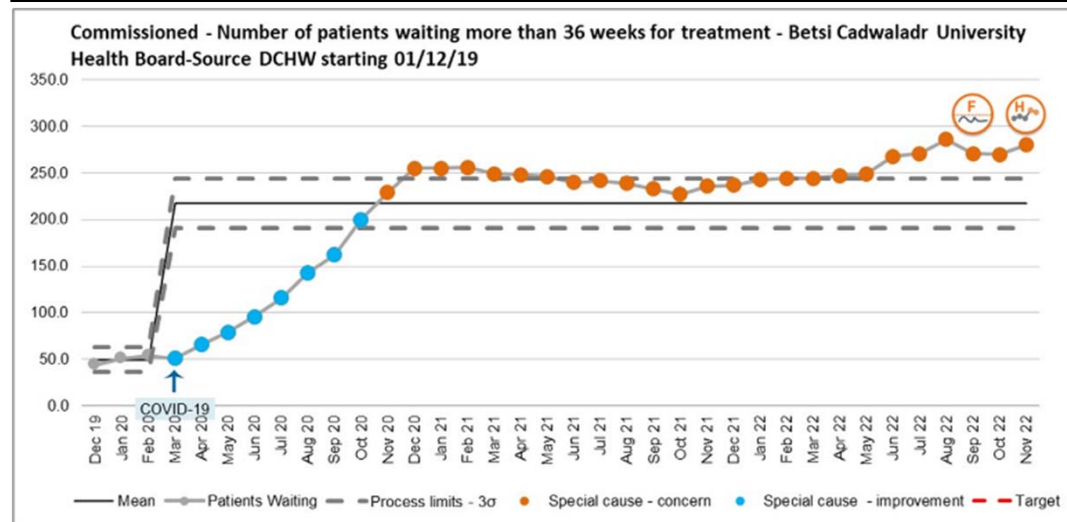


Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)

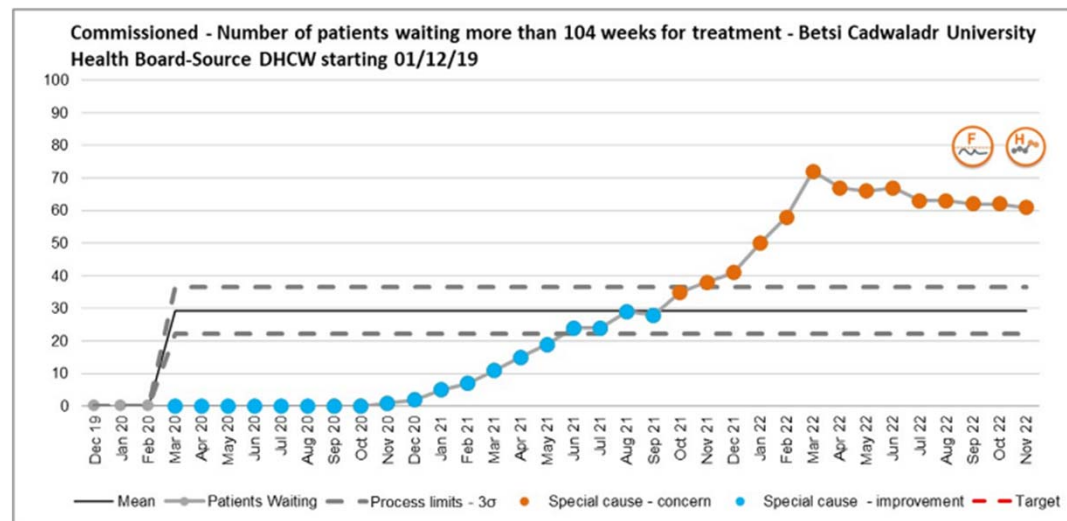


BCUHB	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	27%	17,361	5,879	4,066
Powys resident performance	47.3%	280	61	139

Number of RTT pathways 36+ weeks (inclusive of those patients waiting in the over 52 & over 104 week band)



Number of RTT pathways over 104 weeks

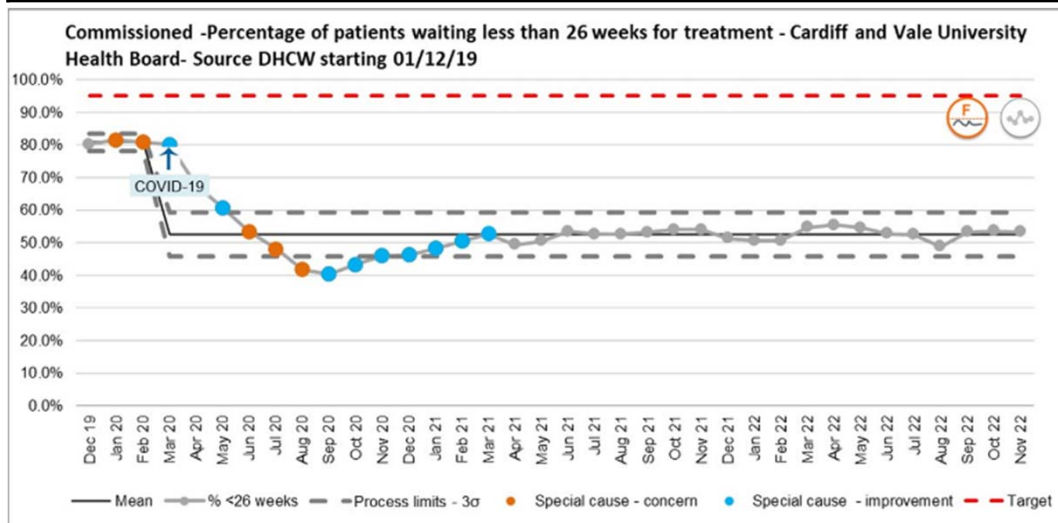




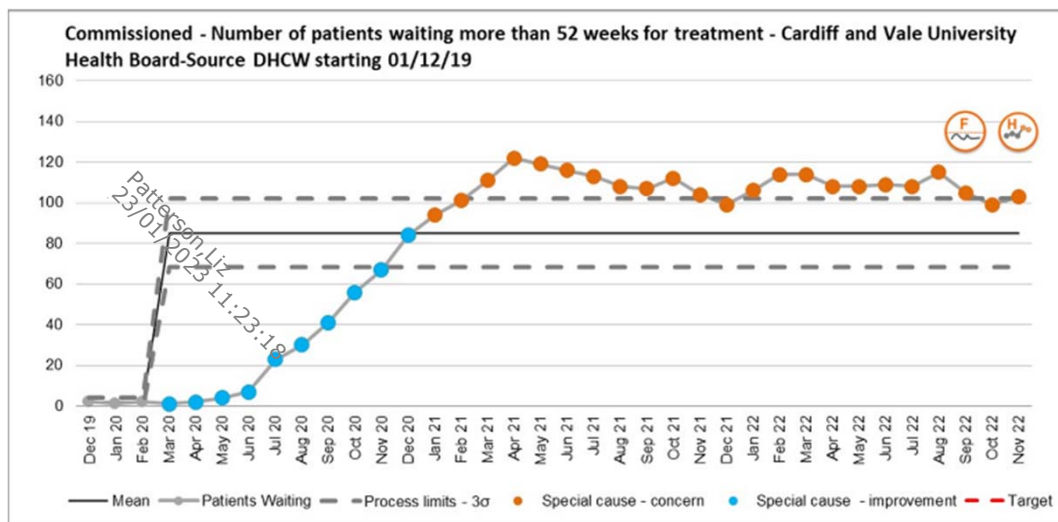
Appendix 1

Cardiff and Vale University Health Board Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks

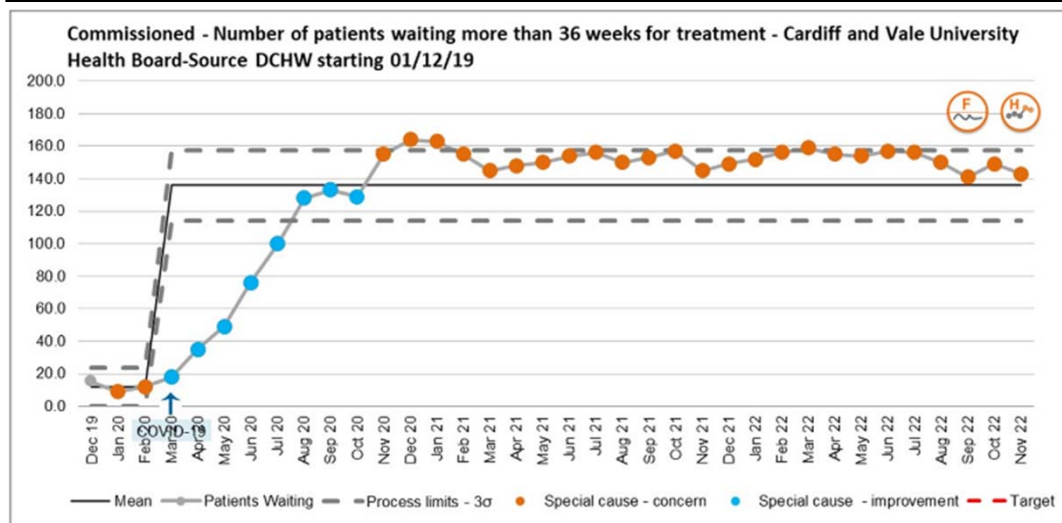


Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)

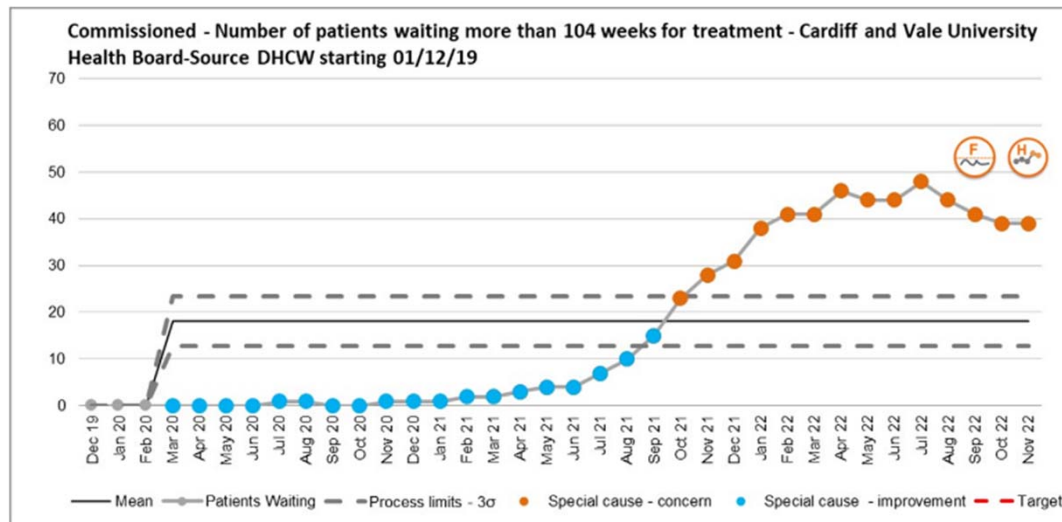


CVUHB	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	55%	46,306	6,325	18,550
Powys resident performance	53.3%	143	39	53

Number of RTT pathways 36+ weeks (inclusive of those patients waiting in the over 52 & over 104 week band)



Number of RTT pathways over 104 weeks

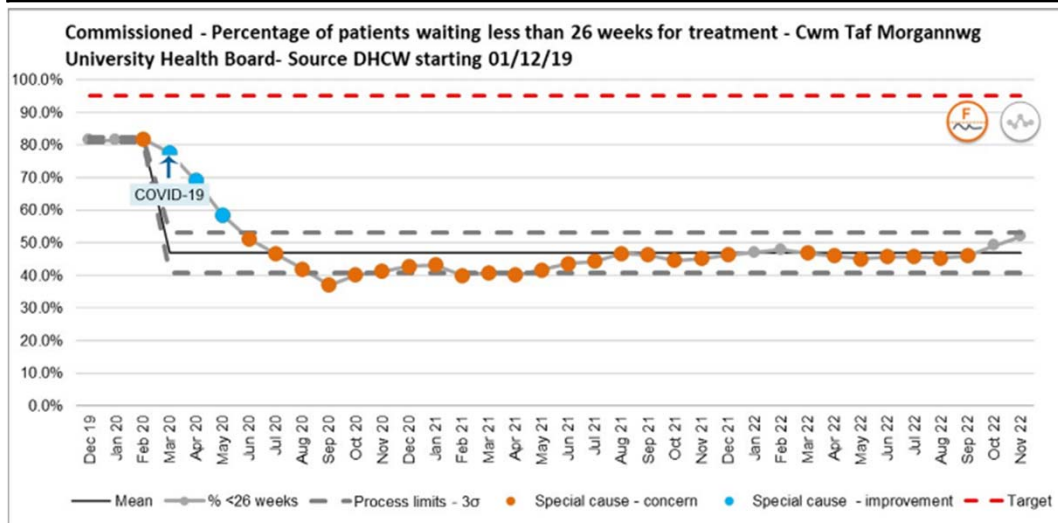




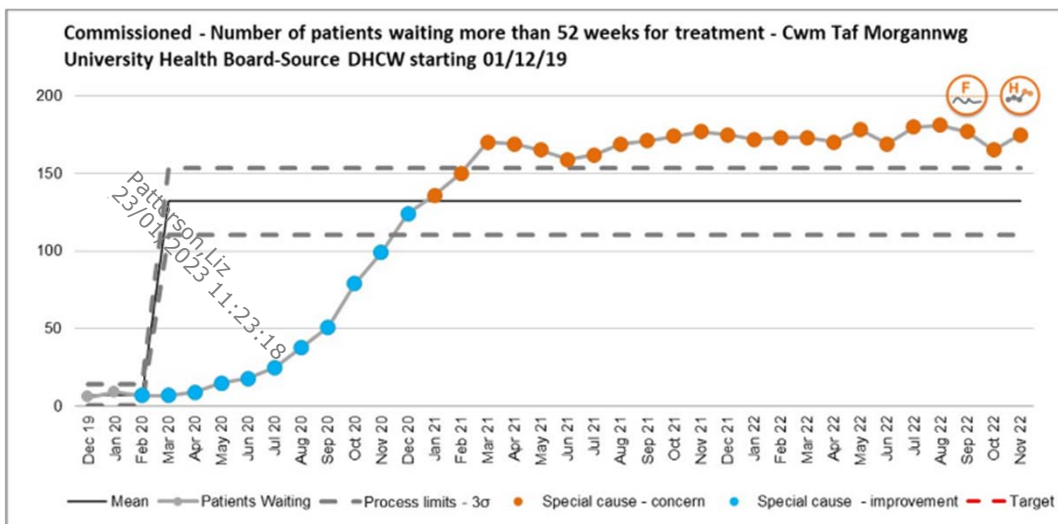
Appendix 1

Cwm Taf Morgannwg University Health Board Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks

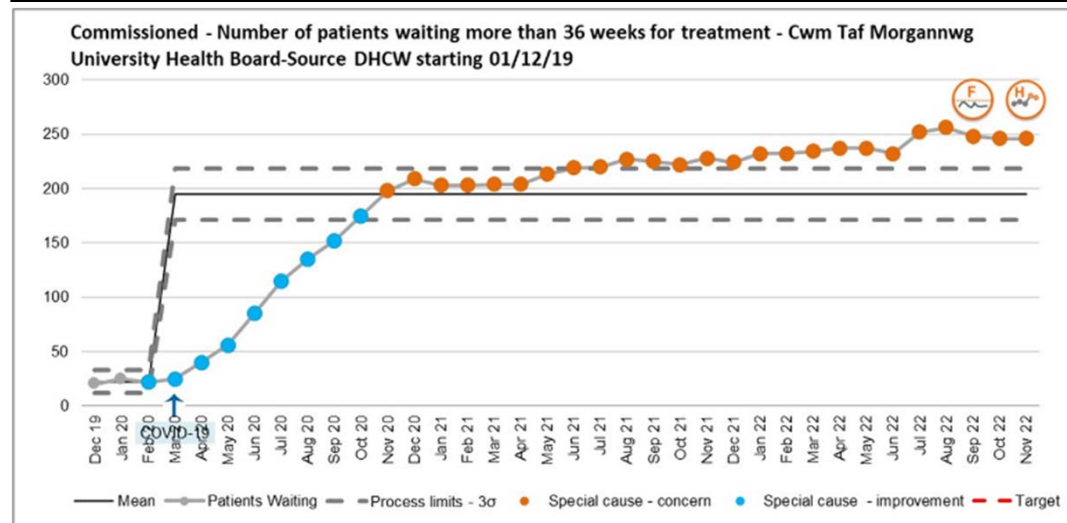


Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)

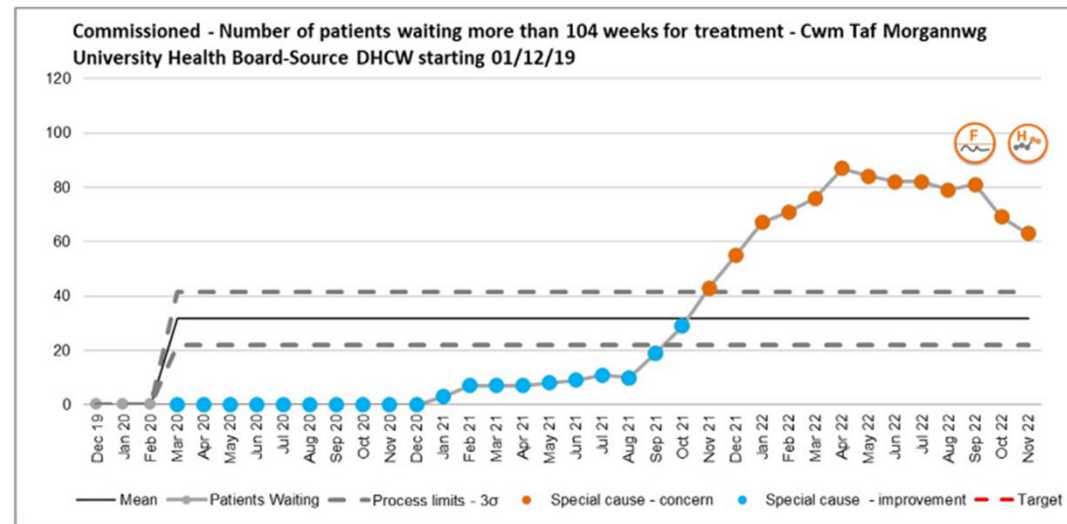


CTMHB	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	45%	50,795	13,872	15,033
Powys resident performance	52%	246	63	54

Number of RTT pathways 36+ weeks (inclusive of those patients waiting in the over 52 & over 104 week band)



Number of RTT pathways over 104 weeks

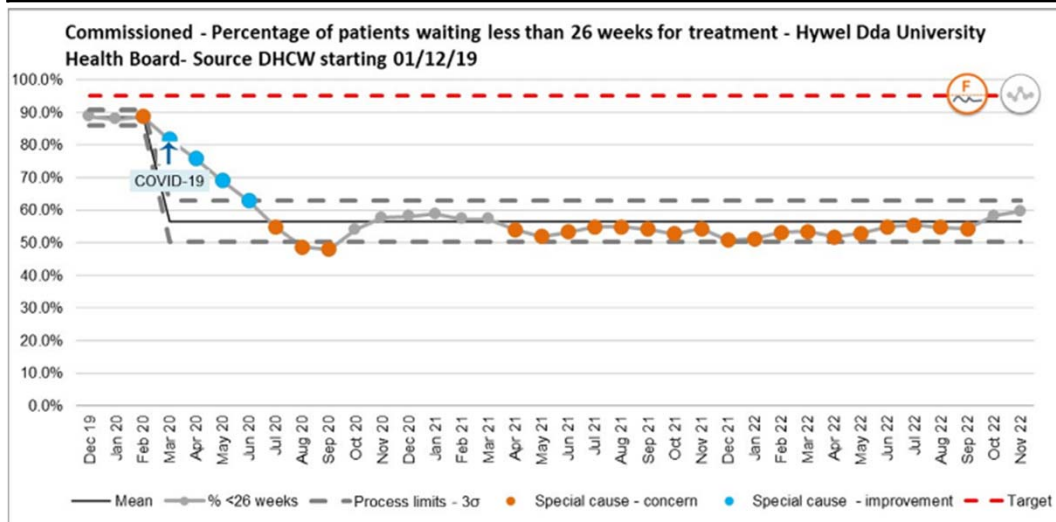




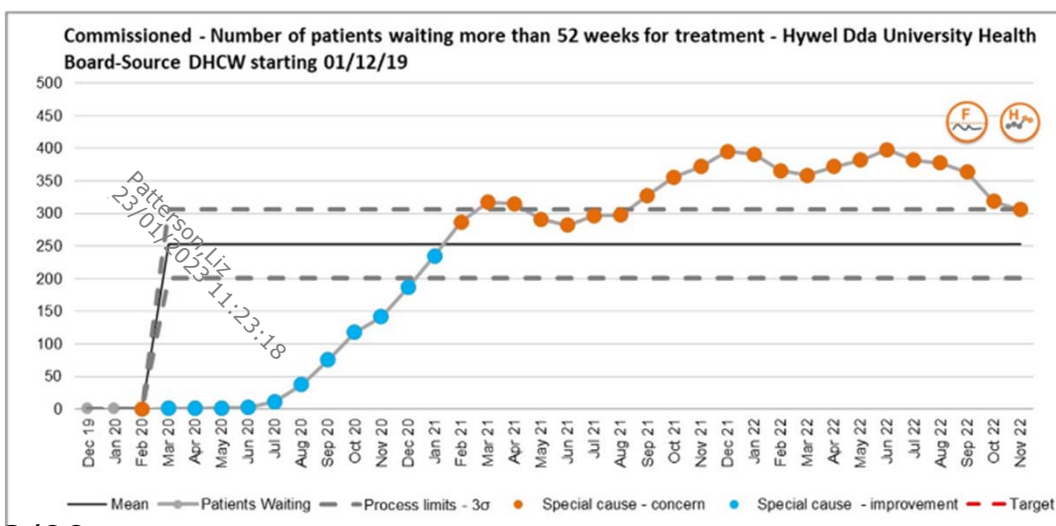
Appendix 1

Hywel Dda University Health Board Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks

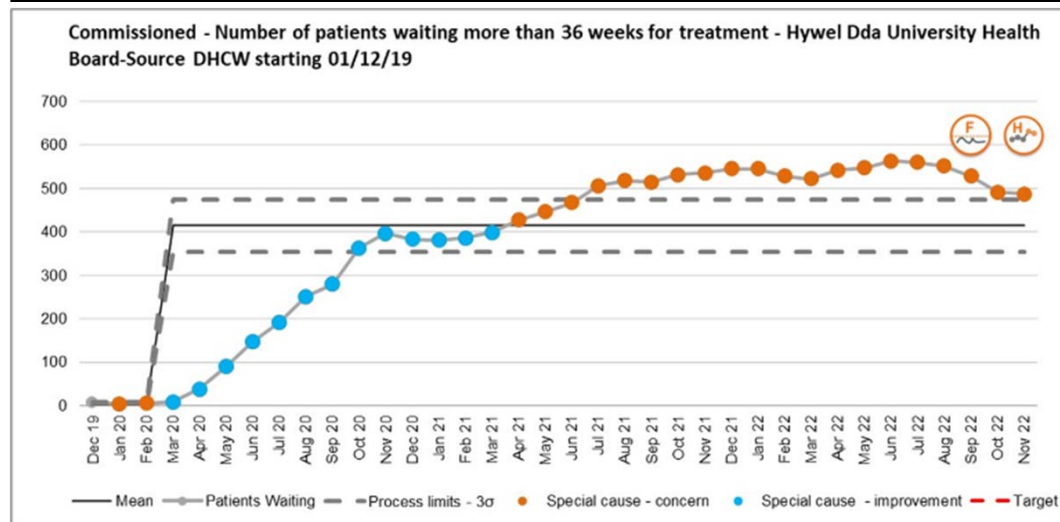


Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)

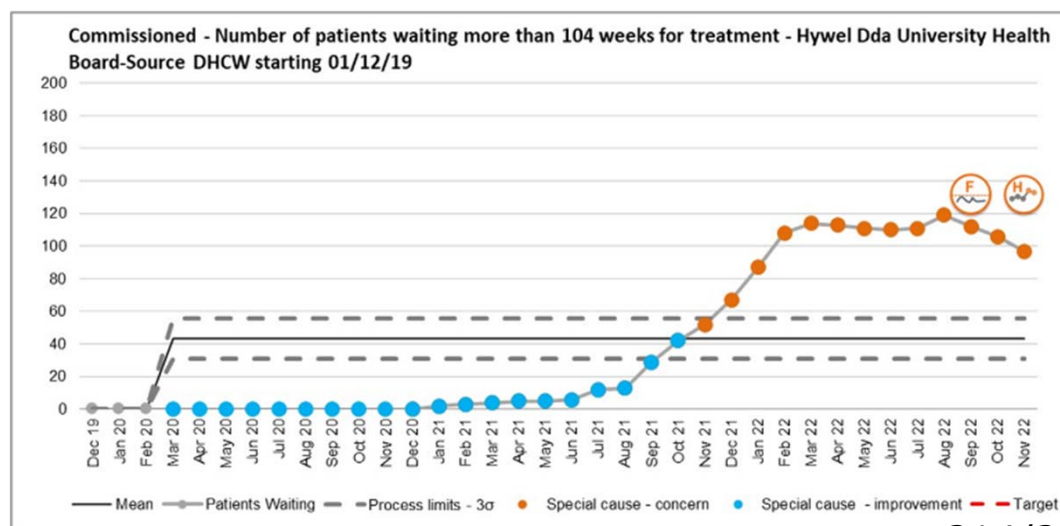


HDUHB	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	55%	24,681	5,703	5,455
Powys resident performance	59.7%	488	97	88

Number of RTT pathways 36+ weeks (inclusive of those patients waiting in the over 52 & over 104 week band)



Number of RTT pathways over 104 weeks

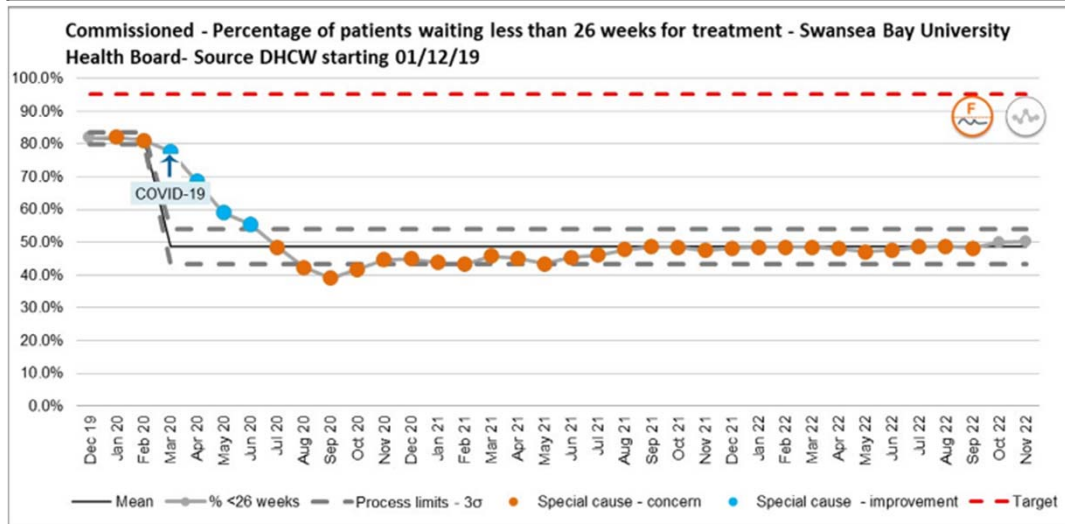




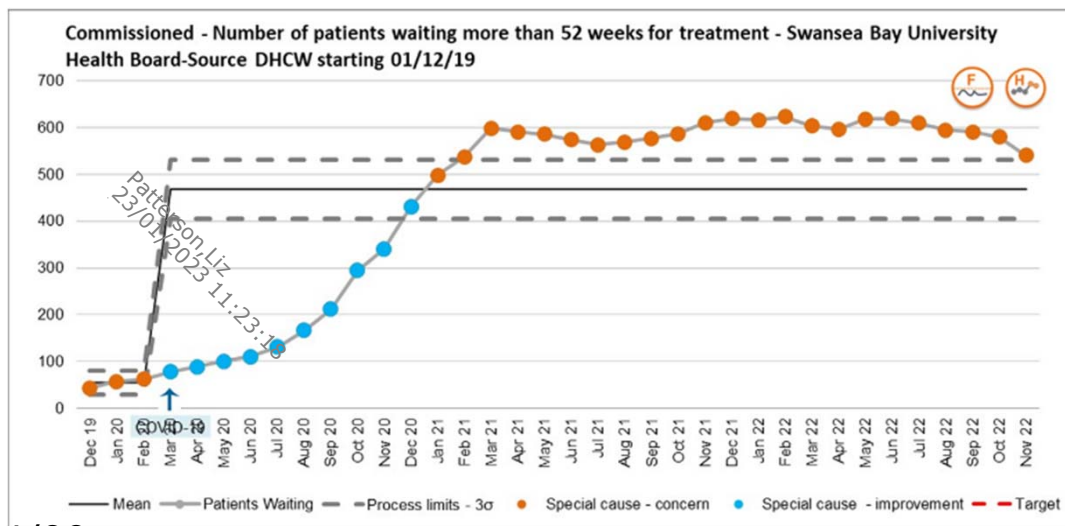
Appendix 1

Swansea Bay University Health Board Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks

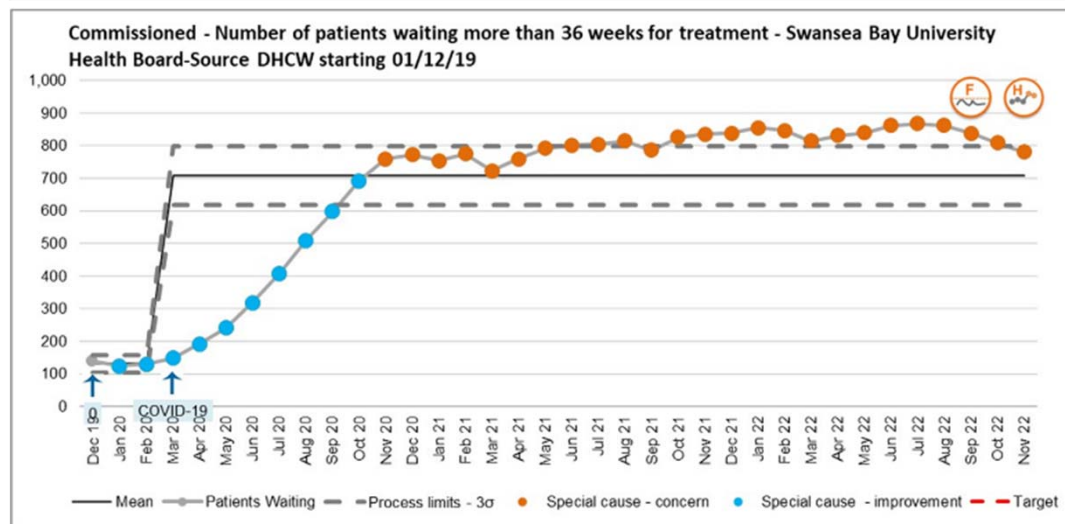


Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)

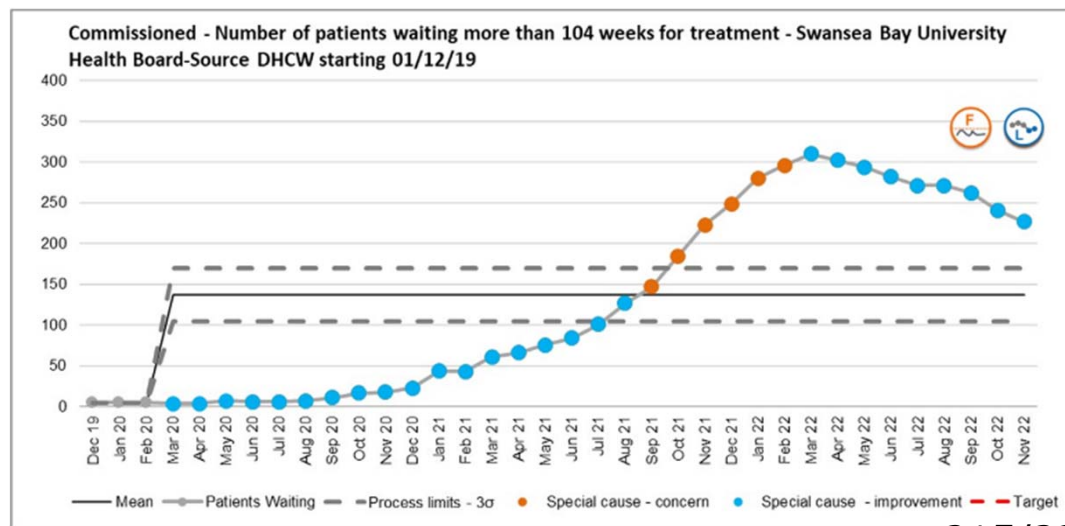


SBUHB	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	48%	42,501	7,070	7,400
Powys resident performance	50.1%	781	227	194

Number of RTT pathways 36+ weeks (inclusive of those patients waiting in the over 52 & over 104 week band)



Number of RTT pathways over 104 weeks



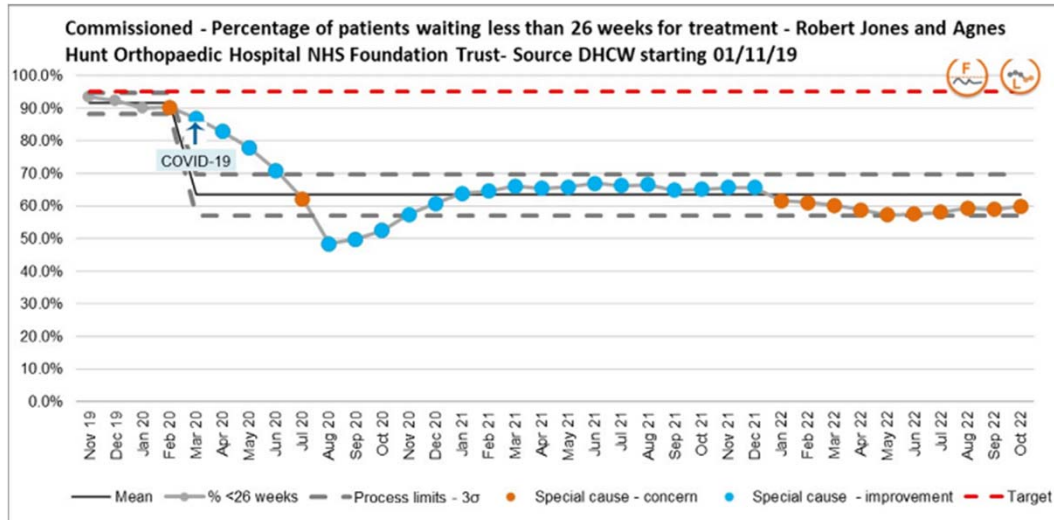


Appendix 1

The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

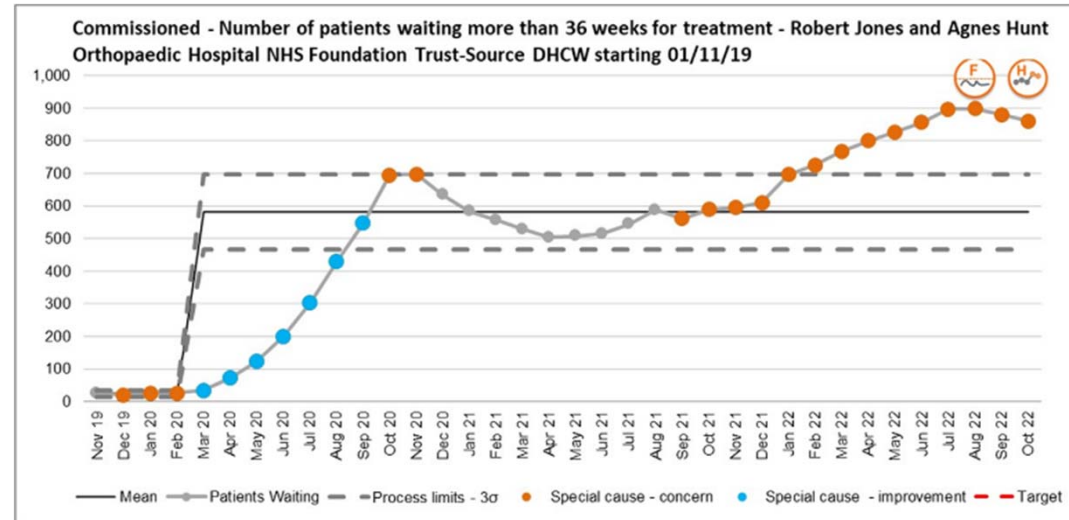
Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks

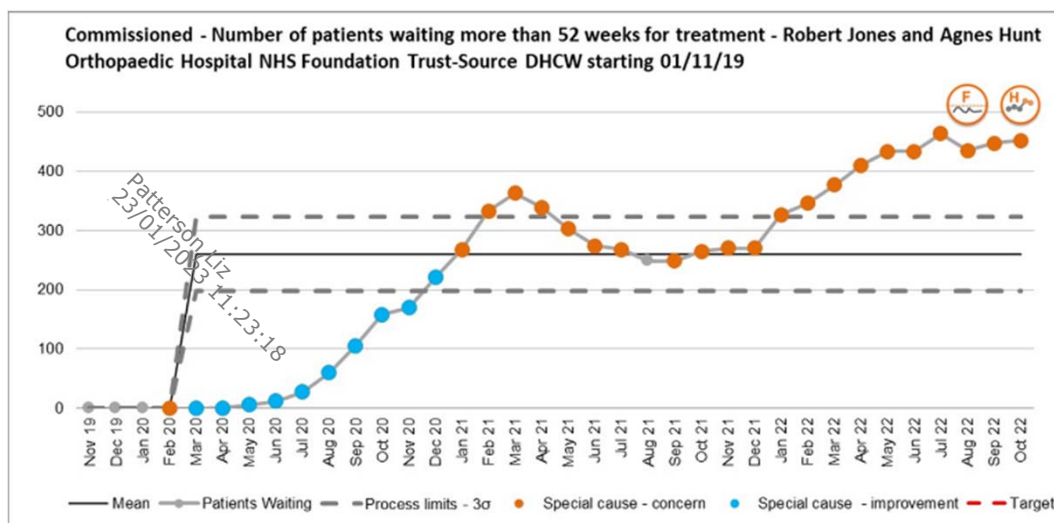


Number of RTT pathways 36+ weeks

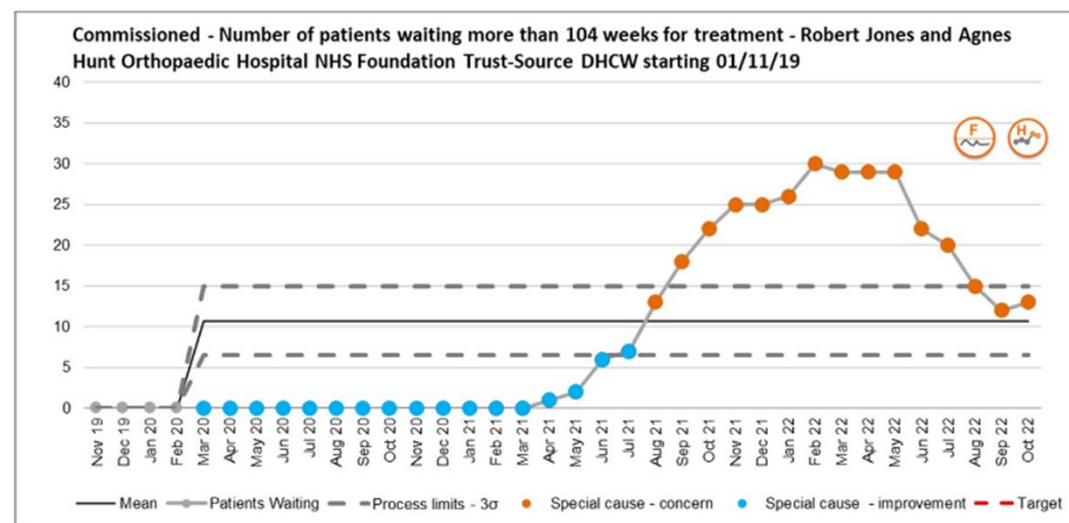
(inclusive of those patients waiting in the over 52 & over 104 week band)



Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)



Number of RTT pathways over 104 weeks



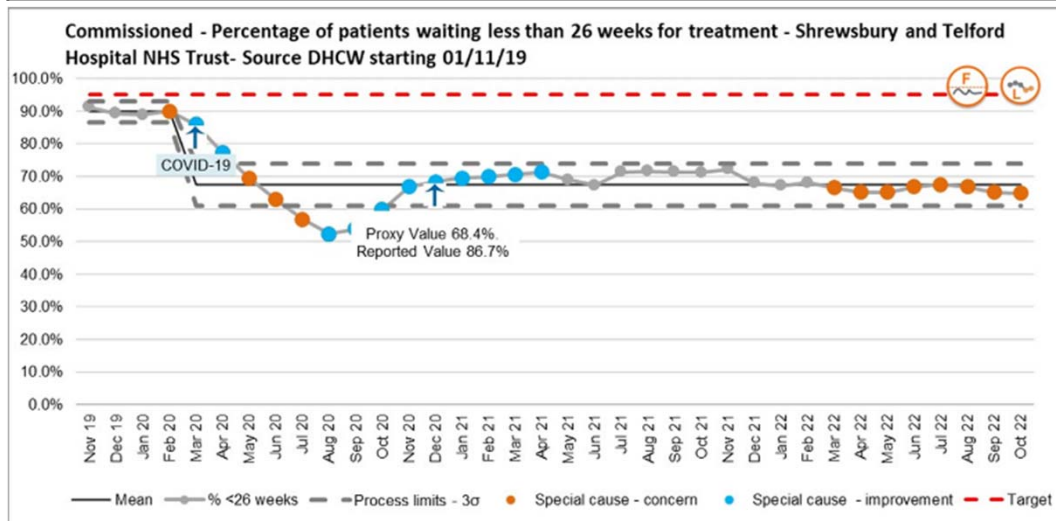


Appendix 1

Shrewsbury and Telford Hospital NHS Trust

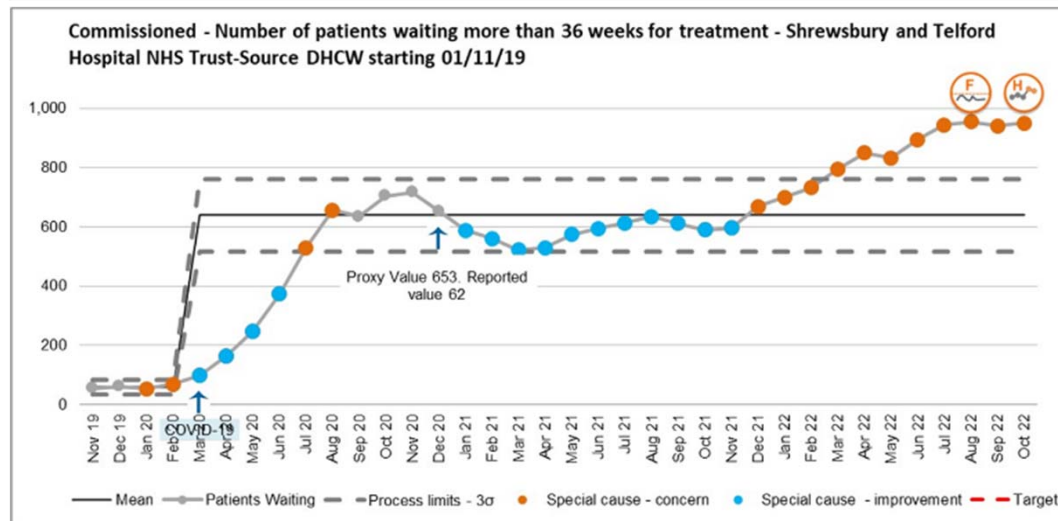
Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks

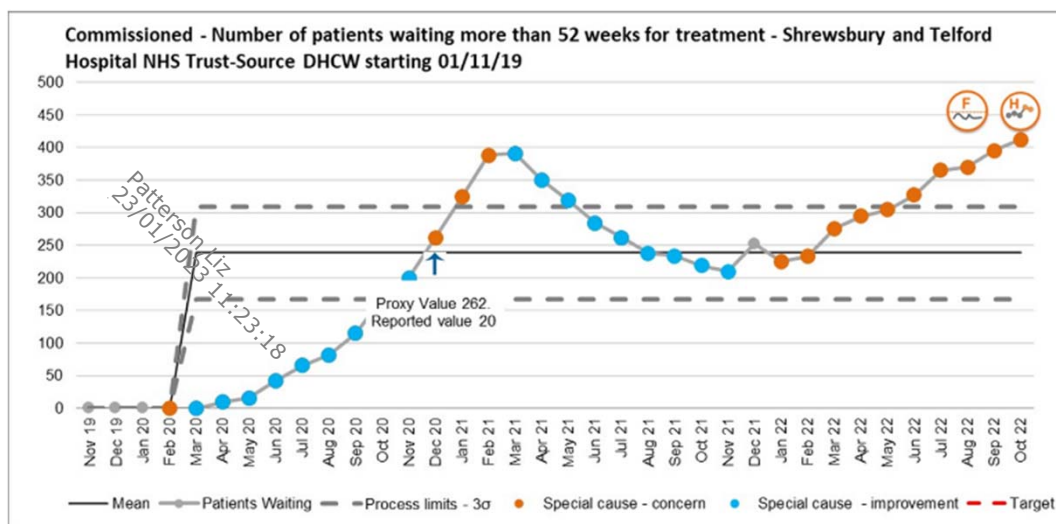


Number of RTT pathways 36+ weeks

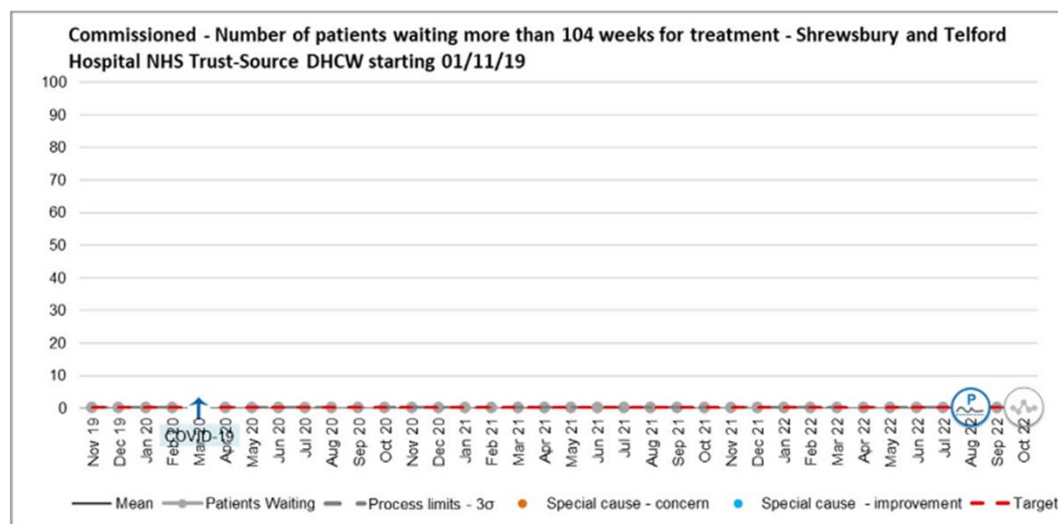
(inclusive of those patients waiting in the over 52 & over 104 week band)



Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)



Number of RTT pathways over 104 weeks



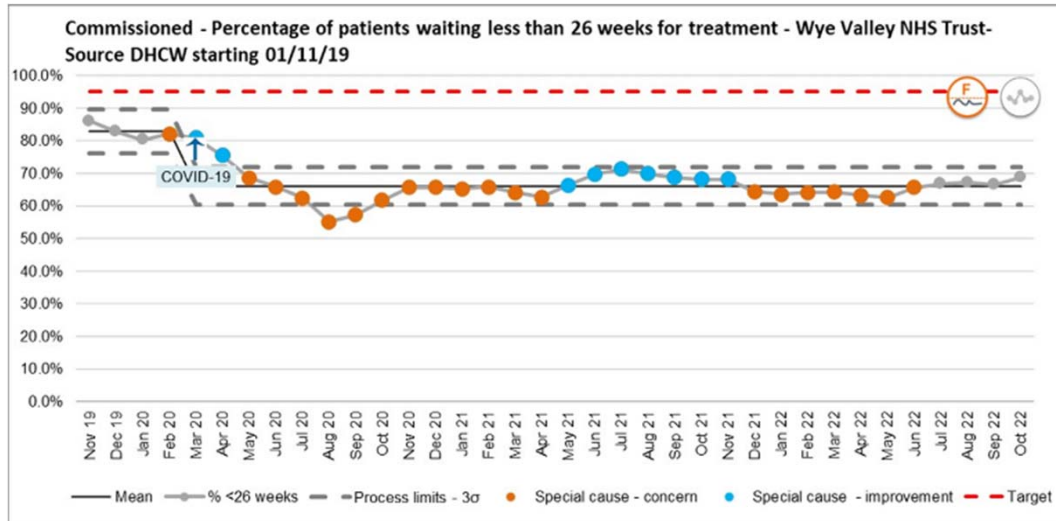


Appendix 1

Wye Valley NHS Trust

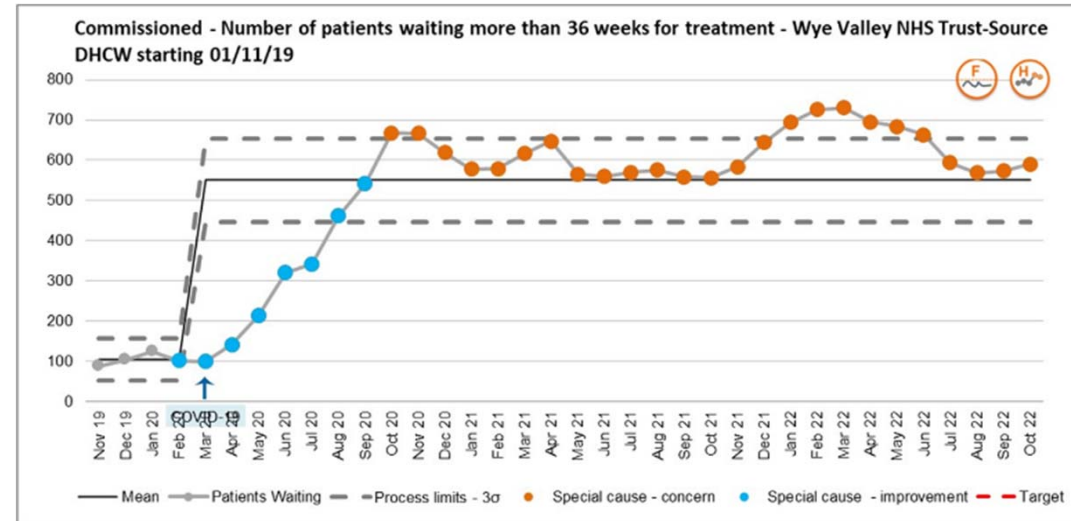
Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks

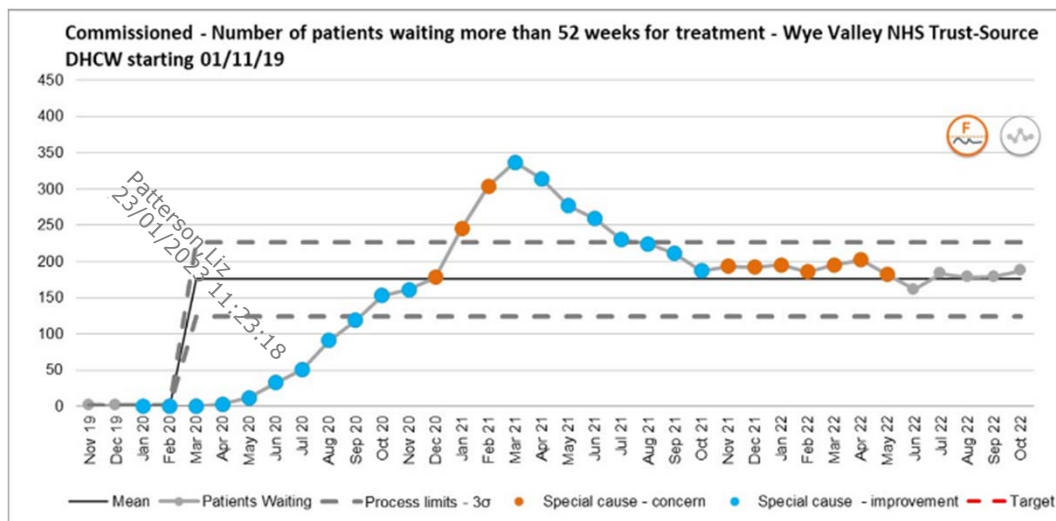


Number of RTT pathways 36+ weeks

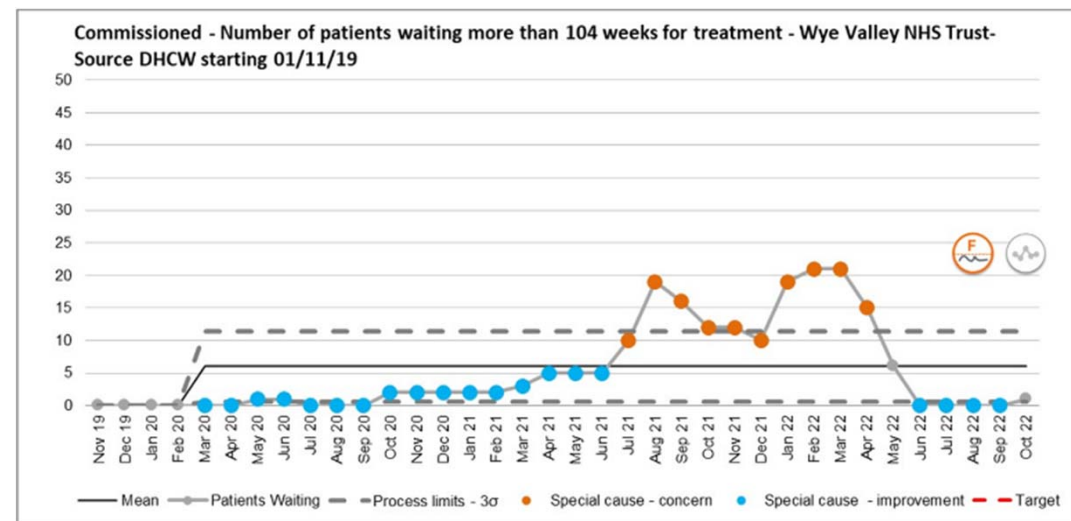
(inclusive of those patients waiting in the over 52 & over 104 week band)



Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)



Number of RTT pathways over 104 weeks



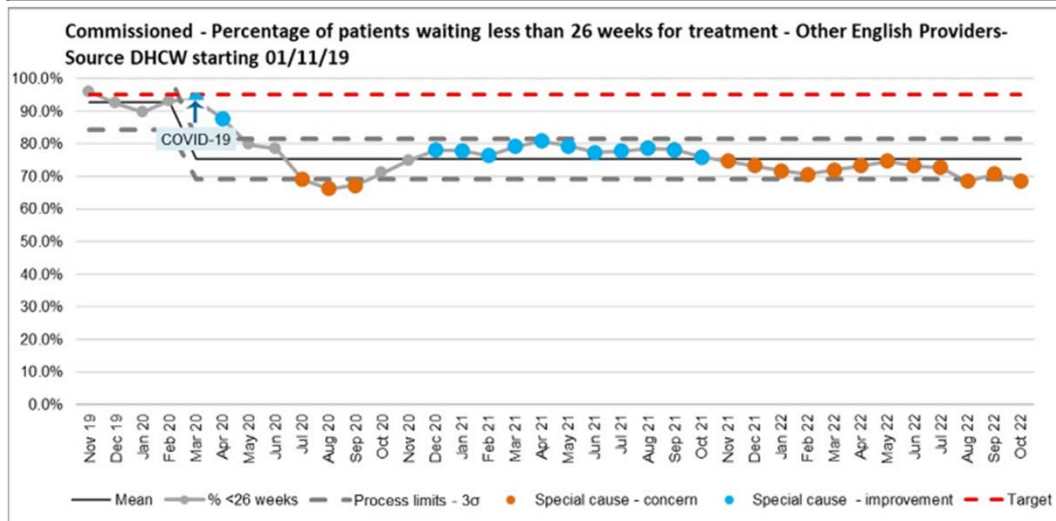


Appendix 1

Other English Providers (all low volume providers including specialist pathways)

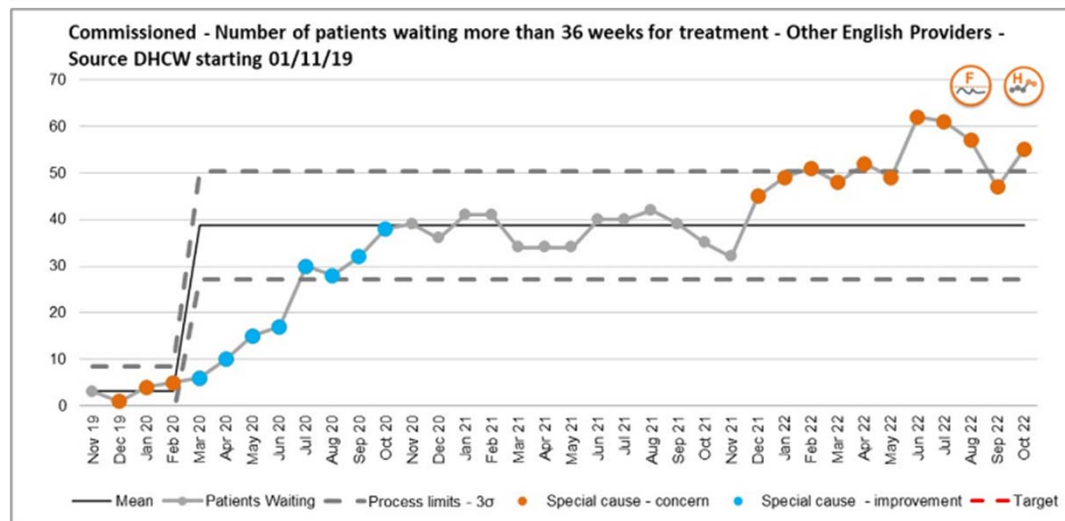
Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks



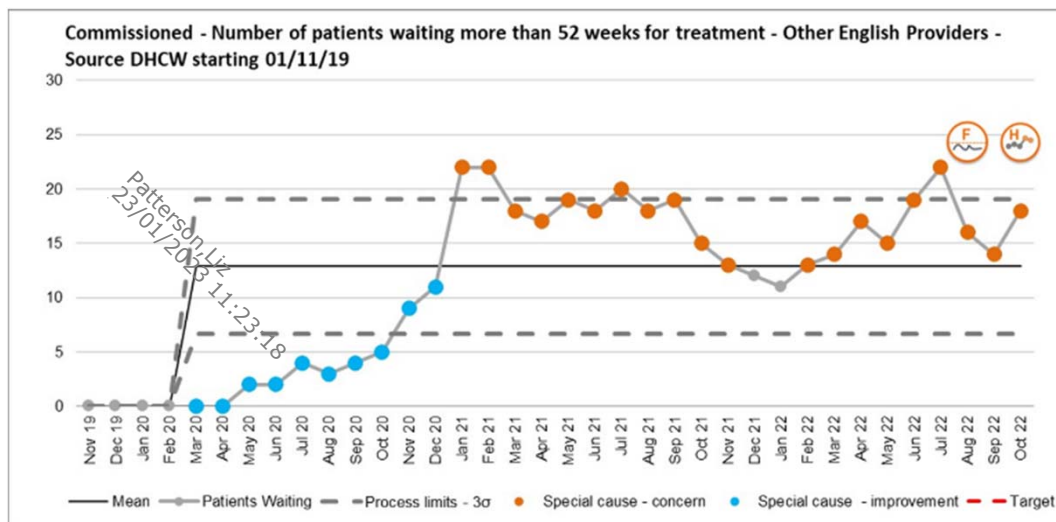
Number of RTT pathways 36+ weeks

(inclusive of those patients waiting in the over 52 & over 104 week band)

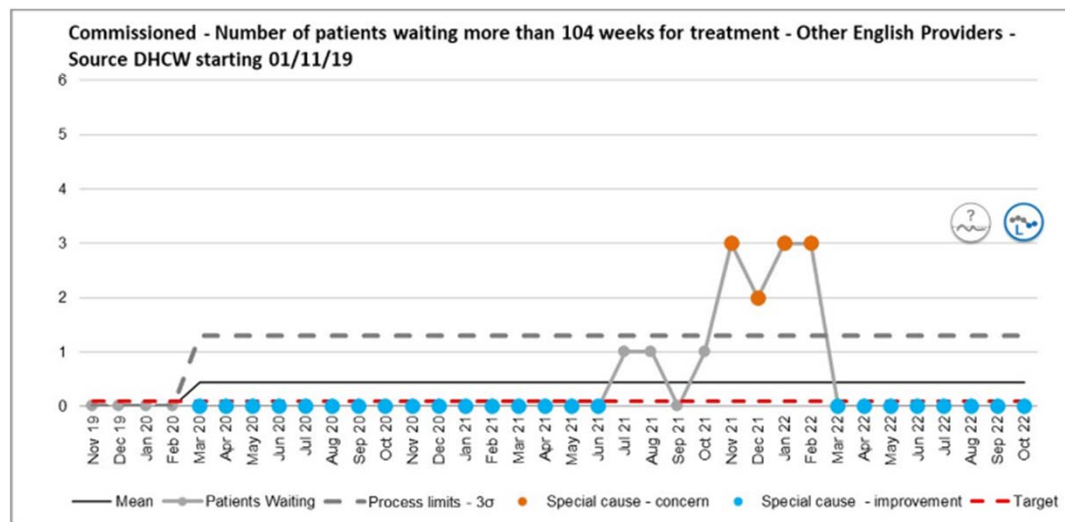


Number of RTT pathways over 52 weeks

(inclusive of those patients waiting in the over 104 week band)



Number of RTT pathways over 104 weeks





Appendix 2

All Wales screening performance metrics November 2022 – Powys responsible population are treated within the reported cohort below

All Wales - LTA monitoring report: November 2022

Ref	Indicator	Standard	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
LTA/BSW/001	Histology reported by laboratory within 7 days of Date of procedure	None	53.3%	59.9%	54.7%	49.5%	35.3%	44.5%	50.5%	52.5%	47.1%	49.3%	45.7%	
LTA/BSW/002	Waiting Time for Index Colonoscopy/Flexi-Sig Procedure Within 4 weeks of Booking SSP Appointment - Looking back	>=90%	3.3%	5.0%	4.3%	6.9%	14.6%	6.3%	7.3%	13.5%	8.8%	7.2%	14.9%	
LTA/BSW/003	Number of colonoscopies - index	None	246	303	309	381	326	255	262	358	250	286	294	309
LTA/BTW/001	Waiting times for diagnostic surgery, waiting 14 days or less	>=95%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-	0.0%	
LTA/BTW/002	Waiting times for therapeutic surgery, waiting 31 days or less	>=95%	69.2%	46.0%	69.8%	50.7%	56.5%	59.6%	83.0%	71.1%	60.3%	75.0%	71.4%	
LTA/CSW/001	Laboratory Turnaround Time for Colposcopy Histology Results (2 weeks)	>=80%	81.0%	77.6%	75.2%	74.3%	58.0%	62.9%	55.7%	66.7%	70.1%	58.8%	56.5%	54.6%
LTA/CSW/002	Laboratory Turnaround Time for Colposcopy Histology Results (3 weeks)	100%	95.1%	91.0%	89.5%	87.1%	77.5%	77.3%	72.5%	82.5%	82.7%	77.5%	66.3%	64.3%
LTA/CSW/003A	Laboratory Turnaround Time for Gynae Cytology Test Results (3 weeks)	>=95%	89.6%	91.1%	95.9%	54.9%	82.7%	75.8%	73.7%	90.4%	87.7%	73.9%	98.3%	99.5%
LTA/CSW/003	Waiting times for colposcopy - all referrals (8 weeks)	>=90%	86.3%	83.4%	82.5%	83.7%	79.9%	79.3%	83.8%	89.9%	91.3%	89.7%	89.5%	89.2%
LTA/CSW/004	Waiting times for colposcopy - moderate dyskaryosis or worse (4 weeks)	>=90%	83.0%	80.5%	70.3%	85.2%	90.4%	88.2%	89.7%	88.9%	91.5%	88.7%	93.6%	94.9%
LTA/CSW/005	Waiting times for colposcopy - urgent suspected cancers (2 weeks)	100%	20.0%	50.0%	88.9%	80.0%	85.7%	100.0%	100.0%	100.0%	83.3%	50.0%	100.0%	83.3%
LTA/CSW/006	Number of new colposcopies (new referrals/women attending)	None	826	794	811	834	672	909	812	673	817	770	771	786
LTA/NBH/006A	Well babies: Those babies offered assessment procedure within 4 weeks of the second screening episode	>=90%	100.0%	97.1%	90.5%	90.3%	93.1%	95.2%	100.0%	91.3%	90.0%	92.0%	94.1%	94.7%
LTA/NBH/006B	High risk babies: Those babies offered assessment procedure within 8 weeks of AABR	>=90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	86.7%	82.4%	90.0%	91.7%	91.7%
LTA/NBH/007	Those babies who complete assessment procedure within three months	>=85%	89.7%	93.8%	100.0%	95.7%	95.0%	96.9%	80.0%	73.7%	79.5%	86.7%	80.5%	
LTA/NBH/008	Number referred for assessment	None	37	26	25	32	28	26	37	29	31	38	38	
LTA/NBSW/003J	Timely Collection of Sample (Day 4-6 of Life)	>=95%	95.9%	95.7%	95.3%	95.8%	94.5%	95.0%	95.9%	93.2%	96.1%	95.9%	96.0%	95.3%
LTA/NBSW/003B	Timely Collection of Avoidable Repeat Samples, within 3 calendar days of request	>=95%	79.7%	68.6%	80.8%	71.7%	69.8%	57.6%	78.6%	61.8%	86.8%	75.0%	70.6%	78.9%
LTA/NBSW/004A	Avoidable Repeat Rate	<=2%	2.7%	2.0%	2.1%	2.1%	2.0%	2.5%	1.8%	1.4%	1.7%	2.2%	1.9%	2.4%
LTA/AAA/001	Non-visualised screening scan and annual surveillance scan routine general USS waiting list, 8 weeks	None	33.3%	0.0%	50.0%	60.0%	0.0%	42.9%	100.0%	20.0%	40.0%	0.0%	75.0%	20.0%
LTA/AAA/002	Non-visualised quarterly surveillance scan – urgent, 2-4 weeks	None												
LTA/AAA/005A	Seen by MDT, 7-14 days	>=90%	85.7%	87.5%	0.0%	100.0%	100.0%	80.0%	100.0%	100.0%	100.0%	75.0%	100.0%	60.0%
LTA/AAA/006	Intervention, 4-8 weeks	>=60%	33.3%	66.7%	0.0%	33.3%	40.0%	0.0%	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Note - unknown Health Board not presented, but figures appears in All Wales total

Powys THB Finance Department

Financial Performance Report

Board 25 January 2023

Item 3.2

Period 09 (December 2022)
FY 2022/23

Date Meeting: 25th January 2023

Patterson, Liz
23/01/2023 11:23:18



Introduction

Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 09 OF FY 2022/23
Approved & Presented by:	Pete Hopgood, Director of Finance
Prepared by:	Christian Thomas, Assistant Director of Finance
Other Committees and meetings considered at:	Delivery & Performance Group Board
PURPOSE:	
This paper provides the Board with an update on the December 2022 (Month 09) Financial Position including Financial Recovery Plan (FRP) delivery and Covid.	
RECOMMENDATION:	
It is recommended that the Board/Committee: <ul style="list-style-type: none">• DISCUSS and NOTE the Month 09 2022/23 financial position.• DISCUSS and NOTE the 2022/23 financial forecast deficit position• DISCUSS and NOTE the 2023/24 financial outlook	

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

Approval/Ratification/Decision	Discussion	Information
	✓	

Patterson Liz
23/01/2023 11:23:18

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

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

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

Core Financial Plan Principles:

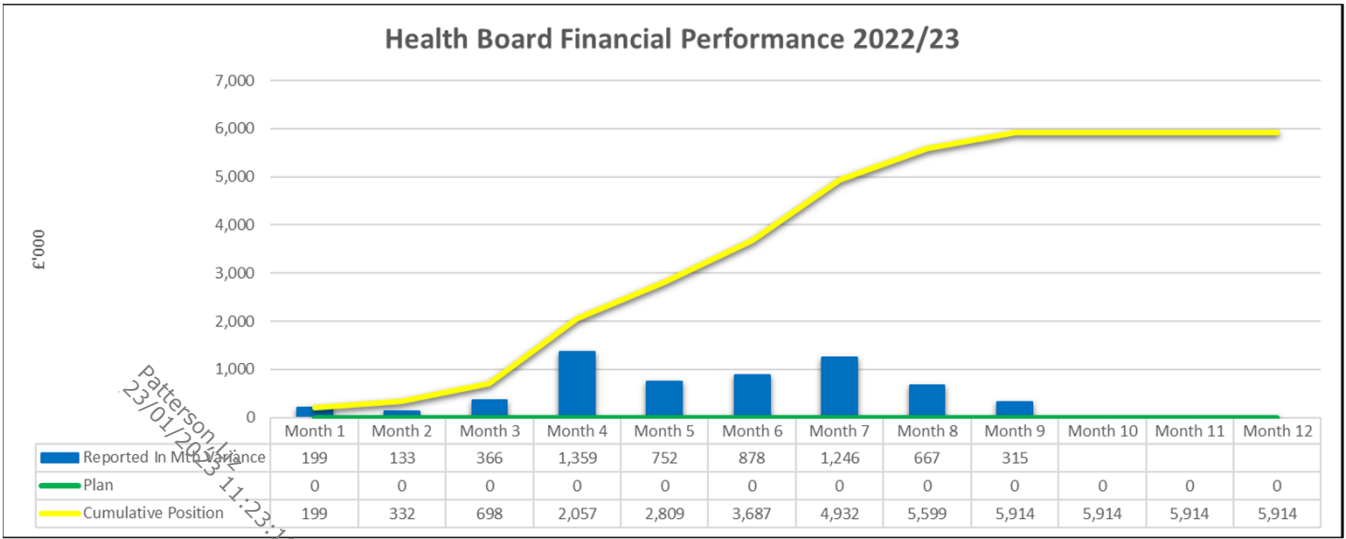
Delivery of a breakeven position in 2022/23 requires delivery of a £4.6m cash releasing savings target and the management of all operational pressures including CHC and variable pay.

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

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

Revenue		
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by Welsh Government	Value	Trend
	£'000	
Reported in-month financial position – deficit/(surplus) – Red	-315	↓
Reported Year To Date financial position – deficit/(surplus) – Red	-5,914	↓
Year end – deficit/(surplus) – Red	-7,500	↓

Capital		
	Value	Trend
	£'000	
Capital Resource Limit	9,647	→
Reported Year to Date expenditure	3,293	→
Reported year end – deficit/(surplus) – Forecast Green	0	→



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

As per 2022/23 spend in relation to Covid is included in the overall position but is offset by an anticipated or received allocation from WG, as per the planning assumptions and so is not directly contributing to the YTD £5.914m over spend at Month 09.

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

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

Overall Summary of Variances £000's

	Budget YTD	Actual YTD	Variance YTD
01 - Revenue Resource Limit	(286,339)	(286,339)	0
02 - Capital Donations	(510)	(510)	0
03 - Other Income	(4,779)	(5,832)	(1,053)
Total Income	(291,628)	(292,681)	(1,053)
05 - Primary Care - (excluding Drugs)	32,516	32,531	16
06 - Primary care - Drugs & Appliances	22,964	24,450	1,486
07 - Provided services -Pay	72,253	71,402	(852)
08 - Provided Services - Non Pay	16,458	14,530	(1,927)
09 - Secondary care - Drugs	739	1,077	338
10 - Healthcare Services - Other NHS Bodies	110,394	115,183	4,789
12 - Continuing Care and FNC	16,303	19,608	3,304
13 - Other Private & Voluntary Sector	2,572	2,386	(186)
14 - Joint Financing & Other	10,929	10,926	(3)
15 - DEL Depreciation etc	3,434	3,437	3
16 - AME Depreciation etc	3,065	3,065	0
18 - Profit\Loss Disposal of Assets	0	0	0
Total Costs	291,628	298,595	6,967
Reported Position			5,914

It should be noted that £5.7m of non recurrent corporate opportunities have been released into the position at month 9.

CHC run rates are continuing with expenditure forecast to increase in excess of £10m since the end of 2019/20. There is a forecast deficit of £4.8m.

Variable pay run rates are increased over the Christmas period, and not improving linked to substantive workforce availability.

7/8 months of activity data has been received for the majority of Welsh or English providers. There is a forecast deficit for Commissioning of £7.8m.

Progress against planned £4.649m Savings Target

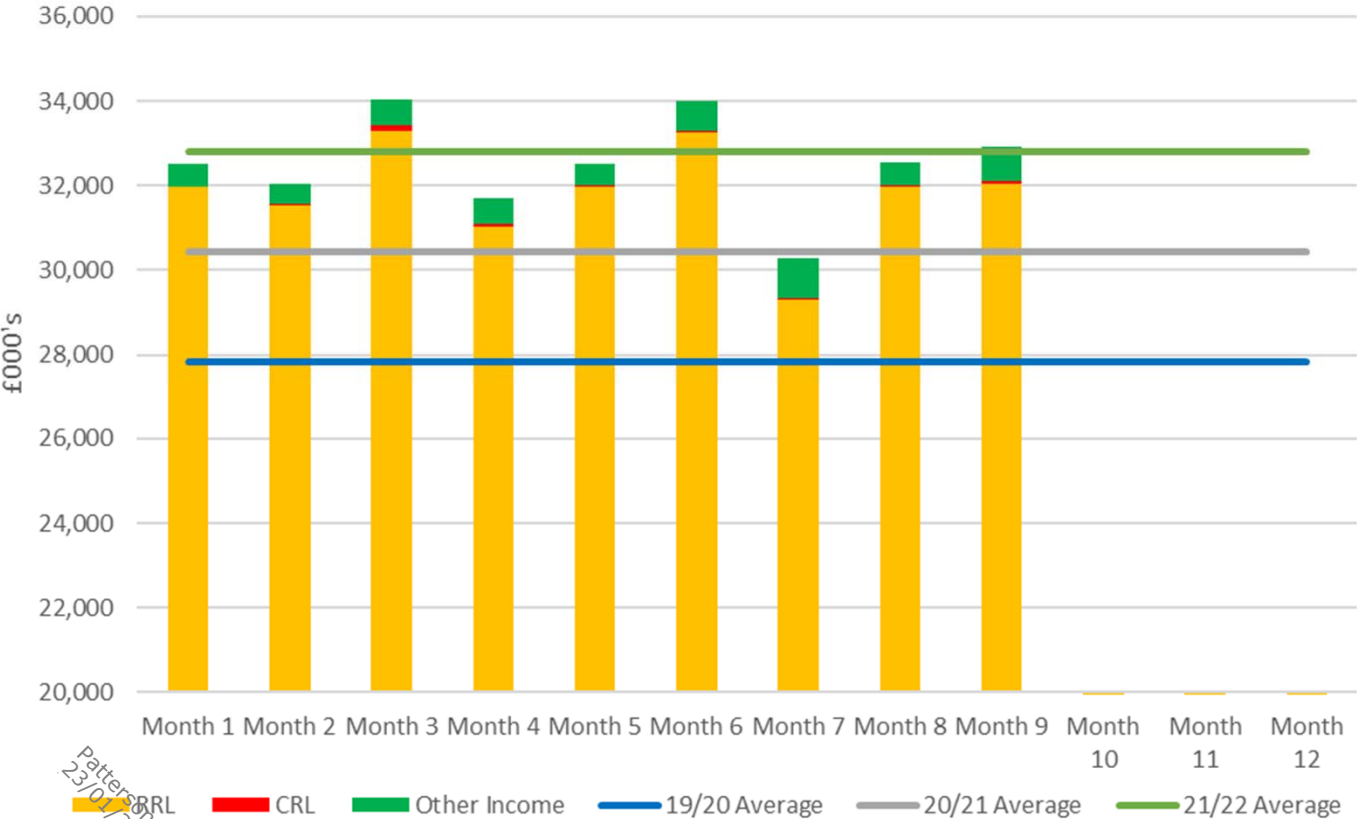
	22-23 Target 1.3%	2022/23 £000'					2023/24 (Recurrent) £000'				
		Green	Amber	Total Green & Amber	Pipeline Red	Shortfall against Target	Green	Amber	Total Green & Amber	Pipeline Red	Shortfall against Target
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Medicines Management			548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

Recovery - Additional savings identified through Finance & Performance Group

Area	2022/23 £000'		F&P Recovery				2023/24 (Recurrent) £000'			
	Month 7	Forecast	2022/23 £000'							
			Green	Amber	Red	Total	Green	Amber	Red	Total
Community Services	1,221	2,234							2,886	2,886
CHC	2,894	4,961								
Primary Care	115	260	49	94	227	370		313	568	881
Mental Health	(523)	(95)	142		105	247	244		358	602
Women & Children	(181)	(303)								0
Environment : Estates / Facilities	449	809	95	63	21	179			56	56
Finance / Digital	(202)	(171)	110			110	16			16
Medical Director	8	21			25	25			60	60
Prescribing	399	683								0
Nursing Director	(215)	(205)			74	74				0
Commissioning	4,093	7,293		135	315	450		300	671	971
CEO	(41)	25								
Planning	(278)	(407)								
Therapies	(30)	46		40		40				0
Public Health	(157)	(37)								
WOD	(137)	(226)							297	297
COVID response/AL/ non recurrent opps	(2,483)	(7,378)								
Total	4,932	7,510	396	332	768	1,495	374	619	5,415	6,407

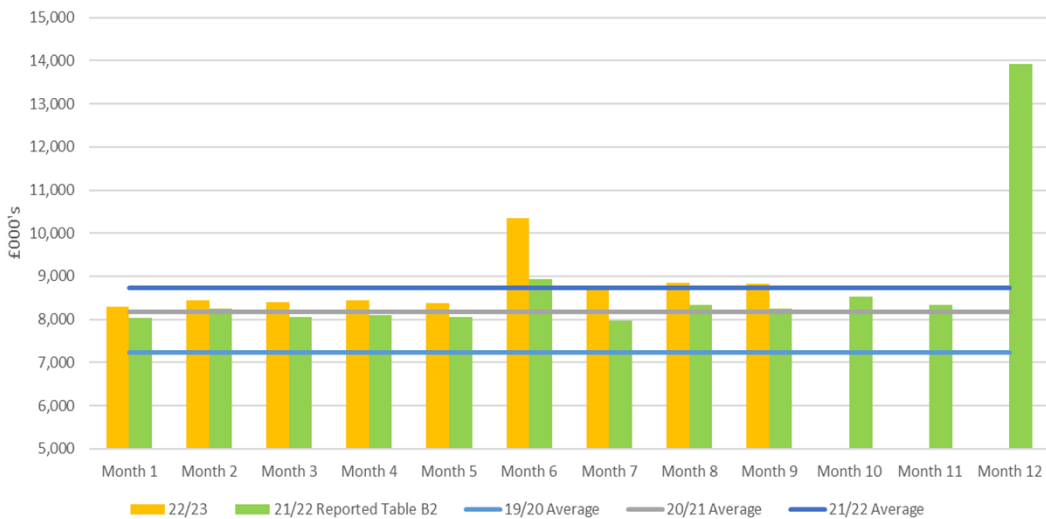
- In order to achieve breakeven as set out in the 2022-23 Financial Plan, a recurrent savings target totalling £4.649m (1.3%) needs to be delivered.
- Savings identification and delivery profiles are not where they need to be through month 9.
- There is an in-year forecast shortfall of £1.790m against the savings requirement and a recurrent shortfall of £4m.
- £2.277m green schemes identified in 2022/23 are non recurrent accountancy gains.
- Red pipeline opportunities need to be converted into deliverable plans and further opportunities identified.
- Further recovery schemes totalling £0.728m have been identified.

Total Actual Income 2022/23 vs Previous Years

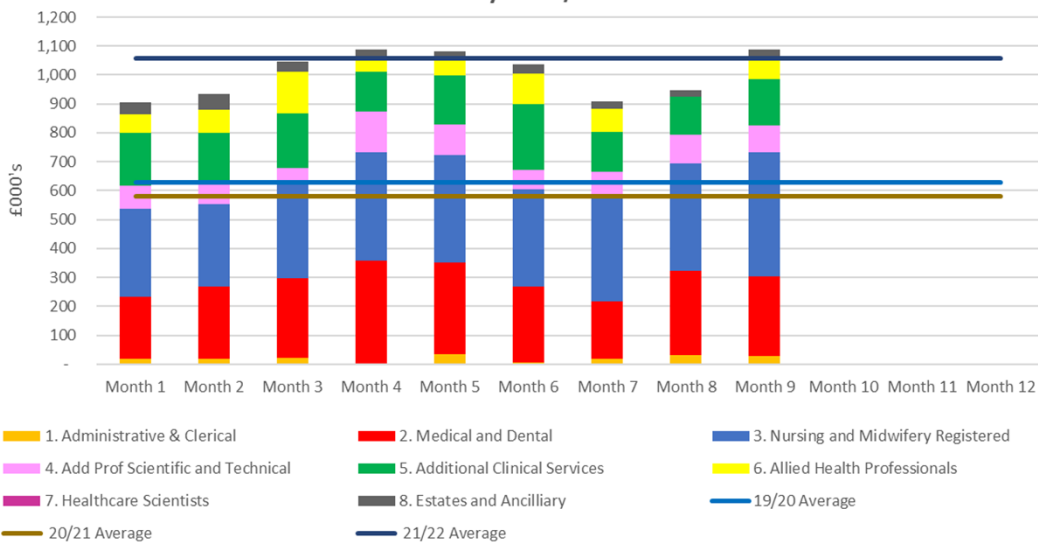


- The total income received in 2020/21 is significantly higher than the average for 2019/20 due to the £31M of covid funding received from WG and reported in detail in Note 34.2 on the 2020/21 Annual Accounts.
- For 2022/23 the total anticipated funding for Covid as part of the RRL is £13.253M, and an element of this has been included in each month.
- For 2022/23 the total anticipated funding for Exceptional Pressures is £2.568M, and an element of this has been included in each month.

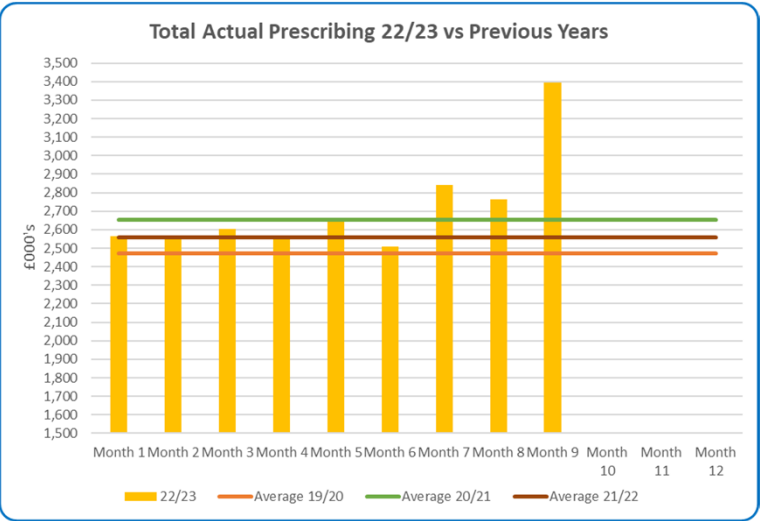
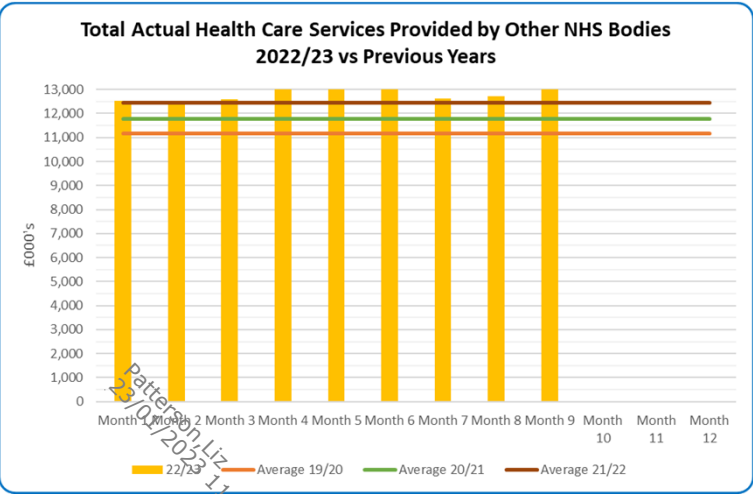
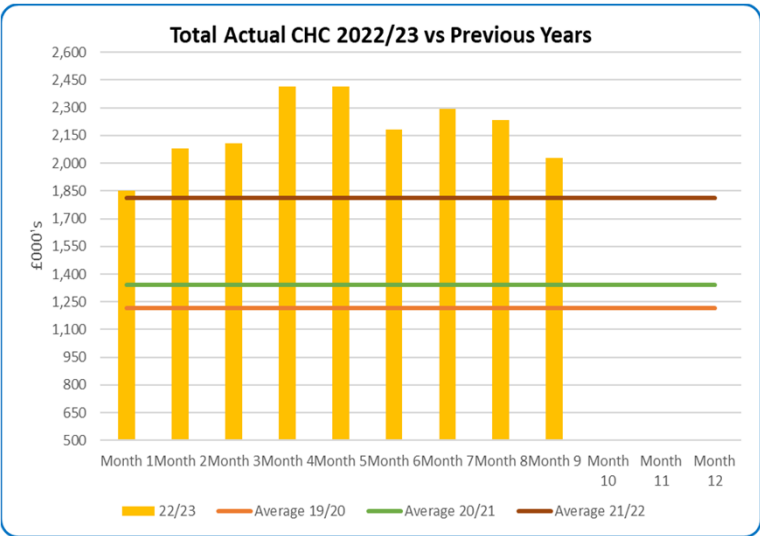
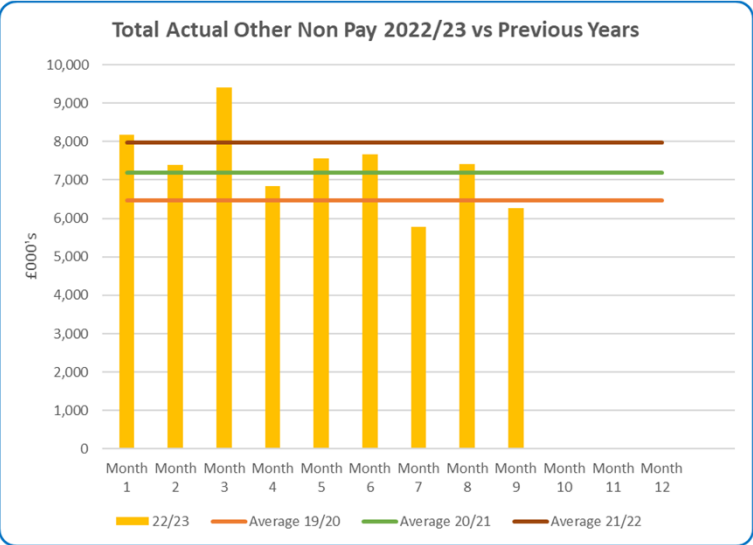
Total Actual Pay 2022/23 vs Previous Years



Total Actual Variable Pay 2022/23 vs Previous Years



- The Month 09 YTD pay is showing an overspend of £0.575M against the year-to-date plan.
- Chart 1 is comparing that the total pay position for 2022/23 with data from previous financial years. The green bars represent the total pay as per the MMR report (Table B2) in 2021/22 and the yellow bars the position for 2022/23, which clearly shows a stepped increase.
- Chart 2 on variable pay demonstrates a comparison of 2022/23 variable pay compared to the average value from the last 3 financial years.



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

There are 3 key areas of focus:

- Commissioning – currently the LTAs are moving away from the Block arrangement as per the guidance from the DoH and WG as a consequence of C-19. These figures will also contain the growth in WHSSC and EASC. Please see Page 8 for more details.
- CHC – This shows the significant growth between 2020/21 and 2021/22 and this continues into 2022/23.
- Prescribing – the YTD position is based on the latest PAR information (month 7), which has provided an increase in spend in-month compared to the average in 2020/21. This will be kept under close review and updates provided as necessary given the growth seen in previous years.

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

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

Commissioning Forecast 2022/23

		Month 8	Month 9
Commissioning	2021-22 Outturn (£'000)	2022-23 Forecast (£'000)	2022-23 Forecast (£'000)
Welsh Providers	38,536	38,729	38,747
English Providers	61,013	63,605	63,778
WHSSC / EASC	44,608	46,564	47,109
Other NHS Providers	4,374	4,097	4,497
Mental Health	1,130	1,239	1,238
Private Providers	701	615	620
Total	150,362	154,849	155,989

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

- 2021/22 outturn includes estimated English provider H2 costs and partially completed spells
- 2022/23 inflation included in forecast Welsh Health Boards 2.8% / English providers 1.7%
- 2022/23 Welsh Health Boards based on DoFs financial flows agreement (2019/20 activity baseline with tolerance levels)
- 2022/23 English provider forecast will include an element of recovery activity. English providers currently achieving 104 week target.
- Welsh providers not currently achieving planned care pre-pandemic activity levels.
- There is a likely forecast deficit of £3.9m across all providers against baseline budget.

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

COVID and Exceptional Items

	M01 £'000	M02 £'000	M03 £'000	M04 £'000	M05 £'000	M06 £'000	M07 £'000	M08 £'000	M09 £'000	Forecast £'000
Covid National Programmes:										
Test Trace & Protect	518	369	422	173	130	144	122	126	192	2,685
PPE	3	5	4	11	9	11	6	5	5	54
Mass Vaccination Programme	283	291	348	125	228	301	269	346	331	3,565
Total	804	665	775	309	367	456	397	477	529	6,305
Covid response:										
Covid Response - Cleaning Standards	47	47	47	47	47	48	47	47	47	564
Covid Response - Prescribing	143	61	102	102	102	102	(310)	43	0	513
Covid Response - Workforce (sickness and IPC)	203	278	200	200	175	175	150	150	393	2,056
D2RA	118	76	39	118	7	123	28	91	91	963
Commissioned Services	94	94	94	94	94	94	70	70	70	985
Other Capacity & facilities costs - Stores	9	9	9	9	9	9	9	9	9	105
Other covid costs	18	71	39	31	32	464	163	211	178	1,762
Fixed term covid appointments	32	14	42	25	10	1	25	22	(3)	0
Total	663	650	572	624	475	1,015	182	643	785	6,949
Exceptional Items:										
National Cost Pressures - Direct Energy and Fuel	127	70	98	837	707	368	(1,158)	134	22	1,608
National Cost Pressures - Real Living Wage	49	49	49	49	49	49	49	49	49	591
National Cost Pressures - Employers NI increase	47	47	47	47	47	77	52	7	0	369
Total	223	166	194	933	803	494	(1,056)	191	72	2,569

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

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

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

Based on the reported month 9 position and lack of progress on key deliverables the organisation has reported a £7.5m forecast deficit to WG: This forecast includes £0.7m of identified additional recovery actions.

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

Delivering the position is not without further financial risk:

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

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

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

Prepared by: Liz
23/10/2023 11:23:18

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

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

A number of key areas will require further clarity:

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

Patterson.Liz
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Summary

In Summary:

- PTHB is reporting an over spend at month 9 for FY 2022/23 of £5.914M
- PTHB has formally reported a £7.5m forecast deficit FY 2022/23. Letters have gone out to all Executive Directors escalating the organisation into Financial Recovery status with a Finance & performance sub-group being established.
- The £4.6m savings target is profiled into the position. Limited recurrent savings have been identified to date.
- Recovery actions totalling £0.7m have been identified to support and stabilise the financial position. Further progress needs to be made.
- Operational pressures needing to be addressed including CHC, Underlying commissioning pressures and nursing variable pay as run rates continue to increase.

Key Actions:

Management of all operational Pressures:

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

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

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

Identify exit strategies for current COVID response cost drivers

Powys THB Finance Department

Financial Performance Report - Appendices

Patterson, Liz
23/01/2023 11:23:18



Embedded below are extracts from the Monthly Monitoring Return submitted to Welsh Government on 13th January 2023.

MMR Narrative



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MMR Tables



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C19 & Exceptional
Items Table



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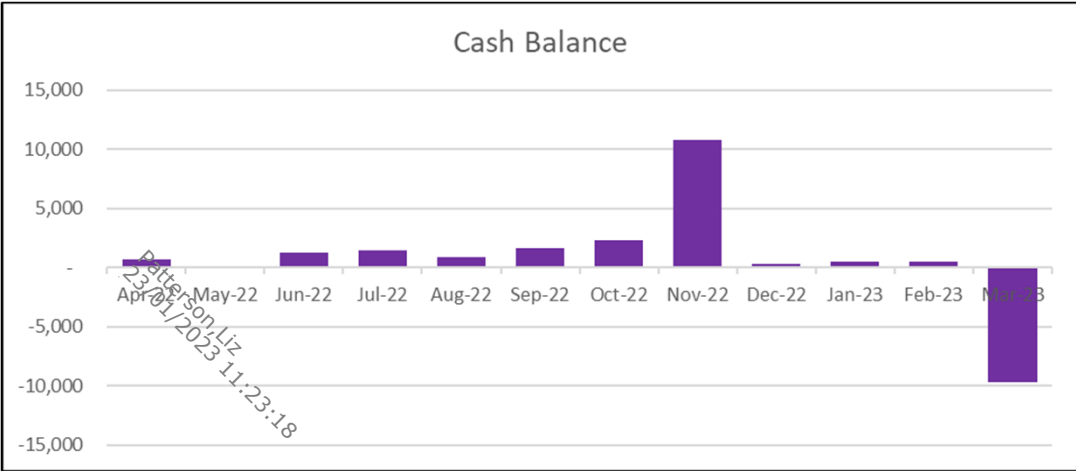
Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st December 2022
WG CRL FUNDING	£M	£M	£M
Discretionary Capital	1.089	1.362	0.261
Machynlleth	7.733	7.460	4.882
Breconshire War Memorial Hospital - development of Car Parking Facilities	0.825	0.825	0.825
Lift replacement at Llandrindod Wells Memorial Hospital	0.291	0.291	0.111
DPIF - Digital Medicines Transformation Portfolio	0.022	0.022	0.000
End of Year Funding - November 2022	1.177	1.177	0.029
Donated assets - Purchase	0.680	0.680	0.198
Donated assets (receipt)	(0.680)	(0.680)	0.000
TOTAL APPROVED FUNDING	11.137	11.137	6.306

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Cash Flow 2022/23

	Mth 1 £'000	Mth 2 £'000	Mth 3 £'000	Mth 4 £'000	Mth 5 £'000	Mth 6 £'000	Mth 7 £'000	Mth 8 £'000	Mth 9 £'000	Mth 10 £'000	Mth 11 £'000	Mth 12 £'000
OPENING CASH BALANCE	2,658	659	111	1,241	1,428	888	1,589	2,313	10,809	298	500	500
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	33,620	29,495	30,495	31,970	31,093	33,205	32,899	39,728	26,414	33,221	31,631	20,650
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	(120)	(120)	(120)	(120)	(143)	(155)	(147)	(119)	(124)	(146)	(120)	(120)
WG Revenue Funding - Other (e.g. invoices)	3,981	2,893	6	39	21	10	62	5	21	150	40	1,210
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	0	2,000	2,000	0	1,000	1,000	1,000	1,000	1,447	2,321
Income from other Welsh NHS Organisations	808	337	585	637	679	870	378	739	279	400	400	400
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	534	520	260	966	1,084	565	406	561	480	550	550	550
Total Receipts	38,823	33,125	31,226	35,492	34,734	34,495	34,598	41,914	28,070	35,175	33,948	25,011
Payments												
Primary Care Services : General Medical Services	2,584	3,016	2,878	2,497	2,366	2,407	2,433	3,075	3,469	3,100	2,200	2,250
Primary Care Services : Pharmacy Services	288	352	393	297	440	450	399	477	538	400	400	400
Primary Care Services : Prescribed Drugs & Appliances	1,475	1,359	1,276	1,341	1,292	1,375	1,412	1,424	1,409	1,500	1,500	1,500
Primary Care Services : General Dental Services	507	457	461	459	423	440	461	456	686	500	500	500
Non Cash Limited Payments	88	63	71	82	74	70	79	72	113	80	80	80
Salaries and Wages	6,084	7,732	7,734	7,657	7,558	8,411	8,868	8,077	8,018	7,950	7,950	7,950
Non Pay Expenditure	29,796	20,216	16,272	22,280	22,487	19,990	19,390	18,830	23,347	19,751	19,763	19,586
Capital Payment	0	478	1,011	692	634	651	832	1,007	1,001	1,692	1,555	2,895
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	40,822	33,673	30,096	35,305	35,274	33,794	33,874	33,418	38,581	34,973	33,948	35,161
NET CASH FLOW IN MONTH	(1,999)	(548)	1,130	187	(540)	701	724	8,496	(10,511)	202	0	(10,150)
Balance c/f	659	111	1,241	1,428	888	1,589	2,313	10,809	298	500	500	(9,650)

At Month 9 it is anticipated that the THB will require £1.910M of working capital cash for 2021/22 Capital Creditors being discharged during 2022/23. This is due to the discharge of capital payments relating to 21/22 made in 22/23 and the cash impact movement is provided to the THB via a cash only allocation from Welsh Government.



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

	Opening Balance	Closing Balance	Forecast Closing
	Beginning of	End of	Balance
	Apr-22	Dec-22	End of
	£'000	£'000	Mar-23
			£'000
Tangible & Intangible Assets	93,331	99,718	99,718
Trade & Other Receivables	28,044	23,005	24,260
Inventories	143	143	143
Cash	2,658	298 -	9,650
Total Assets	124,176	123,164	114,471
Trade and other payables	59,256	37,235	44,310
Provisions	18,386	18,353	18,353
Total Liabilities	77,642	55,588	62,663
Total Assets Employed	46,534	67,576	51,808
Financed By			
General Fund	2,153	23,193	7,425
Revaluation Reserve	44,381	44,383	44,383
Total Taxpayers' Equity	46,534	67,576	51,808

Patterson, Liz
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Agenda item: 3.3

Board Meeting		Date of Meeting: 25 January 2023
Subject:	CORPORATE RISK REGISTER (January 2023)	
Approved and Presented by:	Director of Corporate Governance and Board Secretary	
Prepared by:	Director of Corporate Governance and Board Secretary Senior Administrator/PA to the Board Secretary	
Other Committees and meetings considered at:	Executive Committee, 11 January 2023	

PURPOSE:

The purpose of this paper is to provide the Board with the January 2023 version of the Corporate Risk Register for discussion and endorsement.

RECOMMENDATION(S):

It is recommended that the Board:

- RECEIVE the January 2023 version of the Corporate Risk Register included at **Appendix 1**; ensuring that it is a complete and a true reflection of the health board's current high-level risks;
- REVIEW and ENDORSE the updated risk categories assigned to risks to reflect the revised Risk Appetite Statement adopted by the Board on 30 November 2022.

Approval/Ratification/Decision	Discussion	Information
✓	✓	x

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

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

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.).

The risk register forms an important part of the Board Assurance Framework. In order to ensure that the register reflects the risks to delivering the health board's strategic objectives, a review of the Corporate Risk Register was undertaken in Quarter 2 of 2022-23 following approval of the 2022-2025 Integrated Medium-Term Plan (IMTP). The refreshed Corporate Risk Register was endorsed by the Board on 28 September 2022 and then further reviewed on the 30 November 2022.

At the Board meeting on the 30 November 2022, the revised Risk Management Framework was also approved.

Proposed Changes to the Corporate Risk Register

As a result of the annual review of the health board's key documentation in relation to risk management, a revised Risk Appetite Statement, inclusive of a revised Risk Appetite Matrix, was approved by the Board on 30 November 2022. Subsequently, the Corporate Governance and Executive Team has reviewed the Corporate Risk Register and revised Risk Appetite Statement and identified the main risk categories for the risks held within the register to reflect the newly adopted Risk Appetite Matrix.

The Board is asked to **REVIEW** and **ENDORSE** the proposed allocation of the Risk Categories as below:

Corporate Risk	Risk Description	Suggested Main Risk Category
CRR 001	The health board fails to manage its financial resources in line with statutory requirements	Financial Sustainability (Appetite: Cautious)
CRR 002	The health board fails to adequately allocate resources, including transformation capacity, to improve health outcomes/experience and reduce inequalities	Financial Sustainability (Appetite: Cautious)
CRR 003	Citizens of Powys receive poor quality care (quality defined as safety, effectiveness and experience) from one or more of a range of providers	Quality (Appetite: Minimal)
CRR 004	The urgent and emergency health and social care system fails to deliver a timely response for care for Powys citizens	Safety (Appetite: Averse)
CRR 005	Inequity of access to planned, secondary and specialised care results in poorer outcomes and experience for some Powys citizens	Quality (Appetite: Minimal)
CRR 006	Failure to plan for, recruit and retain an appropriate workforce results in an inability to sustain high quality services	Quality (Appetite: Minimal)
CRR 007	Ineffective partnership working, including on service change/reconfiguration, results in poorer outcomes and experience for citizens of Powys	Partnerships (Appetite: Open)

CRR 008	The demand and capacity pressures in the primary care system lead to services becoming unsustainable	Safety (Appetite: Averse)
CRR 009	A cyber-attack results in significant disruption to services and quality of patient care	Performance and Service Sustainability (Appetite: Cautious)
CRR 010	The care provided in some areas is compromised due to the health board's estate being not fit for purpose	Quality (Appetite: Minimal)
CRR 011	A significant public health event/emergency impacts on provision, continuity and sustainability of services	Performance and Service Sustainability (Appetite: Cautious)

Updates to the Corporate Risk Register

In line with the Risk Management Framework, the executive team has reviewed the corporate risk register as at the end of December 2022, the significant updates are summarised below and for ease of reference, updates to mitigating actions and progress are included within the risk register and included in red font. The full Corporate Risk Register is attached to this report as **Appendix 1**.

The Board is asked to **REVIEW** and **ENDORSE** the following amendment to risk 008 and note the update in relation to risk 004.

Corporate Risk	Change to Rating	Rationale for Recommended Change
CRR 008 Risk Description: The demand and capacity pressures in the primary care system lead to services becoming unsustainable	Risk Rating amended to (likelihood x impact) $5 \times 4 = 20$	Risk has increased from the last board report to reflect the current system and operational pressures and the impact of the additional demands on the service.

Risk 004 - The urgent and emergency health and social care system fails to deliver a timely response for care for Powys citizens (currently assessed as likelihood 4 x impact 5 = 20)

The level of risk continues to fluctuate on regular basis given the time of year and extent of system pressures. Please refer to agenda item 2.1 (Winter Resilience Report) for a detailed update in relation to winter resilience.

Following robust debate at Executive Committee, and particularly reflecting the changing picture on a week to week basis, the risk score has not changed at this time. It is fully recognised that the extent of system pressure, as reflected in the winter resilience update, is a key focus for the health board at this time. Key controls include the winter resilience plan, the standing up of Gold Command which includes our system partners and Delivery Coordination Group and a high level of focus will continue to be in place to mitigate the risk as far as is possible, recognising some aspects are not within the control of the health board.

NEXT STEPS:

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



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Corporate Risk Register January 2023

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CORPORATE RISK HEAT MAP: January 2023

There is a risk that...

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

					outcomes and experience for citizens of Powys		
	Minor	2					
	Negligible	1					
		1	2	3	4	5	
		Rare	Unlikely	Possible	Likely	Almost Certain	
		Likelihood					

CORPORATE RISK DASHBOARD – January 2023

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

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

Risk Lead	Risk ID	Main Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target ✓/✗	Lead Board Committee	Risk Impacts on
DPCCM H	CRR 008	Safety	The demand and capacity pressures in the primary care system lead to services becoming unsustainable	5 x 4 = 20	Averse	8	✗	Planning, Partnerships and Population Health	Organisational Priorities WBO 4
DFIT	CRR 009	Performance and Service Sustainability	A cyber-attack results in significant disruption to services and quality of patient care	4 x 4 = 16	Cautious	8	✗	Delivery and Performance	Loss of systems and impact to recovery timescales
DoE	CRR 010	Quality	The care provided in some areas is compromised due to the health board's estate being not fit for purpose	4 x 4 = 16	Minimal	9	✗	Delivery and Performance	Organisational Priorities Underpinning WBO 1 to 4
DPH	CRR 011	Performance and Service Sustainability	A significant public health event/emergency impacts on provision, continuity and sustainability of services	3 x 4 = 12	Cautious	12	✓	Delivery and Performance	Health and wellbeing of the population

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KEY:

RISK APPETITE		
Category	Appetite for Risk	
Safety	Averse	Risk Score 1-6
Quality	Minimal	Risk Score 1-6
Regulation and Compliance	Cautious	Risk Score 8-10
Reputation and Public Confidence	Cautious	Risk Score 8-10
Performance and Service Sustainability	Cautious	Risk Score 8-10
Financial Sustainability	Cautious	Risk Score 8-10
Workforce	Cautious	Risk Score 8-10
Partnerships	Open	Risk Score 12-15
Innovation and Strategic Change	Open	Risk Score 12-15

Executive Lead:	
CEO	Chief Executive
DPC ¹ CMH	Director of Primary, Community Care and Mental Health
DoNM	Director of Nursing and Midwifery
DFIIT	Director of Finance, Information and IT
MD	Medical Director
DPH	Director Public Health
DWOD	Director of Workforce and OD
DoTHS	Director of Therapies and Health Sciences
DPP	Director of Planning and Performance
BS	Board Secretary
DoE	Director of Environment

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

Very Low	1-3	Low	4-8	Moderate	9-12	High	15-25
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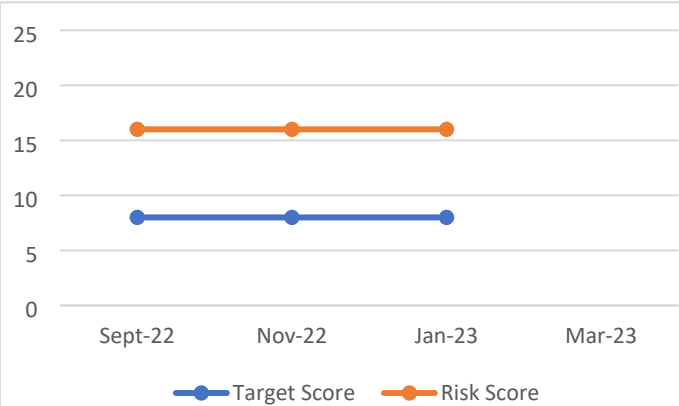
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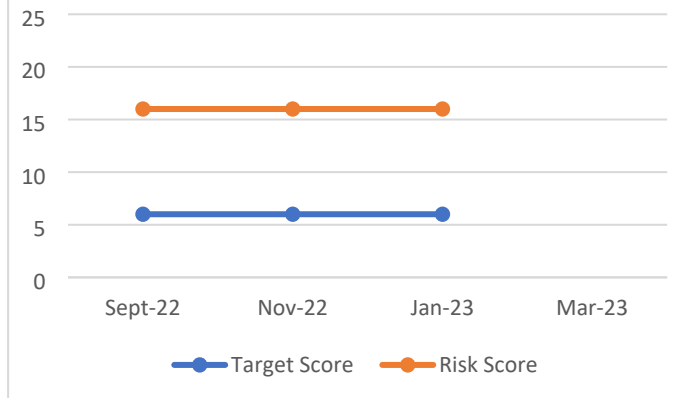
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CRR 001		Executive Lead: Director of Finance, Information and IT																
Risk that: the health board fails to manage its financial resources in line with statutory requirements		Assuring Committee: Delivery and Performance																
Risk Impacts on: Organisational Priorities underpinning all WBOs		Date last reviewed: December-2022																
<div>Risk Rating (likelihood x impact): Inherent: 4 x 5 = 20 Current: 4 x 5 = 20 Target: 2 x 4 = 8</div> <div>Date added to the risk register Risk Updated September 2022</div>	<table border="1"><caption>Risk Score and Target Score Data</caption><thead><tr><th>Month</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>Sept-22</td><td>8</td><td>20</td></tr><tr><td>Nov-22</td><td>8</td><td>20</td></tr><tr><td>Jan-23</td><td>8</td><td>20</td></tr><tr><td>Mar-23</td><td>8</td><td>20</td></tr></tbody></table>	Month	Target Score	Risk Score	Sept-22	8	20	Nov-22	8	20	Jan-23	8	20	Mar-23	8	20	<div>Rationale for current score:</div> <ul style="list-style-type: none">▪ The IMTP included a balanced core financial plan including a balanced recurrent position.▪ Non recurrent Funding assumed at risk for local COVID response costs and exceptional national pressures in year. This will impact on the underlying position.▪ Deficit forecast of £7.5m for 22/23 reported at month 84▪ AO letter submitted 17th August▪ Delivery of this forecast is not without risk – specifically CHC growth, Prescribing growth, High cost drugs and local authority disputes totalling a further £3m▪ Limited recurrent progress on delivery of £4.649m savings programme.▪ Initial recurrent underlying position reported £15m excluding COVID response costs.	
Month	Target Score	Risk Score																
Sept-22	8	20																
Nov-22	8	20																
Jan-23	8	20																
Mar-23	8	20																
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">▪ Balanced Financial Plan included in IMTP Submission.▪ Financial Control Procedures and Standing Orders and Standing Financial Instructions and Budgetary Control Framework, Budgetary Control Audit rated as substantial assurance.▪ Risks and Opportunities – focus and action to maximise opportunities and minimise / mitigate risks▪ Service Reviews / Performance reviews to strengthen financial monitoring of performance and longer-term impact on financial plan (support better decision making).▪ Contracting Framework to monitor and forecast the impact of arrangements in 2022/23 and going forward		Mitigating actions (What more will we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Strengthening of the capability and sustainability of the Finance Team and establish a modernisation programme to improve function performance and delivery</td><td>DFIIT</td><td>In Progress Deputy Director of Finance in post and structure realignment completed</td></tr><tr><td>Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan. New Efficiency Framework approved and live and Value Based Healthcare Board established.</td><td>DFIIT / MD</td><td>Established</td></tr></tbody></table>		Action	Lead	Deadline	Strengthening of the capability and sustainability of the Finance Team and establish a modernisation programme to improve function performance and delivery	DFIIT	In Progress Deputy Director of Finance in post and structure realignment completed	Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan. New Efficiency Framework approved and live and Value Based Healthcare Board established.	DFIIT / MD	Established						
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<ul style="list-style-type: none"> ▪ Task and Finish Groups established for CHC, Variable Pay and Contracting with identified leads and clear expectation re delivery, these groups will have a short- and longer-term focus for delivery. ▪ Savings Plan monitoring and reporting linked to the Efficiency Framework and Investment Benefits Group and supporting the VBHC approach. ▪ Regular communication and reporting to Welsh Government and Finance Delivery Unit regarding the impact of pressures and ongoing Covid-19 and expectations regarding funding and impact on Financial Plan and underlying position. ▪ Additional control - Finance and Performance Group established as sub-group of Executive Committee. Initial focus on savings and opportunities. 			
Current Risk Rating	Update including impact of actions to date on current risk score		
4 x 5 = 20	Finance and Performance Group in place from September 2022 focussing on opportunities in each Directorate to be developed at pace in addition to continuing focus on key areas of focus, CHC, variable pay and contracting.		

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CRR 002		Executive Lead: Director of Finance, Information and IT																
Risk that: the health board fails to adequately allocate resources, including transformation capacity, to improve health outcomes/experience and reduce inequalities		Assuring Committee: Delivery and Performance																
Risk Impacts on: Organisational Priorities underpinning all WBOs		Date last reviewed: December-2022																
Risk Rating (likelihood x impact): Inherent: 4 x 5 = 20 Current: 4 x 4 = 16 Target: 2 x 4 = 8	 <table><caption>Risk Rating Data</caption><thead><tr><th>Period</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>Sept-22</td><td>8</td><td>16</td></tr><tr><td>Nov-22</td><td>8</td><td>16</td></tr><tr><td>Jan-23</td><td>8</td><td>16</td></tr><tr><td>Mar-23</td><td>8</td><td>16</td></tr></tbody></table>	Period	Target Score	Risk Score	Sept-22	8	16	Nov-22	8	16	Jan-23	8	16	Mar-23	8	16	Rationale for current score: <ul style="list-style-type: none">Current forecast deficit of £7.5m and overspend of £5.62.8m at month 86 indicates that resources are being consumed above planned and allocated levels (IMTP Financial Plan).Lack of data re Patient Outcome and Experience to support understanding.Value Based Healthcare approach introduced but not yet fully embedded into financial plan and budget allocation.Value Board established and key action is to develop the Health Board approach to PROMs and PREM's (to measure patient experience and outcomes) to inform future resource allocation.	
Period	Target Score	Risk Score																
Sept-22	8	16																
Nov-22	8	16																
Jan-23	8	16																
Mar-23	8	16																
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Value Board established (report via Transformation and Value Group) and into Executive Committee.Value approach focused on capacity and capability and approach to PROMS and PREMS (to inform resource allocation and actions).Value Opportunities Group Established.Information and Data Dashboards under development to inform reporting re outcomes and experiences.Full Board involvement in development of priorities and financial plans for 23/24.		Mitigating actions (What more will we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Action as identified in Value Group Workplan including approach to developing PROM's and PREM's.</td><td>AD T&V</td><td>Ongoing.</td></tr><tr><td>Ongoing Action as per the Value Group Workplan.</td><td>AD T&V</td><td>Ongoing.</td></tr></tbody></table>		Action	Lead	Deadline	Action as identified in Value Group Workplan including approach to developing PROM's and PREM's.	AD T&V	Ongoing.	Ongoing Action as per the Value Group Workplan.	AD T&V	Ongoing.						
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Ongoing Action as per the Value Group Workplan.	AD T&V	Ongoing.																
Current Risk Rating		Update including impact of actions to date on current risk score																
4 x 4 = 16		N/A																

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

4 x 4 = 16

This risk will continue to be reviewed at PEQs. The integrated Quality Report informs the Committee of triangulated data. Key messages this month include the review of the East Kent Maternity Services report and its recommendations for all Maternity Services.

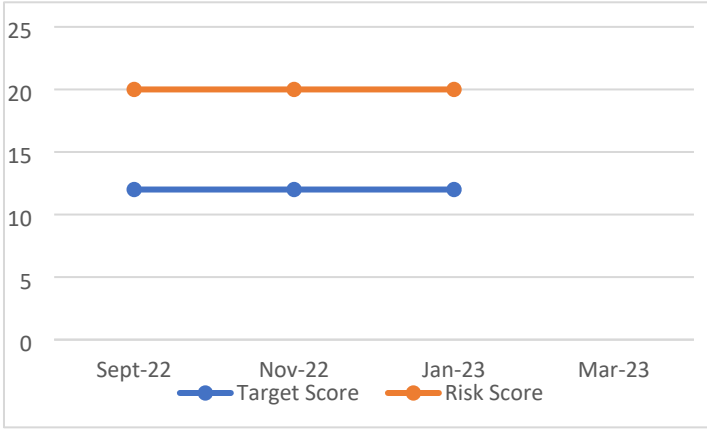
Update from AD Performance & Commissioning
Integrated Performance framework – update would be that this was approved by the Board in September 2022, implementation to be reported through Delivery and Performance Committee. A project group has been established, chaired by the AD Performance and Commissioning, with representatives from commissioning, performance, finance, nursing, workforce and service group colleagues. The IPF proof of concept will initially be applied to maternity services (Powys provider) and a commissioned acute provider (either SATH or WVT).

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CRR 004 Risk that: the urgent and emergency health and social care system fails to deliver a timely response for care for Powys citizens		Executive Lead: Director of Primary Care, Community and Mental Health Services Assuring Committee: Delivery and Performance Committee																
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4		Date last reviewed: December 2022																
Risk Rating (likelihood x impact): Inherent: 4 x 5 = 20 Current: 4 x 5 = 20 Target: 3 x 4 = 12 Date added to the risk register September 2022	<table><caption>Risk Score Data</caption><thead><tr><th>Period</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>Sept-22</td><td>12</td><td>20</td></tr><tr><td>Nov-22</td><td>12</td><td>20</td></tr><tr><td>Jan-23</td><td>12</td><td>25</td></tr><tr><td>Mar-23</td><td>12</td><td></td></tr></tbody></table>	Period	Target Score	Risk Score	Sept-22	12	20	Nov-22	12	20	Jan-23	12	25	Mar-23	12		Rationale for current score: <ul style="list-style-type: none">▪ Fragility and rising demand on the unscheduled care system, including 111, GP In and Out of Hours, WAST response times, delays and pressures within the acute system. This includes delays in discharges and flow from acute and community hospital settings. This leads to an impact/effect on the quality of timely care provided to patients, delays in care and poorer outcomes, increased incidents of a serious nature relating to handover delays at the Emergency departments front door and delayed ambulance response to community emergency calls, increasing pressure on adverse patient experience, reduction in stakeholder confidence and increased scrutiny from regulators.▪ Planned industrial action and potential impact on the urgent and emergency health system capacity to meet demand and timely response for care.▪ Fragility and gaps in social care assessment, delivery and independent care home sector social care market provision (including both domiciliary care and independent care home sector) resulting in substantial delays and patients being stranded in community hospitals and out of county beds.▪ Delays in assessment of complex care cases and inefficient brokering resulting in increased delays and cost.	
Period	Target Score	Risk Score																
Sept-22	12	20																
Nov-22	12	20																
Jan-23	12	25																
Mar-23	12																	
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">▪ Daily management system in place to manage patient flow including multiple daily local and national calls.▪ Continuous focus on reducing delays for health and social care reasons including complex care management, fast track cases and implementation of a home first ethos.		Mitigating actions (What more will we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>▪ Operational delivery of Winter Plan</td><td>DPCCM H</td><td>Ongoing</td></tr><tr><td>▪ Daily operational management of patient flow</td><td></td><td>Ongoing</td></tr></tbody></table>		Action	Lead	Deadline	▪ Operational delivery of Winter Plan	DPCCM H	Ongoing	▪ Daily operational management of patient flow		Ongoing						
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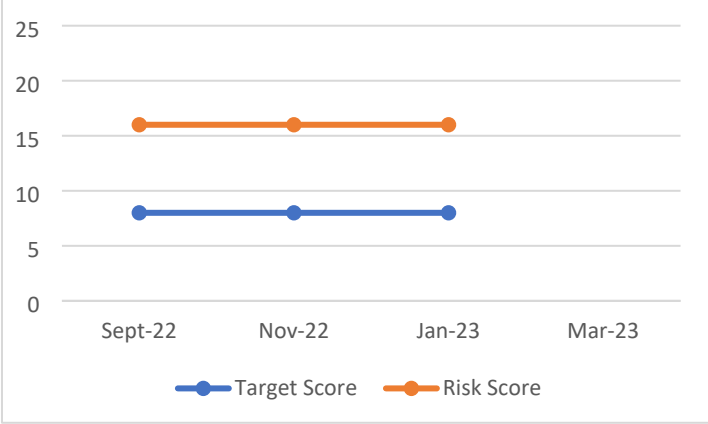
<ul style="list-style-type: none"> Regular reviews of long stay patients in community hospitals to reduce average length of stay. Training on discharge and complex care management is provided to ward based staff through the Complex Care and Unscheduled Care Team. Review of Complex Care arrangements being undertaken by November 2022. Care coordination in place across all acute hospital sites to facilitate timely repatriation of patients back into Powys. Bed escalation plans in place to support the national programme of 1000 extra community care beds across Wales by end of October 2022 (within limits of staffing availability). Care Home risk and escalation plans to support care home capacity. Social care fragility and delays – regular attendance at Head of Service level to Delivery Coordination Group and escalated discussions at Director and CEO level. Delivery Coordination Group in place to manage operational delivery across whole system. Winter Plan developed to manage whole system pressures. Urgent review of escalation options in development between health and social care to increase community care capacity and to reduce delays. Industrial action command and control structure in place to manage service impact and to minimise disruption to services. 	<ul style="list-style-type: none"> Delivery Coordination Group in place to improve performance and delivery at a system level. System escalation including senior officer daily review and weekly Gold level oversight. Review of Complex Care arrangements in place to improve system improvements and to reduce delays. Transformational development of urgent care system (6 Goals) including 1000 beds and focus on handover delays Urgent escalation plan in development to secure additional system impact to improve community care capacity and flow. Industrial action management plans in place, coordinated and reporting at bronze, silver and gold levels. 	DPCCM H	November December 2022
Current Risk Rating	Update including impact of actions to date on current risk score		
<div>4x5 = 20</div> <div>5x5 = 25</div>	N/a - new risk September 2022		

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CRR 005 Risk that: inequity of access to planned, secondary and specialised care results in poorer outcomes and experience for some Powys citizens		Executive Lead: Director of Planning and Performance Assuring Committee: Delivery and Performance	
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4		Date last reviewed: December 2022	
Risk Rating (likelihood x impact): Inherent: 5 x 4 = 20 Current: 5 x 4 = 20 Target: 3 x 4 = 12		Rationale for current score: Baseline as at end of September 2022 indicates current aggregated waiting times as follows (including PTHB provided services): 5,194 patients waiting over 36 weeks, of these 2,795 are waiting over 52 weeks of those 668 wait longer than 104 weeks. Validated position: at end October 2022 in NHS Wales commissioned service providers, 606 Powys residents waiting > 104 weeks; 1098 Powys residents waiting 52-104 weeks. At end of September 2022 in NHS England commissioned service providers, 12 Powys residents waiting > 104 weeks (all specialist spinal disorder patients); 1023 Powys residents waiting 52-104 weeks. A number of patients are not getting treatment within published access standards. There is the potential risk of and harm for patients with excessive treatment waiting times. If urgent and emergency care pressures lead to the invoking of the NHS Local Options Framework, planned care will be reduced/suspended resulting in further delays to treatment.	
Controls (What are we currently doing about the risk?)		Mitigating actions (What more will we do?)	
<ul style="list-style-type: none"> Performance Trajectories and details on harm reviews for Powys residents requested from commissioned service providers in NHS England and NHS Wales (latter with reference to NHS Wales Planning Framework 2023-26 access target requirements by June 2023). 		Action	Lead
		Secure performance improvement trajectories from providers.	DPP
		Develop funding proposal for greater throughput within neighbouring providers in England subject to Welsh Government funding release.	DPP/DOF
			Deadline
			Jan 2023
			Jan 2023

<ul style="list-style-type: none"> Medinet contract extended – proposals being developed to offer Powys residents experiencing long waits in commissioned service providers in NHS Wales to be treated in Powys. Identify key priorities to deliver elective treatments within ministerial access targets. Implementation of Integrated Performance Framework. Ongoing scrutiny and oversight through CQPR meetings utilising Commissioning Assurance Framework with escalation through monthly ICAM meetings and through Integrated Performance Report. Provider issue summary and fragile services log. Develop funding proposal to WG to support recovery of waiting times for Powys activity in English Providers. Ensure Powys residents are included in the activity being sourced through the West Midlands Mutual Aid hub. 	<p>Insourcing and outsourcing options being considered (subject to capacity). All providers now expected to agree improvement trajectories in light of 22/23 guidance published for planned care recovery.</p>		
<p>Current Risk Rating</p>	<p>Update including impact of actions to date on current risk score</p>		
<p>5 x 4 = 20</p>	<p>Improved performance experienced within NHS England commissioned service providers; improvement not being experienced in NHS Wales commissioned service providers creating inequity of access for Powys residents.</p>		

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CRR 006 Risk that: failure to plan for, recruit and retain an appropriate workforce results in an inability to sustain high quality services		Executive Lead: Director of Workforce and Organisational Development Assuring Committee: Workforce and Culture															
Risk Impacts on: Organisational Priorities underpinning all WBOs		Date last reviewed: December 2022															
Risk Rating (likelihood x impact): Inherent: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 2 x 4 = 8 Date added to the risk register Risk Updated September 2022	 <table border="1"> <caption>Risk Score Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>Sept-22</td> <td>8</td> <td>16</td> </tr> <tr> <td>Nov-22</td> <td>8</td> <td>16</td> </tr> <tr> <td>Jan-23</td> <td>8</td> <td>14</td> </tr> <tr> <td>Mar-23</td> <td>8</td> <td>14</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	Sept-22	8	16	Nov-22	8	16	Jan-23	8	14	Mar-23	8	14	Rationale for current score: <ul style="list-style-type: none"> The Temporary Staffing Unit is continuing to provide support to meet the health board staffing deficits. However, this has resulted in a significant and increasing reliance on agency staffing to meet this demand. For the month of September October 2022, RN bank was 7.40 5.49 WTE and 21.07 22.82 WTE from agency. For Bank HCSW it was 6.82 7.59 WTE and 22.45 14.88 WTE from agency. The health board currently has 13.5 12.5 WTE medical vacancies of which 11 10 WTE are being covered via Locums. The Health Board continues to experience a particularly challenging position in respect of registered nurse vacancies (based on current establishment which are under review), with an overall vacancy deficit of 30 31%. This is more of an acute issue in 2 wards, where there is a deficit of 46% or over. The greatest proportion of these vacancies are seen in our community ward settings, with two wards carrying a deficit of at least 48%. Although this is There has been a slight improvement on previously reported figures by 2 1% and 3% respectively the position is largely unchanged. compared to previously reported figures, but the position is largely unchanged. Recent workforce
Month	Target Score	Risk Score															
Sept-22	8	16															
Nov-22	8	16															
Jan-23	8	14															
Mar-23	8	14															

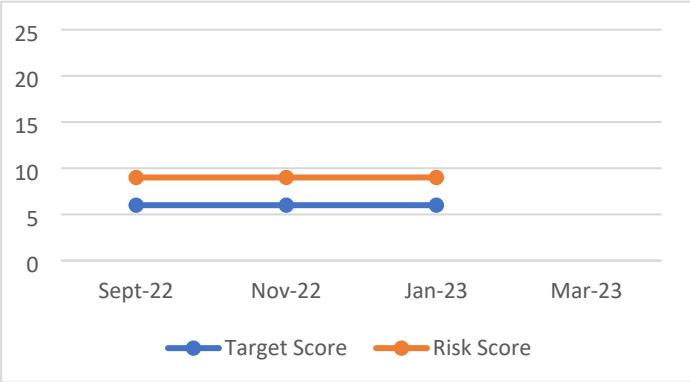
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		projection data indicates an overall worsening picture for our workforce vacancy levels over the next 10 years.		
Controls (What are we currently doing about the risk?)		Mitigating actions (What more will we do?)		
<ul style="list-style-type: none"> A series of local recruitment event have been held with the most recent in Newtown Hospital resulting in the recruitment of 1 Registered Nurse. Further recruitment events are planned. WOD are working with services to ensure all key vacant posts are being processed in a timely manner. Rolling adverts for all substantive nurse vacancies remain open across all sites. A task and finish group has been set up to identify actions to mitigate variable pay and a review has been undertaken into the establishments for community wards. The first 2 overseas nurses have been inducted and supported in their preparation to sit the NMC OSCE exams and both have now successfully passed, 1 has received NMC registration and 1 is awaiting registration. Weekly reports on temporary staffing are produced and shared with Community Service Managers. These are reviewed mid-week to ensure optimum cover options have been explored. The Executive Director of Nursing and Midwifery has recently undertaken a formal review of community ward establishments to ensure there are recommended minimum safe staffing levels that align with the current service delivery model. Further work is planned to review this as part of the Accelerated Sustainable Model development programme of work. 		Action	Lead	Deadline
		<ul style="list-style-type: none"> A review of further recruitment pipelines. A business case has been was developed to be reviewed by the and presented to the Executive Committee to support further overseas nurse recruitment and return to practice. large scale overseas nurse recruitment and return to practice. It was positively received but further consideration is needed. 	DDWOD	Q3/4
		<ul style="list-style-type: none"> Additionally, preparations are underway to review the viability to take a further 5 overseas nurses in early 2023. a paper has been prepared for December's Executive Committee which focusses on the financial, ancillary, and pastoral requirements to enable recruitment of the remaining 5 OSNs as part of the Once for Wales OSN Recruitment project. If approved, the 5 OSNs will join PTHB early 2023. 	DDWOD	Q3/4
		<ul style="list-style-type: none"> A proposal for an organisational approach to workforce planning has been developed for consideration by Executive Committee A series of Wellbeing Roadshows will be delivered across the county through the winter months to provide face to face support to staff 	ADOD	ADOD

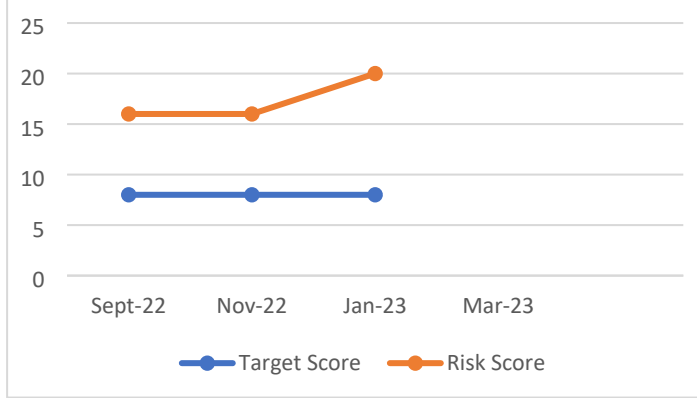
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	<ul style="list-style-type: none"> • A 'Winter Resilience' series of workshops has been commission focusing on the science of positive psychology • Financial Wellbeing resources have been added to the intranet well-being pages • Mental Health First Aid level 2 and 3 courses are scheduled for January 	ADOD	
Current Risk Rating	Update including impact of actions to date on current risk score		
4 x 4 = 16	A Workforce Programme Board has been established to review the existing and future targeted actions aligned to the strategic priorities set out within the IMTP. The group is scheduled to meet in November.		

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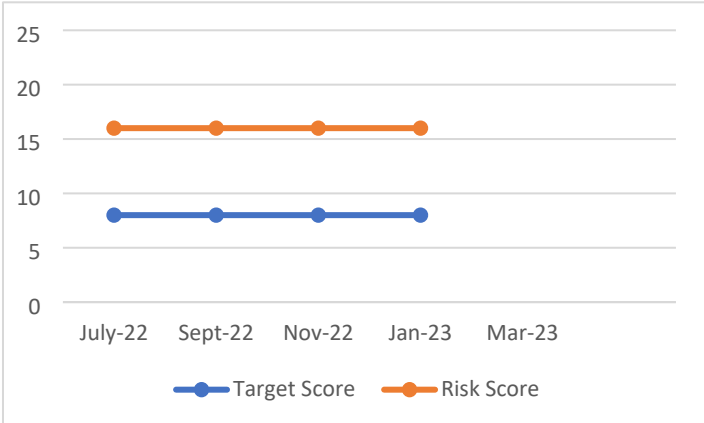
CRR 007 Risk that: ineffective partnership working, including on service change/reconfiguration, results in poorer outcomes and experience for citizens of Powys		Executive Lead: Director of Planning and Performance													
Risk Impacts on: Organisational Priorities underpinning WBO 8		Assuring Committee: Planning, Partnerships and Population Health													
Risk Rating (likelihood x impact): Inherent: 3 x 4 = 12 Current: 3 x 3 = 9 Target: 2 x 3 = 6 Date added to the risk register Risk Updated September 2022		Rationale for current score: <ul style="list-style-type: none">Effective partnership working arrangements requires strong governance and performance management. There should be a clear approach to ensure and demonstrate that investment in partnerships delivers effective and appropriate outcomes for the local population. In January 2021, Internal Audit reported limited assurance in respect of how the Health Board ensures effective partnership governance.Further, achievement of the health board’s Health and Care Strategy will be dependent on the success of successful working relationships with key partners and stakeholders.													
 <table border="1"><caption>Risk Score Data</caption><thead><tr><th>Period</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>Sept-22</td><td>6</td><td>9</td></tr><tr><td>Nov-22</td><td>6</td><td>9</td></tr><tr><td>Jan-23</td><td>6</td><td>9</td></tr></tbody></table>		Period	Target Score	Risk Score	Sept-22	6	9	Nov-22	6	9	Jan-23	6	9	Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Health Board attendance at Public Service Board, Regional Partnership Board, Joint Partnership BoardHigh-level reporting to Board from Public Service Board, Regional Partnership Board, Joint Partnership BoardPowys Health and Care Strategy in place with Powys County Council and PAVO	
Period	Target Score	Risk Score													
Sept-22	6	9													
Nov-22	6	9													
Jan-23	6	9													
Mitigating actions (What more will we do?)		<table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Identify all existing partnerships and collaborations to inform development of a Framework</td><td>BS / DPP</td><td>31/03/2023</td></tr><tr><td>Mapping of partnerships and collaborations against existing and proposed governance arrangements to ensure appropriate and robust information flows for monitoring and assurance purposes</td><td>BS / DPP</td><td>28/02/2023</td></tr></tbody></table>		Action	Lead	Deadline	Identify all existing partnerships and collaborations to inform development of a Framework	BS / DPP	31/03/2023	Mapping of partnerships and collaborations against existing and proposed governance arrangements to ensure appropriate and robust information flows for monitoring and assurance purposes	BS / DPP	28/02/2023			
Action	Lead	Deadline													
Identify all existing partnerships and collaborations to inform development of a Framework	BS / DPP	31/03/2023													
Mapping of partnerships and collaborations against existing and proposed governance arrangements to ensure appropriate and robust information flows for monitoring and assurance purposes	BS / DPP	28/02/2023													

<ul style="list-style-type: none"> Active engagement with Mid Wales Joint Committee Engaged in regional planning and partnership arrangements such as South East Wales Central Planning Group; Future Fit 	Development and population of a Partnership Register	BS	31/28/032/2023
	Development of the Partnership Governance Framework for presentation to Board in December 2022	BS / DPP	31/03/2023
Current Risk Rating	Update including impact of actions to date on current risk score		
3 x 3 = 9	No further update		

CRR 008 Risk that: the demand and capacity pressures in the primary care system lead to services becoming unsustainable		Executive Lead: Director of Primary Care, Community and Mental Health Services Assuring Committee: Planning, Partnerships and Population Health													
Risk Impacts on: Organisational Priorities underpinning WBO 4		Date last reviewed: December 2022													
<div>Risk Rating (likelihood x impact): Inherent: 4 x 4 = 16 Current: 4 x 4 = 16 Current: 5x4 = 20 Target: 2 x 4 = 8</div> <div>Date added to the risk register Risk Updated September 2022</div>	 <table><caption>Risk Rating Data</caption><thead><tr><th>Date</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>Sept-22</td><td>8</td><td>16</td></tr><tr><td>Nov-22</td><td>8</td><td>16</td></tr><tr><td>Jan-23</td><td>8</td><td>20</td></tr></tbody></table>	Date	Target Score	Risk Score	Sept-22	8	16	Nov-22	8	16	Jan-23	8	20	Rationale for current score: <ul style="list-style-type: none">Sustainability assessment and escalation tool of GP Practices identifying several high risk practices across Powys. Practices may not be able to provide sustainable GMS services.Increasing demand during in and out of hours particularly relating to paediatric demand resulting in impact on routine care.Cybersecurity incident caused by ransomware affecting Adastra system across all NHS (England and Wales). Impact on 111 and Out of Hours Services including access to clinical records available to support consultations. Adastra now up and running however CAS system still not yet operationalDental access gaps across Powys with demand for access currently greater than capacity. Routine and urgent General Dental Services compromised.	
Date	Target Score	Risk Score													
Sept-22	8	16													
Nov-22	8	16													
Jan-23	8	20													
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Close monitoring and liaison with practices to offer support including regular review of the sustainability matrix to monitor changes and sustainability funding application process.		Mitigating actions (What more will we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Primary Care – Ongoing regular review of sustainability matrix and applications for support. Weekly review of Escalation tool</td><td>DPCC MH</td><td>Ongoing</td></tr></tbody></table>		Action	Lead	Deadline	Primary Care – Ongoing regular review of sustainability matrix and applications for support. Weekly review of Escalation tool	DPCC MH	Ongoing						
Action	Lead	Deadline													
Primary Care – Ongoing regular review of sustainability matrix and applications for support. Weekly review of Escalation tool	DPCC MH	Ongoing													

<ul style="list-style-type: none"> Implementation of Accelerated Cluster Development Programme. Health Board management of practices if contracts are handed back until tendering process is successful. Adastra – Continued daily participation in national BCI calls with 111 to manage situation. Following successfully testing Shropdoc Adastra was reinstated on 19/10/22 albeit with limited functionality. System being used for the patient contact/record. Manual admin process still required at the front end. Reactivation of GP OOH report messaging and special patient notes now in place. being progressed. Fully operational Adastra and CAS system hoped to be in place not expected for some time – national discussions hoping to achieve this before the 4 day Christmas BH period. 111 and Shropdoc remain in BCI Commissioning of urgent access slots across Powys and procurement of new contracts in place for Llandrindod. Implementation of the new Dental contract 22/23 metrics should increase provision and access. Community Dental Service clinics support urgent access to mitigate against gaps in provision. Mid Year Review meetings completed and in year contract adjustments being considered. Awaiting national guidance to support year end. currently being undertaken with Dental practices. 	<ul style="list-style-type: none"> Weekly discussions with Cluster Leads to discuss ongoing demands and additional actions to manage peaks Implementation of the Accelerated Cluster Development Programme to meet national milestones. Management of an alternative process to support Adastra to minimise impact on 111 and Out of Hours Services. 		
	<ul style="list-style-type: none"> Dental – Urgent access slots commissioned across Powys. Dental contract reform to improve access. Community Dental Service clinics in place to support urgent access to mitigate gaps until procurement processes successful. New contract currently out to tender for Newtown. awarded for Llandrindod Wells – pending Minister signoff 	DPCC MH	Ongoing
<p align="center">Current Risk Rating</p>	<p align="center">Update including impact of actions to date on current risk score</p>		
<p align="center">4 x 4 = 16 5x4 = 20</p>	<p>Mitigating actions continue to manage the risks</p>		

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CRR 009 Risk that: a cyber-attack results in significant disruption to services and quality of patient care		Executive Lead: Director of Finance, Information and IT																				
Risk Impacts on: loss of systems and impact to recovery timescales		Assuring Committee: Delivery and Performance																				
Risk Rating (likelihood x impact): Inherent: 5 x 5 = 25 Current: 4 x 4 = 16 Target: 2 x 4 = 8		Date last reviewed: December 2022																				
Date added to the risk register May 2022		Rationale for current score: <ul style="list-style-type: none">Increased risk of potential Cyber-attack due to current climate and world events.Several reports have highlighted potential areas for improvement.Adastra 111 -<ul style="list-style-type: none">English systems coming back on line but experiencing significant delays; therefore unlikely NHS Wales will switch back on before the end of September.DHCW email queue management system working well, however no further development now to take place on the product.Some duplication errors taking place between Shropdoc and WAST, and these are being investigated.Welsh Clinical Portal access in place for Shropdoc																				
 <table border="1"><caption>Risk Rating Data</caption><thead><tr><th>Period</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>July-22</td><td>8</td><td>16</td></tr><tr><td>Sept-22</td><td>8</td><td>16</td></tr><tr><td>Nov-22</td><td>8</td><td>16</td></tr><tr><td>Jan-23</td><td>8</td><td>16</td></tr><tr><td>Mar-23</td><td>8</td><td>16</td></tr></tbody></table>		Period	Target Score	Risk Score	July-22	8	16	Sept-22	8	16	Nov-22	8	16	Jan-23	8	16	Mar-23	8	16	Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Recruited a Cyber Security and Compliance Manager lead for the HB.In the process of recruiting Recruited a Senior Cyber Security Officer who will be responsible for IT operational controls and monitoring of the HB systems and Infrastructure.Cyber Improvement Plan in place linked to National Digital Health Care Wales (DHCW) and Local Actions.Controls and action in place to strengthen the monitoring of the network, improve anti-virus and Windows defender protection, enhanced end user license to increase protection to mitigate the risk and impact of any attack.Further action to be taken to test Business Continuity and recovery plans across service areas.		
Period	Target Score	Risk Score																				
July-22	8	16																				
Sept-22	8	16																				
Nov-22	8	16																				
Jan-23	8	16																				
Mar-23	8	16																				
Mitigating actions (What more will we do?)		Action	Lead	Deadline																		
		Increase awareness through the ESR Cyber Security training and make mandatory for all staff to complete.	DFIIT	Paper to Exec Committee to recommend by end of May - aim to complete all training in 4-6 months																		

<ul style="list-style-type: none"> ▪ Monthly Reporting via Governance Structure includes progress / delivery against Cyber Assurance Framework (CAF), this monitors performance and alignment to Security of Network and Information System regulations (NIS) Framework. ▪ Procurement and implementation of Solar Winds network monitoring. ▪ Windows Defender deployed and Phishing Campaign in place to increase awareness. ▪ Annual penetration testing programme in place. ▪ Upgraded O365 license to include enhanced E5 Security. ▪ Internal Audit report on NIS rated as Reasonable Assurance. • Improve perimeter security with implementation of local area network Firewalls 	<p>Arrange Board Development Session re Cyber to increase awareness.</p>		<p>Board Session to take place in November 2022.</p>
	<p>Develop a Cyber Recovery Response plan in conjunction with Assistant Directors and Heads of Service.</p> <p>Equipment replacement plan and migration from on premise to Cloud.</p>	DFIIT	<p>In Progress On going</p> <p>Case and timelines being finalised On going</p>
Current Risk Rating	Update including impact of actions to date on current risk score		
4 x 4 = 16			

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CRR 010 Risk that: the care provided in some areas is compromised due to the health board's estate being not fit for purpose		Executive Lead: Director of Environment Assuring Committee: Delivery and Performance																																																												
Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 4		Date last reviewed: December 2022																																																												
Risk Rating (likelihood x impact): Inherent: 4 x 5 = 20 Current: 4 x 4 = 16 Target: 3 x 3 = 9 Date added to the risk register January 2017	<table border="1"><caption>Risk Score Data</caption><thead><tr><th>Date</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>May-17</td><td>4</td><td>16</td></tr><tr><td>Sep-17</td><td>4</td><td>16</td></tr><tr><td>Jan-18</td><td>4</td><td>16</td></tr><tr><td>May-18</td><td>4</td><td>16</td></tr><tr><td>Sep-18</td><td>4</td><td>16</td></tr><tr><td>Jan-19</td><td>4</td><td>16</td></tr><tr><td>May-19</td><td>4</td><td>16</td></tr><tr><td>Sep-19</td><td>4</td><td>16</td></tr><tr><td>Jan-20</td><td>4</td><td>16</td></tr><tr><td>May-20</td><td>4</td><td>16</td></tr><tr><td>Sep-20</td><td>4</td><td>16</td></tr><tr><td>Jan-21</td><td>4</td><td>16</td></tr><tr><td>May-21</td><td>4</td><td>16</td></tr><tr><td>Sep-21</td><td>9</td><td>16</td></tr><tr><td>Jan-22</td><td>9</td><td>16</td></tr><tr><td>May-22</td><td>9</td><td>16</td></tr><tr><td>Sep-22</td><td>9</td><td>16</td></tr><tr><td>Jan-23</td><td>9</td><td>16</td></tr><tr><td>Mar-23</td><td>9</td><td>16</td></tr></tbody></table>	Date	Target Score	Risk Score	May-17	4	16	Sep-17	4	16	Jan-18	4	16	May-18	4	16	Sep-18	4	16	Jan-19	4	16	May-19	4	16	Sep-19	4	16	Jan-20	4	16	May-20	4	16	Sep-20	4	16	Jan-21	4	16	May-21	4	16	Sep-21	9	16	Jan-22	9	16	May-22	9	16	Sep-22	9	16	Jan-23	9	16	Mar-23	9	16	Rationale for current score: <ul style="list-style-type: none">▪ Estates Compliance: 38% of the estate infrastructure was built pre-1948 and only 5% of the estate post-2005. Significant investment and risk-based programmes of work over several years across the compliance disciplines (fire, water hygiene, electric, medical gases, ventilation, etc.) will be required.▪ Capital: the health board has not had the resource or infrastructure in place in recent times to deliver a significant capital programme and this places pressures on systems, capital resource and the wider organisation to fully support major project activity. Furthermore, Discretionary Capital acts as the safety net for overspend on capital projects for the health boards, and with a very limited discretionary allowance in PTHB this is a significant financial risk.▪ Environment & Sustainability: NHS Wales Decarbonisation Strategic Delivery Plan published in 2021 with challenging targets with limited resource.▪ COVID-19 has introduced risk pressures in respect of the health board's estate and the ability of the Estates & Property team to manage and prioritise risk mitigation in a number of ways.
Date	Target Score	Risk Score																																																												
May-17	4	16																																																												
Sep-17	4	16																																																												
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Controls (What are we currently doing about the risk?)	Mitigating actions (What more will we do?)		
<p>ESTATES</p> <ul style="list-style-type: none"> Specialist sub-groups for each compliance discipline Risk-based improvement plans introduced Specialist leads identified Estates Compliance Group and Capital Control Group established Medical Gases Group; Fire Safety Group; Water Safety Group; Health & Safety Group in place. New Ventilation Safety Group set up. Capital Programme developed for compliance and approved Capital and Estates set as a specific Organisational Priority in the health board's Annual Plan Address (on an ongoing basis) maintenance and compliance issues Address maintenance and compliance improvements to ensure patient environment is safe, appropriate and in line with standards <p>CAPITAL</p> <ul style="list-style-type: none"> Capital Procedures for project activity Routine oversight / meetings with NWSSP Procurement Specialist advice and support from NWSSP Specialist Estates Services Audit reviews by NWSSP Audit and Assurance Close liaison with Welsh Government, Capital Function Reporting routinely to P&R Committee Capital Programme developed and approved Detailed Strategic, Outline and Full Business Cases defining risk Capital and Estates set as a specific Organisational Priority <p>ENVIRONMENT</p> <ul style="list-style-type: none"> ISO 14001 routine external audit to retain accreditation Environment & Sustainability Group NWSSP Specialist Estates Services (Environment) support and oversight Welsh Government support and advice to identify and fund decarbonisation project initiatives 	Action	Lead	Deadline
	Implement the Capital Programme and develop the long-term capital programme.	AD Estates & Property	In line with Annual Plan for 2022-23
	Continue to seek WG Capital pipeline programme funding continuity: seek alternative capital funding opportunities to mitigate funding reduction for 2022/23 and develop projects in readiness for any capital slippage in latter part of financial year cycle. Additional funding from Welsh Government being provided for 2022/23 (i.e. year end slippage). Monies will be spent across equipment, ICT and estate. Formal notification also imminent for final allocation Estates Funding Advisory Board (EFAB) for 2023/24 onward	AD Estates & Property	In line with Annual Plan for 2022-23
	Develop capacity and efficiency of the Estates and Capital function	AD Estates & Property	In line with Annual Plan for 2022-23
	Review current structure of capital and estates department – Estates Management and Senior Management Team structure enhancements in place. Second tier of structure review required to address limited establishment staff numbers in Works Team and recruitment challenges. Initial resource review undertaken by IEG in June 2022 with financial constraints necessitating more detailed analysis. This has been further discussed in IEG in October and a more detailed paper will be brought to IEG in December including demand levels and performance around Planned and Preventative Maintenance (PPMs)	AD Estates & Property	December 2022

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Current Risk Rating	Update including impact of actions to date on current risk score
<p>4 x 4 = 16</p>	<p>Estates: Estates compliance – team continues to support core statutory compliance and limited Reactive job requests using risk-based approach due to age of estate. Workforce challenges for recruitment and staff resource establishment level being reviewed at Innovative Environments Group.</p> <p>Fire: Work to improve operational fire structure in 2021 has been positive, but significant infrastructure risks related to compartmentation and physical systems remain. Programmes of work implemented to address dependant on funding.</p> <p>Property: COVID moves of staff in uncontrolled manner will need to be addressed to step back up business as usual alongside implementation of new agile working approach.</p> <p>Finance: significant escalation for cost pressures related to fuel and inflation which are acting to increase pressure on Estates Revenue and Capital projects outturn costs and material / Supplier availability. Example of Estates related pressure is resultant electrical defects with tendered cost of £59K following 5 statutory 5 year Fixed Wire Testing on sites – this carries a risk and is part of a £500K compliance defect cost pressure which carries a risk if not completed.</p>

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CRR 011		Executive Lead: Director of Public Health																																													
Risk that: a significant public health event/emergency impacts on provision, continuity and sustainability of services		Assuring Committee: Delivery and Performance																																													
Risk Impacts on: the health and wellbeing of the population, patients and visitors and on the continuity of a range of NHS systems and services, including workforce, support services and supply chain.		Date last reviewed: December 2022																																													
Risk Rating (likelihood x impact): Inherent: 4 x 4 = 16 Current: 3 x 4 = 12 Target: 3 x 4 = 12 Date added to the risk register February 2020	<table><thead><tr><th>Month</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>Sep-20</td><td>12</td><td>16</td></tr><tr><td>Jan-21</td><td>12</td><td>16</td></tr><tr><td>Mar-21</td><td>12</td><td>16</td></tr><tr><td>May-21</td><td>12</td><td>16</td></tr><tr><td>July-21</td><td>12</td><td>12</td></tr><tr><td>Sept-21</td><td>12</td><td>12</td></tr><tr><td>Nov-21</td><td>12</td><td>12</td></tr><tr><td>Jan-22</td><td>12</td><td>16</td></tr><tr><td>Mar-22</td><td>12</td><td>12</td></tr><tr><td>July-22</td><td>12</td><td>12</td></tr><tr><td>Sep-22</td><td>12</td><td>12</td></tr><tr><td>Nov-22</td><td>12</td><td>12</td></tr><tr><td>Jan-23</td><td>12</td><td>12</td></tr><tr><td>Mar-23</td><td>12</td><td>12</td></tr></tbody></table>	Month	Target Score	Risk Score	Sep-20	12	16	Jan-21	12	16	Mar-21	12	16	May-21	12	16	July-21	12	12	Sept-21	12	12	Nov-21	12	12	Jan-22	12	16	Mar-22	12	12	July-22	12	12	Sep-22	12	12	Nov-22	12	12	Jan-23	12	12	Mar-23	12	12	Rationale for current score: Likelihood: 'Possible'. Vaccination has weakened the link between cases and admissions to hospital and provide good protection against severe disease from variant strains of SARS-CoV2, although protection against infection and mild disease is lower and relatively short lived. Recognising that the (direct) risk of Covid-19 overwhelming the NHS has reduced, the likelihood has been adjusted from 'likely' to 'possible' as of February 2022. It should be noted there are still risks including uncertainties regarding the size and timing of potential future waves of Covid-19, winter remains the season when the threat from Covid-19 and other respiratory viruses is greatest. The emergence of new variants of concern cannot be discounted due to the unpredictability of virus evolution over winter 2022 to 2023. Other winter respiratory viruses such as influenza virus and respiratory syncytial virus (RSV) are could co-circulate with Covid-19. An overlap in waves of infection due to different respiratory viruses would pose increased risks to the health of individuals and to the NHS. Throughout the pandemic, Covid-19 has disproportionately affected those in older age groups, residents in care homes for older adults, and those with certain underlying health conditions, particularly those who are severely immunosuppressed. Following vaccination, these same factors continue to identify those persons who are at higher risk of developing severe COVID-19. The NHS is already operating at near maximum capacity, and large numbers of staff isolating due to illnesses may impact on some services. The risk score will therefore need to be kept under regular
Month	Target Score	Risk Score																																													
Sep-20	12	16																																													
Jan-21	12	16																																													
Mar-21	12	16																																													
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		<div>review. Awaiting direction from WG on testing and tracing requirements for beyond April 2023.</div> <div>Impact: 'Major'. COVID-19 presents four harms to the population: - 1. The direct harm arising from the disease itself; 2. The harm caused by an overwhelmed NHS; 3. The harm caused by stopping other non-COVID activity; and 4. The wider harm to wellbeing caused by population level measures in response to COVID-19.</div>		
Controls (What are we currently doing about the risk?)		Mitigating actions (What more will we do?)		
<div>1. Delivery of Autumn (2022) Booster Programme commenced on 1st September 2022 to eligible groups as identified by JCVI with the primary objective to augment immunity in those at higher risk from COVID-19 and thereby optimise protection against severe COVID-19, specifically hospitalisation and death, over winter 2022 to 2023.</div> <div>2. Joint management and oversight arrangements remain in place with Powys County Council, including a joint Prevention and Response Strategic Oversight Group, which has widening remit to include oversight of other health protection areas.</div> <div>3. Test, Trace Protect programme transitioned in line with '<i>Together for a Safer Wales</i>' with very small team in place to carry out testing, contact tracing for covid-19 'stable situation' in line with WG guidance: <div><div>• PCR testing remains in place for target/eligible population via Powys CTUs;</div><div>• Contact tracing service operating;</div><div>• Care home cell meeting regularly and as required;</div><div>• Regional response cell meetings s stood down but to reconvene if monthly or as required.</div></div></div> <div>4. Working as part of the wider system in Wales through participation in regional and national planning and response arrangements as these evolve to respond to stage of pandemic.</div> <div>5. Continued delivery of '<i>Together for a Safer Future</i>' transition under way in line with WG policy decisions.</div>		Action	Lead	Deadline
		<div><div>• Delivery of COVID-19 vaccination plan with quarterly review</div><div>• Delivery of TTP Plan with quarterly review</div><div>• Mass Vaccination Plan to be reviewed based on COVID-19 learning and modelling in place for surge scenarios.</div><div>• Continue to dDeliver flu vaccination programme with monthly review</div></div>	<div>MB/JC</div> <div>MB/JC</div> <div>MB/JC/DB</div> <div>MB/NB</div>	<div>31/12/22</div> <div>31/12/22</div> <div>31/03/23</div> <div>31/02/23</div>

<p>6. Staff testing and protective behaviours (PPE/Social distancing etc) guidance updated regularly in line with WG guidance and local circumstance, overseen by HB Infection Prevention Advisory Group.</p> <p>7. FFP3 mask usage – decision on 29th December 2021 to continue to follow UK IP&C guidance supporting risk assessed use.</p> <p>8. Staff testing guidance and IPC policies kept under review.</p> <p>9. 'Autumn' specific surge vaccination plan developed.</p> <p>10. Testing plan for covid-19 stable and surge scenarios being reviewed, recognising that resources for TTP have been substantially reduced in June 2022, with only funding in place to maintain covid stable response.</p> <p>11. Mass Vaccination Plan reviewed based on COVID-19 learning and modelling in place for surge scenarios.</p> <p>12. Delivery of 2022/23 flu vaccination programme which commenced in September is ongoing.</p>			
<p>Current Risk Rating</p>	<p>Update including impact of actions to date on current risk score</p>		
<p>3 x 4 = 12</p>			

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Report:	Chief Officer's Report
Author:	Katie Blackburn
Status:	For Information
Date:	25th January 2023 (report to 16th January 2023)

1. Monitoring and scrutiny:

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

We are also continuing engagement through digital methods, via our website, social media and email channels.

Most CHC meetings are held online but we are holding some hybrid meetings. Our Executive Committee is meeting in person and an online link is provided for members of the public who wish to observe. We were able to trial the use of new video conferencing equipment in the Newtown office for the November meeting of Montgomeryshire Local Committee. This allowed us to hold a hybrid meeting, with CHC members joining in person and Brecon staff and presenters joining online.

CHC members and staff continue to join virtual meetings with other organisations. Some organisations have re-commenced face-to-face meetings. We are finding that we are having more difficulty in finding someone available to attend the face-to-face meetings, particularly some of the community network meetings. We have attended a mixture of virtual, hybrid and face-to-face meetings.

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

1 November	Hereford & Worcester Stroke Programme Board Meeting
3 November	Joint PTHB Board and CHC Full Council
22 November	Shrewsbury & Telford Hospital NHS Trust Ockenden Report Assurance Committee
22 November	PAVO Llandrindod, Rhayader, Builth & Llanwrtyd Locality Network Meeting
23 November	Joint Meeting CHC with Powys County Council to discuss Citizen Voice Body
23 November	Cwm Taf Morgannwg CHC Local Area Committee for Merthyr Tydfil – to hear presentation from Cwm Taf Morgannwg University Health Board about Prince Charles Hospital Improvement Plans and temporary Fracture Clinic Relocation
24 November	Shrewsbury & Telford Hospital NHS Trust Online Health Information Event re. Recovery of Hospital Services
30 November	PTHB Board Meeting
1 December	Powys Mental Health Engage to Change Meeting
1 December	Joint meeting between Shrewsbury & Telford Hospital NHS Trust (SATH), Powys CHC, Shropshire Healthwatch and Telford & Wrekin Healthwatch
8 December	Meeting with Powys County Council Head of Adult Services

9 December	Shrewsbury & Telford Hospital NHS Trust Stakeholder Meeting re. proposed changes to provision of outpatient Echocardiography service
20 December	Powys Mental Health Planning & Development Partnership Board

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

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

Face-to-Face Engagement

We have attended the following events since my last report was prepared:

27 October	Knighton Community Soup Café
28 November	Senior Citizens Club, Ystradgynlais
7 December	Newtown Community Kitchen

There were two events which we had planned to attend but were not able to. We were planning to attend the Machynlleth Health & Wellbeing Information Event on 8 November but this was not possible due to staff illness. We also planned to attend Llandrindod Wells Food Bank on 23 November but the Food Bank was closed on that day.

Knighton Soup Kitchen

There was a steady flow of people wishing to speak to CHC colleagues. Discussions touched on the following topics:

- Inconvenience and difficulty for some people having to travel to Llandrindod Wells for Covid vaccine. People would wish to have the vaccine in Knighton at the same time as they have the flu vaccine.
- Similar issues for people having to travel to Llandrindod Wells for breast screening – travel is costly and many people do not have a car. People asked whether the mobile service would return to Knighton. It was suggested that the Community Centre could be used.
- No consideration seems to be given to the distance or time to travel for appointments.
- The arrangements for Covid vaccine are based on the GP practice a patient is registered with and this means that someone living in Knighton, but registered with the Practice in Clun, has to book and travel cross border for it.
- Four people made comments about Wylcwm Street Surgery
 - one patient was having difficulty arranging a medication review and was unable to obtain repeat prescription until review undertaken;
 - two people commented on difficulty getting through to the practice on the telephone;
 - one person suggested the practice needs a female doctor.
- Three people made comments about Hereford Hospital
 - one person relayed poor experience of being discharged with an open wound (was provided with information about the Complaints Advocacy Service);
 - one person said he was made to feel comfortable in hospital, but was very bored with no access to television or radio during the one week stay; the staff were friendly but there was not good communication between departments; the food was terrible;
 - one person commented that Hereford Hospital was excellent.
- One person was impressed with care at Worcester Hospital.

- Four people discussed local dental provision – three people were unable to access an NHS dentist and one person was very complimentary of dental care received.
- Four people discussed ambulance services
 - two people spoke of four hour waits for an ambulance response and one person said the paramedic was unsympathetic when they did arrive;
 - one person had a first responder arrive who advised to contact GP practice; calling the practice was frustrating but they did manage to see GP and the issue was dealt with;
 - one person spoke of positive experience using non-emergency patient transport service.
- Also had a conversation with a Health Care Assistant who had attended the job fair at Knighton Hospital and had applied for a job but had not received further response after acknowledgement.

Ystradgynlais Senior Citizen Club

The Complaints Advocate and Advocacy Support Assistant attended the Senior Citizen Club with a CHC member. They had conversations with ten people. There were two main themes discussed. One was the issue of being de-registered from the dentist without being informed and then having to re-register as a private patient. The other common theme was about problems with getting face-to-face GP appointments.

Newtown Community Café

There was a steady flow of people attending. There were conversations on the following topics:

- Extremely slow service in Boots pharmacy, waiting 45 minutes + for prescription. The staff were not very polite and advice given was not always very good (it sometimes feels as though offering advice is a chore for staff.)
- One person was due to have a hip operation on 15 December at Robert Jones & Agnes Hunt Hospital and was worried it would be cancelled due to strikes - we advised to ring the number on her letter but, after checking the Health Board web page, we were able to advise that RJAH staff were not striking.

- One gentleman with osteoporosis struggled to walk 25 minutes each way to Newtown Medical Practice for blood tests, upon arrival he was told there was no one available to check his bloods. He re-arranged and walked to the practice a second time to be told he should have had a GP appointment first so, once again, was sent home and told to wait for a telephone appointment with a GP.
- Another gentleman with severe mental health limitations felt his GP was not very supportive and he was struggling with waiting times to seek help from other organisations. During lockdown Ponthafren Association checked in on him via telephone on a weekly basis but that had now stopped.

Planned Face-to-Face Engagement Events

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

18 January	Brecon Food Bank
24 January	Rhayader Dementia Fair
Date to be arranged	Montgomery Warm Space

Monitoring & Scrutiny Visits

We have undertaken our first monitoring and scrutiny visits to community hospitals in Powys since the visits were paused during the pandemic.

We visited Ystradgynlais Community Hospital on 11 November. The report has been issued to Powys Teaching Health Board for comment.

We visited Breconshire War Memorial Hospital on 1 December and the report is being drafted, for issue to the Health Board in January.

Plans are being progressed to arrange a visit to the Women & Children's Centre at Princess Royal Hospital in Telford on 31 January 2023.

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Social Media

- We continue to use social media on a daily basis. We are posting CHC information to our Facebook and Twitter pages. We are using the platform to advertise our meetings and surveys.
- We currently have **507** followers on Twitter and **793** followers on Facebook.
- We share and re-post information which is provided by Health Boards and Trusts in Wales, Trusts in England, local GP practices, other CHCs, Powys County Council and national NHS organisations.
- We are monitoring and evaluating the public reaction to information which is posted.
- We are regularly monitoring the information to the public which is shared by primary care providers – GPs, pharmacies, opticians and dentists.
- We are continuing to monitor the public reaction to the service development proposal for the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)

Surveys

Our 'Question of the Month' which commenced late in November was about experience of using the NHS 111 Wales service. We wanted to hear people's experience of telephoning 111 and using the 111 website. The online survey was available through our website, we shared it widely on social media and we emailed our stakeholder contacts. We decided to let this survey run throughout December so that it could cover the Christmas and New Year period.

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

English:

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

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

Up to 20 December, a total of **1295** surveys have been completed, with **158** of them being completed by Powys residents.

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

Reports

The following report has been published since the December meeting:

Patient Experience of GP Services in Powys – this report outlined the responses we got to the Question of the Month in August.

<https://powyschc.nhs.wales/carousel-index/patient-experience-of-gp-services-in-powys/>

The report following the 'Question of the Month' survey about experience of the Ambulance Service has been shared with the Welsh Ambulance Services NHS Trust and with Powys Teaching Health Board. We have received responses from both organisations and the report will be published shortly.

Service change and patient engagement:

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

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

Powys CHC is considering hybrid meetings, whilst recognising that "virtual" meetings have enabled more members of the public to join, and a wider pool of speakers/ presenters who can attend at a specific time for a specific agenda item. The Montgomery Local Committee meeting held on 19th January 2023 was successfully held as a hybrid meeting.

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

There have been no engagement processes that have been discussed and ratified at the Executive Committee since the last PtHB Board meeting in November 2022; the Executive Committee was anticipating having the EASC Engagement and Communication plan to consider and discuss, but this is not yet ready. To note the Executive Committee of Powys CHC agreed to write to the Chief Ambulance Service Commissioner and the Committee to express their disappointment that neither the proposal nor engagement plan has not yet been shared given that the “leak” of the proposed change was in August 2022.

Advocacy

Open Powys Cases as of 1st January 2023: **34**

(+ 12 Swansea Bay CHC Cases)

	1 January 2023	1 Nov 2022	1 Sept 2022
Complaint Stage			
Pre-Local Resolution	3	6	1
Local Resolution	12	14	21
Further Resolution	5	0	2
Ombudsman	7	7	11
Continuing Health Care Retrospective Claim	0	1	1
Redress	4	5	4
Serious Incident Review	3	3	2
Total	34	36	42

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

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

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

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

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

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

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

	Number of Complaints	Number of Incidents
January 2023	34	44
November 2022	36	47
September 2022	42	54

Llais

There are currently three documents out for consultation:

- i) Draft guidance on service change in the NHS -
<https://www.gov.wales/sites/default/files/consultations/2022-12/guidance-for-engagement-and-consultation-on-changes-to-health-services-2022.pdf>
- ii) Draft Code of Practice on Access to Premises -
<https://www.gov.wales/sites/default/files/consultations/2022-12/health-and-social-care-quality-and-engagement-wales-act-2020-draft-code-of-practice-on-access-to-premises-and-engag.pdf>

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- iii) Draft statutory guidance on Representations - <https://www.gov.wales/sites/default/files/consultations/2022-12/health-and-social-care-quality-and-engagement-wales-act-2020-statutory-guidance-on-representations-made-by-the-citi.pdf>

The closing date for responses to all three is **6 March 2023**

Katie Blackburn

Prif Swyddog, CIC Powys/ Chief Officer, Powys CHC

Patterson, Liz
23/01/2023 11:23:18

Agenda Item: 3.5a

BOARD MEETING		DATE OF MEETING: 25 January 2023
Subject:	BOARD COMMITTEES: CHAIRS ASSURANCE REPORTS	
Approved and presented by:	Board Secretary Committee Chairs	
Prepared by:	Corporate Governance Business Officer	
Other Committees and meetings considered at:	The content of each of the reports has been subject to the consideration of the relevant Board Committee Chair.	

PURPOSE:

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

RECOMMENDATION(S):

The Board is asked to:

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

Approval/Ratification/Decision	Discussion	Information
	✓	

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

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

DETAILED BACKGROUND AND ASSESSMENT:

ASSURANCE REPORTS FROM COMMITTEE CHAIRS

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

Charitable Funds Committee

- The Committee Chair's report of the meeting held on 07 December 2022 is attached at **Appendix A.**
-

Executive Committee

- The Committee Chair's report of the meetings held December 2022 and January 2023 is attached at **Appendix B.**

Patient Experience, Quality and Safety Committee:

- The Committee Chair's report of the meeting held on 24 November 2022 is attached at **Appendix C.**

Workforce and Culture Committee:

- The Committee Chair's report of the meeting held on 13 December 2022 is attached at **Appendix D.**

NEXT STEPS:

Further updates from the Chairs of the Board Committees will be received at the Board meeting scheduled for 29 March 2023.

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Reporting Committee:	Charitable Funds Committee
Committee Chair	Carl Cooper
Date of meeting:	07 December 2022
Paper prepared by:	Charity Manager

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The confirmed minutes of the previous meetings of the Charitable Funds Committee held on 23 September can be found on the PTHB website via the following link: [Charitable Funds Committee - Powys Teaching Health Board \(nhs.wales\)](https://www.nhs.uk/charitable-funds-committee-powys-teaching-health-board).

The Charitable Funds Committee met on 07 December 2022 and the meeting was chaired by Carl Cooper.

At the meeting on 07 December 2022, the matters discussed were:

- General bids for approval
- Expenditure approved under delegated authority since the last meeting
- Terms of Reference and Charitable Funds FCP 007 Policy
- Charity Annual Workplan (2023)
- Annual accounts audit plan
- Annual accounts draft for review
- Charity activity and income report
- Charitable funds financial summary report
- Project evaluation updates
- Investment managers update report and acquisition details

General Bids for Approval

The Committee APPROVED three proposals to the Powys General Purposes Fund.

- National GIG Eisteddfod 2023 (£100)
- Photosymbols Software Licenses (£1,440)

- RIC Hub Innovation grant scheme (£105,000-£150,000 for a three year period)

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

The Committee RECEIVED the expenditure approved under the £5k delegated authority limit between September 2022 – October 2022, which amounted to £7,064.

The Committee RATIFIED the expenditure.

Terms of Reference and Charitable Funds FCP 007 Policy

The Charity Manager presented the Charitable Funds Committee's terms of reference and FCP 007 Policy for review and approval. Both documents have been updated following the recently completed internal audit. The Committee REVIEWED and APPROVED Terms of reference and Charitable Fund FCP 007 policy.

Charity workplan (2023)

The Charity Manager presented the Charity annual workplan to committee. This workplan was created to accompany the Charity Strategy for 2022-2025.

The workplan lists the key performance indicators (KPIs) required for the Charity team to achieve the deliverables of the Charity strategy and sit alongside the strategy. The workplan will act as the foundational framework for the Charity team's operations across the next 12 months and help evaluate the success of the Charity against the first year of its new strategy.

The Committee DISCUSSED and APPROVED the Charity annual work plan (2023).

Annual accounts audit plan

The Audit Manager from Audit Wales presented the proposed Audit Plan for the Charity for the financial year ending 31 March 2022, which includes details on the auditing team, the timeframe (December 2022-January 2023), and cost estimate for the work (£14,963).

The Committee DISCUSSED and NOTED the annual account audit plan.

Annual accounts draft for review

The Head of Financial Services and Charity Manager presented the draft of the Charitable Funds Annual Accounts and Report for 2021-22 to be shared with the auditors, to the Charitable Funds Committee. The report highlighted key summaries for the activity of the Charity during the previous financial year.

The Committee DISCUSSED, NOTED and SUPPORTED the annual accounts draft.

Charity activity and income report

The Charity Manager presented a summary of the Charity's activity for the period of September – November 2022. Key items discussed were Charity team's up-coming plans regarding site visits, fundraising ideas including a raffle and Christmas Jumper day.

The Charity will receive a one-off development grant of £30,000 from NHS Charities Together in early 2023 to support Charity team operations.

There has been a change in planning regarding the recently funded Diolch Powys programme of appreciation led by the Communications and Engagement team, which was proposed to include a major staff and stakeholder event in September 2022 followed by roadshow activities across the county.

The Charity Manager gave an update regarding the work on-going with the external marketing agency, jamjar pr, who have been commissioned to support development of the Charity's new branding. The strategy includes a summary of key information gleaned from Charity stakeholders as part of consultation and survey work, which has informed the creation of three early visual concepts.

The Committee DISCUSSED and NOTED.

Charitable funds financial summary report

The Head of Financial Services presented the financial summary report the key messages included:

- GENERAL FUNDS = From an amount of £3,005,551 held within General Purposes or designated funds at the 01 April 2022,

income of £80,960 has been received and £150,217 of expenditure has been paid. This equates to 5% of funds held 01 April 2022 have actually been spent. Included within the balance of General funds is an unrealised gain on investments of £744,175 which is the amount the investment valuation above the amount invested as 31 March 2022.

- **LEGACY FUNDS** = From an amount of £1,410,045 of funds held within legacies at the 01 April 2022, £6,490 income has been received and £14,517 of expenditure has been paid. This equates to 1.03% of funds held 01 April 2022 have actually been spent.
- **BANK BALANCE** - The Balance held within the bank account 30 September 2022 is just over £0.902M. Discussions with our investment advisors as to whether a short-term investment option was available has been undertaken but they advised that they could not guarantee any short-term investments would repay the amount invested over the shorter term. A term of investment for 3 years would be advised to ensure the investment would retain its level. They advised us to retain this within our bank over the short term. We do have some larger items of expenditure expected in the second six months of the year which should reduce the balance to approximately £0.7M but this will still be slightly above our target cash balance of £0.5M.

The Committee DISCUSSED and NOTED the report.

The following Items were presented for Information:

- **Project Evaluation Updates**

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

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

The Committee RECEIVED the investment report and presentation from Brewin Dolphin which covers the period of 1 July 2022 – 30 September 2022. The Committee also NOTED the information on the completion of the RBC acquisition of Brewin Dolphin.

ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD

RIC Hub Innovation grant scheme

The proposal sought funding for the establishment of a new grant scheme to support innovative health and wellbeing projects across the Health Board and regional partnership, with responsibility for the allocation of the fund delegated to the RIC Hub (with input and oversight by the Executive Committee and the Charitable Funds Committee).

The Charitable Funds Committee has awarded £35k-£50k per year for an initial period of three years, with regular reporting and evaluation during this period. This will allow time for the fund to establish and provide sufficient opportunity to evaluate the efficacy of the fund. The scheme will look to support individual health and care innovation / improvement / research projects, which seek to implement sustainable system improvements across the Health Board.

NEXT MEETING

1 March 2023

Reporting Committee:	Executive Committee
Committee Chair	Carol Shillabeer Chief Executive
Date of last meeting:	11 th January 2023
Paper prepared on:	12 th January 2023

KEY DECISIONS AND MATTERS CONSIDERED BY THE COMMITTEE

I am pleased to provide the Board with a summary of the matters considered by the Executive Committee when it met on 16th November, 29th November, 14th December, 21st December 2022 and 11th January 2023.

16th November 2022

1. Powys Health Protection Strategic Oversight Group (Incorporating Powys Covid-19 Prevention and Response)

The Committee considered the item which sought approval of updated governance arrangements for the continuing joint response between Powys Teaching Health Board and Powys County Council to the COVID-19 pandemic and wider health protection issues which may arise. The proposed structure included the continuation of the following Groups:

- Prevention and Response Strategic Oversight Group;
- Powys Care Home (Covid-19 and Acute Respiratory Infection) Multiagency Oversight Group; and
- Powys Incident Management Team, as and when required.

The Committee APPROVED the proposed governance arrangements and the corresponding Terms of Reference.

2. Investment to progress International Registered Nurse Recruitment

The Committee considered the proposal for financial investment into an overseas recruitment approach for Registered Nurses that would help respond to the short-to-medium term recruitment challenges the health board faces.

The Committee SUPPORTED the direction of travel however it requested that a substantive item return to the Committee for further consideration following the completion of the following actions:

- inclusion of a mechanism for the tracking of benefits year on year and an overview of potential risks should the health board be unable to recruit;
- the development of an organisational approach including workforce plan; and;
- exploration of the links to the transformation work underway via the Transformation and Value Group.

3. Industrial Action Preparedness

The Committee considered an overview of planning in response to confirmed and anticipated industrial action due to occur in the coming weeks/months. It was noted that a number of details in relation to potential industrial action remained unknown and that further updates would be provided to the Committee as and when available.

The Committee:

- DEFERRED the establishment of a Command-and-Control structure until further information in relation to industrial action was available;
- CONFIRMED that further discussion was required in relation to the identification of essential services;
- AGREED the establishment of an Internal Planning Group and the development of interim planning assumptions;
- AGREED that a standing item in relation to Industrial Action would be included on all executive meeting agendas (Executive Committees and Informal Executive Meeting) until alternative arrangements were instigated; and
- AGREED that an update report/briefing would be developed for presentation to Independent Board Members.

4. Bro Dyfi Community Hospital: Remodelled Hotel Services Operational Opportunities and Challenges

The Committee considered the item which provided a cleaning and catering model following the commissioning and occupation of the refurbished building from February 2023.

The Committee DISCUSSED and NOTED the Report and AGREED that further discussion was required in relation to the hotel services model deployed at Bro Dyfi Community Hospital at a forthcoming meeting of Informal Executives.

5. Digital First Overview Report

The Committee considered an update in relation to progress and performance within Digital Transformation & Informatics including Section 33 ICT performance activity. An update on delivery against the Digital First plan for 2022/23 was also provided.

The Committee DISCUSSED and NOTED the Report, recognising that broader work was underway regarding a Strategic Framework for the Digital First Enabling objective.

6. Policy Management Framework

The Committee considered the revised CGP 004 Management of Policies, Procedures and Other Written Control Documents Policy. The following changes were highlighted for the Committee's attention:

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

The Committee welcomed the revised policy and recognised the importance of the supporting Policy Management Toolkit, which was under development at the time of the meeting. The Committee SUPPORTED the presentation of the revised Management of Policies, Procedures and Other Written Control Documents Policy to the Board on 30th November 2022 for approval, SUBJECT TO further strengthening of the approach in relation to the audit of policies.

7. Corporate Risk Report: Corporate Risk Register

The Committee considered the November 2022 version of the Corporate Risk Register and highlighted the discussion held in relation to Industrial Action Preparedness and it was AGREED that a further review of the associated risks (CRR 006 and CRR 011) would be undertaken to ensure that register provided a true reflection of the organisation's risk profile.

The Committee REVIEWED and DISCUSSED the November 2022 iteration of the Corporate Risk Register.

8. Integrated Quality Report

The Committee considered the item which provided an overview of the quality and safety agenda across the health board, including:

- Implementation progress Quality & Engagement Act (2023);

- Once for Wales Content Management System (RLDatix);
- Supporting learning and improvement;
- National Nosocomial Framework;
- Putting Things Right – Concerns;
- Health and Social Care Inspections Regulatory Recommendations;
- Community Health Council; and
- Environmental Health Services

The Committee DISCUSSED the Report recognising that the development work underway on the implementation of the Integrated Performance Framework was key in the further progress expected in relation to quality reporting.

9. Mental Health Act Compliance and Powers of Discharge Assurance Report

The Committee considered the item which provided assurance in relation to the health board's compliance with its legal duties under the Mental Health Act (MHA) 1983 for the period from 1st October 2021 to 30th September 2022.

The Committee DISCUSSED the report and NOTED its contents for assurance.

10. Safeguarding Annual Report

The Committee considered the Safeguarding Annual Report for 2021-22. The Report provided an overview of improvements made within each of the Safeguarding Maturity Matrix Standards; Governance and Rights Based Approach, Safe Care, Adverse Childhood Experiences (ACE's) Informed, Learning Culture and Multiagency Partnership Working, as well as the challenges for 2022-23.

The Committee DISCUSSED and NOTED the Report.

11. Refreshed Patient Experience Approach

The Committee discussed the item which proposed that the health board's Patient Experience Improvement Plan replaced the current Patient Experience Strategy/Framework. It was noted that the plan had been reviewed and refreshed to reflect the progress made and areas for continued improvement and focus for 2022/23. A number of areas of risk were also highlighted to the Committee.

The Committee DISCUSSED the update; it was stressed that steps should be taken to ensure the health board's Integrated Performance Framework fully covered patients experience as part of its implementation.

12. Maternity Report

The Committee considered an overview of the following matters:

- Powys Provider Maternity Service: Update on current escalated arrangements and de-escalation plan;
- Maternity Services commissioned by the health board's which are in high levels of scrutiny;
- National improvement work-streams related to maternity and neonatal services in Wales; and
- PROMPT Wales

The Executive Committee DISCUSSED the report and SUPPORTED the proposed next steps.

13. Business Continuity Management Policy

The Committee considered the revised Business Continuity Management Policy following annual review and it was proposed that particular consideration be given to the establishment of an internal Business Continuity Preparedness Group, to collectively understand and prepare for identified risks that may impact on the health board's business continuity.

The Committee recognised the amount of work undertaken to develop the policy and the timeliness of the review in preparation for the winter period. The Committee APPROVED the revised Business Continuity Management Policy and the establishment of an internal Business Continuity Preparedness Group.

29th November 2022

1. Urgent and Emergency Care Report

The Committee considered the item which provided performance data as of the 22nd November 2022 in relation to the following areas:

- Primary Care;
- Minor Injuries Units;
- Ambulance Services;
- Departmental wait times;
- Emergency Medical Services; and
- Community Services

The Committee recognised the stark position reported and the scale of harms and costs to patients across NHS Wales. It was suggested that the forthcoming 3-4 weeks provided an opportunity to implement high impact actions to support the sustainability of the system over the winter period.

The Committee AGREED that a Gold Group would be established, in line with the already agreed Winter Plan, to provide strategic leadership through the winter system pressures. It was suggested that the focus of the Group would initially be on the following core areas:

- whole system data;
- system escalation;
- partnership working;
- high impact actions; and
- the five health economies.

It was highlighted that positive actions would need to be identified and bold changes may be required in some areas to support the system. It was confirmed that work would be undertaken to refresh the Gold Group Governance Framework and that the first meeting of the Group would be held on 7th December 2022.

2. Welsh Air Ambulance Service Change Proposal Overview

The Committee considered an overview of the Wales Air Ambulance Charity and the NHS Emergency Medical Retrieval and Transfer Service (EMRTS) review of the operational delivery model. It was highlighted that there were two areas of concern in relation to the operational delivery model:

1. although a significant amount of information has been released by EASC, EMERTS and the Welsh Air Ambulance teams, the impact on Powys patients was not yet fully understood. This is a common theme for all other health boards affected.
2. The engagement process for service change including the role and responsibilities of EASC and individual Health Boards.

The Committee DISCUSSED the issues, supporting the key role of the Assistant Director of Communication and Engagement to interface with the EASC team and the Director of Planning and Performance in supporting an improved approach to the data modelling being undertaken by the EASC team.

3. Director of Workforce and OD Report

The Committee considered an overview of recent key developments, improvements and activity within the Workforce and OD Directorate outside the strategic priorities within the Integrated Medium Term Plan.

The Committee welcomed the report and SUPPORTED the item being made a standing agenda item at the Workforce and Culture Committee.

4. Workforce Futures: Staff Wellbeing and Engagement Report, including Occupational Health Report and Update on Staff Survey

The Committee considered an update of activity to support staff wellbeing and engagement. It was highlighted that a series of Staff Roadshows were taking place, the information and support available to staff was being continuously updated on the Sharepoint site and that mitigations were being implemented to support the current recruitment difficulties and service pressures within the Occupational Health Service.

The Committee DISCUSSED and NOTED the Report.

5. Workforce Performance Report

The Committee considered an overview of the following workforce metrics, highlighting areas of concern and the key actions and mitigation in place:

- Workforce Profile;
- PADR Compliance;
- Mandatory and Statutory Training Compliance;
- Staff Absence;
- Employee Relations;
- Variable Pay;
- Temporary Staffing; and
- Occupational Health

The Committee DISCUSSED and NOTED the Report.

6. Workforce Futures: Leadership and Team Development Overview Report, including Management and Leadership Development Programmes and Intensive Learning Academy Update

The Committee considered an update of activity undertaken to develop leadership capability, through the following programmes of work:

- Management and leadership development programmes
- Intensive learning Academy (ILA)

The Committee DISCUSSED and NOTED the Report.

7. Industrial Action Preparedness

The Committee RECEIVED an assessment of the current position and an overview of the actions implemented to date in preparation for planned/potential industrial action during the Winter period.

The Committee DISCUSSED and NOTED the update.

8. Annual Review of PTHB Severe Weather Arrangements

The Committee considered the updated Severe Weather Arrangements which had been revised following annual review to reflect:

- An amendment to the document title which had previously been referred to as the PTHB Severe Weather Plan;
- Lessons learned from local, regional and national exercises and incidents;
- Reference to climate change; and
- Strengthened links to relevant Public Health guidance to inform operational actions for extreme heat and cold weather events.

The Committee APPROVED the revised arrangements and welcomed the inclusion of element referencing climate change.

9. Integrated Performance Framework Implementation Plan

The Committee considered the implementation approach to the revised Integrated Performance Framework approved by the Board in September 2022. The implementation was due to be reported via the Delivery and Performance Committee.

The Committee APPROVED the proposed implementation plan and the appended Terms of Reference, subject to a review of quoracy requirements, in light of anticipated system pressure throughout the winter period.

10. Communications and Engagement Update, including Annual Plan and Delivery Assurance Report

The Committee considered a Month 6 update on delivery and progress by the Engagement and Communication Team and sought views on priorities for Q3 and Q4.

The Committee DISCUSSED and NOTED the Report.

11. Public Inquiry – Module 3 Presentation

The Committee considered an overview of the options in relation to the application Core Participant Status in Module Three of the UK Covid-19 Inquiry.

Based upon the consideration of potential impacts, and taking into account the advice of Counsel, it was AGREED that a recommendation would be made to the In-Committee Session of Board on 30 November 2022 on behalf of the Executive Committee.

12.Update on Accelerated Sustainable Model Work

The Committee RECEIVED a presentation on progress made in relation to the Accelerated Sustainable Model.

The Committee DISCUSSED and NOTED the updated position.

14th December 2022

1. Mass Vaccination Security

The Committee considered an overview of the security requirements relating to the vaccination programme.

The Committee discussed and APPROVED the recommendations in relation to vaccination security.

2. Healthy Schools and Healthy Pre-schools/Bach a Iach Schemes Assurance Report

The Committee considered an overview of the current position of the delivery of Healthy Schools and Healthy Preschools Scheme across Powys. It was highlighted that the delivery is currently on track in line with the conditions of the national grants that fund them.

It was noted that in response to the pandemic, a number of adaptations have been implemented to enable to support Mental Health (MH) wellbeing and training delivery. A review would be undertaken to align the schemes across School Nurses, CAMHS and in-reach services.

The Committee DISCUSSED and NOTED the Report.

3. Application from Crickhowell Group Practice to close Branch Surgery, Gilwern

The Committee considered an overview of the proposed engagement plan to consider the branch surgery closure of Belmont Surgery, Gilwern, following an application from the Crickhowell Medical Practice. The following areas of the engagement plan were discussed and agreed:

- The engagement period to begin from 10/01/23 – 06/03/23 (8 weeks)

- The content of the patient letter and distribution to each household in the Crickhowell Medical Practice catchment area.
- The content of the questionnaire and in particular the question re: pre covid access, discussions to take place with Crickhowell Practice.
- The need for one drop-in session as part of the engagement plan.
- Noted potential costs to deliver the engagement plan recognising this will create a cost pressure to the relevant Primary Care budgets.
- that any further decisions in relation to the agreement and delivery of the engagement plan are delegated to the DPCCMH in liaison with the Assistant Director of Primary Care and Assistant Director of Communications and Engagement so that plans can be put in place to commence engagement from 10 January 2023.

The Committee recognised the potential need to hold an Extraordinary Board meeting in April 2023 given the March Board meeting would not align with timescales.

The Committee DISCUSSED and SUPPORTED the engagement plan for the closure of the Branch Surgery of Gilwern.

4. Recruitment of Overseas Nurses

The Committee considered an update on the second tranche of the All-Wales recruitment campaign of the remaining five overseas nurses (OSN) that would help to respond to the short to medium term recruitment challenges the health board faces. Consideration was given to the following actions for implementation:

- Environment Directorate will lead the accommodation workstream.
- It was AGREED that the preferred accommodation option would be to provide longer term market rental housing to provide integration within the community;
- Key recruitment strategy timeframe expectancy; the earliest arrival date would be within an 8x week period to be inclusive within the financial year costs. Recruitment to begin with immediate effect;
- Environment Directorate will lead the transport workstream and support any transport arrangements required;
- Pastoral Care is an essential requirement as part of an international recruitment programme, and to utilise the current resources and training venues available which are more cost effective over a 12xweek training period;

- Exploration of the links to lessons learned to support the scalability of the pilot cohort;

The Committee APPROVED the second tranche of the recruitment campaign of the remaining five overseas nurses (OSN) and AGREED that progress reports to be brought back to committee for discussion

5. Workforce Planning

The Committee considered an overview of the All-Wales Workforce Planning Toolkit based on the skills for the Health Six step Methodology. The following steps were discussed to the deployment of the Workforce planning approach:

- There will be an expectation that all service areas develop Workforce Plans as part of their annual IMTP submissions;
- For key areas and programmes of work, targeted support will be provided to implement the use of the workforce planning toolkit.

It was recognised that development of the new Accelerated Sustainable model and the need to provide targeted Workforce Planning support is required.

The Committee SUPPORTED the need to build Workforce Planning capability with a focus on resource planning in line with the programme and APPROVED the Workforce Planning Toolkit.

6. Industrial Action Preparedness

The Committee considered an assessment of the current position of the agreed actions to date. Notification of the outcome of the Royal Society of Physiotherapy ballot had been received which is in favour of Industrial Action. It was noted that the Royal College of Nursing (RCN) is taking strike action on 15th and 20th December 2022. No other Trade Unions would be involved in the strike action across the health board.

Welsh Government has re-issued the Local Options Framework to be considered if there is a need to redeploy staff. Derogated rotas have been worked through for Christmas Day, however, a letter has been received from the CNO around inpatient ward areas to be staffed as a 'night shift' rota as per the national agreed derogations. It was agreed for further work to be undertaken in this area.

The Committee DISCUSSED and NOTED the update.

7. Workforce Policies: a) Ordinary Parental Leave Policy b) Recruitment Policy and Procedure c) Annual Leave Policy

The Committee considered minor amendments to the Annual Leave Policy to remove reference to carry forward of annual leave in response to Covid-19. An additional Annual Leave carry forward request form would be required for exceptional circumstances and an update to national annual leave allowance increase effective from April 2021.

The Committee APPROVED the revised Policies for Ordinary Parental Leave, Recruitment and Procedure and Annual Leave Policy, all documents would subsequently be made available on the PTHB intranet accordingly.

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

The Committee considered the proposed action plan which had been updated to reflect a more realistic target date for completion. Consideration was given to amending the approach to areas such as job descriptions in terms of targeted use of resources.

The Committee APPROVED the Welsh Language Internal Audit Report Action plan.

21st December 2022

1. Powys Vaccination Model

An additional meeting of the Executive Committee was held on 21st December 2022 in order to consider the Powys Mass Vaccination Model, which is expected to change in line with the NHS Wales National Immunisation Framework; launched by Welsh Government in October 2022.

Current financial staffing establishment is funded until 31 March 2023 and the service will continue to be under continuous review to support the Health Boards efficiency plans. The health board is in a better place in terms of surge planning and support was welcomed from Primary Care, having previously supported the delivery of the vaccination programme during previous surge responses.

The following actions were agreed for implementation:

- Review the population coverage activity across a three centred model,

- Review the distinction of core and surge planning and the financial implications,
- Review the transition to 'business as usual' vaccination capacity,
- Review current supporting structures to mainstream the service,
- The Director of Workforce and OD to fully assess the implications of the staff employment contract changes and expectancy of notice to staff,
- Review the infrastructure of data to integrate into patient services, building resilience and strengthen a flexible model.

The Committee DISCUSSED and NOTED the Vaccination Model, and it was AGREED that a further iteration of the proposed Vaccination Model would be presented to Executive Committee on 26th January 2023 for approval.

11th January 2023

1. Emergency Vaccination Surge Plan

The Committee considered an overview of the health board's Emergency Vaccination Surge Plan which has been requested by Welsh Government. A workshop took place to review the lessons learned and to inform the planning parameters. It is thought that if surge was requested, it would require over 40,000 vaccines across Wales to be undertaken per day; in Powys this equates to 2,000 vaccines per day. The Executive Committee APPROVED the following recommendations:

- APPROVED the Emergency Vaccination Surge Plan as part of the health board's emergency and business continuity approach to managing population risks and service delivery.
- NOTED the plan is 'live' and will be regularly reviewed;
- APPROVED the Emergency Vaccination Surge Plan to be submitted to Welsh Government;
- NOTED the SOP which has been developed for Emergency Vaccination Surge Planning.

The Committee DISCUSSED and APPROVED the recommendations of the Emergency Vaccination Surge Plan.

2. Primary Care Cluster Planning

The Committee considered an overview of progress in implementing the Accelerated Cluster Programme. During the transition year, the programme aims to promote the four independent contractor

professionals (general practice, dental practice, optometric practice, and community pharmacy), as equal partners.

The programme conveys a new operating model for Clusters which separates the planning and delivery function and ensuring mutually strategic and operational discussions. The plan aims to align Clusters, Regional Partnership Boards, and the health board's IMTP planning going forwards.

The Committee DISCUSSED and NOTED the report.

3. Strategic Change Report

The Committee considered an overview of the stocktake of Strategic Change Programmes which is gathered through various sources. It was highlighted that the programme is a changing picture due to the challenging environment for engagement and delivery through transformation programmes.

It was noted that additional detail in relation to Stroke and EMRTS would be included within the report prior to submission to the Planning, Partnerships and Population Health Committee.

The Committee DISCUSSED and SUPPORTED the Strategic Change Report for onward submission to the Planning, Partnerships and Population Health Committee on 19th January 2023.

4. Corporate Risk Register

The Committee RECEIVED and DISCUSSED the proposed updates to the Corporate Risk Register. The risk rating for CRR004 was discussed in detail due to the rising demands across the emergency services and contributing factors outside of the health board's control to mitigate the risk. It was agreed for further discussion would take place on the narrative and to clarify what risks are equivalent and proportionate to the risk rating increase.

The Committee agreed that the Winter Plan update report would be discussed at the beginning of the Board meeting agenda on 25th January 2023 which would link to the particular risks of CRR004 and CRR008.

The Committee RECEIVED and DISCUSSED the January 2023 version of the Corporate Risk Register and agreed that further discussion would be required to present the risk to the Board on 25th January 2023.

Sub-Groups of Executive Committee

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

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

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

ITEMS TO BE ESCALATED TO THE BOARD

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

- It is requested that the Board NOTE the Executive Committee's decision to establish a Winter System Resilience Gold Group from 7th December 2022 in order to provide strategic leadership through the winter period.
- Consider the issues and risks relation to Winter System Resilience.

NEXT MEETING

The next meeting of the Executive Committee is scheduled for 26th January 2023.



Reporting Committee:	Patient Experience, Quality and Safety Committee
Committee Chair	Kirsty Williams
Date of last meetings:	24 November 2022
Paper prepared by:	Interim Head of Corporate Governance
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	
<p>The last meeting of the Patient Experience, Quality and Safety Committee took place on 24 November 2022.</p> <p>The Board is asked to note that the following matters were discussed at the Patient Experience, Quality and Safety Committee on 24 November 2022:</p> <ul style="list-style-type: none">• Integrated Quality Report• Maternity Assurance Report• Clinical Audit Progress and Learning• WHSSC Quality and Patient Safety Committee• Infection Prevention and control Assurance Report• Safeguarding Annual Report• Patient Experience Approach• Committee Risk Register• Review of Committee Terms of Reference <p>The Board is asked to note that the following matters were discussed at the Patient Experience, Quality and Safety In-Committee on 24 November 2022:</p> <ul style="list-style-type: none">• Mental Health Act Compliance Report <p>A summary of the key issues discussed at the meetings is provided below.</p> <p>-----</p>	

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INTEGRATED QUALITY REPORT

The Committee received the report where attention was drawn to the following areas:

- preparation for the implementation of the Health and Social Care (Quality and Engagement) Act (Wales) 2020 in April 2023;
- investigation training provided by the Quality and Safety team;
- the review of nosocomial cases is back on track;
- a decrease in the number of formal concerns partly due to a move to address concerns at source;
- compliance with the 30 working day response date for concerns has improved to 80% in October; and
- joint production of a learning newsletter.

MATERNITY ASSURANCE REPORT

The Committee received the report noting provided maternity services are currently in local escalation and outlining how the service would move to business as usual. The Executive team are monitoring the action plan and would receive updates in January and March to ascertain when it was appropriate to move to business as usual. Cwm Taf Morganwg University Health Board Maternity Service have moved from Special Measures to Targeted Intervention. Other services are monitored via the Commissioning Assurance Framework with areas of concern reported to Committee.

CLINICAL PROGRESS AND LEARNING

The Committee received the report noting that local clinical audits were progressing on target although a number remained to be undertaken, how examination of national and local audits in addition to other information assisted in developing the forward clinical audit plan, and that changes in reporting on national audits which included local monitoring would be monitored via the Committee.

INFECTION PREVENTION AND CONTROL ASSURANCE REPORT



The Committee received the report noting the late submission was due to staff changes. National infection prevention and control targets had been met with attention drawn to joint working across teams to enable this. Workforce challenges continued with the intention to appoint a Consultant Infection Prevention and Control Specialist, an elevated role due to competition in this area.

WHSSC QUALITY AND PATIENT SAFETY COMMITTEE

The Committee welcomed the Director of Nursing and Midwifery offer to strengthen links between the WHSCC Quality and Patient Safety Committee and the Patient Experience, Quality and Safety Committee.

SAFEGUARDING ANNUAL REPORT

The Committee received the 2021/22 Safeguarding Annual Report which outlined key areas of development and achievement to support the health board to meet its statutory responsibilities in safeguarding the residents of Powys.

PATIENT EXPERIENCE APPROACH

The Committee received the report noting the health board does not have a Patient Experience Team with the work locally supported by the Quality and Safety Team and the Welsh Language and Equalities Team. The health board have opted into the Once for Wales contract for the Civica patient experience system which enables the health board to gather real time service user feedback from both provided and commissioned services.

COMMITTEE RISK REGISTER

The Committee received the Risk Register noting it had been reviewed in September and that additional work would be required to articulate the risk at a lower level.



WORK PROGRAMME

The Committee Work Programme, amended to take into account any changes to reporting was received. The Work Programme for 2023/24 was in development to include the new reporting arrangements via the Integrated Quality Report. The Work Programme would have structure but be flexible in relation to issues that arose during the year, and Annual Reports would be brought to Committee earlier in the year.

ITEMS TO BE ESCALATED TO THE BOARD

There were no items to be escalated to Board, recognising the ongoing oversight being applied by the Committee to maternity services.

NEXT MEETING

The next meeting of the Patient Experience, Quality and Safety Committee will be held on 23 February 2023.

Under Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960 the following motion was passed:

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

PATIENT EXPERIENCE, QUALITY AND SAFETY IN-COMMITTEE MEETING

MENTAL HEALTH COMPLIANCE REPORT

A detailed briefing was given to Committee Members on Compliance in Mental Health Services.

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Reporting Committee:	Workforce and Culture Committee
Committee Chair	Ian Phillips
Date of last meeting:	13 December 2022
Paper prepared by:	Interim Head of Corporate Governance

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that the following matters were discussed at Workforce and Culture Committee which took place on 13 December 2022:

- Director of Workforce and OD Report
- Workforce Performance Report
- Workforce Futures Strategic Update
 - Leadership and Team Development
 - Staff Wellbeing and Engagement
- Communication and Engagement Month 6 Report
- Committee based risks on the Corporate Risk Register

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

13 December 2022

DIRECTOR OF WORKFORCE AND OD REPORT

The Committee received the report of the Director of Workforce and OD and gave updates on the following areas not already included on the agenda:

- recruitment;
- attraction;
- sustainability and transformation;
- employee experience;
- workforce realignment; and
- employee relations.

The Committee welcomed and NOTED the Report.

WORKFORCE PERFORMANCE REPORT

The Committee received an update on key performance indicators across the organisation. Attention was drawn to the following matters:

- 266 staff are on fixed term contracts;
- over 700 staff are over the age of 56;
- an increase in staff in post of over 200 since 2019;
- PADR compliance is below target but above the all Wales benchmark;
- mandatory training is below target but above the all Wales benchmark;
- staff absence is increasing in common with other health boards;
- an increase in staff requesting formal resolution;
- 15% turnover; and
- an offer has been made for an Occupational Health lead.

The Committee DISCUSSED and NOTED the Workforce Performance Report.

WORKFORCE FUTURES, (LEADERSHIP AND TEAM DEVELOPMENT)

The Committee received the report which outlined the progress in this area of the Workforce Futures Programme and noted the need to evaluate all the activity taking place to consider ceasing activity which is not having an impact.

WORKFORCE FUTURES, (STAFF WELLBEING AND ENGAGEMENT)

The Committee received the report and drew attention to the following matters:

- the national staff survey had been delayed to Spring 2023 – local activity (pulse surveys) would be undertaken in the meantime;
- staff roadshows had taken place with further events planned;
- an update on the Occupational Health Service;
- the Counselling Service had been re-tendered; and
- Taking Care of the Carers programme was on track excepting the appointment of a co-lead.

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COMMUNICATIONS AND ENGAGEMENT MONTH 6 REPORT

The Committee received the report with progress from the first half of the year highlighted followed by a forward look for the remainder of the year. Work is planned to fit with the Integrated Medium Term Plan along with service changes together with responsive work for example in relation to winter pressures and industrial action.

The Communications Team includes a number of fixed term posts and the necessity to prioritise workload in relation to capacity and budget was noted along with a requirement to be realistic in relation to what is achievable within these parameters.

COMMITTEE BASED RISKS ON THE CORPORATE RISK REGISTER

The Committee reviewed the Risk Register and discussed the ongoing work relating to the 10-year Workforce Strategy. The mitigating actions will be referenced in the updated Risk Register to be presented to Board.

The Committee NOTED the Committee Risk Register.

ITEMS TO BE ESCALATED TO THE BOARD

There were no items to be escalated to the Board.

ANY OTHER URGENT BUSINESS

There was no urgent business.

NEXT MEETING

The next meeting of the Workforce and Culture Committee will be held on 14 March 2022.

BOARD MEETING		DATE OF MEETING: 25 January 2023	
Subject :	SUMMARY OF JOINT COMMITTEE ACTIVITY		
Approved and Presented by:	Carol Shillabeer, Chief Executive		
Prepared by:	Corporate Governance Business Officer		
Considered by Executive Committee on:	Various aspects covered in Executive Committee business		
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant joint committees.		
PURPOSE:			
<p>The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the Joint Committees of the Board</p> <ul style="list-style-type: none">▪ Welsh Health Specialised Services Committee (WHSSC); and▪ Emergency Ambulance Service Committee (EASC); and <p>It also provides an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC).</p>			
RECOMMENDATION(S):			
<p>It is recommended that the Board:</p> <ul style="list-style-type: none">▪ NOTES the updates contained in this report in respect of the matters discussed and agreed at recent Joint Committee meetings.			
Approval/Ratification/Decision		Discussion	Information
x		✓	x

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

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

EXECUTIVE SUMMARY:

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

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

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

DETAILED BACKGROUND AND ASSESSMENT:

Welsh Health Specialised Services Committee (WHSSC)

The Welsh Health Specialised Services Committee held virtual meetings on 10 January 2023 and 17 January 2023. The papers for the meetings are available at: [2022/2023 Meeting Papers - Welsh Health Specialised Services Committee \(nhs.wales\)](https://www.nhs.uk/wha/2022/2023-meeting-papers-welsh-health-specialised-services-committee)

Briefing reports from these meetings were unavailable when the Board Papers were published and will be included in the March 2023 Board papers.

Emergency Ambulance Services Joint Committee (EASC)

The EAS Committee held a virtual meeting on 6 December 2022 and 17 January 2023. The papers for the meetings are available at: [January 2023 - Emergency Ambulance Services Committee \(nhs.wales\)](https://www.nhs.uk/wha/2022/2023-meeting-papers-emergency-ambulance-services-committee) The assurance report for the 6 December 2022 is attached at **APPENDIX A**. The

assurance report for 17 January 2023 was not available when the Board papers were published and will be included in the March 2023 Board papers.

Mid Wales Joint Committee for Health and Social Care

The next update from the Mid Wales Joint Committee is expected to Board in March 2023.

NEXT STEPS:

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

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NHS
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Pwyllgor Gwasanaethau
Ambiwlans Brys
Emergency Ambulance
Services Committee

Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Chris Turner (Chair – EASC)
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	6 December 2022

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

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

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

The minutes of the EASC meeting held on 8 November were approved.

PERFORMANCE REPORT

In presenting the report, Stephen Harrhy gave an update on the current emergency ambulance performance and an overview of the range of actions and processes that had or would be implemented to support performance improvement. The report also presented information in line with the most recent publication(s) of the Ambulance Service Indicators.

NOTED that:

- the report presented a picture of a system that was under severe and sustained pressure. It was reported that ambulance performance was well below levels that the Committee would want delivered and the actions being taken to improve performance were included within the report. Members were reminded that a proposal had previously been approved by Committee to alter a number of dispatch codes and that the likely consequence was that an increase the number of red calls would be received. It was noted that the service had started to see this impact
- the current position with record numbers of handover delays at hospital sites across Wales. Most members had been present at the recent **Ministerial Summit that took place on 28 November**, with the aim of discussing ongoing concerns around ambulance handover delays that were causing harm to patients. It was noted that the Minister for Health and Social Services opened the Summit by outlining her concerns around handover delays and reminded those in attendance of their organisational commitments to reducing delays.
 - Examples of improvements were shared by Walsall Healthcare NHS Trust, with key messages in relation to the organisational ownership of patients from the time they call 999 and take leadership for their care within the organisation. In addition, Cardiff and Vale University Health Board shared their experience of improving handover delays, following a focus on the 4-hour red line and further work was planned to further reduce delays.

Each health board provided an update on their handover improvement plans and commitments at the Summit

AGREED that:

the presentation by Walsall NHS Trust provided a helpful focus on areas of learning. It was proposed that further contact would be facilitated via the Chief Ambulance Services Commissioner rather than through a number of separate discussions and that this would be in line with the work in Goal 4 of the Six Goals for Urgent and Emergency Care Programme

NOTED that:

- **Fortnightly handover improvement plan meetings** continued to be helpful and constructive and ensured specific consideration of the agreed trajectories
- **Conveyance rates were reducing**, this impact must be considered in light of a reduction in attendance in response to escalation decisions; also that this reflected the increasing role of 'hear and treat' and the impact of recent investment in both staff and technology within the clinical support desk. Close relationships with NHS Wales 111 were also felt to be an important factor in reducing conveyance
- The '**hear and treat**' efficiency target of 10.2% of daily volume and that the Welsh Ambulance Services NHS Trust (WAST) had set an internal target of 15% by the end of the calendar year, it was reported that 16% had been reported on some days. The impact of new video technology and staff use of the ECNS (Emergency Nurse Communication System) to support decision-making
- **The level of risk and harm to patients across the system was widely recognised and the additional need to protect ambulance resources out of area, particularly for rural areas at a distance from emergency departments**
- Actions making a significant impact across the system included use of alternative pathways and services other than conveyance to emergency departments where appropriate to do so, a focus on the effective use of falls services and strengthened liaison between health boards and WAST to ensure effective communication, handover and release, particularly against the four-hour trajectory
- Work continued in partnership with local authorities to increase community care capacity with in excess of 450 bed/bed equivalents extra reported to date. Members were in agreement that this was significant, however, this would not solve the problems across the system with further work required on longer term provision, including additional care packages and support for people leaving hospital.

The Chair summarised and noted the key messages of the Minister for Health and Social Services in her closing remarks including the need for organisational commitment to the agreed actions, a focus on fewer key actions and the sharing of the key actions already having an effect.

Members **RESOLVED** to:

- **NOTE** the Ambulance Services Indicators
- **NOTE** additional actions that the Committee could take to improve performance delivery of commissioned services
- **NOTE** the handover improvement Ministerial summit discussion and the specific requirements of organisations.

UPDATE ON PROGRESS RELATED TO THE SERVICE DEVELOPMENT PROPOSAL EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) AND WALES AIR AMBULANCE CHARITY

The report provided Members with an overview of the progress made since the Committee meeting on 8 November 2022. At that meeting, the EASC Team was asked to progress on:

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

NOTED that:

- Given the above requirements and the challenges raised by Committee members and stakeholders and in order to avoid protracted discussions over the process, content and transparency of the original proposal, the EASC Team had undertaken to start the process of undertaking this analysis afresh.
- the scrutiny in key areas would continue. The report focused on a description of the current service provision and the historical activity that had been delivered, including an overview of four specific areas related to base activity, these were:
 - Geographical coverage
 - Rapid Response Vehicle Usage (RRV)
 - Utilisation
 - Unmet need.
- there were potential opportunities for service improvement to be explored. The utilisation of all resources was included and, as an example to amplify this issue, both Caernarfon and Welshpool bases were reported as having lower levels of utilisation than the bases in Dafen and Cardiff. It was understood that an element of this would be related to the rural position and lower population density in these areas but options to provide equitable services should be explored
- when combined with unmet need, this would demonstrate that the EMRT service could potentially do more within its existing resource if changes were implemented to increase utilisation and reduce unmet need.

AGREED that:

- there was a need to explore and maximise the additional activity that could be achieved from existing bases and also to explore how any options to reconfigure the service could reduce the number of patients who require a critical care response from EMRTS but currently do not receive one (unmet need).

NOTED that

- modelling and modelling outputs would be part of a robust evaluation process, not used as a sole determinant
- as per the request at the last meeting, activity data from 2022 and weather probability information had been integrated into the preparation for the modelling, and this in turn would support further scenario modelling
- outputs of modelling would be determined by the assumptions that would be placed upon the modelling scenarios and, in order to do this, an understanding of the constraints that should be applied to any development process would be required
- noted that the report EMRTS 24/7 Service Expansion Review (received at the EASC meeting on 13 November 2018) provided the constraints that were adopted as part of the work and it was suggested that a similar a set of constraints would be appropriate and helpful for this current review
- the investment objectives that were used as part of the original case for the establishment of the 24-hour EMRTS service and the weighting that was applied to these objectives to inform the decision-making process for the 24/7 expansion review. The investment objectives were:
 - Health Gain
 - Affordability
 - Clinical Skills and Sustainability
 - Equity
 - Value for Money.

The Committee was asked to consider that the initial engagement process with the public, individual health boards and the Wales Air Ambulance Charity Trust should explore the appropriateness of the constraints, investment objectives and weighting presented, as part of a robust option appraisal process to inform discussion once further modelling and analysis was complete.

Stephen Harrhy gave an overview of the engagement activity that had been undertaken by the EASC Team since the last EASC meeting which included:

- Activities undertaken with many stakeholders both face to face and virtually
- Ongoing collation of, and responses to, over 60 stakeholder comments and questions
- Circulation of the latest stakeholder Briefing Note 2
- Updates to Community Health Councils (CHCs) and confirmation of the agreed key principles of engagement
- Fortnightly meetings with health board engagement, communication and service change leads.

The report proposed that the EASC Team would need to work closely with health board engagement, communication and service change leads and with Community Health Council (CHCs) colleagues in the development and agreement of appropriate engagement materials including the engagement document and the stakeholder engagement timetable.

It was proposed that the formal public engagement process could commence in early January, subject to agreement of engagement materials by health boards and CHCs.

The proposed engagement would include two phases, these were:

Phase 1:

- Explain how the current service works
- Test the constraints, investment objectives and weightings

Six-Week Review

- Agree options to be modelled

Phase 2:

- Undertake the modelling and use to inform a robust option appraisal process
- Make a recommendation to EASC Members.

Members discussed:

- The importance of utilisation of resources and the need for a balance in terms of availability of resources against the efficiency and effectiveness of service delivery (not over or underutilised)
- The need to explore reasonable utilisation levels considering population densities, urban vs rural locations etc
- EMRTS as a national service, not covering a geographical area like road-based ambulances
- The need to understand the current co-ordination and deployment process
- The need to review operating hours when looking at options to maximise additional activity that could be achieved from existing bases and the options to reconfigure
- The impact of the announcement of the preferred bidder for the new aircraft contract; it was confirmed that this process had been ongoing for sixteen months and that the only agreement in place was for four aircraft plus the back-up capability. Members noted that there had been no pre-determination on the number of or location of bases, this was pending the outcome of the EASC processes (engagement)
- The need for a range of engagement material, including the need for them to be bilingual and easy to understand
- the need to develop an effective engagement approach that asked the right questions and reached as many people as possible. It was agreed that this would need to be a collaborative effort with health boards and CHC colleagues and that local leads would be able to inform this, e.g. the positive Powys experience utilising drop-in sessions was noted
- The two phases of engagement proposed, including the review at six-weeks; Members supported this approach
- Questions had been raised by Swansea Bay University Health Board ahead of the meeting asking for additional clarification on the engagement process, the work with health boards and the community health councils and the need for Equality Impact Assessments
- The need for a pragmatic approach in terms of signing off the engagement materials, involving Engagement or Service Change Leads working with Board Secretaries. Members noted Gwenan Roberts would be the point of contact from the EASC Team
- Formal public engagement could commence 9 January if the required agreed documents were in place
- Consideration be given regarding short term support for the EASC Team.

The Chair confirmed that he would ensure the required assurance was in place ahead of undertaking Chair's Action (on behalf of the Committee) to commence the formal engagement process.

Members resolved to:

- **NOTE** the high-level overview provided and the variation in service delivery from the existing bases
- **AGREE** that the issues highlighted by this paper require further exploration and options appraisal process to deliver improvements
- **APPROVE** the service development constraints to be engaged upon
- **APPROVE** the EMRTS key investment objectives and weightings to be engaged upon
- **APPROVE** the commencement of a formal public engagement process as agreed
- **APPROVE** the use of the agreed constraints to inform subsequent modelling and development of options
- **APPROVE** the use of agreed EMRTS key investment objectives and weightings in the options appraisal process
- **APPROVE** Chair's action to commence the formal engagement process when documentation agreed.

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

- Red and amber performance
- Handover delays (and the development of handover improvement plans in HBs with trajectories) and the impact on WAST
- Structured approach relating to the engagement process for the EMRTS Service Review.

Matters requiring Board level consideration

- To acknowledge the significant risks for patients in relation to handover delays and the need for health boards to implement the local handover improvement plans and identified trajectories) for every emergency department against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours
- Opportunity for health boards to take part in the public engagement process related to the potential changes to EMRTS Cymru working in partnership with the Wales Air Ambulance Charity.

Forward Work Programme

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
Date of next meeting	17 January 2023			

Patterson, Liz
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AGENDA ITEM: 3.6

BOARD MEETING		DATE OF MEETING: 25 JANUARY 2023
Subject :	SUMMARY OF PARTNERSHIP BOARD ACTIVITY	
Approved and Presented by:	Carol Shillabeer, Chief Executive	
Prepared by:	Corporate Governance Business Officer	
Considered by Executive Committee on:	Various aspects covered in Executive Committee business	
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant partnership board.	

PURPOSE:

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

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

RECOMMENDATION(S):

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

Ratification	Discussion	Information
x	✓	x

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

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

BACKGROUND AND ASSESSMENT:

Powys Teaching Health Board is a member of the following partnership boards. This report provides an update in relation to the work of these Partnership Boards.

NHS Wales Shared Services Partnership Committee (NWSSPC): established under Velindre NHS Trust which is responsible for exercising shared services functions including the management and provision of Shared Services to the NHS in Wales.

The Shared Services Partnership Committee last met in September 2022. The assurance report from that meeting was shared with Board in November 2022.

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 last met in October 2022 the details of which were reported to Board in November 2022.

The Powys Regional Partnership Board (RPB): established under the Social Services and Well-being (Wales) Act 2014, which came into force in April 2016. Its key role is to identify key areas of improvement for care and support services in Powys and to identify opportunity for integration between Social Care and Health.

The RPB will next meeting on 23 January 2023. An update will be provided to Board in March 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 November 2022 where the following items were discussed:
 - Project briefs on Older People and Community, Mental Health, and Learning Disabilities;
 - Update on clearing financial disputes
 - Social Service and Wellbeing (Wales) Act 2014 Section 28 Learning Disabilities
 - Workforce Futures Realignment Winter 2022/23

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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