

PTHB Board Meeting		Date of Meeting: 29 March 2023
Subject :	Progress Against the Integrated Medium Term Plan 2022 – 2025, for the Quarter 3 Period (including forecast outturn to year-end)	
Approved and Presented by:	Interim Director of Planning and Performance	
Prepared by:	Assistant Director of Planning	
Other Committees and meetings considered at:	<p>Q3 report considered by: Finance and Performance Group (15 Feb 2023) Delivery and Performance Committee (28 Feb 2023)</p> <p>Q3 report with Q4 projections considered by: Executive Committee – 22 March 2023</p>	
PURPOSE:		
<p>This report provides the Board with an update of the progress made against the Integrated Medium Term Plan (IMTP) for the Quarter 3 period (October 2022 to December 2022). It also includes the forecast outturn position for year end.</p> <p>The report includes a number of change requests which have been considered and moderated via Executive Committee, Finance and Performance Group and Delivery and Performance Committee.</p> <p>A request was made at the Executive Committee that a further call for information was carried out prior to the report being submitted to PTHB Board, to collate forecasted year end outturn positions. This has been included in the version of the report that is submitted to PTHB Board.</p>		

This will be submitted to Welsh Government as a formal report of Progress against Plan for the Quarter 3 Period, with the anticipated year end outcome against the plan.

RECOMMENDATION(S):

The Board are asked to:

- receive the report as an update of progress against the IMTP delivery for 2022-23; in relation to progress tracking and forecasting of the year end position against plan.
- take assurance that the IMTP has been appropriately monitored and relevant actions carried forwards into the 2023/24 plan;
- Delegate the final review of the 2022/23 quarter 4 delivery to the Delivery and Performance Committee to its May 2023 meeting in the knowledge the 2023/24 delivery plan will be presented to the Board at the May Board meeting

Approval/Ratification/Decision ¹	Discussion	Information
	✓	

EXECUTIVE SUMMARY:

This report provides the Board with an update of the progress made against the Integrated Medium Term Plan (IMTP) for the Quarter 3 period (October 2022 to December 2022). It also includes the forecast outturn position for year end.

As for Quarter 2, this Quarter 3 report reflects the outcome of a review carried out by each Executive Director, which included a change request component to enable adjustments to be made in the light of changes in the external and internal context and other developments such as the financial recovery planning process. These change requests have been subject to a collective moderation process via Executive Committee and Finance and Performance Group and consideration by Delivery and Performance Committee.

A request was made at the Executive Committee that a further call for information was carried out prior to the report being submitted to PTHB Board, to collate forecasted year end outturn positions. This has been included in the version of the report that is submitted to PTHB Board.

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

This report is provided for consideration by the Board and will then be submitted to Welsh Government as a formal report of Progress against Plan for the Quarter 3 Period, with the anticipated year end outcome against the plan.

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DETAILED BACKGROUND AND ASSESSMENT:

This report provides the Board with an update of the progress made against the Integrated Medium Term Plan (IMTP) for the Quarter 3 period (October 2022 to December 2022). It also includes the forecast outturn position for year end.

Review of the Integrated Medium Term Plan (IMTP)

This report reflects the outcome of a review carried out by each Executive Director. Each of the 25 Strategic Priorities set out in the IMTP has been reviewed and a commentary provided on key achievements and challenges. An additional explanation including mitigating action is also included where any items are RAG rated as red.

This process has enabled the identification of any variances against plan and has informed a number of change requests. These enable adjustments to be made in the light of changes in the external and internal context and other developments such as the financial recovery planning process.

Changes to IMTP Deliverables

This report therefore includes a number of changes to the timing and scope of deliverables within the Integrated Medium Term Plan (set out in the table at the end of this report).

All changes being recommended have been considered at Executive Committee and Finance and Performance Group. This included collective moderation of the RAG ratings and supporting commentaries (set out in the table at the end of this report).

Forecast of Year End Position

Executive Leads have identified their anticipated position at year end against the deliverables and timescales set out in the IMTP. This includes a consideration of those items which, if not completed, have either been superseded in year or will be carried forward into next year's plan.

It is recognised that there are a significant number of changes which have been made to the deliverables within the IMTP, reflecting the challenging environment and system pressures within which this plan has been set.

Reflection and Learning

Executive Leads have provided reflections and learning arising from the review of progress against plan, which are included in the attached report and have also been reflected at recent Directorate Performance Reviews and Board Development sessions. This is also providing useful intelligence to inform the development of the Integrated Plan 2023 – 2026.

NEXT STEPS:

The Board are asked to receive the report as assurance, in relation to progress tracking and forecasting of the year end position against plan.

This will be submitted to Welsh Government as a formal report of Progress against Plan for the Quarter 3 Period, with the anticipated year end outcome against the plan.

The items identified for carry forward into next year's plan will be incorporated into the Integrated Plan 2023/24 – 2025/6.

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	✓

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

IMPACT ASSESSMENT					
Equality Act 2010, Protected Characteristics:					
	No impact	Adverse	Differential	Positive	Statement <i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i>
Age					
Disability					

Gender reassignment						
Pregnancy and maternity						
Race						
Religion/ Belief						
Sex						
Sexual Orientation						
Marriage and civil partnership						
Welsh Language						
Risk Assessment:						
	Level of risk identified				<p style="text-align: center;">Statement</p> <p style="text-align: center;"><i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i></p>	
	None	Low	Moderate	High		
Clinical						
Financial						
Corporate						
Operational						
Reputational						

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Summary of Change Requests

No.	Key Action	Milestone	Change Request Type	Description of change	Lead Director	Change approved
4.1.03	General Practice: General Medical Service renewal and recovery, contract reform, sustainability, integrated working, out of hours	Relaunch of Practice in Powys website	Timescale	Completion/go live date request to be changed from Q2-Q3 to Q4	DPCCMH	✓
4.2.10	Dental Services: Recovery, additional access for mid Powys, Directed Enhanced Service, oral surgery, training offer, paediatric dental support, mobile unit, Community Dental Service	Increase use of mobile dental unit for residential and care home sector – agreed during Q2 will not be delivered in year	Timescale	Defer use of mobile dental unit for residential care home sector until Q1 2023/4	DPCCMH	✓
4.3.04	Optometry: Implementation of contract reform, development of clinical role, delivery against national eye care recovery plan	Scope and develop health board led domiciliary service	Timescale	Change request previously approved to defer action to 2023/4.	DPCCMH	✓
5.2.01	Mobilisation of Planned Care improvements	Agree phased implementation for the Diagnostic Strategic Plan	Timescale	This is currently Q1 to Q3 but a request is made that it should be Q1 to Q4.	DoPP	✓
7.1.05	Deliver Cancer Programme – Renewal Programme Improve access to testing and diagnostics	Develop an approach for scoping community diagnostics	Timescale	Timescale change to Q1 2023-24.	MD	✓
8.1.01	Deliver Circulatory Programme – Renewal Portfolio	Gap analysis and Phased Plan	Timescale	A request is made to alter the time of this to Q4	DPH	✓
9.2.01	Develop and implement Medical Model	Undertake next stage of outpatient activity redesign and repatriation through options appraisal and implementation of medical model.	Timescale	It is requested to defer to 2023/24, as it is dependent on the outcome of the work	DoTh	✓

		Extension approved to Q4 for this milestone by the lead executive in Q1		of the Accelerated Sustainable Model		
10.2.0 1	Delivery of Live Well MH Partnership priorities (2022-2025)	Design the approach to a Sanctuary House, including commissioning the service (potential Tender/Award) Provision & Monitoring	Timescale	Sanctuary House/Crisis House action reschedule for 23/24.	DPCCMH	✓
11.1.0 1	Develop and deliver a Frailty and Community Model <i>Including intensive community and home-based care; a frailty pathway including falls and home first ethos.</i> – Complete work on overarching model following Gap Analysis (community hospitals and community services)	Complete work on overarching model following Gap Analysis (community hospitals and community services) – high level model approved by Programme Board in Q1/2	Timescale	Accelerated Sustainable Model work encompasses the development of the detailed model and is subject to timescales agreed with the CEO and Board	MD & DPCCMH	✓
11.1.0 2	– Frailty Scoring Project – Culture and Change – joint work with Improvement Cymru	Frailty Scoring Project	Timescale	It is requested this carried over into 2023/24 as an ICT system solution is required which is not yet available.	MD & DPCCMH	✓
11.1.0 4	– Development of Workforce Model – Treatment Escalation Plan – confirmation of approach – Complex Geriatric Assessment Development and Implementation	Community hospital focus	Timescale	It will not be possible to finalise the community hospital model within this financial year as it is dependent on the outcome of the design stage of the Accelerated Sustainable Model report (the discovery report is near completion).	MD & DPCCMH	✓
11.1.0 5	– Revise falls pathway to ensure integrated – Confirm cross-cutting approach for end of life within model Feedback loop from improved intelligence	Development of workforce model	Timescale	It will not be possible to finalise the workforce model within this financial year as it is dependent on the outcome of the design stage of the Accelerated Sustainable Model report	MD & DPCCMH	✓

				(the discovery report is near completion).		
11.1.0 7		Complex Geriatric Assessment Development, Implement	Timescale	Delivery in 2023/24 once medical model implemented.	MD & DPCCMH	✓
11.1.0 9		Confirm cross-cutting approach for end of life within model	Timescale	Delivery in 2023/24 once Accelerated Sustainable Model design completed.	MD & DPCCMH	✓
11.2.0 3	Develop a place-based care approach in East Radnorshire, building on the expertise and resources in Knighton and District specifically	Develop and assess key options for implementing a more joined-up, place-based, multiagency care model	Timescale	Delivery in 2023/24 once Accelerated Sustainable Model design completed.	MD & DPCCMH	✓
13.3.0 1	Develop Workforce Plan for North Powys Wellbeing Programme	NPWP Scoping exercise; Support workforce planning	Timescale	Awaiting the service model to support workforce planning, this work is unlikely to be completed by end Q4.	DWOD	✓
22.1.0 4	Deliver the Clinical Quality Framework with a focus on key priority areas including Maternity and Neonatal; Care Home sector and provider assurance	Patient experience approach re-launch, re-establish Executive and Independent Member engagement visits/opportunities	Request to split actions	Noted Amber as the patient experience approach has been addressed in the Patient experience framework and the interface with the IPF. Engagement visits being re-established are off track. Request that these are two different actions so that they can be tracked correctly and both dates revised to Q4	DoN	✓
22.1.0 6	Deliver the Clinical Quality Framework with a focus on key priority areas	Agree clinical policy review plan	Timescale	Request the Executive Director oversight is	DoN	✓

	including Maternity and Neonatal; Care Home sector and provider assurance			changed to the Director of Corporate Governance. (Supported by all clinical directors) and the timescales revised to Q4		
25.1.0 6	Deliver the Clinical Quality Framework with a focus on key priority areas including Maternity and Neonatal; Care Home sector and provider assurance	Third sector review and agreement/phased implementation Q1 – Q4	Timescale	Request change in timescale from completion within financial year 2022/23 to completion within financial year 2023/24.	DoPP	✓
25.2.0 2	Delivery of Governance Work Programme	Review of Board Assurance Framework	Timescale	(Board Assurance Framework) – this work has now been completed and will not be within the remainder of Q4. Change request made for the action to be added into the 2023/24 plan under the leadership of the Director of Corporate Governance and Board Secretary.	BS	✓

Changes requests from Executive and Finance and Performance Committee

No.	Key Action	Milestone	Change Request Type	Description of change	Lead Director	Change approved
1.4.01	Deliver Equalities and Welsh Language Work Plans	Delivery of Equalities and Welsh Language Work Plan	RAG moderation	RAG changed from green to amber	DoTh	✓

2.2	Integrate specialist stop smoking service and re-engage with community pharmacies stop smoking services and explore options for delivering in primary care	2.2.03 Review pharmacy delivery model and coverage / options in primary care; develop proposals 2.2.04 Implement agreed changes	RAG moderation	RAG changed from green to blue	DPH	✓
2.4	Continue to deliver Healthy Schools and Healthy Pre-schools/Bach a lach schemes, focusing on healthy weight, emotional and mental health and wellbeing and RSE (relationships and sex education)	2.4.01 2022 targets agreed with PHW; 2.4.03 Implement scheme	RAG moderation RAG moderation	RAG changed from green to blue RAG changed from green to blue	DPH	✓
4.2.05	Dental Services: Recovery, additional access for mid Powys, Directed Enhanced Service, oral surgery, training offer, paediatric dental support, mobile unit, Community Dental Service	Develop professional practice and clinical governance approach to support local enhanced Community Dentistry skills	RAG moderation	RAG changed from green to blue	DPCCMH	✓
6.2.03	Implementation of Maternity and Neonatal pathways Taking into account NHS Wales Maternity & Neonatal Safety Improvement Plan and Ockenden Report in NHS England	Powys Project Board to consider WG Digital Maternity Cymru recommendations for implementation, including potential for funding and recruitment for implementation	RAG moderation	RAG changed from green to blue	DPCCMH	✓
6.3.07	Deliver the Children and Young People Renewal Programme Remodelling of key services for women and children including the Neurodevelopment service, sexual health services, gender identity and paediatric therapies.	Scope sustainable model and investment for Gender Identity Service including Demand and Capacity review NB Not Renewal. Formal change request approved Oct22.	RAG moderation	RAG changed from red to amber	DPCCMH	✓
8.1.01	Deliver Circulatory Programme – Renewal Portfolio	Gap analysis and Phased Plan *Partially delayed	RAG moderation and wording change	RAG changed from red to amber and partially delayed included in wording	DPH	✓
8.4.01	Progress primary and secondary stroke prevention; assess and manage strategic	Improve access to diagnostics in line with national programmes	RAG moderation	RAG changed from green to blue	DPH	✓

	change proposals for Stroke (Wales and England)					
13.3.01	Develop Workforce Plan for North Powys Wellbeing Programme	NPWP Scoping exercise; Support workforce planning	Wording change	Change wording on commentary on NPWP from 'awaiting workforce model' to 'awaiting service model'	DWOD	✓
13.4.01	Widen apprenticeship offer	Widen the apprenticeship offer	RAG moderation	RAG changed from green to blue	DWOD	✓
13.5.01	Progress international recruitment	Progress international recruitment, in line with a 'Once for Wales' approach	RAG moderation	RAG changed from green to blue	DWOD	✓
15.2.05	Implement mechanisms to understand, support and track the wellbeing of the workforce	Develop model and implement approach to financial wellbeing support	RAG moderation	RAG changed from green to blue	DWOD	✓
20.1.02	Implement Decarbonisation and Biodiversity Delivery Plans:	Commission self-audit Q4, audit activity Q1, address actions arising Q2, preparation for re-audit Q3	RAG moderation	RAG changed from green to blue	DoE	✓
21.2.03	Deliver Facilities & Estates Compliance & Improvements Stores & Distribution, Health & Safety, Catering & Food Hygiene, Support Services, Estates Compliance	Development of protocols to support agile working	RAG moderation	RAG changed from green to blue	DoE	✓
22.1.04	Deliver the Clinical Quality Framework with a focus on key priority areas including Maternity and Neonatal; Care Home sector and provider assurance	Patient experience approach re-launch, re-establish Executive and Independent Member engagement visits/opportunities	Wording change	Add *Partially/delayed	DoN	✓
22.1.06	Deliver the Clinical Quality Framework with a focus on key priority areas including Maternity and Neonatal; Care Home sector and provider assurance	Agree clinical policy review plan	RAG moderation	RAG changed from green to blue	DoN	✓
23.5.01	Delivery of programme of Communications, with continuous and targeted engagement	Communications Plan implementation	RAG moderation	RAG changed from green to blue	BS	✓

24.2.02	Delivery of Financial Strategy and Financial Plan	WG/ FDU quarterly touch point sessions	RAG moderation	RAG changed from green to blue	DoF	✓
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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Integrated Medium Term Plan (IMTP) 2022 – 2025 Progress Report – Quarter 3 Period (including forecast outturn to year end) October to December 2022

RAG Key

Red - Behind schedule
Amber - At risk/issues present
Green - On track
Blue - Complete
Grey - Not due yet

SUMMARY OVERVIEW - PROGRESS TO THE END OF QUARTER 3

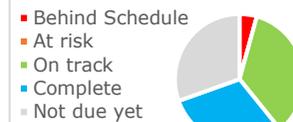
Strategic Objective	Strategic priority	Behind Schedule	At risk	On track	Complete	Not due yet
Focus on Well being	Overall	2	5	9	12	5
	Variance from Q2	0	3	-7	8	-3
	Take Action to Reduce Health Inequalities and Improve Population Health	0	2	3	2	0
	Deliver Health Improvement Priorities	1	1	5	6	2
	Deliver Covid-19 Prevention and Response and Integrated, Comprehensive Vaccination	1	2	1	4	3

Focus on Well being



Strategic Objective	Strategic priority	Behind Schedule	At risk	On track	Complete	Not due yet
Workforce Futures	Overall	1	0	8	7	7
	Variance from Q2	-4	-6	4	2	4
	Designing, develop and implement a comprehensive approach to workforce planning	1	0	3	3	1
	Redesign and implement leadership and team development	0	0	1	1	0
	Deliver improvements to staff wellbeing and engagement	0	0	1	2	3
	Enhance access to high quality education and training	0	0	2	0	1
	Enhance the health boards role in partnership and citizenship	0	0	1	1	2

Workforce Futures



Strategic Objective	Strategic priority	Behind Schedule	At risk	On track	Complete	Not due yet
Early Help and Support	Overall	4	9	16	18	4
	Variance from Q2	-2	-5	-2	6	1
	Improve Access to High Quality Sustainable Primary Care	3	2	7	11	2
	Develop a Whole System Diagnostic, Ambulatory and Planned Care Model	1	2	5	3	0
	Improve Access to High Quality Prevention and Early Intervention Services for Children, Young People and their Families	0	5	4	4	2

Early Help and Support



Strategic Objective	Strategic priority	Behind Schedule	At risk	On track	Complete	Not due yet
Digital First	Overall	3	1	12	4	0
	Variance from Q2	3	1	3	4	0
	Implement Clinical Digital Systems that directly enable improved care	3	1	7	4	0
	Implement key improvements to digital infrastructure and intelligence Undertaking a Digital Service Review for the medium/longer term, aligning to the Renewal Programmes and improving deployment of systems	0	0	5	0	0

Digital First



Strategic Objective	Strategic priority	Behind Schedule	At risk	On track	Complete	Not due yet
Tackling the Big Four	Overall	3	9	12	0	0
	Variance from Q2	-1	2	1	0	-2
	Implement Improvements in Early Diagnosis, Treatment and Outcomes for People with or suspected of having Cancer	0	3	4	0	0
	Implement Improvements in Outcomes, Experience and Value in Circulatory Disease (Stroke, Heart Disease, Diabetes)	0	6	1	0	0
	Develop and Implement the next stage of the Breathe Well Programme	1	0	3	0	0
Undertake Strategic Review of Mental Health, to improve outcomes from high quality, sustainable services, including specialist services	2	0	4	0	0	

Tackling the Big Four



Strategic Objective	Strategic priority	Behind Schedule	At risk	On track	Complete	Not due yet
Innovative Environments	Overall	1	0	15	2	1
	Variance from Q2	0	-2	-1	2	1
	Implement ambitious commitments to carbon reduction, biodiversity enhancement and environmental wellbeing.	0	0	9	1	0
Implement capital, estate and facilities improvements that directly enhance the provision of services to patients/public and the wellbeing/experience of staff	1	0	6	1	1	

Innovative Environments



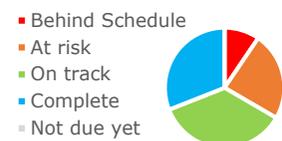
Strategic Objective	Strategic priority	Behind Schedule	At risk	On track	Complete	Not due yet
Joined Up Care	Overall	18	9	7	0	1
	Variance from Q2	15	-15	1	0	-1
	Design and Deliver a Frailty and Community Model including improved access to Urgent and Emergency Support improved access to and outcomes from Specialised Services	16	7	4	0	1
	Support improved access to and outcomes from Specialised Services	2	2	3	0	0

Joined Up Care



Strategic Objective	Strategic priority	Behind Schedule	At risk	On track	Complete	Not due yet
Transforming in Partnership	Overall	4	10	15	13	0
	Variance from Q2	0	-5	-3	10	-1
	Improve quality (safety, effectiveness and experience) across the whole system; building organisational effectiveness	0	1	7	6	0
	Enhance integrated/partnership system working, both in Wales and England, improving regional approaches to the planning and delivery of key services	0	2	3	1	0
	Implement value-based healthcare, to deliver improved outcomes and experience, including the effective deployment and management of resources	3	5	1	1	0
	Implement key governance and organisational improvement priorities including embedding risk management, effective policies, procedures and guidance; audit and effectiveness; Board effectiveness and systems of accountability and organisational development	1	2	4	5	0

Transforming in Partnership



Focus on Wellbeing

Strategic Priority 1 - Take Action to Reduce Health Inequalities and Improve Population Health

Executive Lead – DPH & DoTH

Quarter 4 progress:

- Work to transfer the local public health team and function from Public Health Wales to PTHB was completed on 30th September 2022 in line with national timeframes. Work has continued post-transfer to support the integration of the public health team into the health board and to ensure that business processes are aligned.
- Work has continued to be delivered to respond to covid and wider respiratory infections, along with other infections, informed by data, research and evidence as it emerges. The Prevention and Response (P&R) Strategic group has widened its remit to a health protection response and provides oversight as well as horizon scanning.
- Public health leadership and advice continued to input and inform the development of the development of priorities for the refreshed PSB Wellbeing Plan.
- Extensive time and staff resource from the public health team to continued pandemic response as well as responding to wider health protection infections and incidents throughout the year e.g. Monkey Pox, influenza, Strep A.

Quarter 3 Progress:

- Work to transfer the local public health team and function from Public Health Wales to PTHB was completed on 30 September 2022 in line with national timeframes. Work has continued post-transfer to support the integration of the public health team into the health board and to ensure that business processes are aligned.
- Work to understand the local impact of COVID on population health and health inequalities is ongoing and will be informed by data, research and evidence as this becomes available. Horizon scanning continues to be in place via the Prevention and Response Strategic Oversight Group
- Public health leadership and advice continues to be provided to the Public Service Board and as appropriate to PSB workshops (although note that recent PSB workshops have been stood down, next planned meeting 26th January).
- In addition to the actions listed, the public health team has continued to provide a considerable level of input into health protection response to date in 2022/23. This has included continued leadership and advice for the prevention and management of Covid 19 outbreaks/incidents including leadership of the P&R Group, RRC Strategic Group and IMT meetings (in particular but not exclusively Care Home IMTs). Significant specialist public health capacity has also continued to be devoted in Q3 to providing advice and leadership in relation to a) establishing systems for the health screening/management of Ukrainian Refugees arriving in Powys and b) the local response to Monkeypox.

Welsh Language and Equality

January 2023: Welsh language and equality annual work plan continues with the following actions taken:

- Actions continue to improve PTHB Welsh Standards compliance following the Audit, with multiple departmental meetings completed or arranged, and a revised Welsh Language Standards Service Leads group in place.
- A new policy on the internal use of Welsh has been drafted.
- The team has been participating in the Staff Wellbeing roadshows, with over half of PTHB sites now visited and visits scheduled to the majority of remaining sites.

Regular patient stories are being collected by working with various service areas. Stories are then shared at Board and with staff

Commentary on red rated actions:

N/A

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG	Expected Year End Outcome
Provide expert advice, leadership and action on public and population health and inequalities (including the five harms)	1.1.01	Provide expert advice and leadership on final stage of the Wellbeing and Population Assessments, including identification of key implications for strategy and planning	DPH	Q1	Complete
	1.1.02	Manage transfer of Public Health team and implement actions in accordance with Public Health Wales transfer timetable	DPH	Q1 – Q4	Complete
	1.1.03	Work with staff as part of the transfer to develop the public health function as a wellbeing service offer for Powys (1)	DPH	Q1 – Q4	Complete
Explore and respond to impact of COVID on population health outcomes	1.2.01	Provide expert analysis of emerging evidence base to identify implications for strategy, planning and delivery	DPH	Q1 – Q4	Complete
	1.2.02	Quarterly horizon scanning	DPH	Q1 – Q4	Complete
Support the revision to the Public Service Board Wellbeing Plan to ensure population health priorities are recognised	1.3.01	PTHB active leadership and participation in Public Service Board business and PSB Wellbeing Plan workshops	DPH	Q1 – Q4	Complete
Deliver Equalities and Welsh Language Work Plans	1.4.01	Delivery of Equalities and Welsh Language Work Plan	DoTH	Q1 – Q4	Partially Complete

Formal change request N/A

Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026

Executive Director Sign Off

Sign off received from Mererid Bowley – DPH & Claire Madsen – DoTH

Strategic Priority 2 – Deliver Health Improvement Priorities

Executive Lead – DPH

Quarter 4 Progress:

- Adult pathway: some service delivery is in place at level 2 and 3 funded by Prevention and Early Years and Welsh Government funding respectively, but the funding available currently is insufficient to meet need or demand.
- Children young people and families pathway (CYPF) (includes maternity): Level 1 service in place for pregnant women, funded by Prevention and Early Years (PEY) funding until March 2023. No other funding available to establish services for CYPF.
- Business cases for adult and CYPF pathways were taken to Investment Benefits Group (IBG) in May 2022 but not funded and further work requested which has since been completed. SBAR produced by adult weight management service leads outlining current issues. Updated business cases and SBAR to be taken to Executive Committee for decision about investment. Very limited scope for any further progress without additional investment.

Quarter 3 Progress:

- The Strategic Weight Management Pathway Development Group meets on a monthly basis to oversee implementation of the weight management pathway.
 - Adult pathway: some service delivery is in place at level 2 and 3 funded by Prevention and Early Years and Welsh Government funding respectively, although currently funding is not likely to be sufficient to meet future need or demand. A business case has been taken to IBG to seek additional investment for the adult pathway, further work has been requested by IBG which has been completed but no further funding has been secured at this stage for the adult pathway.
 - Children young people and families pathway (includes maternity): Level 1 service in place for pregnant women, funded by Prevention and Early Years (PEY) funding until March 2023. No other funding currently available to establish services for CYPF. Business case developed and taken to IBG for investment in the CYPF pathway, further work requested by IBG which has been completed but no further funding secured at this stage for the CYPF pathway.

The Whole System Approach to Healthy Weight team has made good progress in line with the conditions of the national grant for this programme. A strategic stakeholder event took place in December 2022 and a further strategic stakeholder event is due to take place in

- Needs Assessment for Smoking Cessation Service in Powys is in the process of being finalised.

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- Stop Smoking Service model agreed and paper approved by PPPH Committee in Quarter 3. Refreshed Powys Strategic Tobacco Control Group and Implementation Plan is being developed based on New National Tobacco Control Strategy.
- Currently scoping Health Coaching Training for the Smoking Cessation Team in order to provide more support in behaviour change across range of wellbeing health behaviours to help to support those smokers with more complex issues.
- Prevention and Early Years funded programmes are aligned to national priorities with a focus on health inequalities) with reporting and governance arrangements in place.
- The Healthy Schools team has continued to deliver the Healthy Schools Scheme, Healthy Preschools Scheme and the Whole School Approach to Emotional and Mental Health and Wellbeing workstream in line with the expectations of the national grants for these programmes.
- The Healthy Schools team has continued the work to embed the local "Foundation Phase Bach a Iach" work into delivery of the Healthy Schools Scheme.

Commentary on red rated actions:

Limited service being offered according to funding available. Demand for Adult service exceeds capacity. Business cases have been developed and taken to IBG for investment in CYPF (Children, Young People and Families Service) pathway and for additional investment in Adult pathway. Service leads have developed an SBAR outlining current issues/pressures on adult services. No further funding available to implement CYPF pathway or to expand Adult pathway to meet demand.

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG	Expected Year End Outcome
Implement local actions in <i>Healthy Weight: Healthy Wales 2020-2022</i> , implement comprehensive weight management pathway for adults, children, young people and families	2.1.01	Implement Plan	DPH	Q1 - Q4	Partially Complete
	2.1.02	Review progress as part of annual priority setting		Q4	Complete
	2.1.03 a	Implement weight management pathway for adults		Q2	Partially Complete
	2.1.03 b	Implement weight management pathway for children, young people and families		Q2	Will Not Be Delivered (Include in next year plan)
	2.1.04	Further develop and refine all age weight management pathways in Powys		Q3 - Q4	Will Not Be Delivered (Include in next year plan)

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Integrate specialist stop smoking service and re-engage with community pharmacies stop smoking services and explore options for delivering in primary care	2.2.01	Develop plan to better integrate into wellbeing service offer;	Q1	Complete
	2.2.02	Implementation of plan	Q2 – Q4	Complete
	2.2.03	Review pharmacy delivery model and coverage / options in primary care; develop proposals	Q1	Complete
	2.2.04	Implement agreed changes;	Q2	Complete
	2.2.05	Review learning	Q3 – Q4	Complete
Invest <i>Building a Healthier Wales</i> prevention and early years funding in line with national priorities and governance	2.3.01	Ensure <i>Building a Healthier Wales</i> prevention and early years investment and governance in place in line with national priorities and implement agreed service developments	Q1 – Q4	Complete
Continue to deliver Healthy Schools and Healthy Pre-schools/Bach a Iach schemes, focusing on healthy weight, emotional and mental health and wellbeing and RSE (relationships and sex education)	2.4.01	2022 targets agreed with Public Health Wales	Q1	Complete
	2.4.02	Implement scheme	Q2 - Q3	Complete
	2.4.03	Scheme monitoring reports submitted to Public Health Wales	Q4	Complete
Manage the transfer of Powys Local Public Health Team staff from Public Health Wales into PTHB	2.5.01	Establish Project team and implement project plan/actions in accordance with agreed HB/ Public Health Wales transfer timetable	Q1 – Q4	Complete

Formal change request N/A

Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026

Insufficient funding continues to be a risk for the local delivery of weight management pathways that meet Welsh Government expectations, particularly for the CYPF pathway. Unless sufficient funding can be identified, an alternative approach is likely to be required next year.

Executive Director Sign Off

Sign off received from Mererid Bowley – DPH

Strategic Priority 3 – Deliver Covid-19 Prevention and Response and Integrated, Comprehensive Vaccination

Executive Lead - DPH

Quarter 4 progress:

The Test Trace Protect service has continued to be delivered in line with Welsh Government testing plan, with limited demand for testing and subsequently contact tracing. Work underway in line with Welsh Government funding and requirements to develop a Health Protection Service to meet requirements of a wider health protection response.

Health Board has delivered requirements for anti-viral treatments and other therapeutic options based on latest available evidence in line with Welsh Government requirements.

Autumn Booster campaign has been delivered and planning underway for Spring booster campaign. Work underway in line with significant reduction in Welsh Government funding to transition service to proposed revised model aligned to funding allocation available, and requirements within the National Immunisation Framework.

Quarter 3 Progress:

Test Trace Protect

The Test Trace Protect Service is continuing to deliver testing, as per the Welsh Government Autumn/ Winter testing plan (Oct 22), consequent contact tracing as per Welsh Government requirements and initial health screening of Ukrainian Refugees.

Autumn / Winter upscaling of Health and Social Care staff testing was successfully implemented and is continuing, despite staffing challenges due to short term contracts affecting recruitment & staff retention.

Current TTP activity targets symptomatic vulnerable individuals, i.e. Care Home residents and Social Care staff, Hospital inpatients and Healthcare staff and individuals requiring pre-admission testing.

Multiplexing of test samples was implemented by Public Health Wales laboratories in October with focus on Covid, Flu a, Flu b and RSV. Results handling for Flu and RSV was implemented into the PTHB Testing Service Admin Hub, in addition to handling covid results.

Testing team remodelling completed in readiness for expected December Welsh Government guidance and funding. Information received to date suggests further modelling required, in partnership with PCC. Planning is underway with a Welsh Government workshop planned in January 2023.

Deliver the COVID-19 Vaccination Strategy for 2022 and implement the National Immunisation Framework for Wales

The Health Board has been delivering covid-19 vaccination strategy in line with the Welsh Government COVID / Winter Respiratory Vaccination Strategy and JCVI guidance.

The Welsh Government National immunisation Framework for Wales was published on 25th October 2022. Work is underway to remodel the vaccination service to implement the framework within the significant reduction of financial envelope provided by Welsh Government for vaccination.

Q3 activity has predominantly been targeted at COVID Autumn Boosters, with specific clinics for Health Board employed staff to allow co-administration of flu and COVID-19 Vaccination. During Q3, Powys vaccination programme was the second Health Board in Wales to reach the Welsh Government set target for Autumn Booster vaccination of 75% uptake for eligible citizens.

Performance for 5–11-year-old children’s COVID-19 vaccination has continued to improve throughout Q3 with over 14% of children having completed their primary course of COVID-19 vaccination. In line with JCVI advice, at risk children have started to come forward to receive their booster vaccine.

The programme continues to offer vaccination for citizens who have not yet completed their primary course of COVID-19 Vaccination.

Vaccination Dose	October 2022	November 2022	December 2022	Total Q3 2022
1 st Dose	53	43	19	115
2 nd Dose	291	487	80	858
Autumn Booster 2022/23	20,641	15,315	6,122	42,078
Any Other Dose	19	32	32	83

Commentary on red rated actions:

Covid stable is being implemented but unclear on Welsh Government parameters for COVID urgent.

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG	Expected Year End Outcome
Implement the COVID-19 Prevention and Response transition plan "Together For A Safer Future"	3.1.01	Implement Annual Planning cycle in line with extant Welsh Government policy/guidance	DPH	Q1	Complete
	3.1.02	Phased transition of TTP arrangements subject to public health conditions		Q1	Complete
	3.1.03	Implement 'Covid Stable' model with contingencies for 'Covid Urgent'		Q2	Will Not Be Delivered (Superceded)
	3.1.04	Continue transition of TTP arrangements to 'business as usual' model		Q4	Will Not Be Delivered (Superceded)

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	3.1.05	Fully integrate approach to COVID-19 prevention and response		Q4	Complete
Offer anti-viral treatments and other therapeutic options based on the latest available evidence	3.2.01	Develop a Responsive Plan to meet emerging requirements for anti-viral treatments and other therapeutic options based on latest available evidence		Q1 – Q4	Complete
Deliver the COVID-19 Vaccination Strategy for 2022 and implement the National Immunisation Framework for Wales	3.3.01	Deliver the COVID-19 Vaccination Strategy for 2022 and implement the National Immunisation Framework for Wales		Q1 – Q4	Complete
	3.3.02	Q1 Spring Booster campaign delivery		Q1	Complete
	3.3.03	Q2 Develop and test models for future delivery		Q2	Complete
	3.3.04	Q3 Autumn Booster campaign Delivery		Q3	Complete
	3.3.05	Q4 Transition to future model aligned with National Immunisation Framework		Q4	Will Not Be Delivered (Include in next year plan)

Formal change request N/A

Learning and Reflections to inform INTEGRATED PLAN 2023 – 2026

Strengthened internal communications with PTHB Service Managers regarding Staff Testing Guidance could benefit uptake of symptomatic Healthcare staff multiplex PCR testing.

Executive Director Sign Off

Sign off received from Mererid Bowley - DPH

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Early Help and Support

Strategic Priority 4 – Improve Access to High Quality Sustainable Primary Care

Executive Lead - DPCCMH

Quarter 3 Progress:

- Contract Reform changes for 2022/23 for GMS, GDS and Optometry implemented. Practices/profession working towards meeting the contractual requirements. GMS contract moving towards a new Unified Contract as of 01/04/2024; therefore, some GMS contract reform changes for 2022/23 form part of the transition to the Unified Contract.
- Implementation of Optometry Contract Reform is dependent on national implementation and regulatory changes.
- Dental Paediatrician appointed, employed by PTHB and start date confirmed.
- Oral Surgery Consultant and support team in place since October 2022.
- Undergraduate Dentist and Dental Therapist placements on track, however this is a 2-year process. Sites visits have taken place to CDS locations across PTHB. PTHB accommodation options also shared with the Deanery.

23/23 pharmacies have adopted the new contract and have committed to offer the four component services of the new Clinical Community Pharmacy Service (CCPS). Medicines management are supporting pharmacists to become prescribers.

Community pharmacy collaborative leads: only represented in the North Cluster presently despite multiple attempts to recruit. Pharmacy contractors in South & Mid are currently unable to claim for some of the collaborative components of their contracts.

56-day prescribing will help to enable contractors to deliver on the more clinically focussed contract. Progress has only been made in the non-dispensing, Mid Cluster GP surgeries.

All 3 Clusters have continued to make progress against their 2022-23 plans, improving access, and early help and support for patients, as follows:

South:

- Pre-Diabetes pilot project – foundation training has been received by all team members, with a pilot service introduction planned for Q4.
- MSK-FCP pilot project was agreed, with a phased implementation planned for Q4.

Mid:

- MSK-FCP pilot project implemented fully across all practices.
- Health Promotion Facilitator has proactively continued to promote National and local wellbeing key messages to the communities.
- Two practices have successfully launched the Patient App to their patient population (Presteigne & Rhayader).
- Pharmacy Professional Pilot Project has been developed with Medicines Management.
- New Optometry Hypertension Pilot Project was agreed.

North

- Pharmacy professionals have been introduced into six practices.

- Health Promotion Facilitator was recruited in Q3.
- MSK-FCP pilot project was introduced into one practice.
- Dermatology educational sessions for Community Pharmacies were delivered.
- A dedicated interactive Patient App was launched by practices in Q3.

Commentary on red actions:

- Relaunch of Practice in Powys website – reliant on external company to relaunch website. Uploading of evidence and translation currently taking place. Website to go live in Q4.
- Special Care Dental Post currently vacant. Recruitment process commenced and shortlisting undertaken.
- Increased use of mobile dental unit in residential/care home sector has not been progressed to date as the unit is currently maintaining GDS provision in Machynlleth until new dental suite is available in the hospital development. The mobile unit should become available during Q1, 2023/4.

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG	Expected Year End Outcome
General Practice: General Medical Service renewal and recovery, contract reform, sustainability, integrated working, out of hours	4.1.01	Strengthen GMS renewal and recovery, Review Q1; implement Contract Reform changes	DPCCMH	Q1 – Q4	Complete
	4.1.02	Expand MDT role to support sustainability: recruit First Contact Practitioners (Acute MSK); Mental Health Practitioners; Physician Associates internship scheme and development programme		Q1	Complete
	4.1.03	Relaunch Practice in Powys website, followed by content expansion		Q2 – Q3	Partially Complete
	4.1.04	Annual CPD programme for medical, wider clinical and non-clinical staff; establish Careers workshops (Q2)		Q1; Q2	Complete
	4.1.05	Finalise service specification and award Out of Hours contract (OOH)		Q1 – Q4	Complete
	4.1.06	Implementation revised contract for OOHs		Q1	Complete
	4.1.07	Tele-Dermatology Diagnostic Project – agree and implement plan		Q2 – Q4	Will Not Be Delivered (Include in next year plan)
Dental Services: Recovery, additional access for mid Powys, Directed Enhanced Service, oral surgery, training offer, paediatric	4.2.01	Reassess GDS access to inform recovery & renewal plans in conjunction with contract reform initiatives		Q1	Complete
	4.2.02	Scope appropriate models to further improve GDS delivery across Powys		Q1 – Q2	Complete

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dental support, mobile unit, Community Dental Service	4.2.03	Implement contract reform	Q1 – Q4	Complete	
	4.2.04	Implement new contract for additional dental access in Mid Powys following recruitment – agreed during Q2 will not be delivered in year	N/A	Will Not Be Delivered (Include in next year plan)	
	4.2.05	Develop professional practice and clinical governance approach to support local enhanced Community Dentistry skills *RAG given as green in relation to progress made in Q3	Q2 *	Partially Complete	
	4.2.06	Implement approach in team, including training additional CDS Nurses in extended duties (Q1-Q3)	Q3	Partially Complete	
	4.2.07	Scope/model local oral surgery offer, specification (Q1), recruitment and implementation	Q2 – Q4	Complete	
	4.2.08	Scope & develop paediatric dental specialist support, agree Service Level Agreement and Implementation	Q2 – Q3	Complete	
	4.2.09	Scope paediatric sedation services and investment / implementation	Q2 – Q4	Complete	
	4.2.10	Increase use of mobile dental unit for residential and care home sector – agreed during Q2 will not be delivered in year	N/A	Will Not Be Delivered (Include in next year plan)	
	4.2.11	Additional specialist /DES in special care dentistry including domiciliary care – investment scope / case, implementation	Q2 – Q3	Will Not Be Delivered (Include in next year plan)	
	4.2.12	Develop undergraduate dental therapy placement programme with Cardiff Dental School	Q2 – Q3	Will Not Be Delivered (Include in next year plan)	
	Optometry: Implementation of contract reform, development of	4.3.01	Implement contract reform with associated training plan / progression of higher qualifications and clinical roles	Q1 – Q4	Partially Complete

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clinical role, delivery against national eye care recovery plan	4.3.02	Review eye care access to inform recovery and renewal plans in conjunction with contract reform	Q1	Partially Complete
	4.3.03	Refine business case and pathway for school vision screening, implement enhanced service (mid cluster pilot) Q1, evaluate to inform future model (Q4)	Q1 – Q4	Will Not Be Delivered (Include in next year plan)
	4.3.04	Scope and develop health board led domiciliary service	Q1 – Q4	Will Not Be Delivered (Include in next year plan)
	4.3.05	Agree and implement 'The Eyes Open' communication campaign	Q1 – Q4	Will Not Be Delivered (Include in next year plan)
Pharmacy: Implementation of contract reform, training and role development, Independent Prescribing & Common Ailments	4.4.01	Implement contract reform	Q1 – Q4	Complete
Delivery of Cluster Plans 2022 – 2023	4.5.01	Delivery of Cluster Plans Q1 – Q4 (refer to separate Cluster Plans for detail)	Q1 – Q4	Partially Complete

Formal change request

- 4.1.03 Relaunch of Practice in Powys website – completion/go live date request to be changed from Q2-Q3 to Q4
- 4.1.07 Teledermatology – completion/go live date requested to be changed to Q2-3 due to project conflict with Powys Dermatology workstream
- 4.1.10 Defer use of mobile dental unit for residential care home sector until Q1 2023/4
- 4.3.04 Change request previously approved to defer action to 2023/4.

Learning and Reflections to inform INTEGRATED PLAN 2023 – 2026

Progress of the Delivery Plan is often dependent on external factors e.g., pace of national implementation of contract reform.

Recruitment and retention of staff is an ongoing challenge and due to size of teams, often service continuity is dependent on one post/individual. Should that post become vacant it can have a huge impact on implementation/delivery of a service. This issue needs to be considered/reflected as an ongoing risk to delivery of future plans.

Q3 has seen the introduction of the new Accelerated Cluster Development model, with the formation of the multi professional Cluster group, and Collaboratives. Recognising the national maturity of the new ACD cluster model, the IMTP planning for clusters for 2022/2023, required a one

year plan to be developed, with a longer-term plan being developed in Autumn 2023. The approach for the 2023-24 plan has been to agree headline priorities for the Clusters, with further detailed planning to continue through Q4 and into Q1 of 2023-2024. This is currently being progressed.

Executive Director Sign Off

Sign off received from Hayley Thomas - DPCCMH

Strategic Priority 5 – Develop a Whole System Diagnostic, Ambulatory and Planned Care Model

Executive Lead – DoPP, DPCCMH

Quarter 3 Progress and commentary on year end outcome:

- The Clinical Director job description has been funded as part of the Outpatient Transformation work and is being progressed; following the Getting it Right First Time (GIRFT) Review Orthopaedic medical expertise sessions have also been secured.
 - The draft Diagnostic Strategic Intent was submitted to the Transformation and Value Group of the Executive Committee and was supported in principle. Implementation of Community Cardiology, Cancer Fit testing, Sleep Service, Lung Function Testing, Dermatology, Spirometry, Transnasal Endoscopy have all been taken forward, but there will be further phases of roll out in the next financial year e.g Transnasal Endoscopy, Dermatology and Community Cardiology. Discussion has taken place with Welsh Government officials to clarify that PTHB is not part of one other single region but interfaces with five regions across England and Wales. However, in terms of the strategy document itself, it needed to be aligned to the work on the Accelerated Sustainable Model. The Executive Committee have approved plans in relation to taking forward the next phases of Transnasal Endoscopy (TNE), Community Cardiology and Dermatology in the next financial year.
 - PTHB has participated in a range of GIRFT reviews including Orthopaedic, Gynaecology and General Surgery where it has been identified that there are opportunities for Powys to repatriate low complexity day case activity. Patient level waiting list data for Powys patients who are waiting across Wales has been received and reviewed, reviewing what could be repatriated back into Powys.
 - The Eye Care Plan has been delivered but an outstanding issue had been the Hydroxychloroquine Screening Service, but this is now up and running in Powys through a local interim solution. Following a PTHB VBHC review, and an expected further GIRFT review there is further work to be undertaken in 2023/24.
 - A Primary Care led group has developed a business case for implementation for a Dermatology solution which has been approved by Executive Committee which will continue into 2023/24.
 - Work continues with other Health Boards on Planned Care regional solutions endoscopy, cataracts, orthopaedics as requested noting National Planned Care Programme is currently under revision in terms of meeting structure etc.
- GIRFT Reviews have identified opportunities to improve theatre use, including the need to move away from half day theatre sessions which are not a good use of resources. The GIRFT recommendation including theatre use have been included in the Diagnostic, Ambulatory and Planned Care Programme Board Plan. In addition a plan has been developed to implement TNE which will enable greater

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throughput and it is preferable for the patients as it doesn't not need the same level of anaesthesia. 40k has been secured from the Cancer Network to enable the training of key staff.

Commentary on red rated actions:

- The draft Diagnostic Strategic Intent was submitted to the Transformation and Value Group of the Executive Committee and was supported in principle. Implementation of Community Cardiology, Cancer Fit testing, Sleep Service, Lung Function Testing etc is underway and next phases will continue in 2023/24 aligned to the Accelerated Sustainable Model.

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG	Expected Year End Outcome
Delivery of the Diagnostics, Ambulatory and Planned Care Renewal Programme; <i>incorporating Advice, Support and Prehabilitation Workstream</i>	5.1.01	Review and evaluate impact of the Insourcing project	DoPP	Q1	Complete
	5.1.02	Secure access to medical speciality advice	DoPP	Q1 – Q4	Complete
Mobilisation of Planned Care improvements	5.2.01	Agree phased implementation for the Diagnostic Strategic Plan	DoPP	Q1 – Q3	Partially Complete
	5.2.02	Ensure clarity of opportunity for outpatient repatriation - implement phased plan	DoPP	Q2 – Q4	Partially Complete
Implement sustainable medical and wider clinical and non-clinical workforce model	5.3.01	Develop phased, creative workforce model, develop ability of workforce	DoPP	Q2 – Q4	Partially Complete
	5.3.02	Implementation of Eye Care Plan	DoPP	Q1 – Q4	Partially Complete
	5.3.03	Implementation of Dermatology Plan	DoPP	Q1 – Q4	Partially Complete
	5.3.04	Work with other health boards on regional diagnostic and planned care regional solutions including orthopaedics, cataracts, and endoscopy	DoPP	Q1 – Q4	Partially Complete
	5.3.05	Implement plan to maximise theatre and endoscopy utilisation	DoPP	Q1 – Q4	Partially Complete
	5.3.06	Develop the Ambulatory Care Strategic Plan and Model	DoPP	Q2 – Q4	Will Not Be Delivered (Include in

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					next year plan)
	5.3.07	Ensure robust improvement trajectories are in place and are being monitored	DoPP	Q1 – Q4	Partially Complete

Formal change request

5.2.01 – This is currently Q1 to Q3 but a request is made that it should be Q1 to Q4. The draft Diagnostic Strategic Intent was submitted to the Transformation and Value Group of the Executive Committee in November 2022 and supported in principle. Implementation of the phased plan was underway in Q3 for example: Community Cardiology, Cancer Fit testing, Sleep Service, Lung Function Testing etc. However, the T&V Executive Committee Group were of the view that the relationship of the Diagnostic Strategic Intent to the Accelerated Sustainable Model needed to be clear, and therefore the formal approval of the phased plan for the Diagnostic Strategic Intent would need to be deferred to Q4.

5.03.06 – It is requested that the timing of 5.03.06 is extended into the first quarter of 2023/24 as work in relation to a plan for Ambulatory Services will need to be taken forward as part of the work on the Accelerated Sustainable Model.

Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026

There are significant opportunities for Powys in strengthening the diagnostics that can be provided in county to help ensure earlier diagnosis at more treatable less complex stages and to prevent unnecessary out of county referrals. PTHB has the opportunity to implement new techniques such as Transnasal Endoscopy (TNE) it will also be important to improve cross border information technology to enable the storage and viewing of images.

The GIRFT reviews nationally have shown that coding, especially outpatients, is poorer in Wales and needs to be significantly improved.

The GIRFT reviews show the extent of the opportunity to shift to day case for elective surgery both in commissioned services and enabling the repatriation of low complexity activity to Powys.

The new technique of Transnasal Endoscopy will be important to implement in Powys. Further work will need to continue on achieving GIRFT speciality standard cases per theatre session.

Executive Director Sign Off

Sign off received from Stephen Powell – DoPP

Strategic Priority 6 – Improve Access to High Quality Prevention and Early Intervention Services for Children, Young People and their Families

Executive Lead – DPH, DoN, DPCCMH

Quarter 3 Progress:

6.2.03 Digital Maternity Cymru (DMC) - Ministerial approval given in December 2022 to the implementation of DMC project inclusive of funding to support a Digital Midwife Specialist for Powys. The PTHB job description was evaluated by Agenda 4 Change in Qtr3 in preparation for recruitment in Qtr4.

6.2.04 Birth Rate Plus – The consideration of the Birth Rate Plus recommendations forms part of the maternity improvement plan. There has not been further progression of this in Q3. This work will need to continue on into 23/24.

6.2.05 Implementation of HIW Recommendations - plans finalised for Llanidloes birth centre refurbishment. Work due to commence Q4. No further development for Knighton Birth Centre in Q3.

6.3.04 Neurodevelopment (ND) Service redesign - continues to address the waiting list backlog but there is recognition that the referral demand has more than doubled. Renewal funding has supported the recruitment of additional temporary workforce until 31st December 2022. A business case is in draft to secure recurrent funding to meet the ongoing referral demand long term.

6.3.07 Implementation of the sexual health plan including case management – Short term investment agreed for a new clinical recruitment. PTHB are awaiting Public Health Wales timeframes on the development of an All Wales Case Management system, prior to investing in a standalone system. **Sustainable model and investment for STI testing service** - Service provided via Frisky Wales platform, alternative access routes to STI screening for under 16’s still requires development and commitment. **Confirm sustainable service and investment for Long Acting Reversible Contraception (LARC) provision with recruitment/competency development and implementation** - LARC is being provided in the South and Mid Powys, further conversations to be undertaken with Primary Care re capacity going forward to support reduction of the availability of LARC Service via GP route.

Commentary on red rated actions:

- **6.3.01 Paediatric Remodel and AHP Framework:**
Executive Committee recognition that this action will not be progressed until 2023/24.
- **6.3.08 Gender Identity Service:**

Executive Board Committee paper drafted in Qtr3 to inform the future delivery of the Local Gender Identity Service in Powys. A sustainable model of delivery is proposed including current and future referral demand and workforce capacity.

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG	Expected Year End Outcome
Delivery of Regional Partnership Board 'Start Well' Priorities	6.1.01	Delivery of Start Well Programme; incl. <i>Healthy growth and development; children with complex needs and disabilities; access for children who are looked after</i>	DPCCMH	Q1 – Q4	Complete
	6.1.02	Delivery of Multi Agency Plan for Additional Learning Needs (ALN) and Education Tribunal (Wales) Act (2018)		Q1 – Q4	Partially Complete
Implementation of Maternity and Neonatal pathways <i>Taking into</i>	6.2.01	Further develop the Powys Maternity Assurance Framework to include Neonatal Services		Q1 – Q4	Partially Complete

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<i>account NHS Wales Maternity & Neonatal Safety Improvement Plan and Ockenden Report in NHS England</i>	6.2.02	Implementation of South Powys pathways, reassert plans for safe pathway changes Q1, monitoring and service change subject to Board decision Q1 – Q4		Q1 – Q4	Will Not Be Delivered (Include in next year plan)
	6.2.03	Powys Project Board to consider Welsh Government Digital Maternity Cymru recommendations for implementation, including potential for funding and recruitment for implementation		Q2	Complete
	6.2.04	Develop a plan and timeline to implement Birth Rate plus recommendations		Q1 – Q4	Will Not Be Delivered (Include in next year plan)
	6.2.05	Implement HIW recommendations including birth centre environments; (including CAD designs and programme of works for Llanidloes Q1 / Knighton Q2)		Q1 – Q4	Will Not Be Delivered (Include in next year plan)
Deliver the Children and Young People Renewal Programme Remodelling of key services for women and children <i>Including the Neurodevelopment service, sexual health services, gender identity and paediatric therapies.</i>	6.3.01	Design and delivery of sustainable model of paediatrics including Allied Health Professional framework in paediatric, transition and Learning Disability therapies - agreed during Q2 will not be delivered in year	DPCCMH	N/A	Complete
	6.3.02	Implement Healthy Growth and Development Plan including Universal Screening	DoN	Q1 – Q4 BAU at 31/03/22	Complete
	6.3.03	In line with comprehensive Vaccination Programme work (see Focus on Wellbeing objective) develop a robust plan for implementing Childhood Immunisations	DoN	Q1 – Q4 BAU at 31/03/22	Complete
	6.3.04	Develop and implement plan for Neurodevelopment Service Remodel including evaluation and review	DoN	Q1 – Q4	Complete
	6.3.05	Develop and implement plan for Childrens Complex Care	DoN	Q1 – Q4 BAU at 31/03/22	Complete
	6.3.06	Deliver Sexual Health Plan including Case Management Project; sustainable model and investment for STI testing service Q1;	DPCCMH	Q1 – Q4	Partially Complete

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		Confirm sustainable service and investment for Long Acting Reversible Contraception (LARC) provision Q1 with recruitment/competency development Q3 and implementation Q4 <i>NB Not Renewal. Formal change request approved Oct22.</i>			
6.3.07		Scope sustainable model and investment for Gender Identity Service including Demand and Capacity review <i>NB Not Renewal. Formal change request approved Oct22.</i>	DPCCMH	Q1 - Q4	Complete
6.3.08		Scale up Endometriosis & Menopause pilots, based on evaluation outcomes <i>NB Not Renewal. Formal change request approved Oct22.</i>	DPCCMH	Q4	Partially Complete
Formal change request N/A					
Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026					
Executive Director Sign Off Sign off received from Hayley Thomas - DPCCMH					

Tackling the Big Four

Strategic Priority 7 – Implement Improvements in Early Diagnosis, Treatment and Outcomes for People with or suspected of having Cancer

Executive Lead - MD

Quarter 3 Progress:

- 7.1.01** All general practices now have access to symptomatic Faecal Immunochemical Test (FIT) services where there is a suspicion of colorectal cancer. The Cancer Clinical Lead has worked closely with Cluster Leads and GP Collaboratives to ensure they are up to date with Faecal Immunochemical Test (FIT) pathways, NICE guidance and the approaches for 'safety netting' FIT referrals. An Internal Audit conducted in October 2022 concluded there was **substantial assurance** with regard to the controls and processes in place and that the planned actions to allow improved access to symptomatic FIT are being effectively delivered. There were two recommendations in the report, both have been actioned. Access to FIT testing will be 'business as usual' as opposed to a Renewal Transformation Programme priority from April 2023.
- 7.1.02** Powys patients can access Rapid Diagnostic Centres via Betsi Cadwaladr University Health Board (Wrexham), Swansea Bay University Health Board (Neath Port Talbot) and Aneurin Bevan University Health Board (Newport). There is currently no access for Mid Powys patients and there are no current plans to provide a service in Wye Valley Trust. The possibility of flows to existing NHS rapid diagnostic centres for mid Powys patients is being pursued. BCUHB has confirmed it will receive additional referrals from mid Powys for Wrexham RDC. ABUHB is unable to accept additional referrals at present as their service has just restarted, but is accepting South Powys referrals.

- **7.1.03** A proposal was submitted to the Moondance Cancer Initiative for funding to join the Welsh Cytosponge implementation pilot being led by BCUHB which was successful; funding of £25,000 confirmed. Next steps discussed at Cancer Renewal Programme Board 17/1/23, and implementation underway.
- **7.1.04** A plan for transnasal endoscopy was developed within the required timescales. £40,000 non-recurrent was secured from the Welsh Cancer Network to take forward the first part of the Transnasal Endoscopy development, releasing 2 x Nurse Endoscopy staff to undertake training with an external ENT department within this financial year (2022/23). Moondance Cancer Initiative has confirmed that it will fund the capital equipment required for the next phase, although confirmation of this is awaited. Implementation will then be taken forward in collaboration with the Renewal Transformation Diagnostic Workstream.
- **7.1.05** In partnership with the Wales Cancer Network, Powys Teaching Health Board has been successful in securing funding from Cancer Research Wales to scope the potential to provide rapid diagnostic services in Powys. A part time Project Manager, based within the Wales Cancer Network, commenced post January 2023. A project plan has been scoped and the PTHB Transformation Programme Manager and Cancer Clinical Lead will work closely with the Project Manager to identify the findings and recommendations which are due May 2023. It will not have an outcome until Q1 2023-24, and not in 2022-23 as originally planned.
- **7.2.01** The Wales Cancer Network Project Manager supporting Powys has mapped the Upper and Lower Gastrointestinal optimal pathways although the findings were very generic and of limited value. Powys Teaching Health Board and the Wales Cancer Network are working together to ensure more detailed pathway mapping is available and mapping is now underway for Prostate pathways. The Wales Cancer Network is developing a Suspected Cancer Pathway e-learning education package for patient services staff, this will be offered to the PTHB patient services team when available.
- **7.3.01** A monthly harm review panel for cancer breaches is in place, chaired by Cancer Clinical Lead. The key focus of the meeting is to consider harm review undertaken in other health boards and trusts treating Powys patients. Separately a business intelligence tool showing where there are difficulties in external pathways ahead of a breach has been under development, but this only includes information about Welsh pathways at present. The information is being provided to the Commissioning teamwork is underway to secure information from English data flows. A submission has been made to the Cancer Clinical Network for the next phase of the Cancer tracking pilot in 2023/24.

A risk over 15 remains in the Cancer Renewal Programme, the significant variation in the recovery of cancer services due to delayed diagnosis or treatment. The mitigations are the actions above. There are also mitigations in other renewal programmes such as insourcing endoscopy and strengthening wellbeing information on the PTHB website.

Commentary on red rated actions:

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG	Expected Year End Outcome
Deliver Cancer Programme – Renewal Programme	7.1.01	Progress plan to improve access to FIT testing	MD	Q1 - Q4	Complete
	7.1.02	Improve access for Powys residents to rapid diagnostic centres for vague symptoms		Q1 - Q4	Partially Complete
	7.1.03	Develop a plan for cytosponge implementation with BCUHB		Q3	Complete

Improve access to testing and diagnostics	7.1.04	Develop a plan for the development of transnasal endoscopy	Q3	Complete
	7.1.05	Develop an approach for scoping community diagnostics	Q2 (Note below recognised that outcome will be Q1 23/24)	Partially Complete
Work with the Wales Cancer Network on Optimal pathways and quality statement	7.2.01	Work with the Wales Cancer Network on Optimal pathways and quality statement;	Q1 – Q4	Partially Complete
Progress suspected cancer pathway tracking & harm review approach	7.3.01	Finalise suspected cancer pathway tracking & harm review approach	Q1 – Q4	Partially Complete

Formal change request

7.1.05 – In the Q2 return there was a formal change request stating *‘There is work underway with the Wales Cancer Network, but it will not have an outcome until Q1 2023-24. The wording needs to change in this year to ‘Develop an approach for scoping community diagnostics...’.* Whilst the wording has been changed the timescale in the RAG column has remained as Q2 where it should read Q1 2023-24.

Learning and Reflections to inform INTEGRATED PLAN 2023 – 2026

There continues to be variation across the provision of cancer services, and it is crucially important this remains a priority in 23-24 including access to diagnostics.

Executive Director Sign Off

Sign off received from Kate Wright - MD

Strategic Priority 8 – Implement Improvements in Outcomes, Experience and Value in Circulatory Disease (Stroke, Heart Disease, Diabetes)

Executive Lead – DPH, DoPP

Quarter 3 Progress:

8.1.01 Circulatory gap analysis completed and ask and Finish Group recommending priorities for 2023/24 Annual Plan.

8.2.01 & 8.3.01 Non-recurrent funding was secured from the Wales Cardiac Network to pilot a Community Cardiology Service in 2022-23. It was agreed that the pilot would be delivered in north Powys. The service has two elements – Diagnostics (led by the by the General Practitioner with Special Interest in Cardiology [GPwSI]) and Rehabilitation (led by the Cardiac Specialist Nurse). There has been a number of challenges setting up the service including issues to resolve in relation to equipment, the storing and access to images and information governance which have been

resolved. Secondary care consultant input has been secured in principle from Wye Valley NHS Trust, although there has been a delay in finalising arrangements. It has been confirmed that images should be available through the Welsh Clinical Portal although the relevant consultants require permission to access. Physiology input has been secured. Patients were being seen in quarter 3. Appointing to posts has also been challenging, particularly as some were clinical, part time temporary positions. A multi-disciplinary implementation group in place. PREMS and PROMS are in place. Close liaison continuing with the Wales Cardiac Network. Proposals for the phased roll out of a pan Powys Community Cardiology service have been agreed for 2023/24. North Powys business as usual from 2023/24 as first phase complete.

8.4.02 A formal period of engagement took place from 20 September 2022 to 11 November 2022. Following engagement, refined proposals are being developed for review through the Clinical Senate process in England.

8.4.03 In terms of the transformation programme there has been implementation of a Value Based Health Care project of Kardia Mobile devices for Atrial Fibrillation and Supraventricular Tachycardia in primary care, linked to the Community Cardiology Service above. Devices have been purchased and are being distributed to General Practices. Clinical support provided by the GPwSI supporting the Community Cardiology pilot. Atrial fibrillation registers and enhanced primary care services for stroke prevention in place. The Integrated Performance Report covers the performance of externally commissioned services where it should be noted that concerns have emerged in relation to thrombolysis times. There is also considerable concern about the impact on stroke patients of ambulance delays and delays in external emergency departments.

8.5.01 A cross cutting group is in place to identify the generic components across rehabilitation programmes and to the extent to which learning from the successful approach to virtual pulmonary rehabilitation. Cardiology Rehabilitation programme has commenced as part of the Community Cardiology pilot but only in Newtown. Additional temporary rehabilitation funding has helped ensure capacity as part of the Community Cardiology pilot. Cardiology Rehabilitation will be rolled out across Powys as part of the phased Community Cardiology development.

Commentary on red rated actions:

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG	Expected Year End Outcome
Deliver Circulatory Programme – Renewal Portfolio	8.1.01	Gap analysis and Phased Plan *Partially delayed	DPH	Q1 – Q3	Complete
Develop and progress phased plan including service and workforce development	8.2.01	Cardiac workforce development	DPH	Q1 – Q4	Partially Complete
Improve access to diagnostics	8.3.01	Community Cardiac Service development	DPH	Q1 – Q4	Complete
Progress primary and secondary stroke prevention; assess and manage strategic	8.4.01	Improve access to diagnostics in line with national programmes	DPH	Q1 *	Complete

change proposals for Stroke (Wales and England)		*not fully delivered in Q1 however progress made therefore scored green			
	8.4.02	Impact assessment / management of strategic change proposals for Stroke	DoPP	Q1 – Q4	Partially Complete
	8.4.03	Evidence based primary and secondary stroke prevention	DPH	Q1 – Q4	Partially Complete
Improve equitable access to cardiac rehabilitation for all pathways	8.5.01	Equitable access to cardiac rehabilitation for all pathways	DPH	Q2 – Q4	Partially Complete

Formal change request

8.1.01 A request is made to alter the time of this to Q4. The Gap analysis was prepared, but the programme board to approve it and the phased plan did not take place in November. The final gap analysis and phased plan will need to be taken to the next Circulatory Board in Q4.

Learning and Reflections to inform INTEGRATED PLAN 2023 – 2026

It is crucially important there is a focus on circulatory in 2023-24 due to the findings in the Diabetes Atlas of Variation; the need to transition to a sustainable repatriation of community cardiology activity to Powys; and the need to implement the Getting in Right First Time review when available. The findings of the circulatory gap analysis will inform the future priorities of the Circulatory Renewal Programme.

Executive Director Sign Off

Sign off received from Mererid Bowley – DPH & Stephen Powell - DoPP

Strategic Priority 9 – Develop and Implement the next stage of the Breathe Well Programme Specifically aimed at repatriating care closer to home and focusing on Children and Young People’s Respiratory Care

Executive Lead - DoTH

Quarter 3 Progress:

In order to urgently take forward work on the Accelerated Sustainable Model due to the unprecedented pressures facing the NHS, it was agreed to suspend the meetings of the Breathe Well Programme Board and Programme Team from November 2022 onwards.

9.1.01: Welsh Government published the final Respiratory Quality Statement on 30th November 2022. Due to the support required for the Accelerated Sustainable Model programme, the Breathe Well Programme Team met on 21st February and the last Breathe Well Programme Board will take place on 5th April 2023. PTHB is already compliant with several areas of the Quality Statement and a plan is being drafted to ensure compliance with the remaining areas ready for implementation.

9.3.01: The Breathe Well Children & Young People’s Subgroup has continued to meet and has analysed the available paediatric respiratory data. Promotion of the nationally available NHS Wales Asthma for Parents app is underway via PTHB social media channels. The Respiratory Clinical

Lead is linking with the Start Well Programme to discuss further promotion. The Workstream is also supporting improved communication between young person's and adults' services to support transition. This will move to business as usual in 2023/24.

9.4.01: The implementation of improved respiratory diagnostics is underway in Powys: with regular spirometry clinics established at seven community sites across Powys; appropriate adult sleep apnoea patients diagnosed in Powys, with patients collecting and returning devices from their nearest PTHB site to minimise travelling; with fractional exhaled nitric oxide available across Powys for appropriate patients; full lung function testing is available in South Powys following equipment being secured and installed. Recruitment to a second Respiratory Physiology post to provide service sustainability and to increase capacity has continued to prove challenging. There have been a number of recruitment rounds and if the next round is unsuccessful, then there will be a revised approach to attract final physiology students graduating this year.

Commentary on red rated actions:

9.2.01: This work has been affected by the realignment of programme support to the Accelerated Sustainable Model programme, which itself will impact on the respiratory medical model. The Q4 deadline for this action is therefore no longer achievable and it is proposed that this work is deferred until 2023/24 as part of the Accelerated Sustainable Model programme. Work has been continuing in the background on the analysis of referrals to inform this work.

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG	Expected Year End Outcome
Deliver the Breathe Well Programme – Renewal Portfolio	9.1.01	Develop & implement plan to meet Respiratory Quality Statement	DoTH	Q1 – Q4	Partially Complete
Develop and implement medical model	9.2.01	Undertake next stage of outpatient activity redesign and repatriation through options appraisal and implementation of medical model Extension approved to Q4 for this milestone by the lead executive in Q1		Q1 – Q4	Will Not Be Delivered (Include in next year plan)
Deliver plan for Children and Young People	9.3.01	Develop approach on advice, support and treatment provided to children and young people with respiratory conditions and their families, to strengthen adherence to asthma plans		Q3 – Q4	Complete
Improve access to diagnostics closer to home	9.4.01	Phased approach to respiratory diagnostics closer to home, embedding spirometry model and sleep clinics, scoping fractionised exhaled nitric oxide and full lung function testing		Q1 – Q4	Complete

Formal change request

9.2.01: It is requested that decisions in relation to the Medical Model are deferred to 2023/24, as it is dependent on the outcome of the work of the Accelerated Sustainable Model.

Learning and Reflections to inform INTEGRATED PLAN 2023 – 2026

Executive Director Sign Off

Sign off received from Claire Madsen - DoTH

Strategic Priority 10 – Undertake Strategic Review of Mental Health, to improve outcomes from high quality, sustainable services, including specialist services

Executive Lead - DPCCMH

Quarter 3 Progress:

Progress on track to deliver the roll out of the Single Point of Access 111; Dementia Action Plan and the roll out of the children and young people’s emotional health and resilience service. The Single Point of Access (111) will go live in March. The schools’ based emotional resilience and mental health service is now operational across all Powys schools. There will be some ongoing capacity risks, particularly with winter, and recognising a challenge to workforce resilience.

Commentary on red rated actions:

While the Strategic Review has been slightly delayed, we have appointed a strategic clinical lead to the programme and project support. The strategic review has been reformatted into a larger Health Board wide programme of transformation on the Accelerated Sustainability Model. We are behind schedule on the tender of the sanctuary / crisis house, due to loss of the project manager. This work has been re-scheduled for 2023/24.

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG	Expected Year End Outcome
Deliver Strategic Review of Mental Health	10.1.01	Undertake a Strategic Review of Mental Health services; including specific work on the following areas:	DPCCMH	Q1 - Q4	Partially Complete
Delivery of Live Well MH Partnership priorities (2022-2025)	10.2.01	Design the approach to a Sanctuary House, including commissioning the service (potential Tender/Award) Provision & Monitoring		Q2 - Q4	Partially Complete
Develop services to improve outcomes and access in line with national plans	10.3.01	Complete the roll out of the Single Point of Access 111 – Tender Q1, Provision & Monitoring		Q2 - Q4	Partially Complete
Roll out children and young people’s emotional health and resilience service	10.4.01	Deliver against Dementia Action Plan 2018-22 including Memory Assessment Redesign		Q1 - Q4	Partially Complete
	10.4.02	Implement the milestones of the Deliver Powys Talk 2 Me 2 Strategy		Q1 - Q4	Partially Complete
	10.4.03	Roll out Children and Young People’s emotional health and resilience service		Q1 - Q4	Complete

Formal change request

10.2.01 Sanctuary House/Crisis House action reschedule for 23/24.

Learning and Reflections to inform INTEGRATED PLAN 2023 – 2026

Executive Director Sign Off

Sign off received from Hayley Thomas – DPCCMH

Joined Up Care

Strategic Priority 11 – Design and Deliver a Frailty and Community Model including improved access to Urgent and Emergency Care enhancing outcomes, experience and value

Executive Lead – MD & DPCCMH

Quarter 3 Progress:

- While the high level model work was completed in Q2 as required, the work on the model has now been taken forward under the Accelerated Sustainable Model.
- Falls multifactorial risk assessment revisions finalised. Phased approach to implementation from Q4.
- Value Based Healthcare Falls project implemented at pace in partnership with Welsh Ambulance Services NHS Trust and Powys County Council. Positive engagement with Care Homes in Powys. Learning about this new way of working being captured to inform future work. Attendance at some sessions by care home staff has been impacted by high levels of sickness.
- Executive Committee approval of 6 Goals financial allocation, including primary care and medical model for frailty and urgent care. New value-based outcome measures implemented for urgent primary care projects. Primary pilots include additional blood collections, acute home visiting service, first contact mental health practitioner, dedicated frailty service, care navigation.
- Recruitment of 6 Goals Clinical Lead and Clinical Change Manager progressed (interim support from Transformation Programme Manager, Assistant Medical Director and Assistant Director Community Services Group).
- Goals 5 and 6 launched at end of Q3, implementation plan for revised Discharge to Reablement and Assessment (D2RA) pathways developed.
- 6 Goals for Urgent and Emergency Care six month review held with national team with positive feedback received.
- A number of actions that were identified for this programme have been absorbed into the Accelerated Sustainable Model due to the unprecedented pressures being faced by the NHS at present.

Commentary on red rated actions:

11.1.02 Frailty Scoring Project - progress made learning from other health boards and exploring potential scoring mechanisms. Lack of e-system interoperability being worked through with Digital Health and Care Wales and local digital colleagues. Primary care clusters will be part of the implementation solution.

11.1.04 Community hospital focus – future community hospital model part of work on Accelerated Sustainable Model and system flow work.

11.1.05 Development of workforce model – further work will be as a result of the Accelerated Sustainable Model.

11.1.07 Complex Geriatric Assessment Development. Implement – Recruitment processes underway for medical component but it will not be possible to have someone in post by 31st March 2023.

11.1.09 Confirm cross-cutting approach for end of life within model – to be confirmed as part of the Accelerated Sustainable Model.

11.2.02 Undertake an assessment of current provision including key priorities for development, e.g., end of life care – elements of the work will be progressed within the Accelerated Sustainable Model but cannot be finalised until the design and delivery phase of the ASM is agreed.

11.2.03 Develop and assess key options for implementing a more joined-up, place-based, multiagency care model –being progressed within the broader Accelerated Sustainable Model but cannot be finalised until the design and delivery phase of the ASM is agreed.

11.2.04 Progress implementation – dependent on completion of 11.2.04.

11.3.01 Build on cluster led risk stratification and virtual wards – work underway but not completed. The ASM is likely to help identify how the virtual ward work can be refined.

11.5.01 Review Same day emergency care pathways – learning from urgent primary care projects strengthened in Q3/4.

11.5.02 Review Intermediate care (step up) pathways – further review in Q4.

11.5.03 Assess Specialty advice and guidance lines – Continued access to Consultant Connect as required

11.6.01 Work with WAST to deliver optimal 999 pathways – ongoing, especially in light of unprecedented winter pressures.

11.7.01 Build on progress made across the system to improve patient flow to minimise harm for patients in hospital / in the community waiting for response and reduce average length of stay to 28 days. As widely reported winter pressures have been unprecedented, a reduction in length of stay below 28 days has not been achieved. Various actions have been in place including Gold escalation working with the Local Authority. Key causes have been: delays to the assessment process and in line with Welsh Government requirements a revised D2RA approach is being implemented; shortages of domiciliary care; shortages of residential care. A key focus of the work on the Accelerated Sustainable Model is to address length of stay and the risk of deconditioning.

11.7.02 Implement SAFER patient flow guidance – to be refreshed alongside roll out of revised D2RA approach.

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG	Expected Year End Outcome
Develop and deliver a Frailty and Community Model <i>Including intensive community and home-based care; a frailty pathway including falls and home first ethos.</i> – Complete work on overarching model following Gap Analysis (community hospitals and community services) – Frailty Scoring Project	11.1.01	Complete work on overarching model following Gap Analysis (community hospitals and community services) – high level model approved by Programme Board in Q1/2	MD & DPCCMH	Q1	Will Not Be Delivered (Include in next year plan)
	11.1.02	Frailty Scoring Project		Q1 – Q4	Will Not Be Delivered (Include in next year plan)

<ul style="list-style-type: none"> - Culture and Change – joint work with Improvement Cymru - Development of Workforce Model - Treatment Escalation Plan – confirmation of approach - Complex Geriatric Assessment Development and Implementation - Revise falls pathway to ensure integrated - Confirm cross-cutting approach for end of life within model - Feedback loop from improved intelligence 	11.1.03	Culture and change – joint work with Improvement Cymru paused – alternative approach to be considered		N/A	Will Not Be Delivered (Include in next year plan)	
	11.1.04	Community hospital focus		Q2 – Q3	Will Not Be Delivered (Include in next year plan)	
	11.1.05	Development of workforce model		Q1 – Q4	Will Not Be Delivered (Include in next year plan)	
	11.1.06	Treatment Escalation Plan – confirmation of approach		Q1	Complete	
	11.1.07	Complex Geriatric Assessment Development, Implement		Q1 – Q4	Will Not Be Delivered (Include in next year plan)	
	11.1.08	Revise Falls pathway to ensure integrated		Q1 – Q3	Partially Complete	
	11.1.09	Confirm cross-cutting approach for end of life within model		Q1	Will Not Be Delivered (Include in next year plan)	
	11.1.10	Feedback loop from improved intelligence		Q1 – Q4	Partially Complete	
	Develop a place-based care approach in East Radnorshire, building on the expertise and resources in Knighton and District specifically	11.2.01	Establish a formal project of work to involve key stakeholders		Q1	Will Not Be Delivered (Include in next year plan)
		11.2.02	Undertake an assessment of current provision including key priorities for development, e.g. end of life care		Q1 – Q2	Will Not Be Delivered (Include in

					next year plan)
	11.2.03	Develop and assess key options for implementing a more joined-up, place-based, multiagency care model		Q2 – Q4	Will Not Be Delivered (Include in next year plan)
	11.2.04	Progress implementation		Q3 – Q4	Will Not Be Delivered (Include in next year plan)
Deliver an Urgent and Emergency Care 'Six Goals' model Goal 1 - Coordination, planning and support for people at greater risk of needing Unscheduled Emergency Care (UEC)	11.3.01	Build on cluster led risk stratification and virtual wards		Q1 – Q2	Will Not Be Delivered (Include in next year plan)
Goal 2 - Signposting, information and assistance	11.4.01	Deliver 24/7 Urgent Care Model, work with partners to review utilisation of NHS 111 Wales & Enhanced Directory of Services		Q1 – Q4	Partially Complete
	11.4.02	Test potential for Urgent Primary Care Centres (UPCCs)		Q1 – Q4	Partially Complete
Goal 3 - Clinically safe alternatives to admission	11.5.01	Review Same day emergency care pathways		Q1 – Q2	Will Not Be Delivered (Include in next year plan)
	11.5.02	Review Intermediate care (step up) pathways		Q1 – Q2	Will Not Be Delivered (Include in next year plan)
	11.5.03	Assess Specialty advice and guidance lines		Q1	Partially Complete
Goal 4 - Rapid response in crisis	11.6.01	Work with WAST to deliver optimal 999 pathways		Q1 – Q2	Partially Complete

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	11.6.02	Work with commissioned partners to ensure quality, safe and timely care in Emergency Departments – annual cycle	Q1-Q4	Partially Complete
Goal 5 - Optimal hospital care and discharge practice from the point of admission	11.7.01	Build on progress made across the system to improve patient flow to minimise harm for patients in hospital / in the community waiting for response and reduce average length of stay to 28 days	Q1	Will Not Be Delivered (Superseded)
	11.7.02	Implement SAFER patient flow guidance	Q1 – Q2	Complete
Goal 6 - Home first approach and reduce the risk of readmission	11.8.01	Optimise home first ethos and support discharge to assess and recover, reducing lengths of stay and delays in transfers to improve outcomes, review rehabilitation and reablement arrangements – annual	Q1 – Q4	Partially Complete
	11.8.02	Work with the care sector to improve resilience in domiciliary and residential / nursing care and processes	Q1 – Q4	Will Not Be Delivered (Include in next year plan)
	11.8.03	Partnership work with Welsh Ambulance Services; transformation ambitions as set out in the Emergency Ambulance Services Committee IMTP	Q1-4	Partially Complete
	11.8.04	Learning from the System Resilience / Winter Plan; identification of further high impact changes across the Regional Partnership Board	Q1-Q4	Partially Complete

Formal change request

11.1.01 Accelerated Sustainable Model work encompasses the development of the detailed model and is subject to timescales agreed with the CEO and Board.

11.1.02 It is requested this carried over into 2023/24 as an ICT system solution is required which is not yet available in order to maximise the efficiency of scoring.

11.1.04 will not be possible to finalise the community hospital model within this financial year as it is dependent on the outcome of the design stage of the Accelerated Sustainable Model report (the discovery report is near completion).

11.1.05 will not be possible to finalise the workforce model within this financial year as it is dependent on the outcome of the design stage of the Accelerated Sustainable Model report (the discovery report is near completion).

11.1.07 delivery in 2023/24 once medical model implemented.

11.1.09 delivery in 2023/24 once Accelerated Sustainable Model design completed.

11.2.03 delivery in 2023/24 once Accelerated Sustainable Model design completed.

Learning and Reflections to inform INTEGRATED PLAN 2023 – 2026

Executive Director Sign Off

Sign off received from Kate Wright – MD & Hayley Thomas – DPCCMH

Strategic Priority 12 – Support improved access to and outcomes from Specialised Services

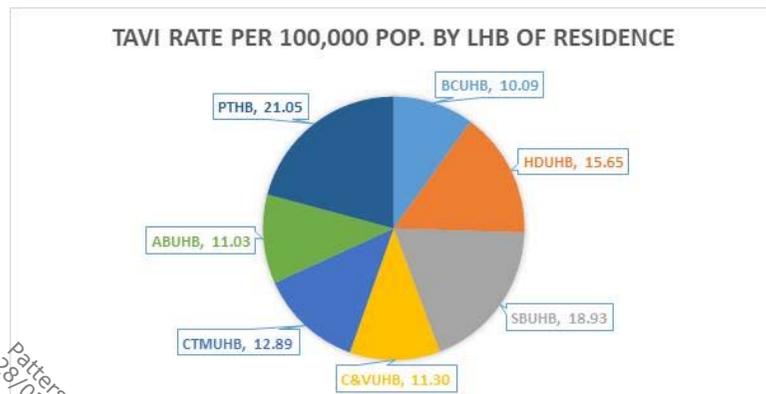
Including specialist mental health services, specialist paediatrics, major trauma, neonates, PET, as well as recovery planning for bariatric surgery, cardiac surgery, plastic surgery, neurosurgery, paediatric surgery

Executive Lead – DoPP

Quarter 3 Progress:

12.1.01: Powys Teaching Health Board is participating in the Welsh Health Specialised Services Committee (WHSSC) statutory Joint Committee and Management Group. Management Group papers are widely circulated within PTHB across Directorates seeking views and updates are provided.

12.1.03: The PTHB “My Analytics & Information Reports” (MAIR) working group has been re-established (following suspension earlier in the pandemic) involving transformation, value-based health care, public health and financial input to examine variation for Powys people in relation to specialised services to help drive pathway improvement. Analysis within PTHB identified areas to focus upon including medium secure mental health admissions; high cost CAMHS Tier 4 admissions; and the growth in expenditure on Trans Aortic Valve Implementation (TAVI) especially at the Royal Stoke University Hospital. Liaison took place with the PTHB Mental Health Department in Quarter 2 which confirmed that appropriate processes were in place for the medium secure and CAMHS patients. In terms of TAVI, WHSSC agreed to undertake a review of TAVI trends across the key centres. PTHB’s work enabled it to successfully challenge information provided about the rates of access for Powys patients. Once English flows were considered for PTHB the number of procedures per 100,000 increased from 6.01 per 100,000 to 21.04 per 100,000. This changed the Health Board’s position from having the fewest number of procedures per 100,000 amongst Welsh health boards to the greatest.



PTHB is now seeking that WHSSC risks adjust for age, when reporting access rates for procedures per health board and for further work in relation to outcome.

12.1.04 & 12.1.05: Powys Teaching Health Board has participated in the WHSSC process for prioritisation (including clinical Executive Director involvement) and is participating in the development of the Integrated Commissioning Plan. PTHB has advocated that the plan should be informed by a “value approach” - meaning understanding outcomes, experience and cost, in relation to specialised services, at a health board population level. It has also reaffirmed this in responses to WHSSC in relation to strategy development for the specialised services and in relation to strategy development for specialised mental health services. In Quarter 3 a meeting took place involving the CEO and key officers to discuss the process for aligning the PTHB IMTP and WHSSC ICP given the scale of the deficit forecast across the NHS for 2023/24 and the impact of inflation. The ICP is reflected in the PTHB Annual Plan.

12.1.06: WHSSC has some work underway in relation to outcomes, but such information is needed more systematically to inform health board decision-making through WHSSC and PTHB continues to pursue this emphasising the information needed about outcome, experience and cost.

Commentary on red rated actions:

12.1.02: There has been a delay within PTHB in recruiting to a Specialised Pathway Lead to assist with the significant level of work needed in relation to the health board’s participation in the Welsh Health Specialised Services Committee arrangements. PTHB does not have the usual range of clinicians in its organisation so commenting on specialist services and policies can be difficult and assessing the impact. In the first part of the year there was a delay in completing the necessary workforce procedures as the Assistant Director was also helping to cover the work of other vacancies such as the Implementation Manager for the Community Cardiology Service. It was not possible to progress the appointment in Quarter 3, as hoped, as the Assistant Director was asked to prioritise work on the Accelerated Sustainable model. However, all WHSSC Management Group Meetings were covered; responses to consultations were provided; the MAIR working group and data analysis continued; and the response to seven policy consultations were co-ordinated including the involvement of English partners where relevant. PTHB has also played a lead role in highlighting to Welsh Government and the Cross-Border Network between England and Wales the potential risks arising from the delegation of some specialised commissioning to Integrated Commissioning Boards by 2024.

12.1.07: The month 10 end of year forecast in the published WHSSC papers is that there will be a £204k underspend for PTHB against the planned figure. Whilst an underspend has been achieved, it not yet of the scale needed which is £500k. Through the year the recovery of English services has tended to be faster, however there was an improvement in quarter 3 for some Welsh services resulting in a greater rate of expenditure.

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG	Expected Year End Outcome
	12.1.01	Participate in Management Group and Joint Committee	DoPP	Q1 – Q4	Complete

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Work with the Welsh Health Specialised Services Committee to implement Integrated Commissioning Plan Ensure equitable access and outcomes for the Powys population and work in partnership to address variation	12.1.02	Appoint to specialised pathway lead	Q1	Will Not Be Delivered (Include in next year plan)
	12.1.03	Use MAIR data to identify opportunities for VBHC pathway improvement	Q2 – Q4	Complete
	12.1.04	Develop routes for Powys Patient Experience feedback in relation to specialised services. Participate in CIAG prioritisation process and ICP development informed by MAIR data and Powys patient experience	Q2 – Q3	Partially Complete
	12.1.05	Align ICP and IMTP development	Q3 – Q4	Complete
	12.1.06	Work with WHSS team on improved outcome measures	Q1 – Q4	Partially Complete
	12.1.07	Achieve agreed efficiency savings	Q1 – Q4	Will Not Be Delivered (Include in next year plan)

Formal change request N/A

Learning and Reflections to inform INTEGRATED PLAN 2023 – 2026

NHS England will be delegating the commissioning of some specialised services to Integrated Commissioning Boards in England by 2024. There are risks arising from this as there will be 9 English regions involved. Thus, there will be a more complex interface and the involvement of functions with less experience of the requirements of cross-border working.

Executive Director Sign Off

Sign off received from Stepen Powell - DoPP

Strategic Priority 13 – Designing, develop and implement a comprehensive approach to workforce planning

Focusing on attracting/securing workforce for targeted services (including international recruitment)

Executive Lead - DWOD

Quarter 3 Progress:

13.1.01 – Support services to review and develop sustainable workforce model

Q3 saw the Accelerated Sustainable Model programme of work begin. Recognising an urgent need to develop a sustainable model for health and care services in Powys, this programme was launched and Q3 has been focused on the Discovery phase. During this rapid phase of the programme, the Head of Workforce Transformation has been supporting the programme team with the required workforce data intelligence and analytics to inform the picture in terms of our current workforce models.

The Test, Trace, Protect and Mass Vaccination services were extended in quarter 3 until the 31st March 2023. Whilst it was originally intended that a recurrent funding agreement would be received in quarter 3, notice of funding for both services was issued on the 23rd December 2022, and sets out funding arrangements for financial year 2023/24 only. The funding arrangements were considerably lower than anticipated and a longer-term workforce delivery model to integrate these services within existing core delivery structures has been developed. This is due to go for consideration by the Executive Committee in month 1 of quarter 4.

13.2.01 – Begin implementation of the Toolkit, focusing on the Renewal Priorities

An organisational approach to workforce planning was agreed by the Executive Committee, underpinned by the All-Wales workforce planning toolkit which is modelled around the 6 steps to workforce planning. An implementation and training plan to support staff to build workforce planning skills and capability has been developed. The Business Partner Team have been targeting service managers, encouraging them to undertake the existing online workforce planning training on ESR to support the readiness of staff to then undertake the PTHB classroom-based training, which is planned for delivery through Q4. This will equip staff with the skills and capability to develop service level workforce plans for the short, medium and long-term.

The Head of Workforce Transformation produced a 10-year workforce plan describing projected workforce numbers across all clinical and non-clinical services. This data was presented to the Workforce Steering Group and has been one of the catalysts supporting the recent development of the Accelerated Sustainable Model programme.

Work continues with the Renewal Priorities, with each programme at a different stage in relation to workforce modelling. There are 52.40 WTE posts across the 7 areas: 20.50 WTE of these posts are recurrent posts and the remaining 31.90 WTE are fixed term appointments. All recurrent posts have been appointed to, and all non-recurrent posts are due to finish in March 2023 were unfilled.

13.6.01 - Deliver the Schools Pilot Project

The Schools Pilot commenced in September 2022, working with 34 students in year 12 & 13 in Crickhowell and Llanfyllin schools who undertaking their Health & Social Care qualifications. 25 sessions have been delivered consisting of guest speakers, simulation-based learning scenarios and

lead mentor support via face to face onsite at the Academy, within the school and via Teams. These students are also being recruited to the bank/temporary staffing unit to enable them to access paid work.

Commentary on red rated actions:

13.3.01 – NPWP - awaiting the workforce model to be able to support workforce planning - consider a formal change request to reflect current NPWP position

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG	Expected Year End Outcome
Review and develop sustainable workforce model (including Covid Response, staffing/medical model)	13.1.01	Support services to review and develop sustainable workforce model	DWOD	Q1 – Q4	Partially Complete
Implement All Wales Workforce Planning Toolkit	13.2.01	Begin implementation of the Toolkit, focusing on the Renewal Priorities		Q1 – Q4	Partially Complete
Develop Workforce Plan for North Powys Wellbeing Programme	13.3.01	NPWP Scoping exercise; Support workforce planning		Q1 – Q4	Will Not Be Delivered (Include in next year plan)
Widen apprenticeship offer	13.4.01	Widen the apprenticeship offer		Q1 – Q2	Complete
Progress international recruitment	13.5.01	Progress international recruitment, in line with a 'Once for Wales' approach		Q1 – Q2	Complete
Promote Health and Care Careers	13.6.01	Deliver Schools Pilot Project		Q3 – Q4	Complete
Progress Health and Care Support Worker / Nursing Degree	13.6.02	Review further opportunities for part-time pre-registration Nursing degree / Health Care Support Worker route		Q1	Complete
Enhance Student Streamlining offer for Powys	13.6.03	Work with HEIW and Shared Services to enhance Student Streamlining offer – noted in Q2 that HEIW Student Streamlining being stood down		N/A	Choose an item.

Formal change request

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13.3.01 – NPWP - awaiting the workforce model to be able to support workforce planning - consider a formal change request to reflect current NPWP position as this work is unlikely to be completed by end Q4. Change wording on commentary from 'awaiting workforce model' to 'awaiting service model'

Learning and Reflections to inform INTEGRATED PLAN 2023 – 2026

Deliver the Schools Pilot Project

Though this is a pilot whereby we are already seeing impact in the creation of a pool of future employees, early indications suggest this is something we would want to continue to build upon in coming years. The pilot is due to run for the length of the qualification period (2 years), but we would be looking to source further funding to expand this to other schools/FEs in the county and other age students.

Executive Director Sign Off

Sign off received from Debra Wood-Lawson - DWOD

Strategic Priority 14 – Redesign and implement leadership and team development

Enhancing clinical leadership and whole organisation focus on value

Executive Lead - DWOD

Quarter 3 Progress:

14.1.01 A year of monthly/bi-monthly leadership development opportunities have taken place for AD and DDs, but these have paused during winter pressures. The approach will be reviewed in Q1 2023/24 to understand the ongoing development needs of this group. A range of leadership development opportunities are now available through the HCA School of Leadership and the ILA which provide ILM qualification courses from levels 3 to 7 for those entering leadership and management roles to senior leaders and coaches.

The clinical leadership development proposal has been drafted and is in consultation with Clinical Executive Directors for finalisation and roll out.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG	Expected Year End Outcome
Roll out Management and Leadership Development programme including Clinical Leadership Development	14.1.01	Roll out Assistant Director / Senior Manager / Leadership Development, including Clinical Leadership Development	DWOD	Q1 – Q4	Complete

Launch Intensive Learning Academy	14.2.01	Launch the Intensive Learning Academy in Leading Digital Transformation		Q1	Complete
Formal change request N/A					
Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026					
Executive Director Sign Off					
Sign off received from Debra Wood-Lawson - DWOD					

Strategic Priority 15 – Deliver improvements to staff wellbeing and engagement

Executive Lead - DWOD

Quarter 3 Progress:

15.1.01. Successful recruitment to the 8B Occupational Health Consultant Nurse role – due to commence with PTHB in Mid-February. This role was part of the service redesign work and will now sit alongside the OH service improvement manager and the clinical OH team. The next phase of the redesign will be to implement the new OH management system 'Civica' which will replace the current Cohort system. The rollout is on an all Wales basis and will take up to 12 months for every Health Board to transfer over. The new system will provide the OH team with ability to collate and analyse OH data effectively to inform service delivery and target appropriate proactive support for our workforce.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG	Expected Year End Outcome
Redesign the Occupational Health Service	15.1.01	Review and redesign the Occupational Health Service	DWOD	Q1 – Q4	Complete
Implement mechanisms to understand, support and track the wellbeing of the workforce	15.2.01	Launch Mental First Aid Training in Clinical areas; Co-lead Programme in Mental Health		Q4	Partially Complete
	15.2.02	Refresh Wellbeing at Work Group		Q4	Partially Complete
	15.2.03	Promote use of the national tool for Wellbeing Conversations		Q1	Complete

	15.2.04	Scope and progress wellbeing survey, subject to the timing of a national survey	Q4	Will Not Be Delivered (Include in next year plan)
	15.2.05	Develop model and implement approach to financial wellbeing support	Q2	Complete

Formal change request N/A

Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026

Executive Director Sign Off

Sign off received from Debra Wood-Lawson - DWOD

Strategic Priority 16 – Enhance access to high quality education and training

Across all disciplines, specifically focusing on 'grow our own' / apprenticeships

Executive Lead - DWOD

Quarter 3 Progress:

16.1.01 Explore opportunities to develop innovative approaches to role and service development working with HEIW with an emphasis on the 'grow our own' model

The Community Care Assistant Role (CCA) has been developed based on the HEIW Patient Care Role as a possible solution to increase capacity across our system and support the Health and Social workforce in Powys. The role and briefing document on how it could be deployed is currently out for consultation with colleagues from across the partnership. Funding to support the training element has been sourced from HEIW.

A draft proposal has been shared with HEIW for consideration for a new pre-registration nursing degree education contract for Powys. This would see a partnership approach between the Health Board and a Welsh HEI in delivering a full-time distance/dispersed nursing degree under the umbrella of the Health & Care Academy.

Due to difficulties in recruiting an Aspiring Radiographer to PTHB, agreement has now been confirmed from HEIW that the funding support agreed previously can be utilised to recruit an Aspiring Radiographer to the September 2023 cohort at Bangor University. There are plans in place to meet with HEIW and Bangor University in Q4 to discuss the best approach to ensuring the success of the project in terms of a joined-up recruitment and selection process.

Further funding support of £36K from HEIW has been secured to support a second cohort of 12 learners onto the Level 4 HE Certificate in Healthcare Support. The original cohort of 12 in Sept 2022 were the first to join a pilot programme with Llandrillo College, delivering the programme through a distance learning model over 1 year. The second cohort is due to start in Feb 2023, applications and interviews have been undertaken. This learning programme is the equivalent of Stage 1 of the Nursing Degree programme, therefore supporting 24 of our HCSWs in 2022-23 to join the first step of a career pathway from HCSW to Registered Nurse.

16.3.01 Enhance CPD offer to Clinical Staff through scenario based Clinical Simulation

With the organisation engaging with the All-Wales Overseas Nurse Recruitment programme, PTHB designed and delivered the essential OSCE preparation programme that equips overseas nurses with the skills and capabilities to successfully pass the NMC OSCE Exams, therefore gaining UK nurse registration. Much of the OSCE preparation programme was delivered through an enhanced scenario and simulation-based learning approach.

As part of the wider CPD offer to the organisation, two scenario and simulation-based learning opportunities have been piloted during Q3. These have been aimed at and delivered to a multi-professional cohort of staff from across Nursing and AHPs and focused on falls awareness, falls risk assessment and the identification of delirium. The pilot sessions were very well attended, and evaluation demonstrates the value clinicians feel they gained in accessing multi-professional CPD. There are plans to engage with the clinical teams to scope the needs for the development of further scenario based CPD sessions. Further work needs to be undertaken to understand the resource needed to deliver an ongoing programme of enhanced CPD learning through a scenario and simulation-based approach.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG	Expected Year End Outcome
Develop Grow Our Own Model working with HEIW	16.1.01	Explore opportunities to develop innovative approaches to role and service development working with HEIW with an emphasis on the 'grow our own' model	DWOD	Q3 – Q4	Complete
Implement Nursing, Therapies and Healthcare Science Framework	16.2.01	Support relaunch of Advanced Practitioner Framework and associated forum across Nursing, Therapies and Healthcare science aligned to the national workstream		Q4	Will Not Be Delivered (Include in next year plan)
Enhance Continuous Professional Development for clinicians	16.3.01	Enhance CPD offer to Clinical Staff through scenario based Clinical Simulation		Q3 – Q4	Partially Complete

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Formal change request N/A

Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026

Executive Director Sign Off

Sign off received from Debra Wood-Lawson DWOD

Strategic Priority 17 – Enhance the health boards role in partnership and citizenship

Including maximising the opportunities for volunteering, and widening access to healthcare careers

Executive Lead - DWOD

Quarter 3 Progress:

17.2.03 As part of the comprehensive workforce planning approach, systematically examine opportunities for volunteers

During Q3, the healthcare support worker volunteer role across wards areas in the Health Board has been enhanced, with 5 volunteers deployed across 4 hospitals including Welshpool, Llanidloes, Bronllys and Llandrindod Wells. There are an additional 6 volunteers who will also be deployed into these areas. We have currently 23 way finders in Bronllys, 26 in Llandrindod and 27 in Newtown supporting the Mass Vaccination centres. These way finders have also supported the official opening of the Health & Care Academy and the first Regional Unpaid Carers Conference held in November 2022.

The Community Care Volunteer (CCV) role is out for consultation with partners from across the sector in Powys as a response to the Winter Resilience plans and to provide emotional and practical support to elderly patients who are returning home from hospital. There are 2 roles, the first face to face and the second in a telephone/virtual capacity. Discussions are also in place to enhance the current Red Cross Commissioning contract to include personal care based on the Hywel Dda model. We are also supporting a volunteer to become a lay member for the Independent Panel for Finance Review (IPFR) process, and this individual is currently being onboarded.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG	Expected Year End Outcome
Implement Health and Care Induction Framework	17.1.01	Pilot the joint Health and Care Induction Framework	DWOD	Q4	Partially Complete
Support and Develop Volunteers	17.2.01	Complete Needs Analysis to identify the Wellbeing requirements of unpaid Carers and Volunteers		Q1	Complete
	17.2.02	Develop Volunteer skills matrix as part of the School of Volunteers and Carers		Q4	Will Not Be Delivered

				(Include in next year plan)
	17.2.03	As part of the comprehensive workforce planning approach, systematically examine opportunities for volunteers	Q1 – Q4	Partially Complete

Formal change request N/A

Learning and Reflections to inform INTEGRATED PLAN 2023 – 2026

As part of the comprehensive workforce planning approach, systematically examine opportunities for volunteers
 This needs to be a fundamental aspect of our workforce planning approach going forward to ensure we continue to enhance the volunteer offer across the health board.

Executive Director Sign Off

Sign off received from Debra Wood-Lawson – DWOD

Digital First

Strategic Priority 18 – Implement Clinical Digital Systems that directly enable improved care

Including cross border clinical records sharing, clinical service priorities (nursing, eye care, prescribing), and telecare

Executive Lead - DoF

Quarter 3 Progress:

- Progress outlined against each project.

Commentary on red rated actions:

- Eye care project “go live” position delayed due to concerns with cyber security and information governance.
- Malinko Scheduling tool “go live” position was delayed due to concerns with cyber security and information governance, however these have now been met.
- Canisc – originally due to move over to Welsh Patient Admin System (WPAS) in November, however timelines have slipped with Digital Health Care Wales (DHCW) and awaiting revised planned dates.

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG	Expected Year End Outcome								
Implement key programmes to deliver Digital Care	18.1.01	Range of milestones for each project area <i>including health records, WMCR, Phase 2 OfWCMS, Eye Digitisation, Electronic prescribing and bed management</i>	DoF	Refer to table	Partially Complete								
		<table border="1"> <thead> <tr> <th>Project</th> <th>Milestone</th> <th>Outcome</th> <th>Progress</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Project	Milestone	Outcome	Progress							
Project	Milestone	Outcome	Progress										

		Cross Border (Interoperability)	Exit foundation stage and move to Discovery phase	Map out project scope and project deliverables	Milestone complete			
		Malinko eScheduling Tool	Commence implementation on a phased approach	System to support District Nurses schedule home visits	Implementation to commence January 2023			
		Electronic Prescribing and Medicines Administration (ePMA)	Recruitment to support project	Resource to support the All-Wales initiative	Recruitment drive taking place January 2023			
		Healthcare Comms	Commence implementation on a phased approach	Delivering patient communication software to enable letter printing and appointment reminders.	Planned care live with SMS text reminders			
		Eyecare Digitisation	Commence implementation on a phased approach	Digital eye care record and electronic referral capability	Go live delayed due to Cyber and IG concerns			
Implement the cross-border programme, liaising with Digital Health and Care Wales and English Trust	18.2.01	Deliver Cross Border programme including sign off, recruitment Q1, design / build and implementation with user acceptance testing and integration					Refer to table	Partially Complete
		Milestone	Outcome	Progress				
		Establish project board	Governance and reporting measures including stakeholder engagement	Complete				
		Recruitment	Project to support implementation	PTHB resource complete. 1 role outstanding with DHCW				
		User requirements	Stakeholder requirements will form the scope of the project	Workshops held with PTHB staff and NHS England				

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		<table border="1"> <tr> <td>Exit foundation stage</td> <td>Map out project scope and project deliverables</td> <td>Complete</td> </tr> <tr> <td>*Commence development</td> <td>Create solution increments Test before deployment</td> <td>Ongoing</td> </tr> <tr> <td>*Deployment</td> <td>Bring the solution into operational use</td> <td>Ongoing</td> </tr> </table> <p>*These will run into 2023/24</p>	Exit foundation stage	Map out project scope and project deliverables	Complete	*Commence development	Create solution increments Test before deployment	Ongoing	*Deployment	Bring the solution into operational use	Ongoing					
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*Commence development	Create solution increments Test before deployment	Ongoing														
*Deployment	Bring the solution into operational use	Ongoing														
Enhance key systems to support delivery including replacement of Canisc, Electronic Test Request, Malinko	18.3.01	<p>Range of milestones for each project area (detailed Directorate Plan)</p> <table border="1"> <thead> <tr> <th>Project</th> <th>Milestone</th> <th>Outcome</th> <th>Progress</th> </tr> </thead> <tbody> <tr> <td>Canisc</td> <td>Decommission in November</td> <td>Replaced with WPAS</td> <td>Ongoing</td> </tr> <tr> <td>Electronic Test Results</td> <td>Implement new workbook to access pathology tests to all community hospitals.</td> <td>Available on Welsh Clinical Portal</td> <td>Ongoing</td> </tr> </tbody> </table>	Project	Milestone	Outcome	Progress	Canisc	Decommission in November	Replaced with WPAS	Ongoing	Electronic Test Results	Implement new workbook to access pathology tests to all community hospitals.	Available on Welsh Clinical Portal	Ongoing	Refer to table	Will Not Be Delivered (Include in next year plan)
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Canisc	Decommission in November	Replaced with WPAS	Ongoing													
Electronic Test Results	Implement new workbook to access pathology tests to all community hospitals.	Available on Welsh Clinical Portal	Ongoing													
Delivery of Telehealth and Telemedicine programmes	18.4.01	<p>Range of milestones for each project area (detailed Directorate Plan)</p> <table border="1"> <thead> <tr> <th>Project</th> <th>Milestone</th> <th>Outcome</th> <th>Progress</th> </tr> </thead> <tbody> <tr> <td>Attend Anywhere Video Consultation</td> <td>Develop user case studies to promote platform</td> <td>Increase number of consultations taking place via video conferencing</td> <td>Ongoing. Workshops taking place in January 2023 with Tec Cymru, PTHB Project Team, and users</td> </tr> <tr> <td>Florence Telehealth</td> <td>Support services to utilise the SMS text messaging service</td> <td>Supports ongoing engagement between patients & health care professionals.</td> <td>12 services onboard. Engagement continues.</td> </tr> </tbody> </table>	Project	Milestone	Outcome	Progress	Attend Anywhere Video Consultation	Develop user case studies to promote platform	Increase number of consultations taking place via video conferencing	Ongoing. Workshops taking place in January 2023 with Tec Cymru, PTHB Project Team, and users	Florence Telehealth	Support services to utilise the SMS text messaging service	Supports ongoing engagement between patients & health care professionals.	12 services onboard. Engagement continues.	Refer to table	Complete
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Florence Telehealth	Support services to utilise the SMS text messaging service	Supports ongoing engagement between patients & health care professionals.	12 services onboard. Engagement continues.													
Formal change request N/A																
Learning and Reflections to inform INTEGRATED PLAN 2023 – 2026																

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Executive Director Sign Off

Sign off received from Pete Hopgood - DoF

Strategic Priority 19 – Implement key improvements to digital infrastructure and intelligence. Undertaking a Digital Service Review for the medium/longer term, aligning to the Renewal Programmes and improving deployment of systems

Executive Lead - DoF

Quarter 3 Progress:

19.01.01 - System has been designed and the pre-req work will be completed in Q4.

19.02.01 - ongoing

19.03.01 – ongoing collaboration with the North Powys Wellbeing Programme. Community Training Platform now available for health board staff to access.

19.04.01 – To be explored during Q4

19.05.01 **Print Management & Rationalisation** – project almost into the 'solution build' phase, due to be completed by the beginning of Q1 2023. **Firewall implementation** – 2 sites outstanding out of 25, to be completed by the end of Q4 2023. **Wi-Fi upgrade** – project ongoing. End of life access points to be procured and additional servers to be procured under DPIP 22/23 for redundancy and resilience. To be completed by Q2 2023

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG	Expected Year End Outcome
Enhance business intelligence capability and systems	19.1.01	Range of milestones for each project area (detailed Directorate Plan) National Data Resource (NDR) – Additional resource secured Local Data Resource (LDR) - Azure subscription in place	DoF	Range of milestones with specific project plans	Partially Complete
Improve key platforms to enhance access / implement role-based training	19.2.01	Range of milestones within specific project plans including Office 365, virtual clinics, single sign in, inpatient access screens, electronic referrals, stock control Subject to digital strategic framework approval for role-based training. Aligned to national programmes.			Partially Complete

Support North Powys Wellbeing Programme	19.3.01	In line with North Powys Wellbeing Programme timescale Community Training education Platform Data analytical modelling Digital blueprint		Partially Complete
Develop and implement Artificial Intelligence in robotics, machine learning and support for out of hours	19.4.01	Range of milestones for each project area (detailed Directorate Plan) Supplier engagement and learning from neighbouring HBs.		Will Not Be Delivered (Include in next year plan)
Delivery of phased infrastructure development	19.5.01	Range of milestones within specific project plans for Managed print, Telephony replacement, Cyber security improvement, Universal Power Supply replacement, Cabling upgrade, Firewall implementation, Wi-Fi upgrade, Migration to cloud, Data centre & comms rooms environment review		Will Not Be Delivered (Include in next year plan)
Formal change request N/A				
Learning and Reflections to inform INTEGRATED PLAN 2023 –2026				
Executive Director Sign Off Sign off received from Pete Hopgood - DoF				

Innovative Environments

Strategic Priority 20 – Implement ambitious commitments to Carbon Reduction, Biodiversity Enhancement and Environmental Wellbeing

Executive Lead - DoE

Quarter 3 Progress:

Progress has continued in line with project scope to measure and **enhance biodiversity** across our estate. The Welsh Government Health and Social Care Climate Emergency Programme Board-funded project has run a tendering process to provide the services to meet the common brief with Aneurin Bevan University Health Board and contract has been awarded. Pre-contract meetings have been conducted with work underway from

project brief. Only perceived risk exists from adverse weather conditions or escalation of epidemic or pandemic preventing completion within year-end timeframe.

Carbon Literacy training is a second Welsh Government Health and Social Care Climate Emergency Programme Board-funded project. Members of collaborative working group, set up as part of the funding approval, have provided review and feedback on training content. Recommendations have been incorporated into an **NHS Wales Carbon Literacy toolkit**. Initial planned training delivery in December deferred due to staff availability and winter pressures taking priority on services. Face-to-face training dates agreed for February & March 2023, with 30 places being offered to members of staff across all organisation service teams. Training to be completed at newly opened Health & Care Academy, Bronllys Hospital. Risks from impact of system pressures and staff prioritisation, and uncontrollable escalation in Covid-19 or infection outbreak.

ISO 14001 Environmental accreditation has seen gap analysis undertaken to measure areas of attention prior to next audit in Q1 2023. Challenge exists around loss of staff resource to other public sector bodies, but no major barriers observed.

Tree surveys have been conducted across the estate and no immediate risks reported. Formal report expected in due course, which will prioritise action to maintain tree health whilst also mitigating any risks to staff, patients, visitors, and members of public.

The **Re:fit programme** has formally entered the Invitation-to-Tender process, which will see specialist energy companies assess our sites, their performance and identify improvement schemes which will cut carbon emissions, reduce energy usage and costs, improve building efficiency and control, introduce renewable energy generation and improve the quality of built environment for staff, patient and visitor wellbeing.

Agile working evaluations and designs have been conducted to maximise utilisation of space on the estate. Workshops have been conducted to identify individual needs and barriers to adoption of agile principles across various service teams and are being used to formulate pilot trial to see agile spaces in operation. The principles of agile spaces are being used when evaluating accommodation requests and developing more flexible, shared spaces.

Work has continued to identify areas for installation of Electric Vehicle charging infrastructure, with electrical work completed at Bro Ddyfi Community Hospital and Brecon War Memorial Hospital to install EV charge points. Fleet team review of requirements to transfer to low carbon travel have continued with Welsh Government Energy Services and in conjunction with Welsh Government EV Task & Finish Group. An all-Wales approach is being evaluated to overcome the automotive industry barriers to adoption. EV roll-out is restricted by electrical infrastructure across the county, but support from Welsh Government capital-funded schemes is delivering electrical capacity which will facilitate adoption of low carbon travel and heating systems.

Resource demands: vacancies of Environment & Sustainability Manager and Officer positions have led to a re-prioritisation of workload to meet agreed IMTP objectives and legislative compliance.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG	Expected Year End Outcome
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<p>Implement Decarbonisation and Biodiversity Delivery Plans:</p> <ul style="list-style-type: none"> - ISO14001 Environmental Management System including biodiversity and ecosystem impact - Assess impact including COSHH to consider less harmful materials wherever practical - Maintain tree surveys and for every tree felled on PTHB land, at least 2 native trees planted - Waste reduction and management including recycling and reuse of waste products, pharmaceutical waste and medical gases, inhaler promotion/disposal and recycling, plastics - Energy and water management including renewables; retrofit / upgrade by 2030; low carbon heat solutions for all sites larger than 1000m2 by 2030; LED lighting by 2025 - Sustainable transportation in line with Welsh Government's Active Travel Action Plan: vehicle management, remote working, pooling, future proofing site design for electric charging capability (in partnership with NHS Shared Services) - Procurement and purchasing including life cycle approach and weighting of sustainable services <p>Buildings Management Control System by 2023; BREAAAM standards for new build and refurbishments; enhanced</p>	20.1.01	Detailed Decarbonisation and Biodiversity Delivery Plans in place and reported separately via Environment and Sustainability Group / Committee and Board	DoE	Q1 – Q4	Complete
	20.1.02	Commission self-audit Q4, audit activity Q1, address actions arising Q2, preparation for re-audit Q3		Q1	Complete
	20.1.03	Re-commission tree survey for Pan-Powys estate in Q2, subsequently implement actions arising		Q2 – Q4	Complete
	20.1.04	Contracts for waste and recycling compliant with NHS Financial Standing Orders and Welsh Government sustainability targets. Roll out of waste segregation training.		Q2 – Q4	Complete
	20.1.05	Annual Estates, Facilities Performance Management System data submission Q1		Q1 – Q4	Complete
	20.1.06	Q2 Welsh Government Energy Service 'Fleet Review' initiated along with EV charge point assessment. Q3 Review vehicle management assessments and report findings along with commencement of EV implementation on site at Brecon Car Park. Q4 Implement fleet review recommendations and EV roll out		Q1 – Q4	Partially Complete
	20.1.07	Introduction of environmental weighting into procurement questions with Contractor Workshop Q2		Q1 – Q4	Complete
	20.1.08	Develop next steps in investment programme to upgrade BMS systems. Embed biodiversity protection and enhancement into all business cases. Develop Modern Methods of Construction and Net Zero build principles into future new developments.		Q1 – Q4	Complete

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biodiversity protections, future developments in line with net zero / Modern Methods of Construction (MMC) - Proactive communication and engagement to ensure leadership and promote low carbon behaviours/ best practice and initiatives	20.1.09	Award of Bronze Carbon Literacy Organisation	Q1 – Q4	Complete
	20.1.10	Develop accredited All Wales Carbon Literacy training package Q1 and implement training delivery plan	Q1 – Q4	Complete

Formal change request N/A

Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026

Executive Director Sign Off

Sign off received from Jamie Marchant - DoE

Strategic Priority 21 – Implement capital, estate and facilities improvements that directly enhance the provision of services to patients/public and the wellbeing/experience of staff

Executive Lead - DoE

Quarter 3 Progress:

Delivery of the Capital Programme has continued at pace throughout this quarter and has benefitted from additional Welsh Government funding being made available to support urgent infrastructure schemes. There are now currently 46 projects on this year's pipeline, 17 of which have been completed with the remaining projects on track for completion with the financial year.

Capital Slippage 2022/2023: the Health Board has received £1.177M of capital slippage for:

- Equipment
- Boilers in Machynlleth (£90K)
- Boilers in Llandrindod (£180K)
- Electrical Infrastructure in Llandrindod (£285K)

Completed projects which continue to address infrastructure improvements include; Minor Injury Unit replacement doors (Brecon), new sink unit (Llewellyn ward, Bronllys), Newtown fire alarm upgrade, upgrade of waste storage compounds Pan Powys & the inclusion of LED lighting upgrades in all internal capital projects. The refurbishment of Llanwrtyd Wells Health Centre pharmacy was completed which includes a dispensary

refit, provision of a consultation room and provision of a retail area. The refurbishment will secure the provision of pharmaceutical service for the population of Llanwrtyd Wells.

Electrical infrastructure capacity remains a challenge across the estate making it more difficult to install low carbon heating alternatives, electrical vehicle charging and electric catering equipment. Projects are continuing at Llandrindod and Welshpool to improve electrical infrastructure which will enable low carbon technologies to be implemented. The projects will also reduce reliance on temporary generators installed to supply our essential Covid-19 mitigation air handling units.

Major capital projects:

- **Brecon Car Park:** the project is complete and was opened to staff on 16 January. Recognition of the significant community funding contribution will be linked to the 75th anniversary of NHS event at Brecon in the Spring.
- **Machynlleth Reconfiguration** continues to progress well however a number of issues with supply chain and material availability have contributed to a programme delay. The project is due to be operationally complete by the end of March 2023. A Gateway Review 4: Readiness for Service took place in November. This is the first Gateway 4 review experienced by the Health Board and the first Gateway Review for the Machynlleth Project. The report has a Delivery Confidence Assessment RAG status of 'Amber' which signifies, 'successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly, should not present a cost/schedule overrun'. The 8 Recommendations will be managed by the Project Board with an Action Plan approach. During the period there has been an increased focus in community engagement with a number of local workshops having taken place led by artists who have been commissioned to produce artwork for the new facility.
- Business Justification Case for **Phase 2 redevelopment of Llandrindod Wells** is currently being developed, which incorporates many decarbonisation initiatives including commissioning a heat decarbonisation plan which will provide a long term strategy for replacement boilers across the estate and is being fully supported by NWSSP-SES and Welsh Government.

North Powys: The team are working through the scrutiny grid which includes 74 items with no significant issues raised. Internal Project Manager appointed which provides some dedicated resource to support project progression. Imminent appointment of Client appointed consultants (Cost Advisor, external project manager, etc.) with initial task to make recommendation for appointment of Design and Build partner. Infrastructure BJC timeline is challenging with significant activity in progress to define travel and transport impact via commission with external consultant.

During the quarter PTHB developed a number of bids for **Estates Funding Advisory Board** (EFAB) funding during 2023/24-2024/25 under the following headings:

- Infrastructure (including a focus on Emergency Department Waiting areas) and Mental Health
- Fire Compliance works
- Decarbonisation schemes.

PTHB were successful in securing funding for the following schemes (circa £2.4M):

- Brecon – Fire compliance
- Machynlleth back of hospital – Fire compliance
- Waste Compliance Schemes Pan Powys – 2 sites

- Next phase BMS - Ystradgynlais
- Welshpool electrical infrastructure
- Ystradgynlais PV's

These schemes will require a 30% contribution from Discretionary funding (around £700K over two years). Welsh government have also advised that due to the urgent nature of a number of the submitted bids that these be developed into SBAR's and submitted separately for All Wales Capital Funding which could represent a further £3.5M of additional funding to address items such as roof leaks.

Key Worker Accommodation: Westdene in Llandrindod Wells will be reconfigured into accommodation which will provide 4 ensuite bedrooms and a shared living space. £480K overall with £200K for this financial year.

Spa Road purchase: the next stage is to follow the land transfer protocol and appoint a joint district valuer to undertake the valuation. Purchase of property to be completed by end of financial year.

Estates Compliance being strengthened by rolling programme of new 3-5year maintenance contracts which include enhanced reporting and monitoring, with circa 20 of a total of circa 30 contracts already implemented – the enhanced compliance does mean that the baseline revenue costs of the services have increased and the Providers have identified circa £500K of Capital and Revenue defects which require addressing. In addition, work to analyse and review the Planned Preventative Maintenance (PPM) and Reactive jobs required to maintain an aging estate has highlighted a shortfall in labour resource – this means that limited resource is deployed using a risk-based approach which is generating complaints in terms of response to routine maintenance including painting and grounds maintenance.

Preparation for **2023 Six Facet Survey** is underway; this will update the 2018 data to support the strategy in respect of: physical condition, space utilisation, functional suitability, environment including energy, statutory (fire, equality act, health and safety) and 'quality'.

Fleet Transport Policy has been approved and implemented across the Health Board.

Agile working: workshops held in Q3 to inform proposal developments for accommodation configuration which will be discussed at Executive Committee. Update to be provided at Local Partnership Forum and Delivery & Performance Committee in Q4.

Commentary on red rated actions: Llanfair Caereinion: discussions remain ongoing with the developer, District Valuer and Shared Services Estates on final details relating to financial quantum.

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG	Expected Year End Outcome
Deliver Discretionary & Major Capital Programme <i>Including developments at Machynlleth; Brecon Car Park,</i>	21.1.01	Deliver agreed programme of Discretionary Capital projects	DoE	Q1 – Q4	Complete
	21.1.02	Completion of works at Machynlleth		Q4	Complete
	21.1.03	Completion of works at Brecon Car Park		Q3	Complete

<i>Llandrindod Wells Phase 2; Llanfair Caereinion Primary Care Centre</i>	21.1.04	Phase 2 Llandrindod Wells scheduled for start with Business Justification Case 2022/23 for infrastructure, subsequent clinical focused reconfiguration 3-5 years	Q3	Partially Complete
	21.1.05	Llanfair Caereinion; Third Party Primary Care development works scheduled for 14 month construction phase, commence work Q2	Q2 – Q4	Will Not Be Delivered (Include in next year plan)
Deliver Facilities & Estates Compliance & Improvements <i>Stores & Distribution, Health & Safety, Catering & Food Hygiene, Support Services, Estates Compliance</i>	21.2.01	Deliver Estates programme for fire, environment and infrastructure as agreed at Estates Funding Advisory Board	Q1 – Q4	Complete
	21.2.02	Deliver Facilities work plan to include compliance with new food hygiene regulations Q1, implementation of Health & Safety Policy, compliance with cleaning standards, review of hotel services career structure Q1 – Q2, strengthen maintenance contracts Q4	Q1 – Q4	Complete
	21.2.03	Development of protocols to support agile working	Q1 – Q3	Complete
Delivery of Multi Agency Campus Development Programme (component of North Powys Wellbeing Programme)	21.3.01	As per North Powys Well-being Programme plan which is reported in detail separately via Partnership arrangements	Q1 – Q4	Complete

Formal change request – N/A

Learning and Reflections to inform INTEGRATED PLAN 2023 – 2026

- Capital: EFAB funding reinstated for 2023/2024 and 2024/2025
- Innovative Environments / RPB Strategic Capital Plan, etc. programme of activity to be defined to support shared asset approach with Powys County Council to consider integrated hubs, etc.

Executive Director Sign Off

Sign of received from Jamie Marchant - DoE

Transforming In Partnership

Strategic Priority 22 – Improve quality (safety, effectiveness and experience) across the whole system; building organisational effectiveness

Executive Lead – MD & DoN

Quarter 3 Progress:

Significant progress has been achieved with the management of concerns in line with the Putting Things Right Regulations, with compliance in Q3 at 83%.

Datix is embedded within the organisation to manage patient safety systems. Implementation of the CIVICA Patient Experience System commenced in Q3 with continued momentum in Q4 to ensure experience and feedback can inform operational and organisational improvements.

- Innovation, improvement and R&D database established
- Powys Bright Ideas App developed and ready to launch January 2023. This will allow people to register projects/work, search the database and request help and support with work going forward
- The creation of a Research, Innovation and Improvement fund from charitable monies has been approved for the next 3 years. Overseen by the Regional Innovation Coordinator Hub, this will enable us to increase the number of people who participate in research, innovation and improvement.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG	Expected Year End Outcome
Deliver the Clinical Quality Framework with a focus on key priority areas including Maternity and Neonatal; Care Home sector and provider assurance	22.1.01	Implement clinical quality framework, including:	DoN	Q1 – Q4	Complete
	22.1.02	Consolidate Putting Things Right approach and oversight, complete PTR improvement plan Q1, ensure compliance with PTR cycle Q2, annual review Q4		Q1 – Q4	Complete
	22.1.03	Finalise delivery of patient safety approach		Q1	Complete
	22.1.04	Patient experience approach re-launch, re-establish Executive and Independent Member engagement visits/opportunities *partially delayed		Q1 – Q2	Partially Complete
	22.1.05	Undertake exercise to secure and implement a Patient Experience digital system		Q2	Complete
	22.1.06	Agree clinical policy review plan		Q2	Complete
	22.1.07	Deliver Clinical Audit Plan		Q1 – Q4	Partially Complete
	22.1.08	Complete implementation of Once for Wales Concerns Management system		Q3	Complete

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	22.1.09	Plan for implementation of Duty of Candour		Q2 – Q4	Partially Complete
Delivery of the Research and Development programme	22.2.01	Deliver 'Innovation & Improvement Portal' database	MD	Q1	Complete
	22.2.02	Explore the creation of a Research, Innovation and Improvement fund		Q1	Complete
	22.2.03	Align activity to School of Research Innovation and Improvement Adopt approach to clinical quality improvement; training Q1; projects Q1 – Q4; expert partnerships Q1, increase placements		Q1 – Q4	Complete
	22.2.04	Deliver Clinical Audit and assessment (aligned to Clinical Quality Framework)		Q1 – Q4	Complete
	22.2.05	Increase research participation and develop Powys led studies		Q1 – Q4	Complete

Formal change request

22.1.04 Noted Amber as the patient experience approach has been addressed in the Patient experience framework and the interface with the IPF. However, the engagement visits being re-established are off track. Request that these are two different actions so that they can be tracked correctly and both dates revised to Q4

22.1.06 Interim structure was implemented during the covid19 pandemic, which has ensured policies continued to be reviewed and approved. However, there is variation across the Health Board how this is undertaken. Corporate Governance are intending to review arrangements as part of a wider governance review, therefore request the Executive Director oversight is changed to the Director of Corporate Governance. (Supported by all clinical directors) and the timescales revised to Q4

Learning and Reflections to inform INTEGRATED PLAN 2023 – 2026

Clearer defined milestones would enable tracking of progress to be more effective.

Executive Director Sign Off

Sign off received from Kate Wright – MD & Claire Roche - DoN

Strategic Priority 23 – Enhance integrated/partnership system working, both in Wales and England, improving regional approaches to the planning and delivery of key services

Executive Lead – DoPP, BS

Quarter 3 Progress:

Development of Regional Partnership Board Area Plan underway, based on mid-term review of Health Care Strategy, on track for required timescale.

Development of Public Services Board Wellbeing Plan underway, with proposal currently being considered by partners to create a closer link with the RPB Area Plan in relation to the delivery of 'A Healthy Caring Powys'. On track for required timescale.

Strategic Change report process reinstated and being presented quarterly to Executive Committee and Performance, Planning and Population Health Committee, outlining strategic change programmes in neighbouring organisations or services accessed by Powys residents.

“Section 33 arrangements are in place; further opportunities have been explored at a joint session between PTHB and Powys County Council with regards to areas of integration which will inform strategic planning for 2023 onwards.”

The health board’s engagement and communication team has continued to deliver a wide-ranging programme of activity during Q3. Key achievements during the quarter include: continued onboarding of departments to the SharePoint intranet; continuation of engagement on next phase of North Powys Wellbeing Programme in support of Outline Business Case development; continued focus on winter respiratory vaccination campaign including autumn COVID boosters and seasonal flu; delivering the Powys element of the Herefordshire and Worcestershire Stroke Review engagement; publicity campaign for launch of new ChatHealth platform for teenagers to engage with School Nurses; establishment of a comprehensive Cost of Living hub on the health board website linked to similar developments in PCC and Welsh Government and supported by multi-channel publicity; establishment of a Help Us Help You information hub on the health board website to support local messaging around access to the right care at the right time; planning and delivery of structured period of engagement to support the development of an updated Area Plan and Well-being Plan; planning and preparation for consultation on application from Crickhowell Group Practice to close Gilwern Branch surgery (with consultation commencing early in Q4); launch of Yammer as an internal engagement tool; creation and launch of #BeKind campaign to encourage kindness to health and care staff; agile response to industrial action in health boards and Welsh Ambulance Services Trust.

North Powys Wellbeing Programme:

The overall status for the programme reports as ‘AMBER’ due to ongoing issues, of capacity with regards to competing work priorities, alignment and operational pressures.

The first round of transformation workshops for Mental Health & Wellbeing and Diagnostics, Ambulatory and Planned Care took place in November which enabled rich discussions and networking to take place and the opportunity to review the current service delivery in North Powys and understand future ambition.

The modelling proposal and supporting resource plan to deliver the demand, capacity and financial modelling for the Outline Business Case for the multiagency wellbeing campus has been approved and work is ongoing.

Additional, new posts have been recruited into the team which will support with the workshops and aid operational staff across all sectors.

A GP Clinical Lead has recently joined the programme team on a part time basis.

The Consultation Institute reviewed the engagement work previously undertaken for the programme advising a ‘sense check’ with the public. This will be a light touch to ensure the public have the opportunity to provide any feedback on the preferred site before further detailed planning takes place.

The Regional Integration Funded projects, under the programme are all making good progress, a decision is hoped to be made around future funding in January Programme Board.

The Programme Assessment Review recommended a Single Project Director for the campus – agreement has been made between Powys County Council and Powys Teaching Health Board and a senior Project Manager has now been appointed to co-ordinate the delivery of the campus including the school.

Work is ongoing on the Business Justification Case to support the infrastructure element of the campus and the Strategic Outline Case scrutiny grid has been received.

Challenges

- The ongoing operational capacity issues across all sectors remain, impacting on prioritisation of work.
- Indicative timescales for Programme Plan have been developed and the critical path has been reviewed as some issues have been identified. If formal consultation is required, this is likely to impact further on overall timeline for both school and health and care. The timing of the outline planning application may present challenges for the service and facility planning processes. There is a delay to the campus opening based on current position.
- Ongoing absence of a Programme Manager since March 2022. The team are working flexibly however, this is likely to cause capacity issues as the programme moves into the OBC work.
- Financial assessment on match funding arrangements for next year will need to be undertaken. No provision has been made in the Council or Health Board budget for any cash match requirement. Further discussion required at Programme Board.
- The Social Model of Health – strategic discussions required on the vision and scope of this work to ensure alignment with RPB and PSB. An operational lead for Social Model of Health is not in place.
- It's been highlighted that the delay in the transformation process will have a knock on effect on the service and facility planning work and therefore will delay the overall critical path for the campus development.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG	Expected Year End Outcome
Delivery of Regional Partnership Board priorities, with mid-year review of Health and Care Strategy	23.1.01	Deliver agreed RPB priorities	DoPP	Q1 – Q4	Complete
	23.1.02	Contribute to RPB mid-year review of the Health and Care Strategy		Q2	Complete
Delivery of the North Powys Well-being Programme	23.2.01	As per North Powys Well-being Programme plan which is reported in detail separately via Partnership arrangements		Q1 – Q4	Partially Complete
Management of Strategic Change with targeted action for live programmes with an impact on the Powys population	23.3.01	Strategic Change Stocktake process re-established Q1, with quarterly review and update Q2 – Q4; Targeted action on live programmes as required		Q1 – Q4	Complete
Development of Section 33 arrangements for care homes	23.4.01	Development and delivery of Section 33 arrangements – agreement in place Q1, annual cycle of delivery and monitoring		Q1 – Q4	Partially Complete
Delivery of programme of Communications, with continuous and targeted engagement	23.5.01	Communications Plan implementation	BS	Q1	Complete

Formal change request N/A

Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026

Significant delivery of the health board's communication and engagement programme is through fixed term posts ending Spring 2023 and/or roles funded through (and dedicated to) specific work areas such as SilverCloud or North Powys Wellbeing. Decisions will be needed about resources and priorities for the year ahead. A particular focus will need to be on systems & processes for continuous engagement for 2023/24 onwards aligned to the establishment of the new Citizen Voice body for health and care and any wider developments the organisation considers for 2023/24 onwards.

Executive Director Sign Off

Sign off received by Stephen Powell – DoPP & Helen Bushell - BS

Strategic Priority 24 – Implement value-based healthcare, to deliver improved outcomes and experience, including the effective deployment and management of resources

Executive Lead – DoF, MD

Quarter 3 Progress:

Delivery of Financial Strategy and Financial Plan – reported overspend of £5.9m at month 9 with an in year forecast overspend of £7.5m. Cost pressure drivers include commissioning secondary healthcare contracts linked to flow and recovery, Continuing Healthcare growth over and above planned levels and agency usage covering substantive vacancies. Limited progress of £0.7m against the £4.6m required recurrent savings target. Recovery actions are being identified across all areas in order to deliver the best possible outturn position, reprioritising resources.

24.1.01: The majority of the value-based posts are in place, including a Costing & Value Accountant, Advanced Information Analyst as well as programme support. After several unsuccessful attempts to recruit to fixed term Medicines Optimisation Pharmacists, approval was provided by the Director of Finance at Value Based Health Care Programme Board on 27/09/22 for a Band 6 Pharmacy Technician post for a 12-month period instead of the Pharmacist posts. The job description for the Senior Pharmacy Technician: Value Based Medicine, Formulary Management and High Cost Drugs post has been created, agreed and the post advertised, with interviews scheduled for January 2023. The Professor of Health Economics post at the University of Aberystwyth has also been recruited and an initial meeting with the Professor is being arranged. The element which has not been successful, despite attempts to recruit, were the Master's / PhD students.

24.1.02: It had been understood that Welsh Government was to lead all Wales work on a revised Interventions Not Normally Undertaken Policy, which was to have been published in the Autumn of 2022. However, publication did not take place. In the interim PTHB has focussed on key local actions. Following previous analysis of INNUs at a provider-level, further work is underway for outlying providers at specialty level to understand the variance. Wider work through the Value Based Health Care Programme has identified opportunities for improving value in the Wet Age-Related Macular Degeneration and Cataracts pathways, with further analysis underway for some Musculoskeletal conditions. Work is underway as to whether the existing English policies could be used.

24.1.03: The organisational approach to Patient Reported Experience Measures has been taken forward through the implementation of CIVICA. Executive Committee approved the adoption of EQ-5D-5L as the organisational generic Patient Reported Outcome Measures (PROMs) for Powys patients on 9th November 2022, with condition specific PROMs to be 'layered' on top. The Value Based Health Care Programme Board agreed the Terms of Reference for the PROMs Implementation Task & Finish Group on 29th November 2022, although a first meeting has not yet been held due to the work on the Accelerated Sustainable Model. The nationally-led All Wales Outcomes Framework, which will provide options for how PTHB can implement EQ-5D-5L, has been delayed.

24.1.04: The Value Based Health Care Programme Board supported a paper on 29th November 2022 which outlines engagement activity to embed Value Based Health Care across PTHB through a phased approach, such as briefings as part of Corporate Induction and Wellbeing Roadshows, embedding Value Based Health Care into relevant PTHB training programmes for managers and leaders and targeting national Value Based Health Care training opportunities to key staff.

Additional work has also been undertaken implementing two value based health care projects following the award of additional non-recurrent funding from Welsh Government. One of these is in relation to the implementation of Kardia Mobile devices as part of the Community Cardiology Pilot and the other relates to falls prevention in care homes as part of the Frailty Programme.

Commentary on red rated actions:

Finalise development of recurrent savings plan – the shortfall on recurrent savings will contribute to the underlying deficit and need to be addressed as part of the development of the 2023/24 financial plan.

Devise / Implement exit strategy for all non-recurrent COVID costs – funding is being assumed from Welsh Government relating to £6.9m local COVID costs. A significant proportion of these additional costs are now operational and "business as usual." Every effort needs to be made to curtail and step down these costs where appropriate.

Focused Public Services Payment Policy target improvement >95% – the implementation of a revised agency payment process is expected to improve the prompt payment of invoices.

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG	Expected Year End Outcome
Delivery of the value-based healthcare programme <i>Renewal Portfolio</i>	24.1.01	Further strengthen the Transformation and Value team, including research assistants, Masters and PHD Students	DoF & MD	Q1 – Q3	Partially Complete
	24.1.02	Analysis of low value interventions Q1, Review with BCUHB Q2, update Interventions Not Normally Undertaken (INNU) Policy Q3		Q1 – Q4	Partially Complete
	24.1.03	Develop and implement consistent approach to PROMs and PREMs		Q1 – Q4	Partially Complete
	24.1.04	Linking with OD Framework, implement a range of engagement activity that helps embed Value Based Healthcare		Q1 – Q4	Partially Complete

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Delivery of Financial Strategy and Financial Plan	24.2.01	Annual cycle of delivery and monitoring in place	DoF	Q1 – Q4	Complete
	24.2.02	WG/ FDU quarterly touch point sessions		Q1	Complete
	24.2.03	Finalise development of recurrent savings plan (1)		Q1 – Q4	Partially Complete
	24.2.04	Impact assessment of English contracting position (2)		Q1 – Q4	Complete
	24.2.05	Devise/Implement exit strategy for all non-recurrent COVID costs (3)		Q1	Partially Complete
	24.2.06	Focused Public Services Payment Policy target improvement >95%		Q1 – Q4	Partially Complete

Formal change request N/A

Learning and Reflections to inform INTEGRATED PLAN 2023 – 2026

Next year, 2023/24 will be another very challenging year. The financial plan needs to be fully aligned with workforce, commissioning and service plans. Budget setting, which is aligned to the agreed plan will support and drive accountability. Early identification of cash releasing savings and efficiencies will support delivery. This work is underway through the Financial Recovery Planning group.

Executive Director Sign Off

Sign off received from Pete Hopgood – DoF & Kate Wright – MD

Strategic Priority 25 – Implement key governance and organisational improvement priorities including embedding risk management, effective policies, procedures, and guidance; audit and effectiveness; Board effectiveness and systems of accountability

Executive Lead – DoPP, BS

Quarter 3 Progress:

- Managers training redesigned for this years IMTP and delivered all sessions to date.
 - IMTP Development - Planning Framework received November 2022. Very complex and challenging context. IMTP may not be deliverable in relation to statutory requirement to break even therefore rated Amber.
- Revised Integrated Performance Framework approved by Board in September 2022 and will:
- Apply to all activities in all parts of the THB.
 - Include all services that the THB provides and those commissioned in and out of county.
 - Report the level of performance of resources deployed and outcomes being delivered, at service, directorate and organisation level, with focus on the key domains of:
 - Access (assurance on timely and appropriate access)

- Quality (safety, effectiveness, patient experience)
- Finance (assurance on cost and value)
- Workforce
- Provide assurance to the Board on the delivery of strategic objectives; and most importantly the delivery of quality, patient centred services, by integrating key performance measures from the NHS Wales performance framework, Finance and Delivery Unit (FDU) annual plan objectives and THB measures aligned to the implementation of the Health Board Integrated Medium Term Plan (IMTP). The Framework will ensure that the THB has robust oversight of actual performance versus target requirement in order to be able to monitor progress against the key deliverables set out within the Welsh Government 'A Healthier Wales'.
- Project Implementation Group established and Project Plan developed, there has been slippage on achievement of some of the initial milestones: date for first meeting of the Implementation Group and development of the mock dashboard for maternity services (Powys provider) and commissioned acute provider (either SATH or WVT). This has been due to a combination of sickness, annual leave and competing diary commitments.

Since the last update, further work has been undertaken to clarify the programme of SLA reviews, with the commissioning team having liaised with neighbouring Health Boards to learn from reviews of the third sector SLAs undertaken in these organisations. This learning is being utilised to inform the scope and process for the review to be undertaken within Powys Health Board. This process is being taken forward by the Senior Commissioning Manager with oversight and support from the Assistant Director of Performance and Commissioning with the aim that the scope is presented and agreed for the review to commence in the financial year 2023/24.

- The Governance Work Programme is a longer-term programme of improvement that continues to be progressed. A key achievement in Q3 has been the completion of the review of the Risk Management Framework which was approved by the Board in November 2022. The Director of Corporate Governance and Board Secretary has taken up post on the 9 January 2023 and will now take forwards the remainder of the work programme whilst reviewing and planning for 2023/24 onwards.

Commentary on red rated actions:

25.1.06 – Third Sector Review has not commenced due to further work having been undertaken to develop the scope and process (this still being completed). Capacity constraints within the Commissioning Team and prioritisation on urgent work has adversely impacted on the original timescale for the completion of this work.

Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG	Expected Year End Outcome

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Revise the Commissioning Assurance Framework and Integrated Performance Approach, to track the 6 domains (safety, effectiveness, experience, access, cost/finance/value, governance (incl. system resilience and improvement))	25.1.01	Refresh Commissioning Assurance Process Q1, annual cycle of delivery including the agreement and implementation of a Standard Operating Procedure for Quality and Safety as part of the commissioning assurance framework	DoPP	Q1 – Q4	Complete
	25.1.02	Review and strengthen the Improving Performance Framework Q1, annual cycle of delivery to include dashboards, quarterly review of MDS and Progress Against Plan (IMTP)		Q1 – Q4	Partially Complete
	25.1.03	Design and Delivery of Manager Training (Planning and Performance)		Q2	Complete
	25.1.04	Delivery of Annual Report		Q1	Complete
	25.1.05	IMTP Development – commencement Q3, submission date tbc by Welsh Government		Q3	Partially Complete
	25.1.06	Third sector review and agreement/phased implementation Q1 – Q4		Q1 – Q4	Will Not Be Delivered (Include in next year plan)
Delivery of Governance Work Programme	25.2.01	As per Governance Work Plan, Initial focus on establishing Board and committee cycle for the year in Q1	BS	Q1	Complete
	25.2.02	Review of Board Assurance Framework		Q3	Will Not Be Delivered (Include in next year plan)
	25.2.03	Review Risk Management Arrangements also in Q1 to support delivery of IMTP objectives		Q1	Complete
	25.2.04	Review of Scheme of Delegation		Q1	Complete
	25.2.05	Remaining elements of Governance Work Programme scheduled for Q2 – Q4 building on cornerstone arrangements noted above in Q1		Q2 – Q4	Partially Complete
Deliver the priorities of the Organisational Development Framework	25.3.01	As per Organisational Development Implementation Plan	DWOD	Q1 – Q4	Partially Complete

Formal change request

25.1.06 Request change in timescale from completion within financial year 2022/23 to completion within financial year 2023/24.

25.2.02 (Board Assurance Framework) – this work has now been completed and will not be within the remainder of Q4. Change request made for the action to be added into the 2023/24 plan under the leadership of the Director of Corporate Governance and Board Secretary.

Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026

Executive Director Sign Off

Sign off received from Stephen Powell – DoPP & Debra Wood-Lawson – DWOD & Helen Bushell - BS

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Board Meeting		Date of Meeting: 29th March 2023
Subject:	Powys Teaching Health Board Integrated Performance Report. Position as at Month 9 2022/23	
Approved and Presented by:	Director of Planning and Performance	
Prepared by:	Assistant Director Performance & Commissioning Performance Manager	
Other Committees and meetings considered at:	Delivery and Performance Committee (28 February 2023)	

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 December 2022 (month 9). It should be noted that only measures with timely data have been included or significant escalation/exception.

RECOMMENDATION(S):

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

Approval/Ratification/Decision	Discussion	Information
x	✓	✓

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

Strategic Objectives:	1. 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 9 (December 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 are flagged using RAG within each slide. Most measures are utilising national or validated data, some have known data quality challenges but are reported for completeness and to monitor improvement.

This document includes data up until the end of Month 9 (December 22), please note that only metrics that have recent data will be discussed e.g., updated for Q3 or December. Exception to this rule is if there is significant challenge/success since the last IPR. Performance remains challenging across national and local measures, the report highlighting key exceptions across the quadruple aims of the NHS Performance Framework.

DETAILED BACKGROUND AND ASSESSMENT

NHS Performance Framework

The NHS Wales Performance Framework has been significantly revised for 2022/23 with currently 84 measures, of which 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.

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

The table below provides a summary of the outcome measures for the first of the quadruple aims.

2022/23 Performance Framework Measures					Performance				Welsh Government Benchmarking (*in arrears)	
Area	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Weight Management	1	% Achieving Clinically Significant weight loss	✓	Annual Improvement	Not currently available					
	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	
	3	% Babies breastfed 10 days old	✓	Annual Improvement	2021/22	52.0%		56.5%	1st	36.7%
Smoking	4	% of adults that smoke daily or occasionally	✓	Annual reduction towards 5% prevalence 2030	2021/22	13.0%		10.7%	1st	13.0%
	5	% Attempted to quit smoking	✓	5% annual target	Q2 2022/23	1.62%		1.52%	6th	1.97%
	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	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	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	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%	13/02/2023		81.0%	84.0%		
	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%
Screening	14d	Flu Vaccines - Health Care Workers		60%	2021/22	56.5%		52.1%	6th	55.6%
	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%

Please note that the majority of these measures are updated either quarterly or annually. Updates for quarter 3 are not available for most of the measures with the exception of:

- COVID-19 Autumn Booster Uptake (Powys as a provider) The COVID-19 booster campaign started officially in Wales 01/09/2022 and is due to complete on the 31/03/2023. PTHB has reported excellent progress against the 75% uptake target and at February 13th reported 84% (61.5k delivered boosters) for the 73k total eligible cohort.

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

The table below provides a summary of the applicable outcome measures for the second of the quadruple aims.

2022/23 Performance Framework Measures					Performance				Welsh Government Benchmarking (*in arrears)	
Area	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Primary & Community 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	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%	Dec-22	100.0%	99.7%	99.9%	1st	63.1%
	26	MIU patients who waited +12hrs		0	Dec-22	0	0	0	1st	12,099
	31	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes		65%	Dec-22	43.0%	38.7%	37.8%	4th	39.5%
Elective Planned Care	39	Number of diagnostic endoscopy breaches 8+ weeks	✓	Improvement trajectory towards 0 by Spring 2024	Dec-22	105	4	4	*1st	15,746
	40	Number of diagnostic breaches 8+ weeks		12 month reduction trend towards 0 by Spring 2024	Dec-22	222	129	144	*1st	42,829
	41	Number of therapy breaches 14+ weeks		12 month reduction trend towards 0 by Spring 2024	Dec-22	51	258	385	*1st	11,152
	42	Number of patients waiting >52 weeks for a new outpatient appointment	✓	Improvement trajectory towards 0 by 31/12/22	Dec-22	0	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	Dec-22	No RAG available DQ challenge	4499	4578		214,884
	44	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)		95%	Dec-22	69.1%	56.2%	69.5%	2nd	64.9%
	LM1	Percentage of patient pathways without a HRF factor		<= 2.0%	Dec-22	0.6%	0.6%	0.7%		
Elective Planned Care	45	RTT patients waiting more than 104 weeks	✓	Improvement trajectory towards 0 by 2024	Dec-22	1	0	0	*1st	54,491
	46	RTT patients waiting more than 36 weeks	✓	Improvement trajectory towards 0 by 2026 (64 Nov 22)	Dec-22	211	104	137	*1st	259,988
	47	RTT patients waiting less than 26 weeks	✓	Improvement trajectory towards 95% by 2026 (91% Nov 22)	Dec-22	83.1%	94.6%	93.6%	*1st	55.6%

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Elective Planned Care	LM2	Commissioned RTT patients waiting more than 104 weeks (English & Welsh Providers)	Individual Targets	Nov-22	527	620	593			
	LM3	Commissioned RTT patients waiting more than 52 weeks (English & Welsh Providers)	Individual Targets	Nov-22	2,551	2,770	2,737			
	LM4	Commissioned RTT patients waiting more than 36 weeks (English & Welsh Providers)	Individual Targets	Nov-22	4,442	5,008	4,951			
	LM5	Commissioned RTT patients waiting less than 26 weeks (English & Welsh Providers)	Individual Targets	Nov-22	62.3%	61.3%	61.1%			
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%	Dec-22	91.7%	97.0%	85.7%	*4th	91.7%
	50	Assessments <28 days <18	✓	80%	Dec-22	100.0%	88.9%	100.0%	1st*	72.2%
	51	Interventions <28 days <18	✓	80%	Dec-22	100.0%	88.0%	85.2%	1st*	42.0%
	52	% residents with CTP <18	✓	90%	Dec-22	100.0%	92.0%	95.5%	2nd*	64.3%
	53	Children/Young People neurodevelopmental waits	✓	80%	Dec-22	63.6%	61.4%	53.4%	*1st	33.4%
	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%	Nov-22	100%	100%	100%	1st	95.8%
	56	% adults admitted without a CRHT gate keeping assessment that receive a FU assessment within 24hrs of admission	✓	100%	Nov-22	100%	100%	100%	1st	90.9%
	57	Assessments <28 days 18+	✓	80%	Dec-22	89.7%	79.0%	81.0%	5th*	88.2%
	58	Interventions <28 days 18+	✓	80%	Dec-22	70.9%	40.0%	46.0%	6th*	73.6%
	59	Adult psychological therapy waiting < 26 weeks	✓	80%	Dec-22	97.3%	95.3%	85.2%	*3rd	74.6%
	60	% residents with CTP 18+	✓	90%	Dec-22	88.6%	74.0%	90.0%	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	63	HCAI - Klebsiella sp and Aeruginosa cumulative number	✓	Local	Dec-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	✓		Dec-22			10 cases		

Primary Care

- Dental – No RAG compliance is currently available for this measure as the target is based on a 4-quarter improvement, but Powys has seen quarterly improvement on all metrics except existing patient access (existing patient access for Q3 was lower than Q2 but still shows 701 more patients that accessed than Q1).

Unscheduled Care

Full performance reporting temporarily ceased following a cyber-attack on the 4th of August. As of 15/02/2023 a fully functioning Aadastra system is reported as operational, and therefore 111, Shropdoc and SBUHB will be no longer working under business continuity and incident arrangements. During the disruption period Welsh Government continued to report a portion of 111 data that is available via WAST. For this limited portion of data PTHB achieves 97% against the 90% target, however most calls in Powys are recorded via Aadastra and this data is was not available.

- PTHB Minor Injury Unit (MIU) performance has remained excellent throughout 2022/23, exceeding the required target every month for patients waiting less than 4 hrs. Zero patients have waited 12+ hours during the 2022/23 financial year.

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- Non PTHB Minor Injury Unit (MIU) performance:
 - November 2022 – English providers reported 42.9% of patients were seen within 4hrs and 266 patients waited longer than 12hrs (9920 total patients).
 - December 2022 - Welsh providers reported 48.3% compliance against the 4hr target, and 199 patients waited longer than 12hrs (7752 patients).
- Wales Ambulance Service NHS Trust response times for Powys has not achieved the national target of 65% compliance since February 2021. Latest performance of 37.8% compliance for red calls arriving within 8 minutes against (PTHB) and 39.5% (Wales). This is the worst performance recorded under this metric to date, multiple issues challenge the service including increased demand, handover delays, geographical challenges, and industrial action. Performance is expected to improve during month 10 (Jan-23) and weekly reports have shown slightly improved performance so far.
- 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 Provider)

- Diagnostics
 - Number of patients waiting more than 8 weeks for diagnostic endoscopy – December position reports robust performance against the required improvement with limited patients (four) breaching the 8-week target. Powys ranks 1st in Wales where circa 15.5k pathways were reported breaching in November. There is however risk to the service performance and challenges include underlying deficit of capacity modelled at 5 sessions per month prior to COVID, a national shortage of colonoscopists, clinical/screening endoscopists and endoscopy nurses, and the fragility of in-reach service from Cwm Taf Morgannwg University Health Board for South Powys. Actions and mitigations include use of insource to reduce backlog during 22/23, recruitment to lead nurse post for endoscopy, trainee post completion for clinical endoscopist (extra JAG accredited capacity for gastroscopy), and development of cytosponge and naso endoscopy scheme for 2023/24 (more details available in full IPR).

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- Number of patients waiting more than 8 weeks for a specified diagnostic - The picture for all diagnostic specialties waiting over the 8-week target is more challenging with a 5-month trend of increased breaches. The reported position in December was that 144 patients waited over 8 weeks. PTHB still meets the 12-month reduction target currently, but without improvement this target is at significant risk for Q4. The challenge is within non obstetric ultrasound (NOUS) and predominately in North Powys and in musculoskeletal health where the service capacity is very fragile and relies on in-reach radiologists, work to recover includes continuous waiting list reviews, training of sonographer for the lumps & bumps service, and capacity work with external providers. For the national picture a total of 42,566 patients in Wales are currently breaching and Powys ranks 1st.
- Therapies
 - Number of patients waiting more than 14 weeks for a specified therapy – The latest December position for therapies shows a 10 month increase to 385 breaches of the <14 week wait target. Challenged sub-specialties are Audiology (adult hearing aids, 81 breaches), Adult Physiotherapy (162 breaches), Routine Podiatry (73 breaches), and Adult Speech and Language Therapy (SALT, 50 breaches). Challenges for the service include cancelations of clinics at short notice because of sickness, vacancies, caseload type and priority e.g., follow-up or new appointments, and challenges in waiting list data, accuracy and validation. Actions include weekly waiting list management by head of service, caseload reviews, and increased sessions by 20% in Podiatry, Dietetics, and SALT.
- Access
 - Number of patients waiting for a follow-up (FUP) outpatient appointment who are delayed by over 100% - Follow-up reporting remains high risk. At present the Health Board cannot provide an accurate position for the number of patients waiting over 100% with 4,578 pathways reported across all specialties in December 2022. It should be noted that circa 50% of these pathways have been assessed and estimated to be invalid or duplicates following a change in reporting process. Work is ongoing to complete the validation in order to assist operational teams to accurately assess their current wait lists and target patients appropriately.

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- Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date – PTHB performance does not meet the 95% target but has improved to 69.5% in December 2022. Challenges include fragility of in-reach providers, actions and mitigations include multiple schemes such as having first nurse injector specialist trained and one stop eye clinic established in North Powys.
- RTT – 93.6% of the 7,171 pathways at December waiting under 26 weeks. The number of patients waiting > 36 weeks has increased to 137 with 9 of these patients waiting > 52 weeks. No patients are waiting > 52 weeks for their outpatient appointment or > 104 weeks for treatment. Challenges are linked to in-reach service fragility particularly in anaesthetics and cross border diagnostic and treatment pathways with significant diagnostic waits in acute care providers.
- Mental Health
 - Neurodevelopmental Disorder – performance has fallen since the start of Q2, currently reporting 53.4% compliance against the 80% target, however Powys ranks 1st in Wales.
 - Adult Mental Health – PTHB achieving target of 46% if mental health interventions undertaken within 28 days from date of receipt of referral against target of 80%. Challenges include high rates and complexity of referrals and significant staff sickness.

Planned Care (Commissioned Service Providers)

- NHS Wales service provider performance
 - RTT - Powys residents waiting > 104 weeks remains high, however has seen an improvement trend since March 2022. Welsh providers are working to the ministerial targets of zero patients waiting >52 weeks for outpatient appointment and zero waiting > 104 weeks for treatment by 30th June 2023.
 - Cancer - Provisional data for December shows that 26 patients missed the 62-day cancer target (52% compliance). Key challenges include service flow, surgical/diagnostic capacity in secondary care, and patient choice. There is marked variation across health boards particularly in relation to Breast, Gynaecology and Head and Neck SCP performance within Wales.

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- NHS England service provider performance
 - RTT – Powys residents waiting >104 weeks remains very low with the number of patients waiting > 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.
 - Cancer - Shrewsbury and Telford Hospital (SATH) NHS Trust reported 4 breaches of their cancer pathway reported for November 2022. All breaches were patients waiting over 104 days, key breach tumour sites include Gynaecology, Head and Neck, Urology and Lung. Reasons for breaches primarily caused by capacity issues across access, diagnostics and treatment. 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.

Powys residents are being 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. Work ongoing to explore opportunities to repatriate patients who may be able to receive their care within PTHB, examples include endoscopy patients from Wye Valley NHS Trust and Cwm Taf Morgannwg University Health Board, Echo Cardiograms repatriation from English commissioned services to have diagnostics in the provider.

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

The table below provides a summary of the applicable outcome measures for the third of the quadruple aims:

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2022/23 Performance Framework Measures						Performance			Welsh Government Benchmarking (*in arrears)	
	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Staff Resources	67	Agency spend as a percentage of the total pay bill	✓	12m↓	Dec-22	9.7%	9.4%	10.2%	12th (Aug-22)	5.40%
	68	(R12) Sickness Absence	✓	12m↓	Dec-22	5.4%	6.0%	6.1%	4th (Aug-22)	7.22%
	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	70	Core Skills Mandatory Training	✓	85%	Dec-22	81.7%	82.6%	83.0%	2nd (Aug-22)	81.2%
	71	Performance Appraisals (PADR)	✓	85%	Dec-22	74.0%	75.0%	74.0%	2nd (June 22)	57.7%
Staff Engagement	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%

- Agency Spend – 10.2% expenditure reported, target not met. Common issues include sickness, substantive professional workforce availability and rurality. Key mitigations include improve roster planning, targeting of PTHB bank over agency, targeted recruitment campaigns.
- Sickness absence – 12 month sickness continues to increase, reaching 6.1% in December. Key reported sickness related to stress & anxiety, respiratory problems. Key mitigations include improved training and bi-weekly case reviews of long term sick.
- Level 1 competencies of Core Skills and Training Framework – 83% performance in December against 85% target. Key challenges are staff sickness and introduction of new mandatory training packages.
- Personal Appraisal and Development Review – 74% performance in December with challenges of staff sickness and absence impacting on timeliness of PADRs.

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

The table below provides a summary of the applicable outcome measures for the last of the quadruple aims:

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2022/23 Performance Framework Measures					Performance				Welsh Government Benchmarking (*in arrears)	
Area	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Decarbonisation	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
	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	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	
	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	
	78	Number of risk assessments completed on the Welsh Nursing Clinical Record	✓	4 quarter improvement trend	Q2 2022/23	7236	28,438	30,865	5th	584,676
	79	Number of wards using the Welsh Nursing Clinical Record	✓	4 quarter improvement trend	Q2 2022/23	5	8	8	5th	149
	80	Percentage of episodes clinically coded within one month post discharge end date		Maintain 95% target or demonstrate an improvement trend over 12 months	Nov-22	100.0%	100.0%	100%	*1st	84.4%
Clinically Effective Prescribing	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

- Percentage of episodes clinically coded within one reporting month post episode discharge end date - PTHB continues to report excellent performance with 100% compliance reported since May 2022, the Health Board is consistently ranked 1st in Wales.

Operational Measures

The table below provides a summary of the applicable operational measures:

	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	Dec-22	2.44%	1.81%	1.86%
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%

- Crude hospital mortality rate (Powys as provider) - The crude mortality rate in Powys has continued to show an improvement predominately due to the increase in inpatient flow. It should be noted that Powys normally has a higher than All Wales average crude mortality as a non-acute care provider who also supports end of life within inpatient wards. No issues have been reported, and actual monthly deaths are within expected values, no mitigations are required at this time.
- Percentage of complaints that have received final reply or interim reply up to and including 30 working days from date complaint received - Performance has significantly improved throughout 2022/23. 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. Key challenges include limited user feedback, timely commissioned care provider responses and

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data/systems quality. Key actions and mitigations include the implementation of a robust escalation process to 30 working day response timescale, ongoing review of concerns management process, implementation of a concerns feedback process with the use of CIVICA, and work around data quality, recording and assurance.

NEXT STEPS

- Please note that this cover document reports performance on an exception basis, full details of all reportable measures are included within the IPR main document.
- 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.
- 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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Powys Teaching Health Board

Date Meeting: 29th March 2023

Agenda Item: 4.1bi

Integrated Performance Report

Month 9 – Updated 17/02/2023

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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 9 (December 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

The month 9 December position for the health board has had limited updates when compared to the previous IPR based on month 8 (November)

Key areas of challenge remain across planned and unscheduled care access in both provider and especially commissioned services.

Planned care performance including Mental Health in the provider remains robust with almost pre Covid-19 waiting list access times, especially when compared to the All Wales picture. However residents waiting on Commissioned planned care pathways still have a significant challenges for their access for treatment. Key themes are present which include recent industrial actions, staffing pressures due to sickness or vacancy, diagnostic pressures, theatre capacity, and bed flow.

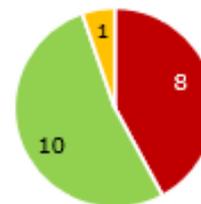
The equity of access challenge remains for Powys residents who require acute care on and in Wales can potentially wait up to and beyond 12 months longer than those that flow via cross border services in England.

Unscheduled care in Powys performs well with minor injury units exceeding national targets for wait times. However those patients that require A&E access in both England and Wales or an emergency ambulance are unfortunately waiting a significant time to receive care. December has reported the worst ever Welsh ambulance performance (37.8%) for Powys which mirrors the national picture. Key challenges include increased demand, staffing sickness/vacancies including industrial action, and acute site patient flow bottlenecks resulting in long ambulance handover times. The health board continues to maximise repatriation of patients to improve acute flows, and has increased inpatient bed capacity from Q3 to help alleviate Powys residents awaiting step down from acute facilities.

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

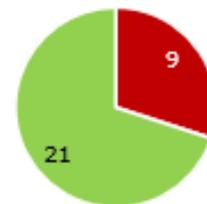
*Please note **amber** RAG ratings are for qualitative measures only

Compliance against targets quadruple aim 1



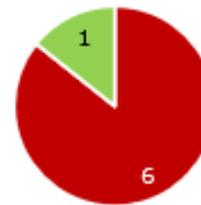
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Compliance against quadruple aim 2



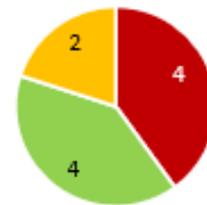
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Compliance against quadruple aim 3



■ Red ■ Green

Compliance against quadruple aim 4



■ Red ■ Green ■ Amber



NHS Wales Performance Framework

NHS Wales Performance Framework

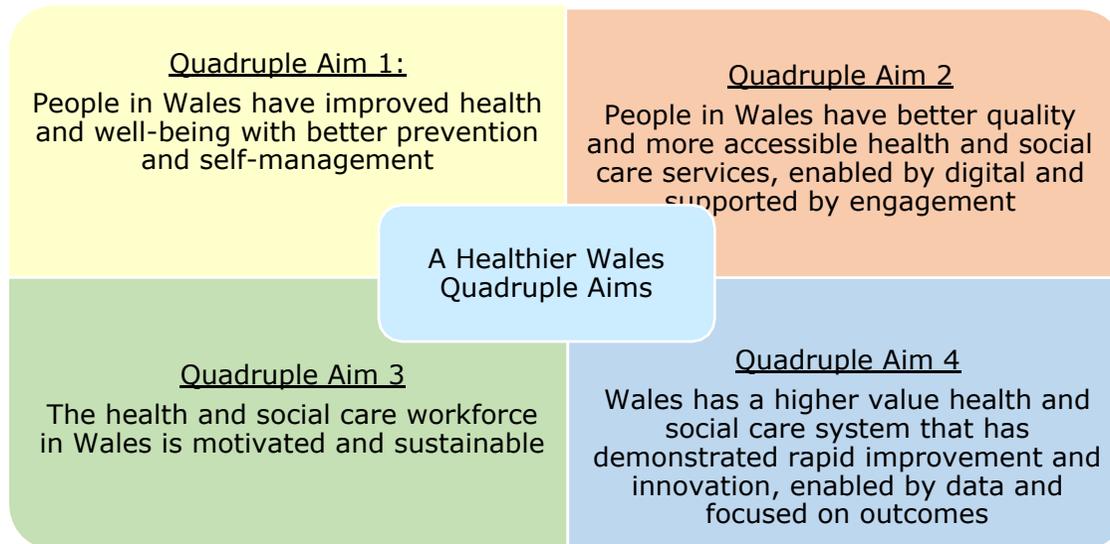
The NHS Wales Performance Framework has been significantly revised for 2022/23 with currently 84 measures. Of the 84 measures, 54 have been identified as ministerial priorities. A further 8 measures are classed as operational and not routinely reported to Welsh Government, but are included within the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

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	Q2 2022/23	1.62%		1.52%	6th	1.97%
		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	TBC	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%	13/02/2023		81.0%	84.0%		
			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%
Screening	Director of Public Health	Consultant in Public Health	14d	Flu Vaccines - Health Care Workers		60%	2021/22	56.5%		52.1%	6th	55.6%
			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

2022/23 Performance Framework Measures							Performance				Welsh Government Benchmarking	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Primary & Community Care	Deputy Chief Executive & Director of 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%	Dec-22	100.0%	99.7%	99.9%	1st	63.1%
			26	MIU patients who waited +12hrs		0	Dec-22	0	0	0	1st	12,099
			31	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes		65%	Dec-22	43.0%	38.7%	37.8%	4th	39.5%
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	Dec-22	105	4	4	*1st	15,746
			40	Number of diagnostic breaches 8+ weeks		12 month reduction trend towards 0 by Spring 2024	Dec-22	222	129	144	*1st	42,829
			41	Number of therapy breaches 14+ weeks		12 month reduction trend towards 0 by Spring 2024	Dec-22	51	258	385	*1st	11,152
			42	Number of patients waiting >52 weeks for a new outpatient appointment	✓	Improvement trajectory towards 0 by Spring 2024	Dec-22	0	0	0	*1st	95,074
			43	Number of patient follow-up outpatient appointment delayed by over 100% (unbooked & booked FUPs over 100%)	✓	trajectory towards a reduction of 30% by March 2023 against a baseline of March 2021	Dec-22	No RAG available DQ challenge	4499	4578		214,884
			44	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)		95%	Dec-22	69.1%	56.2%	69.5%	2nd	64.9%
			LM1	Percentage of patient pathways without a HRF factor		<= 2.0%	Dec-22	0.6%	0.6%	0.7%		
Elective Planned Care	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Assistant Director of Community Services	45	RTT patients waiting more than 104 weeks	✓	Improvement trajectory towards 0 by 2024	Dec-22	1	0	0	*1st	54,491
			46	RTT patients waiting more than 36 weeks	✓	Improvement trajectory towards 0 by 2026 (64 Nov 22)	Dec-22	211	104	137	*1st	259,988
			47	RTT patients waiting less than 26 weeks	✓	Improvement trajectory towards 95% by 2026 (91% Nov 22)	Dec-22	83.1%	94.6%	93.6%	*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	
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	Nov-22	527	620	593		
			LM3	Commissioned RTT patients waiting more than 52 weeks (English & Welsh Providers)		Individual Targets	Nov-22	2,551	2,770	2,737		
			LM4	Commissioned RTT patients waiting more than 36 weeks (English & Welsh Providers)		Individual Targets	Nov-22	4,442	5,008	4,951		
			LM5	Commissioned RTT patients waiting less than 26 weeks (English & Welsh Providers)		Individual Targets	Nov-22	62.3%	61.3%	61.1%		
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%	Dec-22	91.7%	97.0%	85.7%	*4th	91.7%
			50	Assessments <28 days <18	✓	80%	Dec-22	100.0%	88.9%	100.0%	1st*	72.2%
			51	Interventions <28 days <18	✓	80%	Dec-22	100.0%	88.0%	85.2%	1st*	42.0%
			52	% residents with CTP <18	✓	90%	Dec-22	100.0%	92.0%	95.5%	2nd*	64.3%
		Assistant Director of Women's and Childrens Services	53	Children/Young People neurodevelopmental waits	✓	80%	Dec-22	63.6%	61.4%	53.4%	*1st	33.4%
	54		Qualitative report detailing progress to develop a whole school approach to CAMHS in reach services	✓	Evidence Improvement	Aug-22			Green	N/A		
		Assistant Director of Mental Health	55	% adults admitted to a psychiatric hospital 9am-9pm that have a CRHT gate keeping assessment prior to admission	✓	95%	Nov-22	100%	100%	100%	1st	95.8%
	56		% adults admitted without a CRHTS gate keeping assessment that receive a FU assessment within 24hrs of admission	✓	100%	Nov-22	100%	100%	100%	1st	90.9%	
	57		Assessments <28 days 18+	✓	80%	Dec-22	89.7%	79.0%	81.0%	5th*	88.2%	
	58		Interventions <28 days 18+	✓	80%	Dec-22	70.9%	40.0%	46.0%	6th*	73.6%	
	59		Adult psychological therapy waiting < 26 weeks	✓	80%	Dec-22	97.3%	95.3%	85.2%	*3rd	74.6%	
	60		% residents with CTP 18+	✓	90%	Dec-22	88.6%	74.0%	90.0%	7th*	83.8%	
	TBC	TBC	61	Qualitative report detailing progress to improve dementia care	✓	Evidence Improvement	Aug-22			Red	N/A	
	Deputy Chief Executive & Director of Primary Care	Assistant Director of Mental Health	62	Qualitative report detailing progress against the priority areas to improve the lives of people with learning disabilities	✓	Evidence Improvement	Aug-22			Green	N/A	
Hospital Infection Control	Director of Nursing	Deputy Director of Nursing	63	HCAI - Klebsiella sp and Aeruginosa cumulative number	✓	Local	Dec-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	✓		Dec-22			10 cases		

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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										Weish 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↓	Dec-22	9.7%	9.4%	10.2%	12th (Aug-22)	5.40%
	Director of Workforce and OD	Head of Workforce	68	(R12) Sickness Absence	✓	12m↓	Dec-22	5.4%	6.0%	6.1%	4th (Aug-22)	7.22%
		Service Improvement Manager: Welsh Language & Equalities	69	% staff Welsh language listening/speaking skills level 2 (foundational level) and above	✓	Bi-annual improvement	6 months ending 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%	Dec-22	81.7%	82.6%	83.0%	2nd (Aug-22)	81.2%
			71	Performance Appraisals (PADR)	✓	85%	Dec-22	74.0%	75.0%	74.0%	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	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	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 2022/23	7236	28,438	30,865	5th	584,676
			79	Number of wards using the Welsh Nursing Clinical Record	✓	4 quarter improvement trend	Q2 2022/23	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	Nov-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	Dec-22	2.44%	1.81%	1.86%
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

No. 3

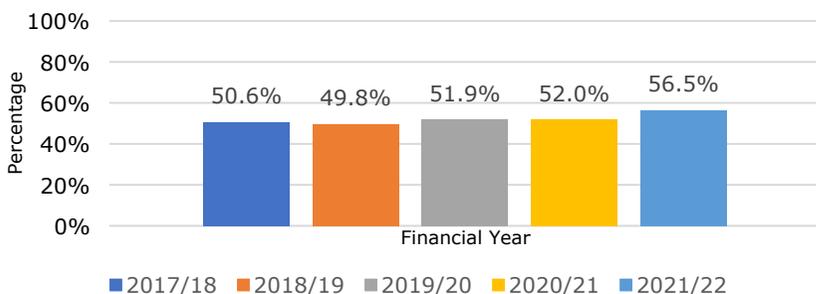
People in Wales have improved health and well-being and better prevention and self-management

Breastfeeding

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

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

Percentage of babies who are exclusively breastfed at 10 days old



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	

"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

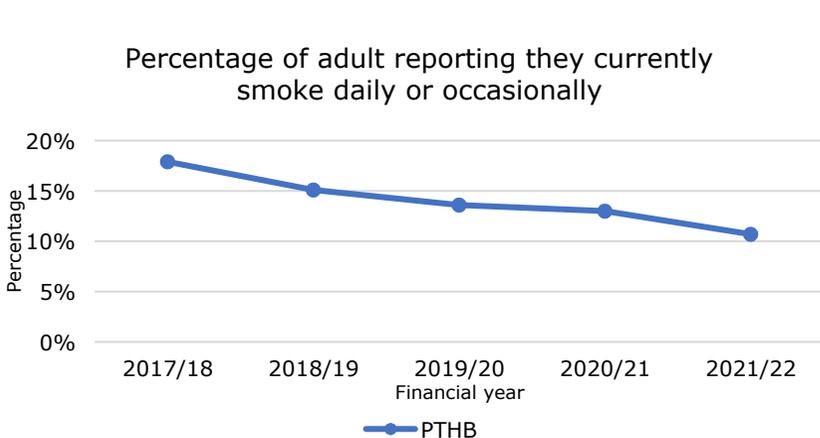
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People in Wales have improved health and well-being and better prevention and self-management

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	Issues	Actions	Mitigations
<p>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%</p>	<p>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.</p>	<p>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.</p> <p>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.</p>	<p>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.</p>



Quadruple Aim 1

No. 5

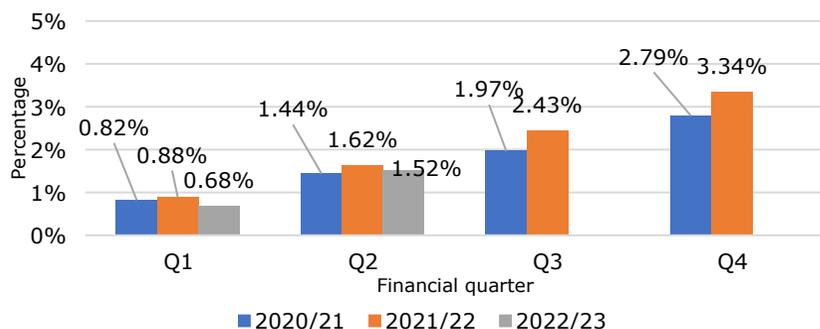
People in Wales have improved health and well-being and better prevention and self-management

Smoking

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

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

Percentage of adult smokers who make a quit attempt



Performance Q2 2022/23	
Provider Performance	All Wales Benchmark
1.52%	6th (1.97%)
Variance Type	
N/A	
Target	
5% Annual Target	
Data Quality & Source	
Welsh Government Performance Team	

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

What the data tells us	Issues	Actions	Mitigations
<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 cumulative quit attempts for Q2 has dropped below 2021/22 level for the same period, but is improved against 2020/21 financial year.</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 has recommenced the 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

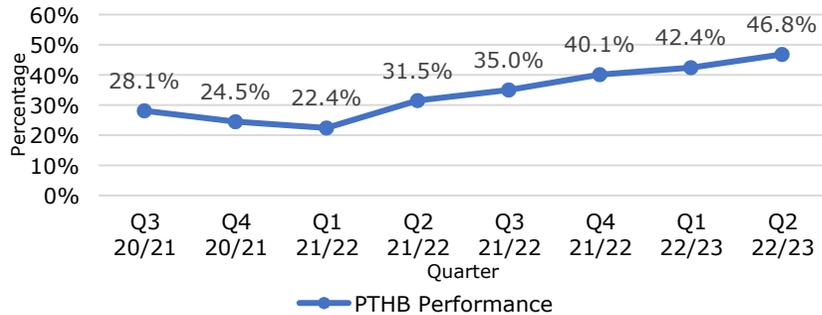
No. 7

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**

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



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	TBC
Strategic Priority	2

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

What the data tells us	Issues	Actions	Mitigations
<p>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.</p> <p><small>Created by Liz Powell 2023 15:23:55</small></p>	<ul style="list-style-type: none"> No officer lead has been identified for narrative updates. 		



Quadruple Aim 1

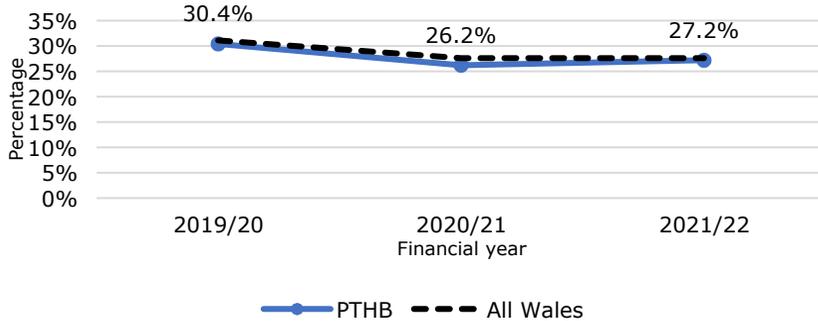
No. 8

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	TBC
Strategic Priority	2

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

What the data tells us	Issues	Actions	Mitigations
<p>Performance reported in 2021/22 has improved slightly meeting target to 27.2%. This is slightly below the All Wales average of 27.6%.</p> <p><i>Patterson, Liz 28/03/2023 15:23:55</i></p>	<ul style="list-style-type: none"> No officer lead has been identified for narrative updates. 		



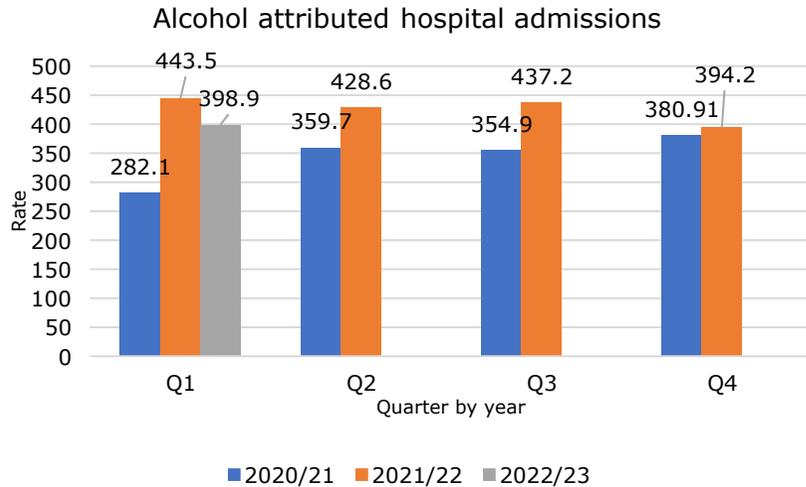
Quadruple Aim 1

No. 9

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

Alcohol Misuse

European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based) – **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	Issues	Actions	Mitigations
<p>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.</p> <p>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.</p>		<p>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.</p>	<p>To be confirmed once further action has been taken.</p>



Quadruple Aim 1

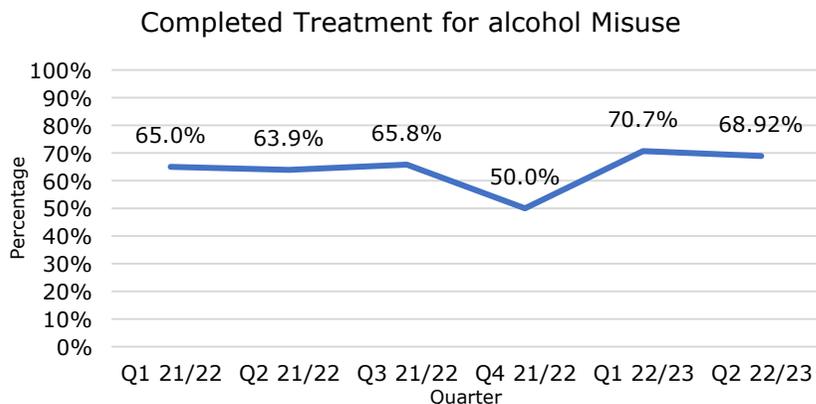
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10

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.



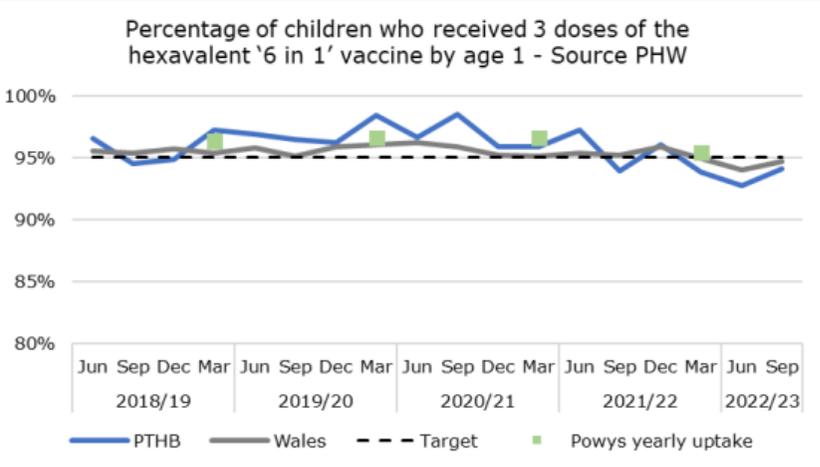
Quadruple Aim 1

No. 11

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

Childhood Vaccinations

Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1 – **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	Issues	Actions	Mitigations
<p>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.</p> <p>Vaccinating a further 3 children would have reached the 95% target, and a further 16 children 100% of eligible cohort.</p>	<p>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.</p>	<p>Work ongoing to cleanse data, promote uptake and offer missed immunisations. In addition, a polio vaccination catch-up is underway.</p>	<p>To be confirmed once further actions have been taken.</p>



Quadruple Aim 1

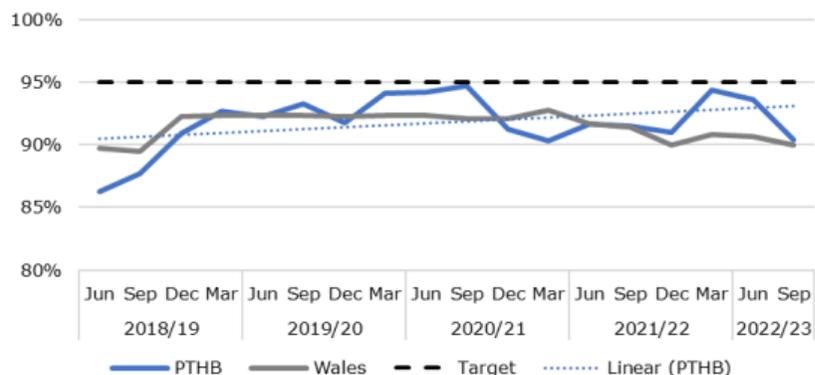
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People in Wales have improved health and well-being and better prevention and self-management

Childhood Vaccinations

Percentage of children who received 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.

*Patterson, Liz
28/03/2023 15:23:55*

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 13/02/2023**

Total Eligible	Had Autumn Booster	Currently Eligible	Percentage uptake Autumn Booster
73K	62K	72K	84%
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 61,530 people with the booster, this is 84% of the total eligible (72,902) as reported at 13/02/2023 05:24am, and now meets the Welsh Government requirement target of 75%. 	<ul style="list-style-type: none"> Significant reduced social, digital and media communication Denominator for health and social care group 	<ul style="list-style-type: none"> Walk-in available at all MVCs for any eligible residents who have missed appointment 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.



Quadruple Aim 1

No.	14
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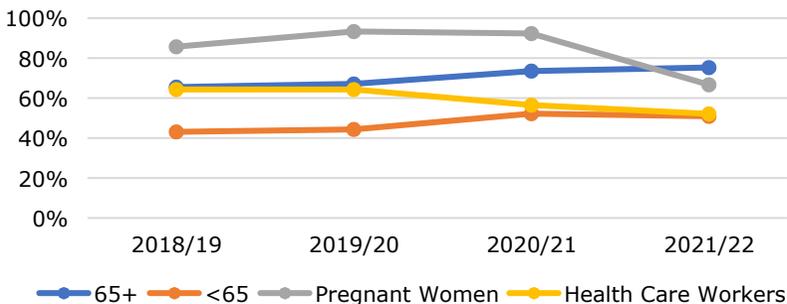
People in Wales have improved health and well-being and better prevention and self-management

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	Issues	Actions
<ul style="list-style-type: none"> 65+yrs: Performance this year 2021/22 just past the 75% target and shows a year on year improvement. <65ys at risk: Performance was above the Wales average but remains below target and has dropped 1.3% since 2020/21, although this may reflect the impact of COVID-19 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. 	<p>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.</p>	<ul style="list-style-type: none"> 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. Invitation letters issued to staff, with second letter in December. Walk-ins for eligible residents available from January 2023 at all MVCs

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

No. 15a

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

Cancer Screening

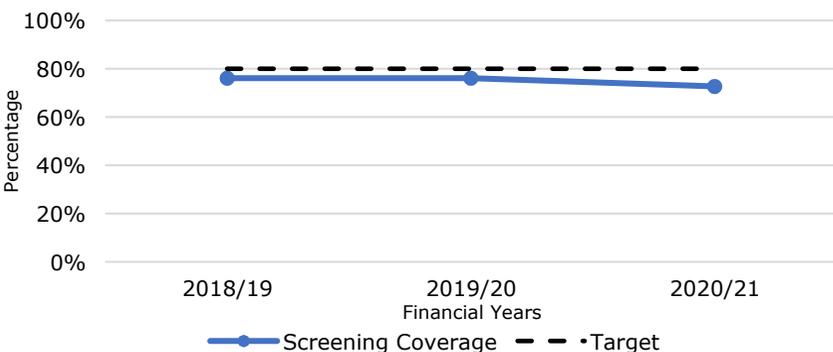
Percentage of eligible people aged 25-49 will have participated in the cervical screening programme within the last 3.5 years and eligible people aged 50-64 within the last 5.5 years – **Powys as a provider**

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."

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	

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

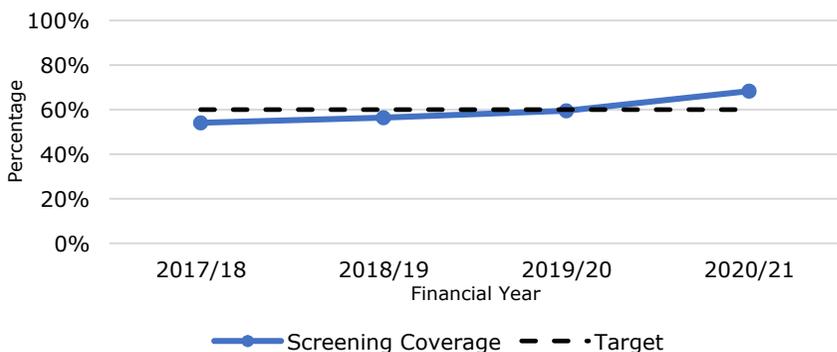
No. 15b

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

Cancer Screening

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

Coverage of cancer screening for: bowel



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

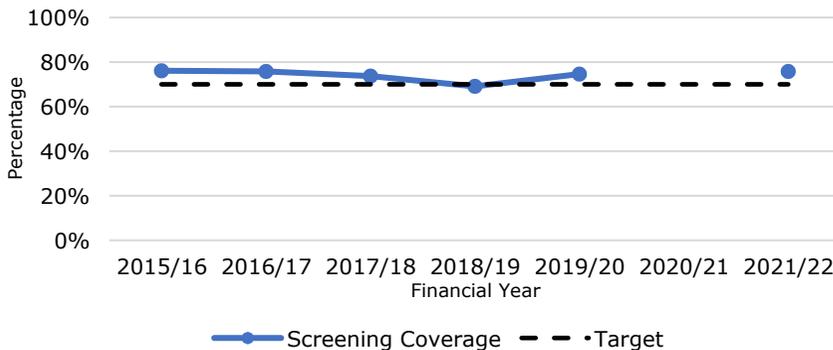
No. 15c

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

Cancer Screening

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

Coverage of cancer screening for: breast



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>Author: Liz Mason, 15/03/2023 15:23:55</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.	

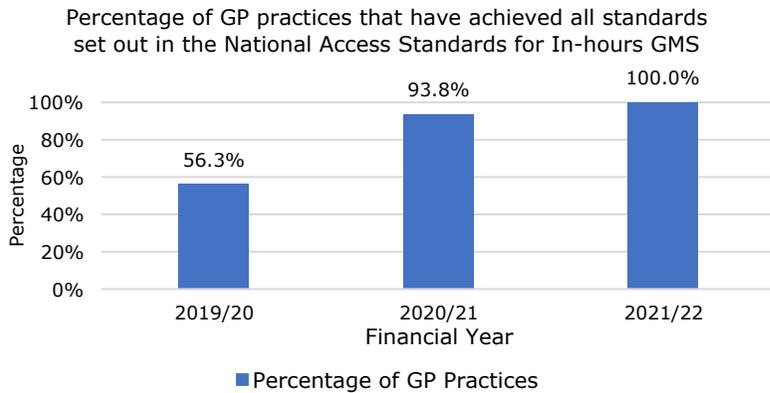


Quadruple Aim 2

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



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	Issues	Actions	Mitigations
<p>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</p> <p>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.</p>			<p>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.</p>



Quadruple Aim 2

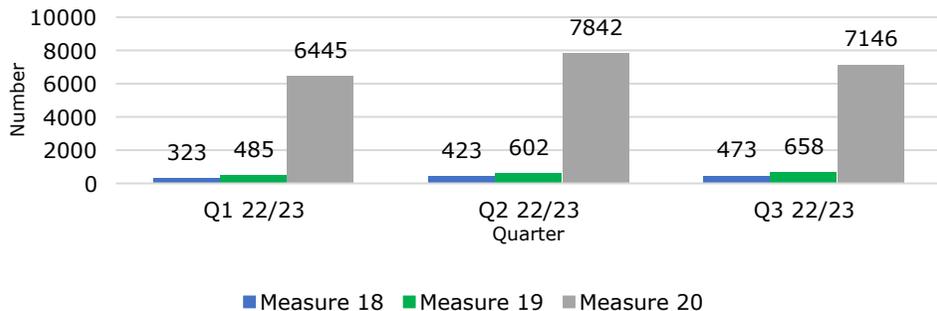
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People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

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	Issues	Actions	Mitigations
<p>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 dates, and dipped at Q3 existing patients accessing NHS dental services, however still showing an increase from Q1.</p> <p>The 'existing patient' dip in Q3 is due to practices concentrating on new patients. Contract Reform allows for the new patient target (both adults and children) to be interchangeable with the existing patient target. Due to the number of patients currently on the Powys Dental Waiting List, PTHB has been encouraging some practices to concentrate more on seeing new patients.</p> <p>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 boards.</p>			



Quadruple Aim 2

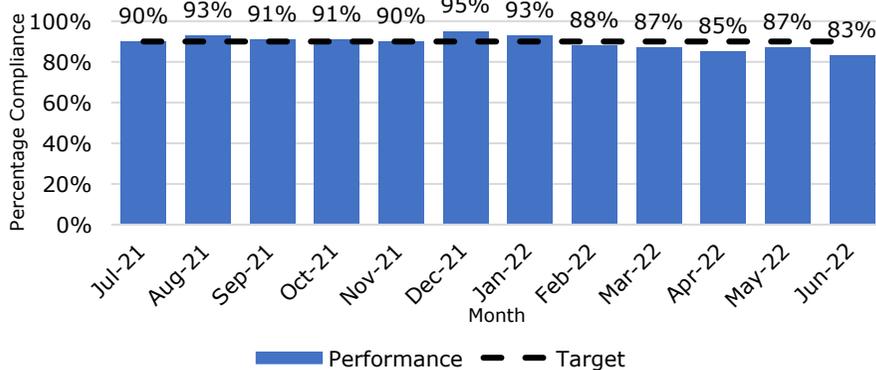
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People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

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

Full performance reporting temporarily ceased following a cyber attack on the 4th August. As a result a complete data set is not available from July to 15/02/2023.

Nationally Welsh Government continued to report a portion of 111 data that is recorded on CAS flowing via WAST. For this limited portion of data PTHB achieves 97% against the 90% target, however the majority of calls in Powys are recorded via Adastra and this data is not complete.

Issues

- 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 complete data is available for July to January.

Actions

- As of 15/02/2023 a fully functioning Adastra system is now operational, and therefore 111, Shropdoc and SBUHB will be no longer working under Business Continuity & Incident arrangements.
- The national twice weekly Business Continuity & Incident calls have been stood down as of today. Reporting of activity data will resume in Q4

Mitigations



Quadruple Aim 2

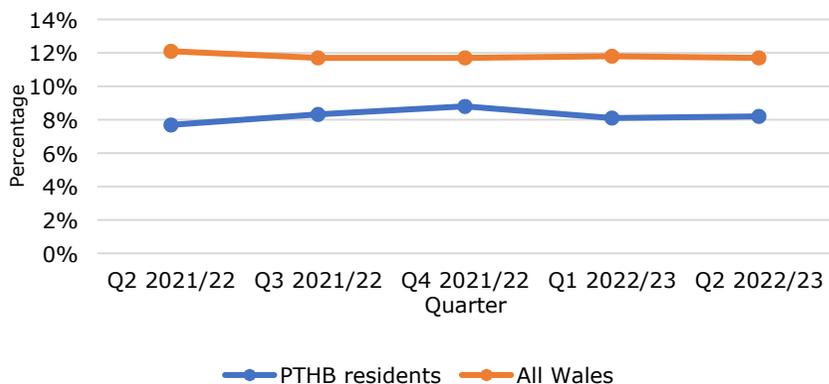
No. 22

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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



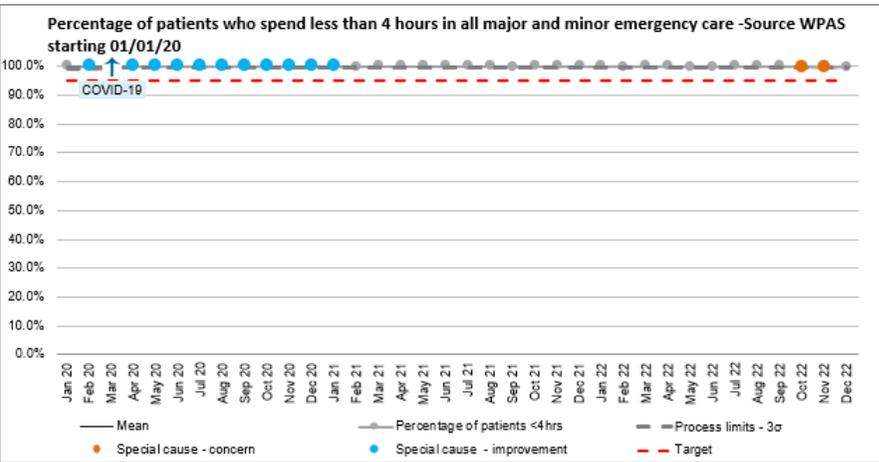
Quadruple Aim 2

No. 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**



December 2022 Performance	
Provider Performance	All Wales Benchmark
99.9%	1 st (63.1%)
Variance Type	
Common Cause	
Target	
95%	
Data Quality & Source	
EDDS	

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

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

What the chart tells us	Issues	Actions	Mitigations
<p>MIU performance against the access target remains excellent circa 99+% on a monthly basis.</p> <p>In December 1 patient waited over 4hrs</p> <p>The All Wales average for December was 63.1%, but this performance is non comparable as Powys only has minor injury facilities.</p>	<p>No issues with MIU performance as reflected in data.</p> <p>Ambulance arrival times for 999 patients have caused delays in transferring but attributed to transport.</p>	<p>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.</p>	<p>Ensure maintenance of robust staffing in all MIU's for handovers and continuity of care for longer waits.</p>



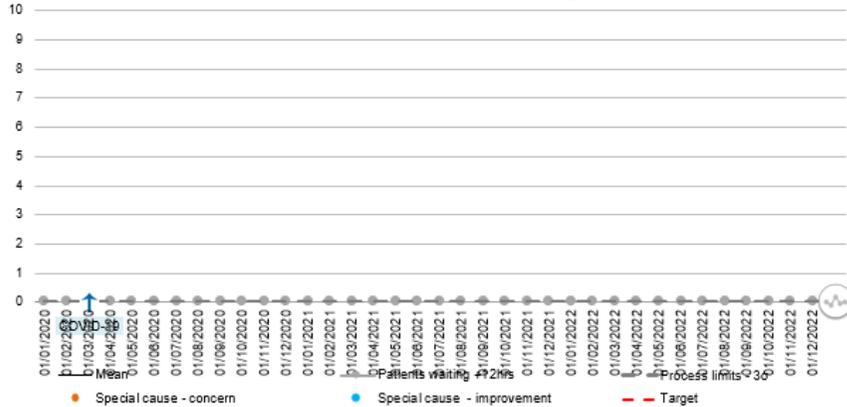
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Minor Injury Unit (MIU) Performance

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 01/01/20



December 2022 Performance	
Provider Performance	All Wales Benchmark
0	1 st (12,099)
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	Issues	Actions	Mitigations
<p>MIU performance against the access target remains excellent with no 12hr breaches on a monthly basis.</p> <p>The All Wales total of patients waiting for admission over 12 hours in major and minor emergency care reported increase to 12,099 in December.</p> <p>Performance is non-comparable as Powys only has minor injury facilities.</p>	<p>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.</p>	<p>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</p>	<p>Ensure maintenance of robust staffing in all MIU's for handovers and continuity of care for longer waits.</p>



Quadruple Aim 2

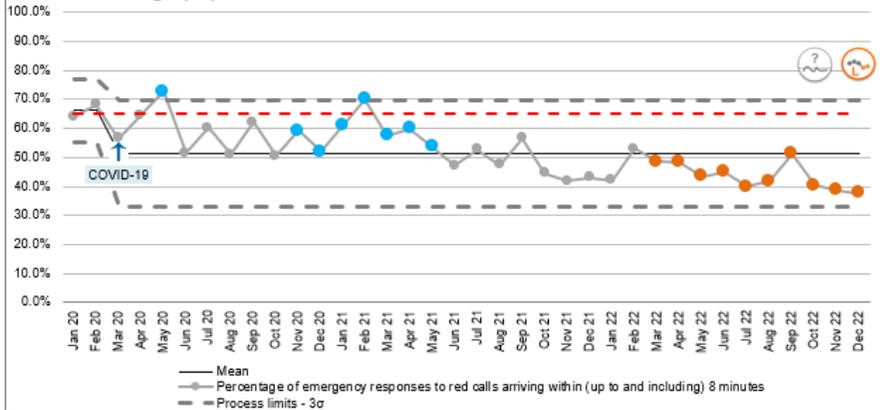
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Red Calls

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

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

Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes- Source WAST starting 01/01/20



December 2022 Performance	
Local Performance	All Wales Benchmark
37.8%	4 th (39.5%)
Variance Type	
Special cause concern	
Target	
65%	
Data Quality & Source	
WAST	

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

What the data tells us	Issues	Actions	Mitigations
<p>The reported performance in December is the worst Powys has had since this metric was revised in 2018 reaching only 37.8% compliance.</p> <p>The All Wales performance is also very poor against the 65% target at 39.5% but PTHB ranks 4th this month.</p>	<p>Demand for urgent care services continues to increase including calls to 999 ambulance services</p> <p>Handover delays at A&E sites are increasing the time ambulance crews are spent static as opposed to quick turnaround times</p> <p>Impact of Covid 19 on ambulance staffing continues to cause significant impact on staff availability and rotas.</p> <p>Delayed discharges - for patients declared medically fit for discharge (MFFD) the number occupying hospital beds slowing system flow.</p>	<p>All hospital providers running A&E services have been asked to improve flow so that ambulance turnaround times can be improved</p> <p>All Wales urgent care system escalation calls being held daily (often more than once per day)</p> <p>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</p>	<p>Wider system calls being held daily with the aim to improve overall system flow.</p>



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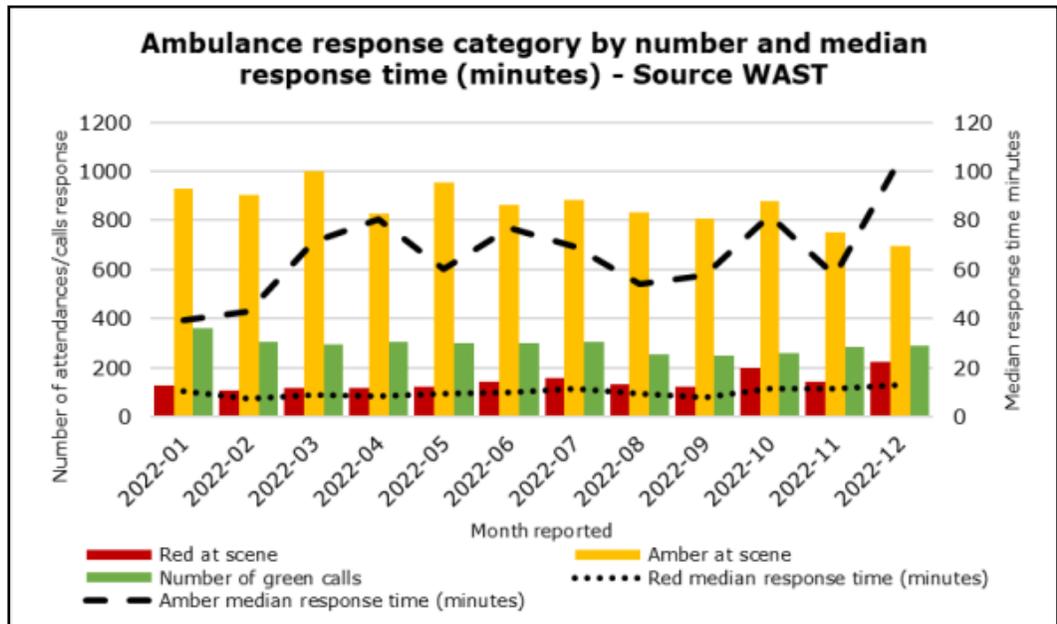
Red, Amber, and Green Calls by number and median response time

The clinical response model has three categories of calls – Red, Amber and Green:

- Red - Immediately life threatening calls such as cardiac arrest or choking. These calls will be subject to both clinical indicators such as Return of Spontaneous Circulation (ROSC) rates and a time based standard requiring a minimum attendance at 65% of these calls within 8 minutes.
- Amber- Serious but not immediately life threatening. These calls will include most medical and trauma cases such as chest pain and fractures. Amber calls will receive an emergency response. A response profile has been created to ensure that the most suitable clinical resource is dispatched to each amber call. This will include management via "hear & treat" services over the telephone
- Green - 999 calls received and categorised as green are neither serious or life threatening. Conditions such as earache or minor injuries are coded as green calls. Green calls are ideally suited to management via secondary telephone triage.

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

Ambulance Services - Emergency responses by category						
Period: January 21 - December 22						
Source WAST						
Reported Month	Red at scene	% compliance 8 minute	Red median response time	Amber at scene	Amber median response	Number of green calls
2022-01	126	42.1	10	929	39	361
2022-02	104	52.9	8	905	43	303
2022-03	117	48.7	9	998	72	294
2022-04	118	48.3	8	826	81	304
2022-05	134	43.5	9	955	60	298
2022-06	140	45.0	10	862	77	301
2022-07	158	39.9	11	881	69	307
2022-08	134	41.8	10	833	54	255
2022-09	123	51.2	8	808	57	248
2022-10	200	40.5	12	877	82	261
2022-11	142	38.7	12	752	58	285
2022-12	222	37.8	13	695	105	287





Quadruple Aim 2

No. 35 & 36

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35. Patient Flow

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

36. Patient Flow

Percentage of people leaving hospital on a D2RA pathway

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

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

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

Issues	Actions	Mitigations
<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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 Patient pathway/discharge meetings arranged on a fortnightly basis from 28th January to further embed pathways 	<ul style="list-style-type: none"> Manual data collection continues & audit undertaken in 2021. Collection and monitoring of D2RA data from acutes already collated by therapies.



Quadruple Aim 2

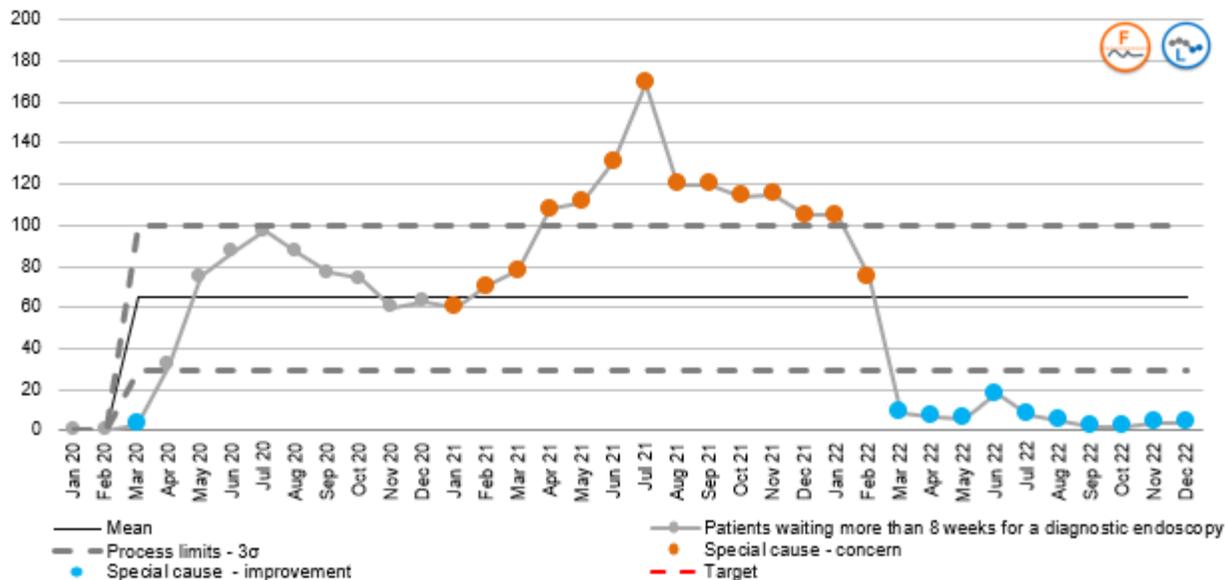
No. 39

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Diagnostic Breaches

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

Patients waiting more than 8 weeks for a Diagnostic Endoscopy- Source WPAS starting 01/01/20



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

December 2022 Performance

Provider Performance	All Wales Benchmark
4	*1 st (15,517)
Special Cause - Improvement	
Target	
Improvement trajectory towards 0 by Spring 2024	
Data Quality & Source	
WPAS	

What the data tells us

- Diagnostic Endoscopy has largely recovered (4 breaches in December) since breaches reached their peak 12 months ago. Performance is compliant with target and shows as special cause - improvement for the last 10 months.

*Please note that the Information reporting process has been revised for December, going forward the waiting list is based on a national stored procedure for WPAS (pathway validation is ongoing work and services continue to review and resolve limited pathway errors)

"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

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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 Q2. 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 (clinics start from Jan-23) 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

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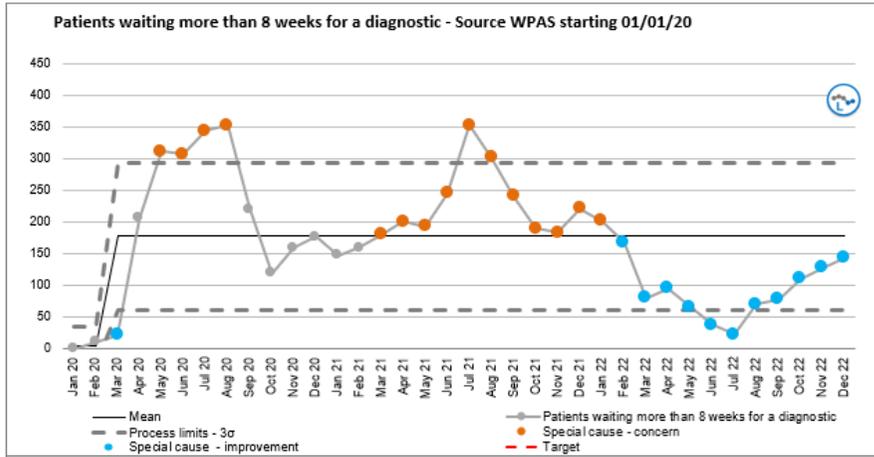
Quadruple Aim 2

No. 40

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Diagnostic Breaches

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



December 2022 Performance	
Provider Performance	All Wales Benchmark
144	*1 st (42,566)
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 and although showing special cause improvement for the last 11 months and meeting the national target of reduction over 12 months there is an increasing breach trend (over 5 months). December reported 144 breaches, these are predominately within non obstetric ultrasound (NOUS).

[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.

Actions

Non Obstetric Ultrasound (NOUS)

- Working with providers to find capacity
- Training of sonographer underway for "lumps and bumps".

Mitigations

Non Obstetric Ultrasound (NOUS)

Continuous monitoring of waiting list

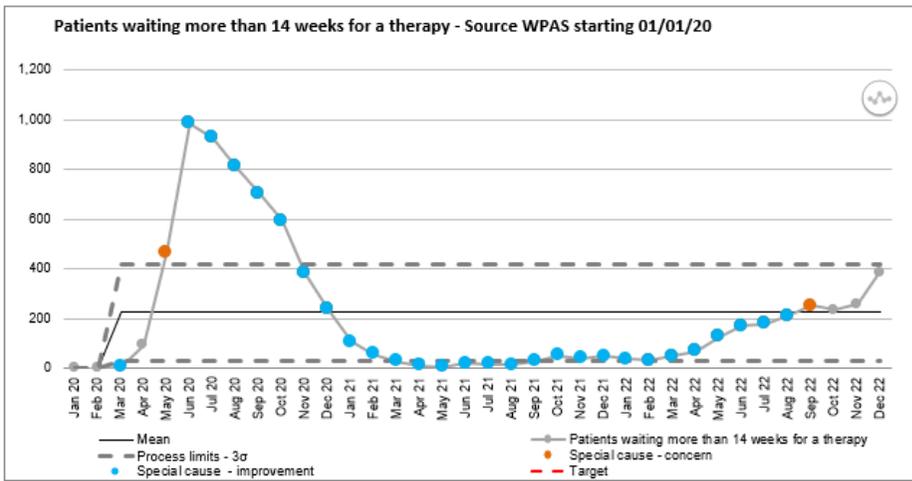


Quadruple Aim 2

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Therapy Breaches

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



December 2022 Performance	
Provider Performance	All Wales Benchmark
385	*1 st (9,584)
Variance Type	
Common Cause	
Target	
12 month reduction trend towards 0 by Spring 2024	
Data Quality & Source	
PTHB Information Warehouse	

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

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

What the data tells us	Issues	Actions	Mitigations
<p>385 patients are reported waiting longer than 14 weeks during December this is a significant increase from the previous month. A reason for the sudden increase is linked to the change in waiting list reporting via the National Stored Procedure for WPAS implemented by the Digital & Transformational team. Pathway validation of the new data flow is ongoing work and services continue to review and resolve limited pathway errors</p>	<ul style="list-style-type: none"> • Cancellations of clinics at short notice as a result of staff having to isolate due to covid/general sickness resulting in breaches • Vacancies across services particularly physiotherapy, Dietetics and Audiology having some impact. • North Powys MSK remains challenging. • Industrial action risk for Q4 • Follow-up (FUP) caseload backlog impacting on new booking capacity • Challenges with core reporting support escalated with Digital Transformation team. 	<ul style="list-style-type: none"> • Weekly management of waiting lists by Heads of Service. • Caseload review across all therapies, each head of service to have plan in the Community Service Group (excluding Paediatrics OT/Physio) . • Podiatry, Dietetics and SALT Heads of service (clinical) have increased sessions by 20%. • SALT – Head of service reviewing on weekly basis. SALT –long term sickness member of staff returned; all long waits booked. 	



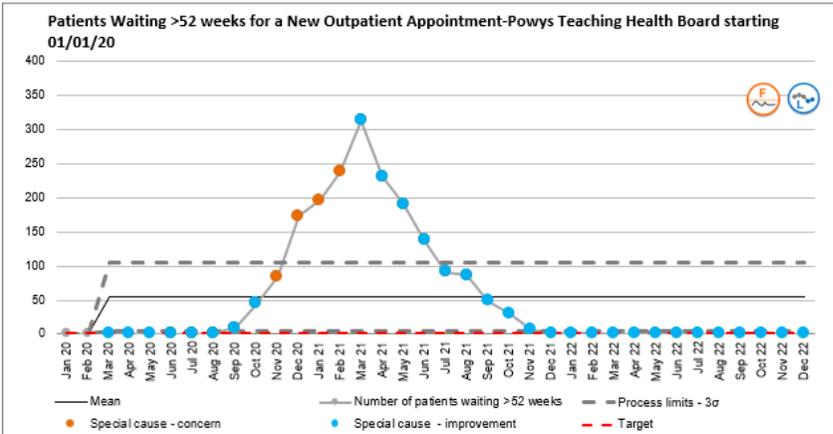
Quadruple Aim 2

No. 42

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New Outpatient

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



December 2022 Performance	
Local Performance	All Wales Benchmark
0	*1 st (85,301)
Variance Type	
Special Cause - Improvement	
Target	
Improvement trajectory towards 0 by 31/12/22	
Data Quality & Source	
DHCW	

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

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

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

What the data tells us	Issues	Actions	Mitigations
<p>Powys as a care provider has no patients waiting greater than 52 weeks for a new out patient appointment.</p> <p>However, Powys residents breach the 52 week target within commissioned health care providers which will be covered in later slides.</p>	<ul style="list-style-type: none"> In reach services remain fragile across specialities Increasing urgent/Urgent Suspected Cancer referrals displacing routines particularly in General & Oral Surgery specialities 	<ul style="list-style-type: none"> Significant Programme of outpatient (OP) improvement in progress 	<ul style="list-style-type: none"> 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.



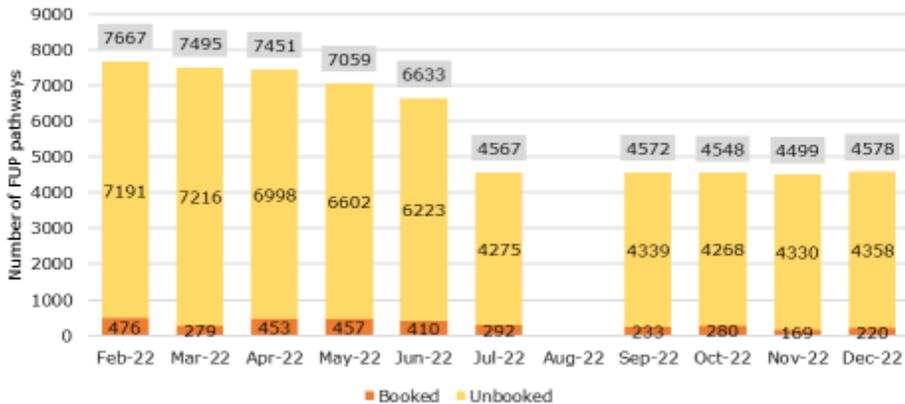
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Follow up outpatient (FUP)

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



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

December 2022 Performance	
Provider Performance	All Wales Benchmark
4578	*(224,552)
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	

"Delaying a follow-up outpatient appointment not only gives the service user a negative impression of NHS services, but it can be a clinical risk if the patient's condition deteriorates whilst waiting for the appointment. Through service re-design, health boards are required to reduce the number of patients waiting long delays for a follow-up outpatient appointment."

What the data tells us	Issues	Actions	Mitigations
<ul style="list-style-type: none"> • PTHB is not reporting the revised position of FUPs nationally. Internal validation reports show 4578 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 224,552 patients waiting over 100% for a FUP in *November 2022. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Reportable waiting lists are clinically validated and risk stratified in addition to administrative waiting list validation.



Quadruple Aim 2

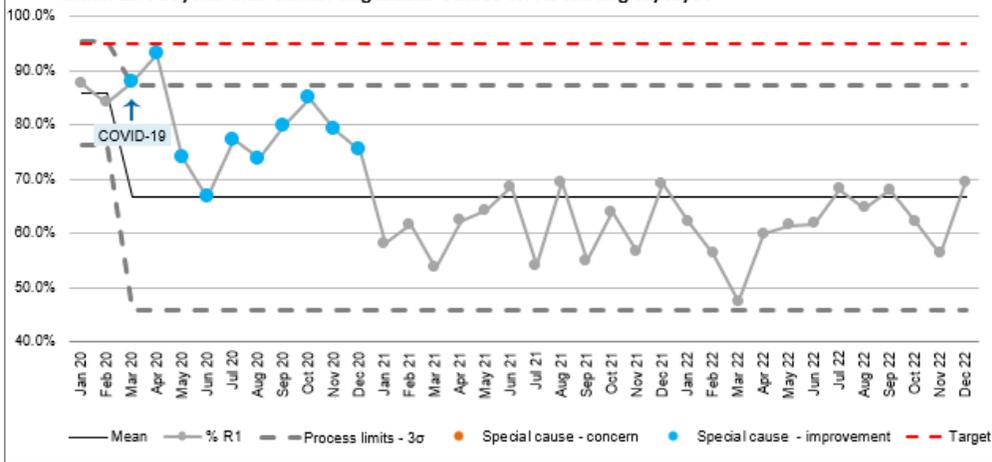
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Ophthalmology

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**

Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date- Source WPAS starting 01/01/20



December 2022 Performance	
Local Performance	All Wales Benchmark
69.5%	2nd (64.9%)
Variance Type	
Common Cause	
Target	
95%	
Data Quality & Source	
WPAS	

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

"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 but has improved for December to 69.5%. Performance remains common cause variation but above mean during this period. The health board was benchmarked 2nd in Wales during December against a national performance of 64.9%.

In the provider the percentage of patients without a HRF factor in December reported 0.67% which is excellent and below the 2% recommended maximum.

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



Quadruple Aim 2

No.

44

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Ophthalmology

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

Issues	Actions	Mitigations
<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

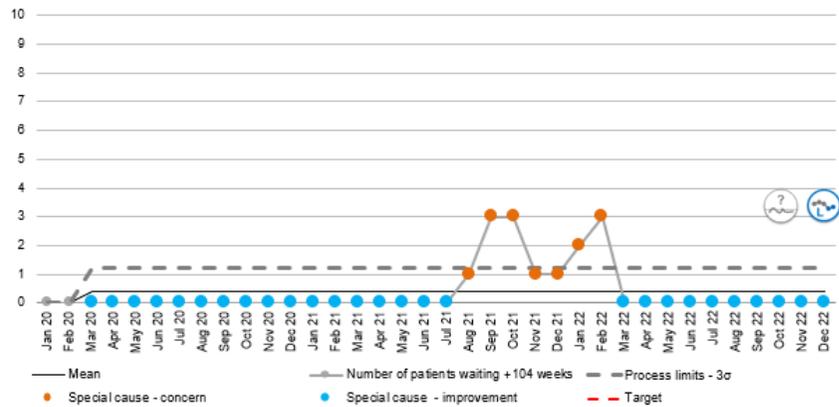
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Referral to Treatment – Powys Teaching Health Board as a provider

Number of patients waiting more than 104 weeks for treatment

Patients Waiting +104 weeks Including D&T-Powys Teaching Health Board starting 01/01/20



December 2022 Performance	
Provider Performance	All Wales Benchmark
0	1 st (49,594)*
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	Issues	Actions	Mitigations
<p>PTHB as a provider has had no patients waiting over 104 since March 22.</p> <p>It should be noted that Powys residents wait longer than 104 weeks in commissioned services. – See commissioned services slides, and appendix for more details.</p>	<p>Fragility across all in reach services.</p> <p>Particular issues with anaesthetics fragility</p> <p>Impact of DGH pathology & diagnostic waits on RTT pathways – soft tissue scan delays impacting with 12-14 month scan wait</p>	<p>Escalating issues via CQPRM meetings</p>	<p>As previous</p>



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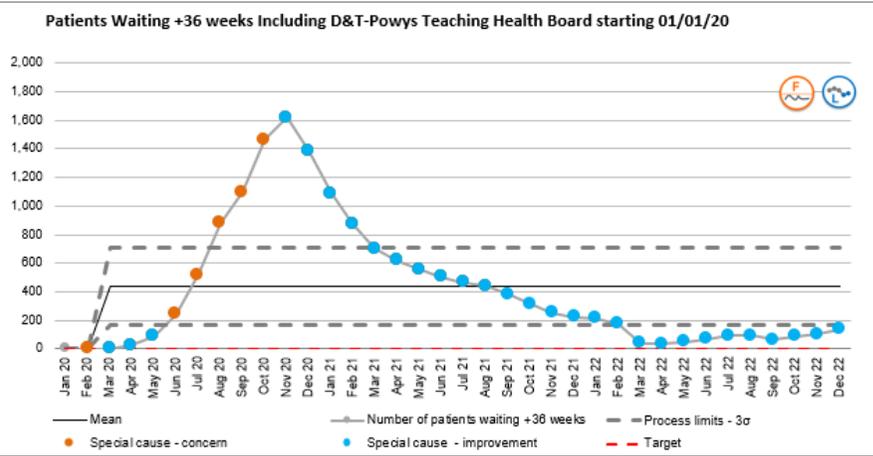
No. 46

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Referral to Treatment – Powys Teaching health board as a provider

Number of patients waiting more than 36 weeks for treatment

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



December 2022 Performance	
Provider Performance	All Wales Benchmark
137	1 st (252,779)*
Variance Type	
Special Cause- Improvement	
Target	
Improvement trajectory towards 0 by 2026 (64 Nov-22)	
Data Quality & Source	
DHCW	

What the chart tells us	
<ul style="list-style-type: none"> Powys is not meeting the improvement trajectory currently in reducing +36 week waiters to zero by 2026 with waiters increasing over the last 3 months to 137 in December, 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

Mitigations

- Improvement work to manage waiting lists in line with the National Planned Care Programme Outpatient Transformation and Speciality Boards continues with activity levels closely monitored locally via the daily review of patient lists and weekly RTT meetings.
- Waiting lists are clinically validated and risk stratified in addition to administrative waiting list validation. Theatre lists are clinically prioritised utilising the Federation of Surgical Speciality Association Covid-19 prioritisation tool with the vast majority of patients categorised as priority 4 (low risk), however all long waiters are regularly, clinically reviewed to ensure their condition is not changing and in need of re-prioritising. Any patients requiring urgent treatment are transferred to DGH urgent pathways if immediate lists are not available in PTHB.
- Wet Age-related macular degeneration (AMD) service has been extended into mid Powys, now available in Llandrindod and Brecon Hospitals. PTHB 1st nurse eye care injector trained. Excellent clinical outcomes above national average for wet AMD service.
- MDT for eye care including ophthalmic scientist and hospital optometry developed. New one stop eye care clinic established in Llanidloes, patients no longer need to travel out of county to HDUHB Bronglais and face significant wait for eye care scans. General OP teams in North Powys received update training specific. Care closer to home for patients, instant diagnostics for decision making for clinicians and improved access times to support RTT management.
- Embedded vascular "mega" clinic established in North Powys August 2021 vascular surgeon, ultrasonography, podiatry, district nursing – one stop clinic running successfully.
- Recruitment to Clinical Director Planned Care new medical leadership post Q4

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



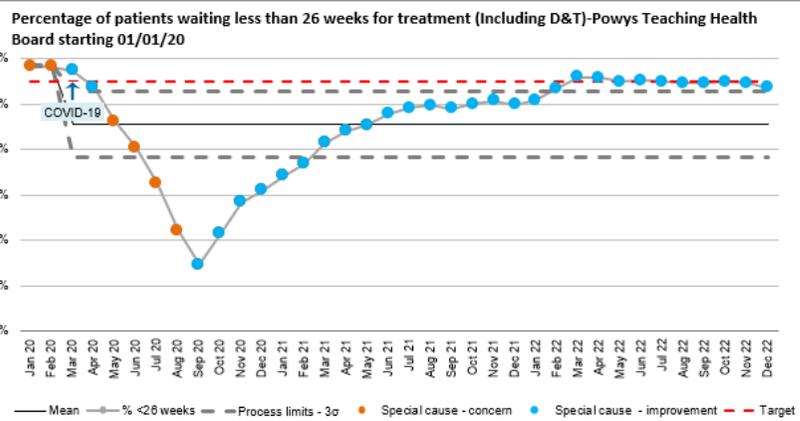
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Referral to Treatment – Powys Teaching health board as a provider

Percentage of patients waiting less than 26 weeks for treatment



December 2022 Performance	
Provider Performance	All Wales Benchmark
93.6%	1 st (56%)*
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."

What the chart tells us	Issues
<p>Powys provider planned care has continued to report special cause improvement since Q3 2020.</p> <p>The service in December reported a slight reduction to 93.6% compliance, meeting the target set for 2026. The health board remains under pressure from increased demand and ongoing fragility of services.</p>	<p>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.</p> <p>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</p>

Data quality is amber flagged due to the change in waiting list process, pathway validation is ongoing work and services continue to review and resolve limited pathway errors

[Actions and Mitigations on previous page](#)

544/744

RTT pathways by specialty and band	Patients Waiting					
	Dec-22	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	Total Waiting
Main Spec	* % of pathways < 26 weeks					
100 - GENERAL SURGERY	92.5%	417	21	10	3	451
101 - UROLOGY	86.7%	104	8	7	1	120
110 - TRAUMA & ORTHOPAEDICS	88.9%	574	49	23		646
120 - ENT	92.9%	514	25	14		553
130 - OPHTHALMOLOGY	86.5%	765	106	12	1	884
140 - ORAL SURGERY	94.1%	254	8	7	1	270
143 - ORTHODONTICS	95.0%	19	1			20
191 - PAIN MANAGEMENT	98.4%	239	2	2		243
300 - GENERAL MEDICINE	98.2%	56	1			57
302 - ENDOCRINOLOGY	100.0%	4				4
320 - CARDIOLOGY	81.4%	136	25	6		167
330 - DERMATOLOGY	96.6%	85	3			88
410 - RHEUMATOLOGY	72.8%	107	24	15	1	147
420 - PAEDIATRICS	100.0%	48				48
430 - GERIATRIC MEDICINE	100.0%	21				21
502 - GYNAECOLOGY	93.8%	196	11	2		209
998 - Diagnostic Services	100.0%	94				94
999 - Allied Health Professional Services	97.8%	3080	37	30	2	3149
Total	93.6%	6713	321	128	9	7171



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Referral to Treatment (RTT) Commissioned

Performance of patient pathways within commissioned services against Welsh NHS targets

Data Quality & Source
DHCW

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

[Detailed SPC's by provider in Appendix 1](#)

Welsh Providers	Dec-22	Patients Waiting							No. long waits by cohort, with latest SPC variance					
	% 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	Over 36 wks (inc 52 and over 104)	over 52 wks (inc over 104)	Over 104 weeks			
Aneurin Bevan Local Health Board	63.0%	1441	268	238	163	99	78	2287	578		340		78	
Betsi Cadwaladr University Local Health Board	45.3%	302	76	84	66	70	69	667	289		205		69	
Cardiff & Vale University Local Health Board	52.2%	204	48	36	39	23	41	391	139		103		41	
Cwm Taf Morgannwg University Local Health Board	48.9%	291	53	71	71	51	58	595	251		180		58	
Hywel Dda Local Health Board	58.3%	962	192	205	141	65	84	1649	495		290		84	
Swansea Bay University Local Health Board	50.2%	971	193	252	197	107	213	1933	769		517		213	
Total	55.5%	4171	830	886	677	415	543	7522	2521		1635		543	

English Providers	Nov-22	Patients Waiting							No. long waits by cohort, with latest SPC variance					
	% 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	Over 36 wks (inc 52 and over 104)	over 52 wks (inc over 104)	Over 104 weeks			
English Other	70.4%	131	20	18	16	1	0	186	35		17		0	
Robert Jones & Agnes Hunt Orthopaedic & District Trust	59.1%	1727	341	398	328	118	12	2924	856		458		12	
Shrewsbury & Telford Hospital NHS Trust	65.1%	2773	538	554	341	55	0	4261	950		396		0	
Wye Valley NHS Trust	68.3%	2234	443	392	183	20	1	3273	596		204		1	
Total	62.8%	6865	1342	1362	868	194	13	10644	2437		1075		13	

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 55.5% reported in December. Patient pathways over 36 weeks has increased slightly to 2,521 and remains special cause for concern, patient pathways waiting over 1 year have reduced to 1635 (also remaining special cause improvement), and finally the extremely long patient pathways (104+ weeks) has seen a reduction trend (543 Dec-22) since Mar-22 and report special cause improvement.
- English commissioned services report a decrease in under 26-week pathway performance in Nov-22 (62.8%) remaining common cause variation. The number of pathways over 36 weeks have decreased slightly from the previous month (2,437 Nov-22) remaining special cause for concern. Patient pathways over 1 year continue to increase with 1075 reported in November (special cause concern), but pathways waiting 104+ weeks remains very low (13) showing common cause variation.

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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. Examples of repatriation to date include endoscopy patients from Wye Valley NHS Trust and Cwm Taf Morgannwg University Health Board, Echo Cardiograms repatriation from English commissioned services to have diagnostics in the provider. 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.



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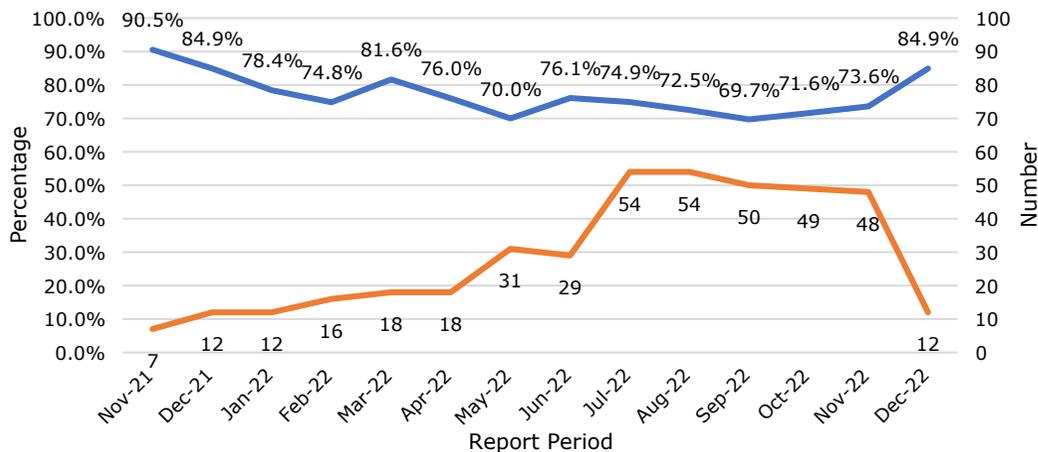
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Insourcing/Outsourcing

Private Dermatology Outsourcing – Referral to Treatment

Private Dermatology Outsourcing – Referral to Treatment



— Percentage of Patients waiting less than 26 Weeks
 — Number of patients waiting 36 weeks or longer

Source: Provider	% patients waiting under 26 weeks	Weeks Wait Bands				Total waiting
		Under 26	26 to 35	36 to 51	52+ Weeks	
Month						
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
Nov-22	73.6%	367	83	41	7	498
Dec-22	84.9%	338	48	12	0	398

Data Quality & Source
 Direct feed – private provider

What the chart tells us	Actions	Mitigations
<ul style="list-style-type: none"> Performance within private providers has improved and is now reporting 84.9% in December. The total pathways waiting has reduced significantly (398) as capacity has improved reducing the back log and long waiters. This provider has zero patients waiting over 52 weeks. 	<ul style="list-style-type: none"> This service provider is the largest provider of outpatient dermatology services that Powys residents access. 	<ul style="list-style-type: none"> 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.



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Provider Single Cancer Pathway (SCP) Reported Performance

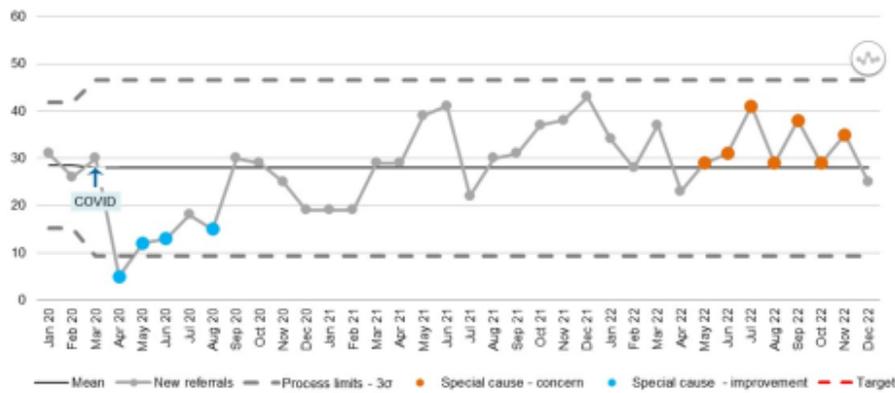
Patient referrals and downgrade performance against 28 day best practice.

Executive Lead Medical Director

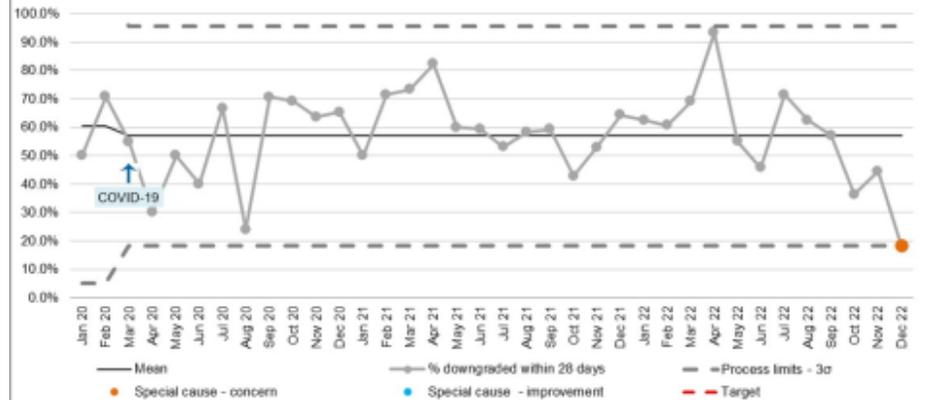
Officer Lead TBC

Strategic Priority 7

SCP referrals into Powys Provider - Source WPAS CWS starting 01/01/20



Single cancer pathway downgrades within 28 days best practice- Source WPAS CWS starting 01/01/20



What the data tells us

- Data refreshed for 2022/23 financial year up until December-22 < 3 pathways change in all months reported.
- During December 25 patients started an SCP pathway within the provider, referral numbers have fallen below mean and report common cause variation. Powys referral numbers are volatile and of relatively low number.
- The downgrade performance in for the last three months has been poor against the recommended NICE guidance that patients who **DO NOT** have cancer are told within 28 days. Powys performance reported 18.2% in December and links to a large number of pathways where the downgrade decision has been made late due to various reasons from diagnostic to administration delays.

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 and outpatient appointments when compared to the All Wales picture.

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



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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	2022-01	2022-02	2022-03	2022-04	2022-05	2022-06	2022-07	2022-08	2022-09	2022-10	2022-11	2022-12
Aneurin Bevan Local Health Board	56%	63%	57%	89%	80%	58%	77%	67%	65%	67%	48%	48%
Betsi Cadwaladr University Local Health Board		100%		100%	0%	0%	100%	100%	0%	30%	38%	53%
Cardiff & Vale University Local Health Board		100%							50%		100%	0%
Cwm Taf Morgannwg University Local Health Board	67%	40%	100%	33%	33%	67%	14%	20%	22%	57%	0%	50%
Hywel Dda Local Health Board	0%	83%	43%	80%	30%	40%	25%	33%	50%	50%	57%	57%
Swansea Bay University Local Health Board	67%	43%	75%	0%	50%	67%	25%	83%	67%	67%	60%	100%
Total number treated within target (numerator)	13	18	14	15	14	17	14	20	22	22	26	26
Total pathways that started treatment (denominator)	25	29	22	21	28	33	29	32	48	41	52	50
Total monthly percentage compliance	52%	62%	64%	71%	50%	52%	48%	63%	46%	54%	50%	52%

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 December shows that 26 patients missed the 62 day cancer target (52% compliance), it should be noted that individual provider performance can be adversely affected by low numbers starting treatment in that month e.g., low numbers effecting percentage calculations. However key challenges reported include service flow, surgical, and diagnostic capacity in secondary care. Another challenge is the marked variation across health boards particularly in relation to Breast, Gynaecology and Head and Neck SCP performance within Wales. Finally it should also be noted that patients flowing into Cwm Taf Morgannwg could have initial diagnostics and outpatient appointments carried out by the Powys hosted in-reach services (PTHB has one of the highest median waits for first outpatients in Wales and this could impact target compliance).

English Providers

- Shrewsbury and Telford Hospital (SATH) NHS Trust reported 4 breaches of their cancer pathway reported for November 2022. All breaches were patients waiting over 104 days, key breach tumour sites include Gynaecology, Head and Neck, Urology 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.

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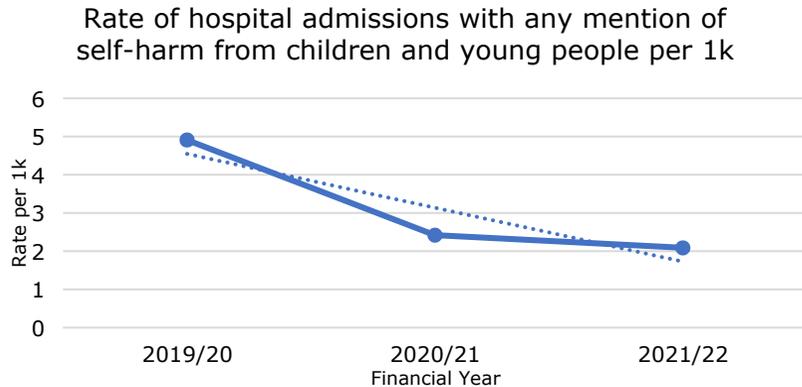
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Self-Harm

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



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	Issues	Actions	Mitigations
<p>Please note that the data available via Welsh Government has been refreshed/updated compared to the previous IPR.</p> <p>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.</p>	<p>Presentations of self harm amongst Young people has increased during the pandemic, although incidents of self harm are amongst the lowest in Wales.</p>	<ul style="list-style-type: none"> 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 training and support around self harm. 	<p>See actions.</p>



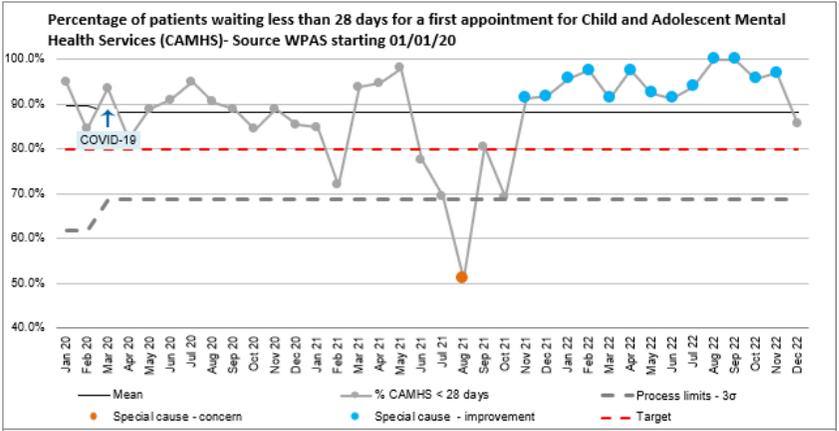
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No. 49

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

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



Performance December 2022	
Provider Performance	All Wales Benchmark
85.7%	*3rd (85.2%)
Variance Type	
Common Cause Variation	
Target	
80%	
Data Quality & Source	
WPAS	

"Improving the mental health and the well-being of children and young people is a priority of Welsh Government's 10-year strategy Together for Mental Health. To ensure that children and young people experiencing mental ill health get better sooner, it is important that they have early access to intervention and treatment services (CAMHS)."

What the data tells us	Issues	Actions	Mitigations
<p>Performance remains above target at 85.7% for December.</p> <p>Powys benchmarked 3rd in December 2022 with the national position reported as 85.2%.</p>	<p>Performance would be further improved by;</p> <ul style="list-style-type: none"> 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. 	<p>New recruitment campaign continues and has achieved a number of successful appointments.</p> <p>Providing children and young people with a timely assessment is a priority</p> <p>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.</p>	<p>See actions.</p>



Quadruple Aim 2

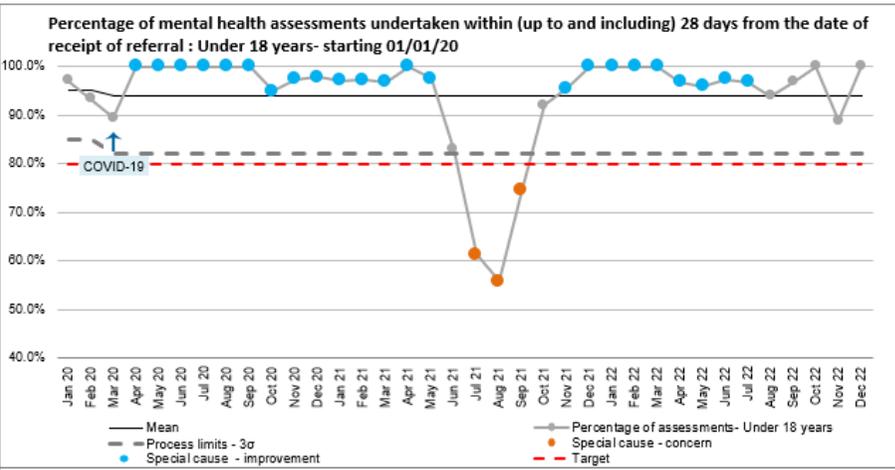
No. 50

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

Mental Health Assessments, <18s

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



Performance December 2022	
Provider Performance	All Wales
100%	3 rd (66.8%)*
Variance Type	
Common Cause Variation	
Target	
80%	
Data Quality & Source	
PTHB Mental Health Service	

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

What the data tells us	Issues	Actions	Mitigations
<p>Performance has reported 100% compliance.</p> <p>PTHB ranks 1st in Wales against the All Wales position of 66.8%</p> <p><i>Patterson, Liz 28/03/2023 15:23:55</i></p>	<ul style="list-style-type: none"> 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. 	<p>The introduction of Single Point Of Access (SPOA) team is instrumental in supporting the compliance with Part 1 Measure</p> <p>Awaiting appointment of new starters to support SPOA</p> <p>Awaiting appointment of intervention workers so that PMH can support SPOA when capacity increases.</p> <p>A number of vacant posts within CAMHS have now been filled.</p>	<p>See actions</p>



Quadruple Aim 2

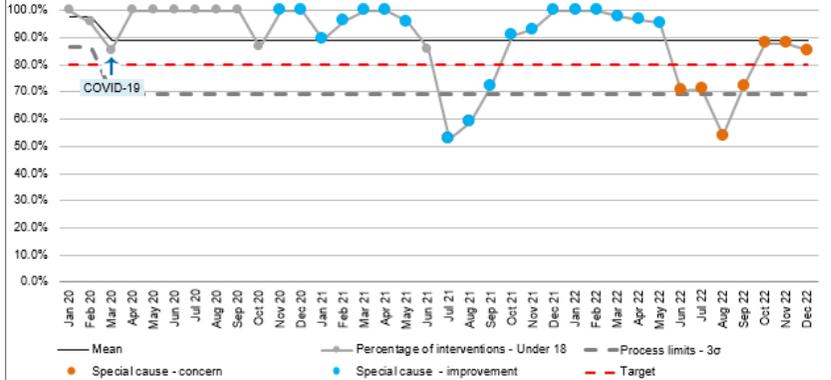
No. 51

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

Mental Health Interventions, <18s

Percentage of mental health Interventions undertaken within (up to and including) 28 days from the date of receipt of referral : Under 18 years - **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 01/01/20



Performance December 2022	
Provider Performance	All Wales
85.2%	1 st (34.4%)*
Variance Type	
Special Cause - Concern	
Target	
80%	
Data Quality & Source	
PTHB Mental Health Service	

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

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

What the data tells us	Issues	Actions	Mitigations
<p>Performance in December meets the national 80% target reporting 85.2% compliance, this however flags special cause concern with the last 7 months reporting below average.</p> <p>PTHB benchmarks 1st in Wales against an average of 34.4%.</p>	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Development of the SPOA – DUTY and Assessment team where a team of dedicated staff conduct all the duty calls and part 1 assessments in a timely manner, thus freeing up the rest of Local primary mental health support (LMPHS) and specialist child and adolescent mental health services (SCAMHS) to provide timely interventions. Recruitment of an intervention worker to south Powys Primary Mental Health and further recruitment into the North Team will aid compliance to provide therapeutic assessments within 28 days. 	See Actions



Quadruple Aim 2

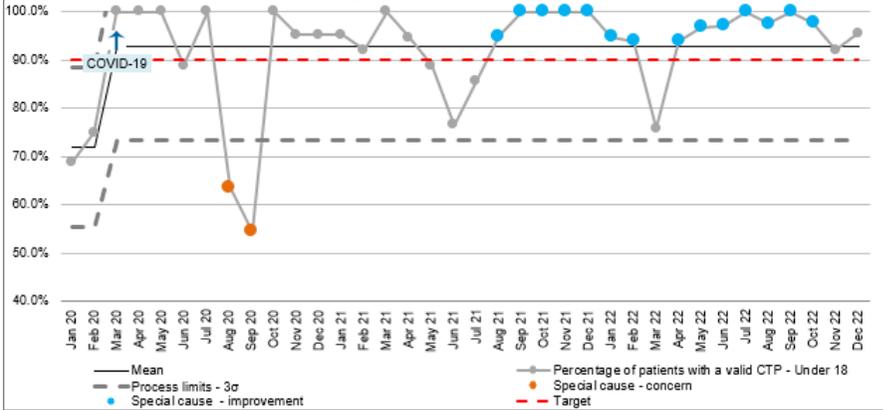
No. 52

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

Mental Health CTP, <18s

Percentage of health board residents under 18 years in receipt of secondary mental health services who have a valid care and treatment plan - **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 01/01/20



Performance December 2022	
Provider Performance	All Wales
95.5%	4 th (63.8%)*
Variance Type	
Common Cause Variation	
Target	
90%	
Data Quality & Source	
PTHB Mental Health Service	

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

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

What the data tells us	Issues	Actions	Mitigations
<p>Performance remains above target so far in 2022/23 financial year, during December 95.5% was the reported compliance.</p> <p>PTHB benchmarks 4th against and All Wales average of 63.8%.</p>	<p>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.</p> <p>Data quality challenge including post submission revisions.</p>	<p>CTP compliance is a standing agenda item on caseload supervision.</p> <p>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.</p>	



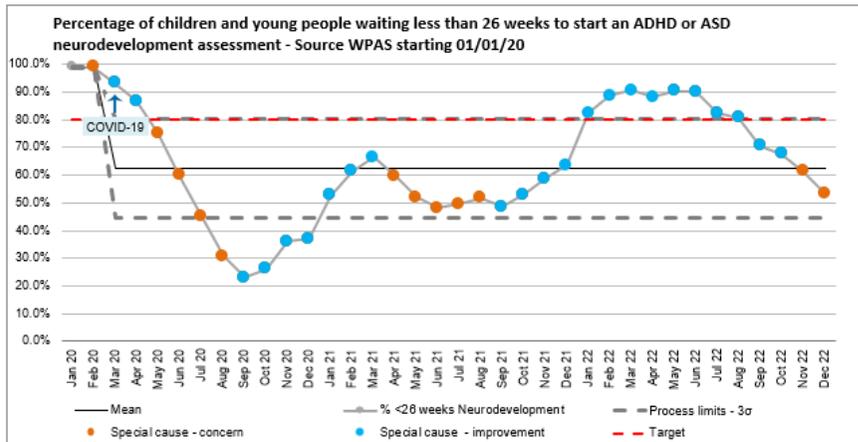
Quadruple Aim 2

No. 53

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Neurodevelopment (ND) Assessment

Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment - Powys as a provider



Performance December 2022	
Provider Performance	All Wales Benchmark
53.4%	*1st (31.4%)
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 53.4% compliance against the 80% target in December, and reporting special cause concern variance.</p> <p>Powys ranks 1st in Wales against an average of 31.4% reporting in November of 31.4% 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.

54

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Qualitative report detailing progress to develop a whole school approach to CAMHS in reach services - **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 – "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. "

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)

- 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.

Liz Patterson
28/03/2023 15:23:55

Areas done well

(Welsh Government policy lead narrative)

- 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.

Areas for improvement

(Welsh Government policy lead narrative)

- 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.

PTHB comments

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.



Quadruple Aim 2

No. 55

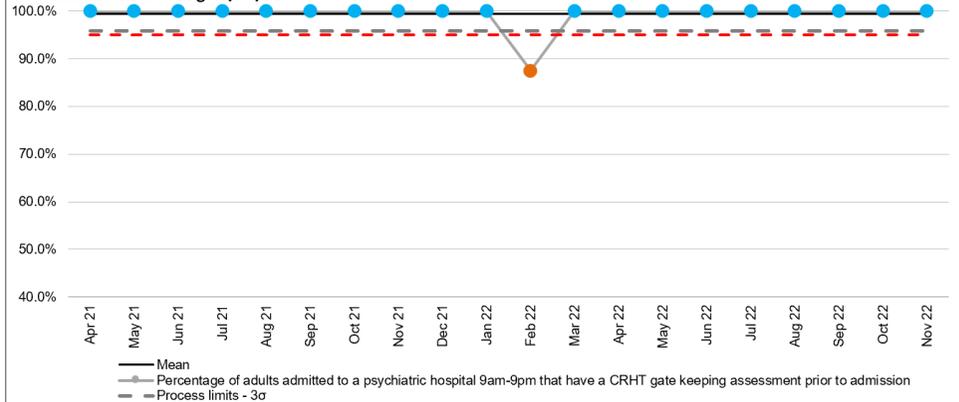
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Gatekeeping Assessments, Adults

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**

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

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



Performance November 2022	
Provider Performance	All Wales Benchmark
100%	1 st (95.8%)
Variance Type	
Special Cause - Improvement	
Target	
95%	
Data Quality & Source	
Welsh Government Performance Team	

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

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

What the data tells us	Issues	Actions	Mitigations
<p>Performance is 100% compliant with the national target.</p> <p>PTHB benchmarks joint 1st with 4 other health boards all achieving 100%.</p>	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Standardise gate keeping assessment responsibility for both North and South Powys. Implement a means of recording this measure data. 	

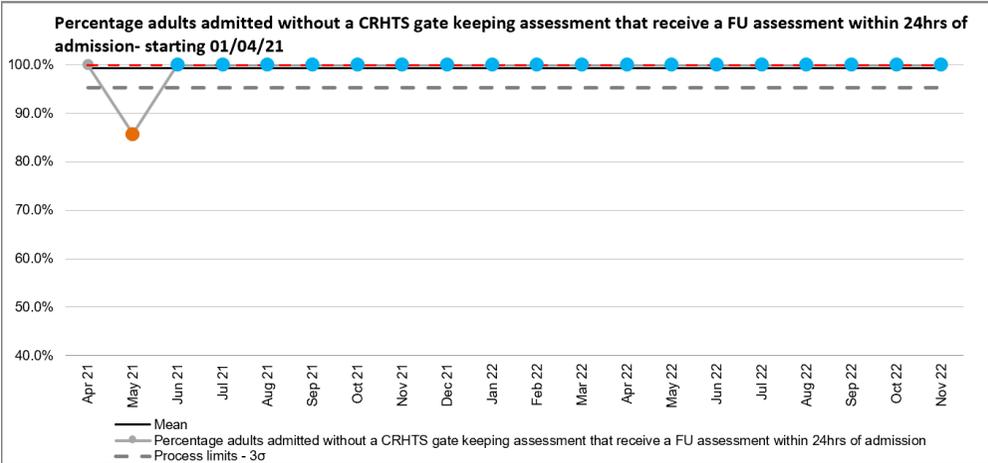


Quadruple Aim 2

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Gate Keeping Assessments, Adults

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



Performance November 2022	
Provider Performance	All Wales Benchmark
100%	1 st (90.9%)
Variance Type	
Special cause - Improvement	
Target	
100%	
Data Quality & Source	
Welsh Government Performance Team	

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

"Crisis Resolution Services were implemented in 2005 in response to WHC (2005)048 Policy Implementation Guidance on the development of Crisis Resolution/Home Treatment Services in Wales. Its main aim is to provide responsive gatekeeping assessment of an individual's needs to help prevent unnecessary admissions to inpatient services and help individuals to be safely managed by their community home care services if possible."

What the data tells us	Issues	Actions	Mitigations
<p>Performance is reported at 100% for the last 17 months and compliant with the national target.</p> <p>All health boards in Wales have 100% compliance against this measure.</p>	<ul style="list-style-type: none"> There are no issues to report, PTHB are reporting 100%. 	<ul style="list-style-type: none"> Continue performance. 	



Quadruple Aim 2

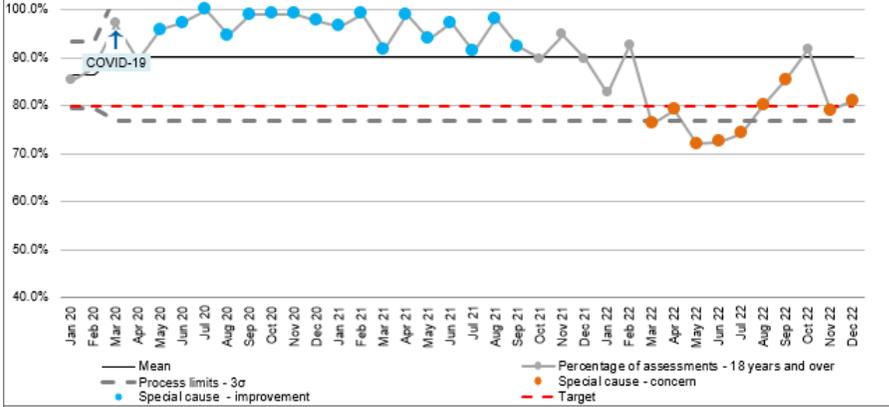
No. 57

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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 01/01/20



Performance December 2022	
Provider Performance	All Wales Benchmark
81%	6 th (86.9%)
Variance Type	
Special Cause - Concern	
Target	
80%	
Data Quality & Source	
PTHB Mental Health Service	

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

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

What the data tells us	Issues	Actions	Mitigations
<p>Performance was reported as 81% in December meeting the national target. Powys benchmarks below the All Wales average of 86.9% ranking 6th in Wales for the same period.</p> <p><i>Patterson, Liz 28/03/2023 15:23:55</i></p>	<p>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.</p> <p>Referrals into the service remain high, further impacting the ability of the service to meet increasing need.</p>	<p>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.</p>	<p>Delivery of waiting list initiative during Winter 2022.</p>



Quadruple Aim 2

No. 58

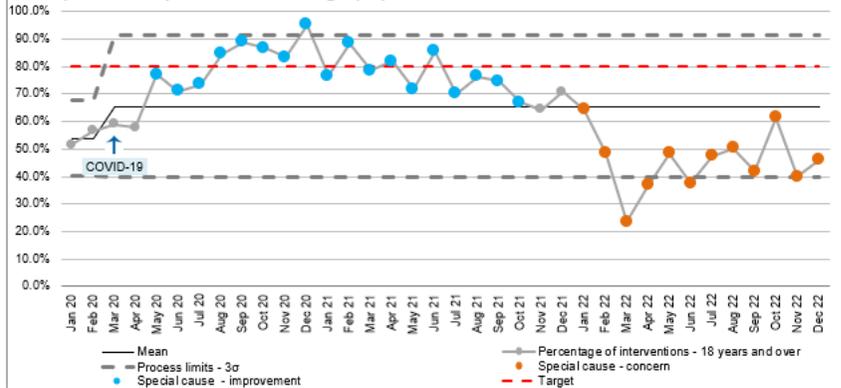
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Mental Health Interventions, Adults

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

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

Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS: 18 years and over- starting 01/01/20



Performance December 2022	
Provider Performance	All Wales Benchmark
46%	6 th (73.1%)
Variance Type	
Special Cause - Concern	
Target	
80%	
Data Quality & Source	
PTHB Mental Health Service	

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

What the data tells us	Issues	Actions	Mitigations
<p>Performance for therapeutic interventions in adult and older patients dropped in December to 46%. Across Wales and Powys performance remains a special cause of concern and below the 80% target.</p> <p>Powys ranked 6th during December against an All Wales position of 73.1%.</p>	<p>Performance in terms of interventions within 28 is below target due to;</p> <ul style="list-style-type: none"> 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. 	<p>Continued promotion of Silvercloud to enable self help as well as other 3rd Sector Tier 0/1 interventions).</p> <p>Additional resource for local primary mental health support (LPMHSS) has been awarded by WG via the 2022 Service Improvement Fund.</p> <p>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).</p>	<p>See actions</p>



Quadruple Aim 2

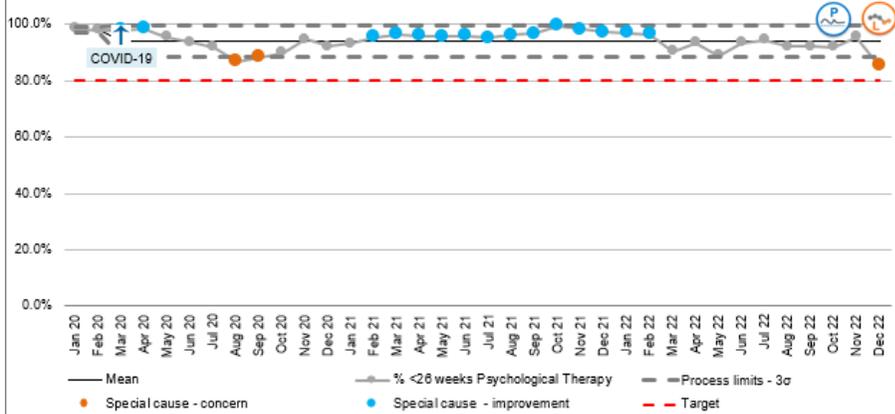
No. 59

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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 01/01/20



Performance December 2022	
Provider Performance	All Wales Benchmark
85.2%	3rd (74.6%)
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 Mental Health
Strategic Priority	10

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

What the data tells us	Issues	Actions	Mitigations
<p>Performance remains above target but has flagged special cause concern during December dropping significantly below the mean.</p> <p>In the latest benchmarking available for the December period PTHB achieved 85.2% and benchmarked 3rd against an All Wales position of 74.6%.</p>	<ul style="list-style-type: none"> 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. 	<p>Head of Psychology to continue weekly validation of waiting lists to identify data anomalies and long waiters.</p>	<p>see actions</p>



Quadruple Aim 2

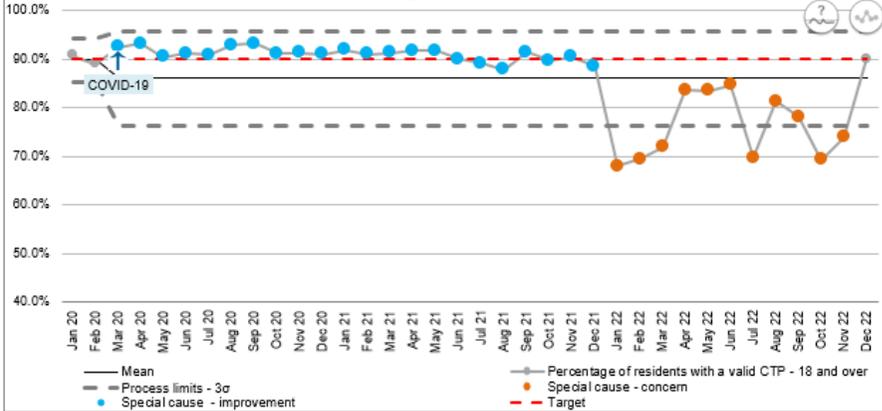
No. 60

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Mental Health CTP, Adults

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

Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan: 18 years and over- starting 01/01/20



Performance December 2022	
Provider Performance	All Wales
90%	7th* (84.2%)
Variance Type	
Common Cause Variation	
Target	
90%	
Data Quality & Source	
PTHB Mental Health Service	

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

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

What the data tells us	Issues	Actions	Mitigations
<p>Adult and older CTP compliance has risen to 90%. This is a marked improvement as previously the variance was reported as a special cause of concern. The 90% target has now been met.</p> <p>PTHB benchmarks favourably against the All Wales position of 84.2%, the health board ranks 7th.</p>	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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.

62

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)

- 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.

Liz Patterson
28/03/2023 15:23:55

Areas done well

(Welsh Government policy lead narrative)

- 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.

Areas for improvement

(Welsh Government policy lead narrative)

- No areas for improvement requested by policy lead.

PTHB comments



Quadruple Aim 2

No. 63

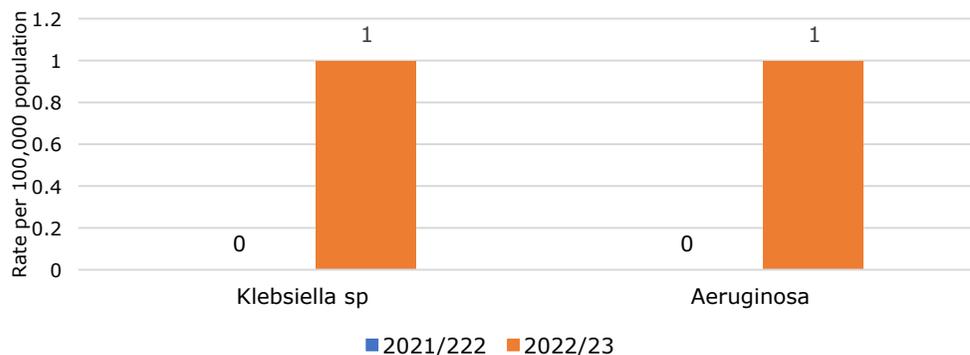
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HCAI

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 December 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 since.</p> <p>Powys has had 1 inpatient specimen of Aeruginosa reported in September.</p>	<p>Although Powys has low rates of bacteraemia and is not benchmarked against other health boards, the ambition is to strive for zero tolerance of preventable health care associated infections.</p>	<p>The health board remains vigilant with proactive management to maintain low infection rates, and high performance against all the national infection measures.</p>	<ul style="list-style-type: none"> • Robust IPC audit processes and link-worker programmes • Focus on statutory and mandatory infection prevention and control training along with Aseptic Non-Touch Technique practices.

Atkinson, Liz
28/03/2023 15:23:55



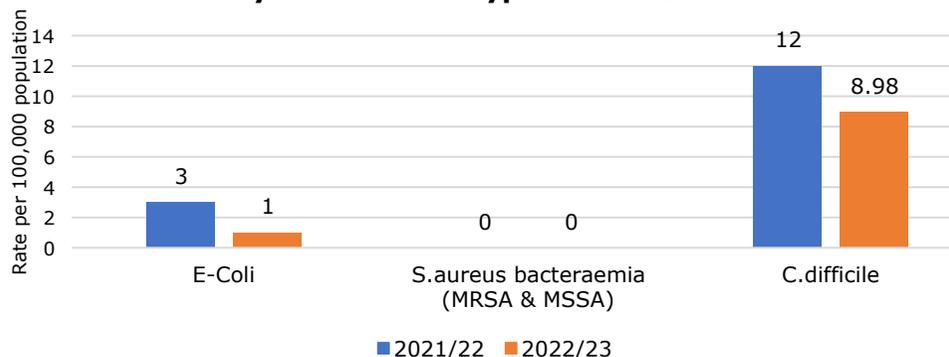
Quadruple Aim 2

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 December 2022/23	
Provider Performance per 100k	
Infection Type	Performance
E-coli	1.00
S.Aureus (MRSA & MSSA)	0
C.Difficile	8.98
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	Issues	Actions	Mitigations
<p>PTHB infection rates for the monitored and reported bacteraemia are very low and are not benchmarked with the other health boards.</p> <p>E-coli cumulative rate for 2022/23 is 1.0 per 100k below the rate for the same period in 2021/22.</p> <p>Nil, S.aureus infections have been reported in 2021/22 or 2022/23.</p> <p>The C.difficile reported rate in December is below the previous year for the same period at 8.98 compared to 12 per 100k in December 2021.</p>	<ul style="list-style-type: none"> Powys has seen a large increase in prescribing of the 4-Cs (co-amoxiclav, cephalosporins, fluoroquinolones and clindamycin) in primary care. This is a nationally recognised problem and not specific to Powys. The 4 Cs are most commonly implicated in <i>Clostridioides Difficile</i> infection as they are broad spectrum antibiotics which are more likely to disturb the gut flora, potentially enabling other pathogens to become established and cause disease. 	<p>The health board remains vigilant with proactive management to maintain low infection rates, and high performance against all the national infection measures.</p>	<ul style="list-style-type: none"> Work underway to reduce the inappropriate prescribing of antimicrobials through direct contact to Primary Care, promoting engagement with infection review processes and feedback of learning where appropriate. Engagement with guidelines for appropriate prescribing



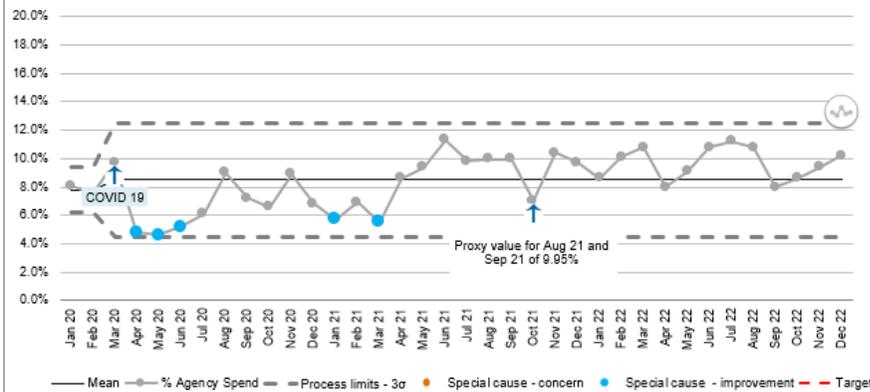
Quadruple Aim 3

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 01/01/20



Performance December 2022

Provider Performance	All Wales Benchmark
10.2%	8 th 6% (Sep-22)
Variance Type	
Common Cause Variation	
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 December 22.

*Patterson, Liz
28/03/2023 15:23:55*

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

No. 68

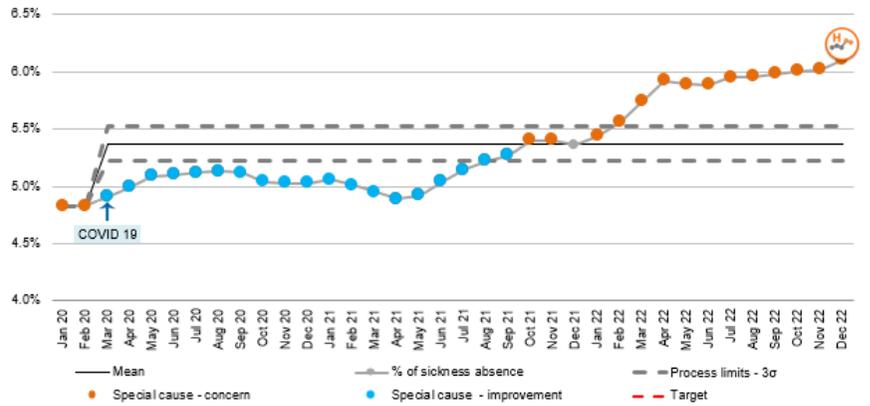
The health and social care workforce in Wales is motivated and sustainable

Sickness Absence (R12)

Percentage of sickness absence rate of staff – **Provider services**

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

Percentage of sickness absence rate of staff - starting 01/01/20



Performance December 2022	
Provider Performance	All Wales Benchmark
6.1%	4 th (7.11% Sep-22)
Variance Type	
Special Cause - Concern	
Target	
12 month reduction	
Data Quality & Source	
PTHB ESR	

"Reducing sickness absence rates, via effective management processes, can create significant savings and improve the quality of the services provided by NHS Wales."

What the data tells us	Issues	Actions	Mitigations
<ul style="list-style-type: none"> PTHB sickness performance remains as special cause of concern. The rolling 12 months performance is reported as 6.1% for December, monthly actual 6.45% which consists of 2.84% short term and 3.61% long term sickness. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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

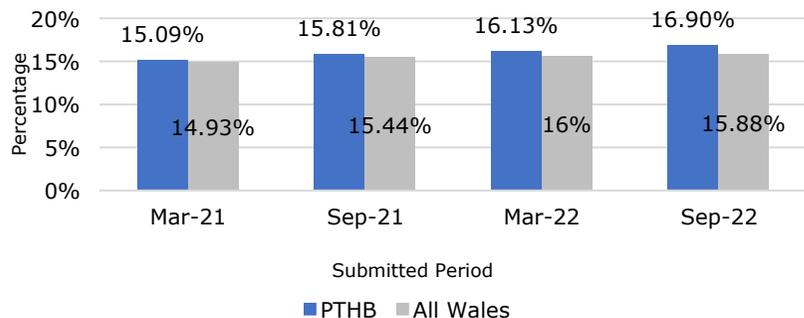
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The health and social care workforce in Wales is motivated and sustainable

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
16.9%	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	Issues	Actions	Mitigations
<p>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%.</p> <p>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%).</p>	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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

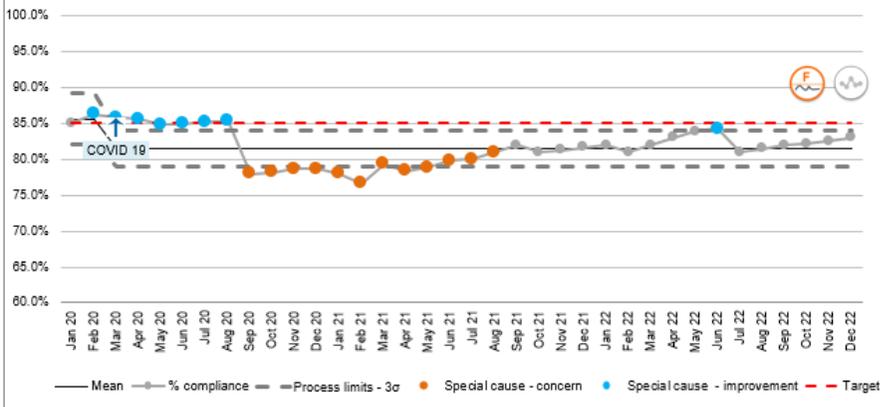
No. 70

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

Core Skills Mandatory Training

Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation – **Powys as a provider**

Mandatory Training Compliance-Source PTHB WOD starting 01/01/20



Performance December 2022	
Provider Performance	All Wales Benchmark
83%	2 nd (81.8% Sep-22)
Variance Type	
Common Cause Variation	
Target	
85%	
Data Quality	
PTHB WOD	

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

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

What the data tells us	Issues	Actions	Mitigations
<p>Performance in December is reported improved at 83%, this remains common cause variation but has steadily improved for the last 6 months.</p> <p><i>Patterson, Liz 28/03/2023 15:23:55</i></p>	<ul style="list-style-type: none"> Increased service pressure due to COVID-19, staff absence and vacancies has caused challenges in completion of mandatory training since the beginning of the pandemic. 	<ul style="list-style-type: none"> Workforce & Organisational Directorate (WOD) HR Business Partners are discussing mandatory compliance at senior management groups within services. Services have been asked to establish trajectories for improvement, to be agreed by their Exec Directors, for areas performing below the national target. Ongoing performance relating to compliance will be addressed with directorates via directorate performance review meetings. 	<ul style="list-style-type: none"> Services have been asked to prioritise staff groups to undertake essential training relevant to role.



Quadruple Aim 3

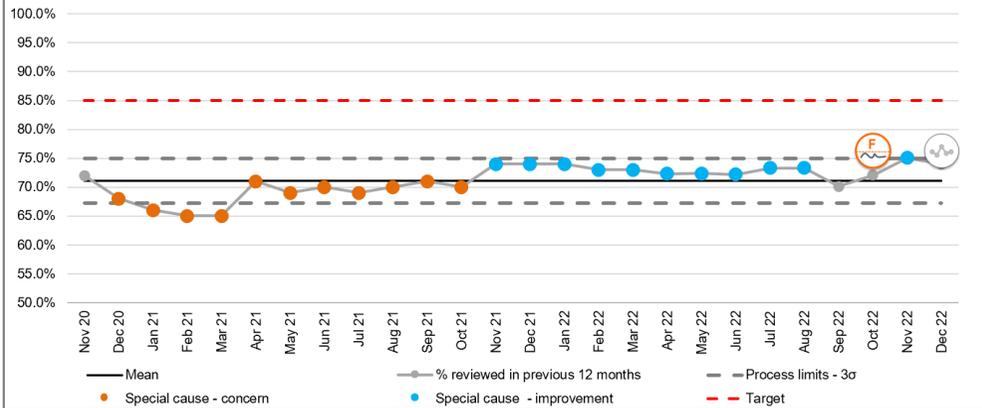
No. 71

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 December 2022	
Provider Performance	All Wales Benchmark
74%	5th(63.3% Sep-22)
Variance Type	
Common Cause Variation	
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	Issues	Actions	Mitigations
<p>PTHB PADR performance reported at 74% for December, which is below the 85% target and reports common cause variance.</p> <p><i>Patterson, Liz 28/03/2023 15:23:55</i></p>	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Regular updates are highlighted and discussed by Workforce Business Partners being undertaken and supported within services.

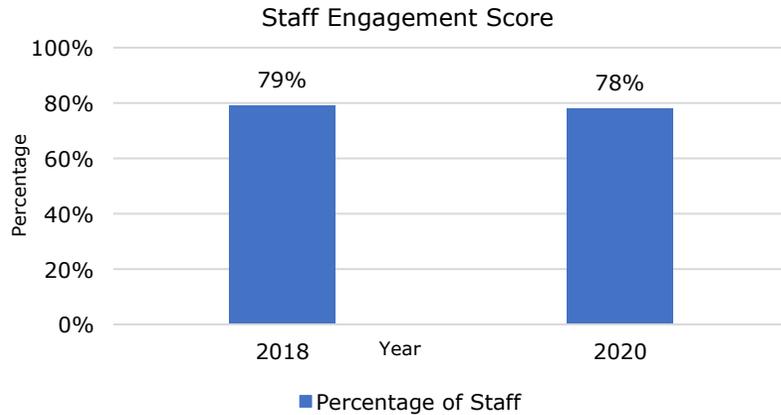


Quadruple Aim 3

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><i>Patterson, Liz 28/03/2023 15:23:55</i></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>		



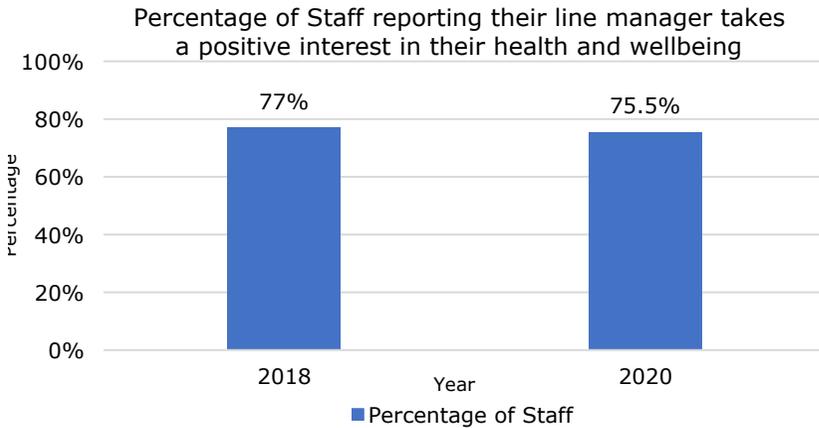
Quadruple Aim 3

No. 73

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

Line Management

Percentage of staff reporting their line manager takes a positive interest in their health and wellbeing



2020 Performance	
Local Performance	All Wales Benchmark
75.5%	2 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><i>Patterson, Liz 28/03/2023 15:23:55</i></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>



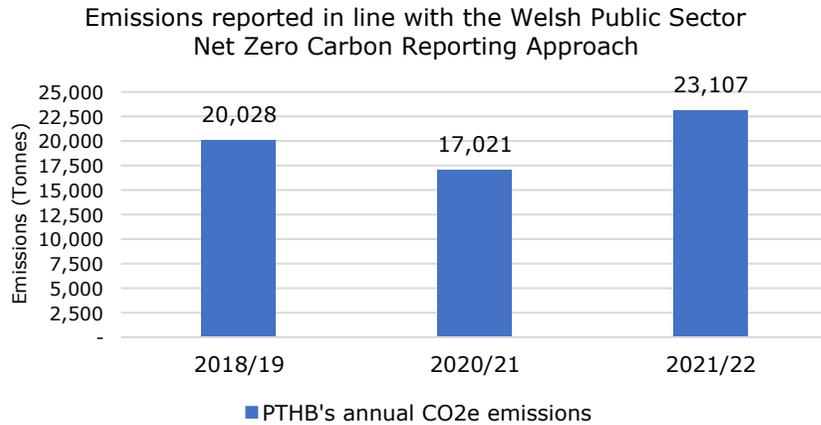
Quadruple Aim 4

No. 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><i>Patterson, Liz 28/03/2023 15:23:55</i></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)	Areas done well (Welsh Government policy lead narrative)	Areas for improvement (Welsh Government policy lead narrative)	PTHB comments
<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Report provides a lot of information but evidence on actual progress is difficult to assure. 	<p>Granularity on decarbonisation tracking has been enhanced with decarbonisation progress on track with current progress at 58% against 2030 target progress of 63%.</p> <p>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.</p> <p>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.</p>



Quadruple Aim 4

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

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**

Executive Lead	Director of Finance and ICT & Medical Director
Officer Lead	Assistant Director of Transformation and Value
Strategic Priority	24

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."

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 the organisation becomes a VBHC organisation.

PTHB comments

Powys THB's 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 is 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, with a dashboard created to support the identification of low value procedures
- £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 approaches being implemented
- 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

No. 78

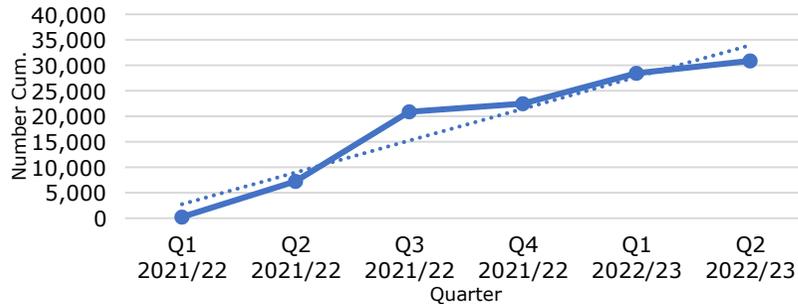
Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Welsh Nursing Clinical Record

Number of risk assessments completed on the Welsh Nursing Clinical Record by Health Board/Trust – Powys as a provider

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

Number of risk assessments completed on the WNCR



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	

"The Welsh Nursing Clinical Record enables nurses to complete assessments at a patient's bedside on a mobile tablet (or other handheld device) saving time and improving accuracy. It also minimises duplication as the digital assessment follows the patient wherever their care is provided in Wales."

What the data tells us	Issues	Actions	Mitigations
<p>Usage of the Welsh Nursing Clinical Record in Powys has increased to 30,865 assessments in Q2 2022/23, performance is target compliant.</p> <p><i>Patterson, Liz 28/03/2023 15:23:55</i></p>	<ul style="list-style-type: none"> No issues identified 		



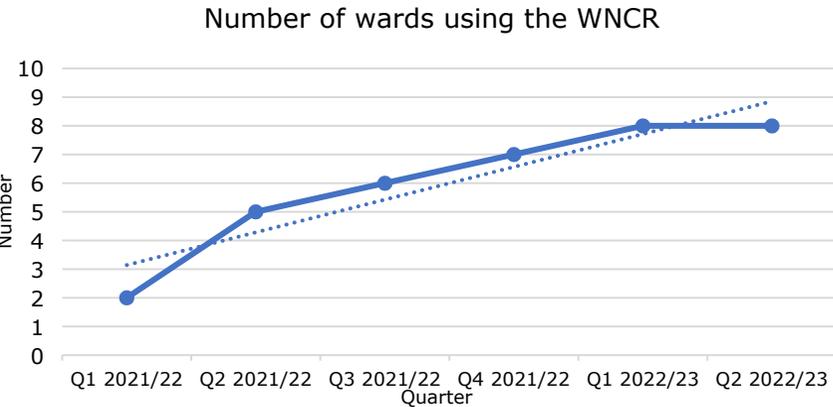
Quadruple Aim 4

No. 79

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



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.

Patterson, Liz
28/03/2023 15:23:55

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



Quadruple Aim 4

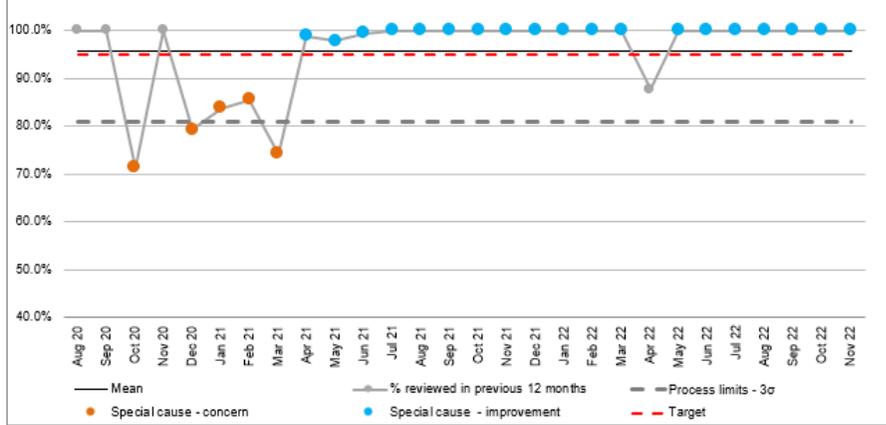
No. 80

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

Clinical Coding

Percentage of episodes clinically coded within one reporting month post episode discharge end date

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



Performance November 2022	
Local Performance	All Wales Benchmark
100%	*1 st (84.4%)
Variance Type	
Special Cause - Improvement	
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	Issues	Actions	Mitigations
<p>PTHB performance is reporting 100% in November 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.</p>		<p>Senior Coder continues to assess the number of records that require coding to ensure that compliance is met Management reports used regularly during month to identify any records that have not been submitted for coding</p>	<ul style="list-style-type: none"> Use of management reports allows senior coder to liaise with wards/departments to chase for outstanding records if not submitted



Quadruple Aim 4

No.	81
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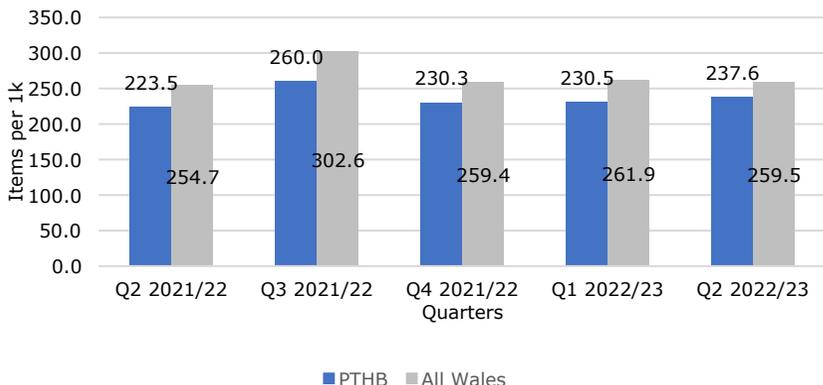
Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Total Antibacterial Items per 1,000 STAR-PU's

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-PU's



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-PU's</p> <p>No health boards in Wales are meeting the target of ≤206 items per 1,000 STAR-PU's</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 care Antimicrobial KPIs included in Medicines Management Incentive Scheme and practice SLAs Absence 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

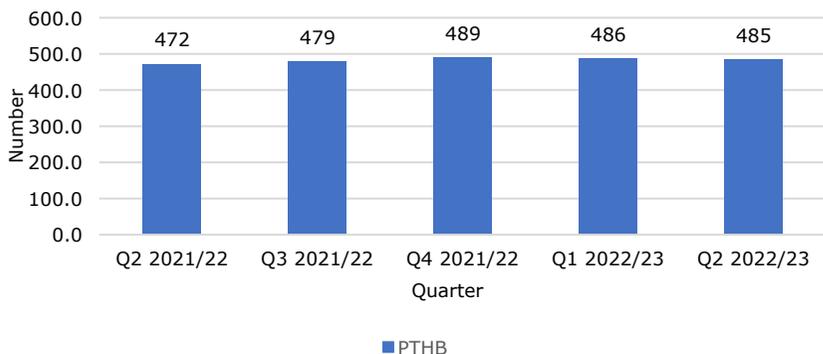
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Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

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 monitoring Risks associated with antipsychotic prescribing in elderly patients with dementia reiterated on a regular basis. Plan to provide regular reports to primary care as soon as resource allows.



Quadruple Aim 4

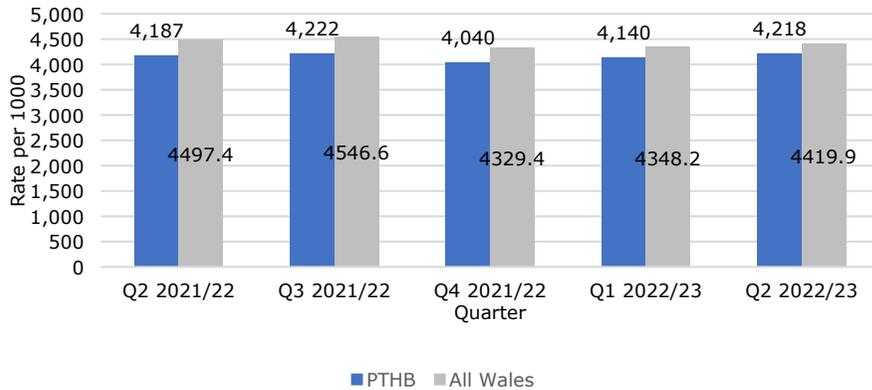
No. 84

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

Opioid Usage

Opioid average daily quantities per 1,000 patients - 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	Issues	Actions	Mitigations
<p>PTHB has seen an increase in opioid prescribing volume since Q4 2021/22.</p> <p><i>Patterson, Liz 28/03/2023 15:23:55</i></p>	<p>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.</p>	<ul style="list-style-type: none"> 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 	<p>See actions</p>



Operational Measures

No. A

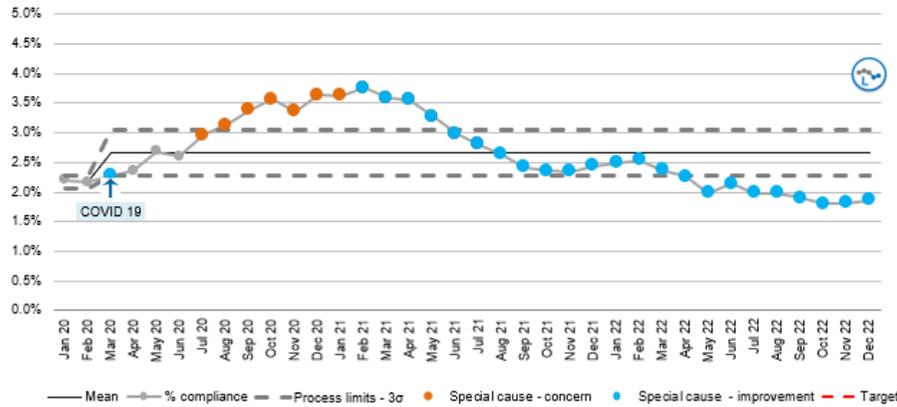
Operational Measures are not routinely reported nationally

Crude Hospital Mortality Rate (R12)

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

Executive Lead	Medical Director
Officer Lead	TBC
Strategic Priority	24

Crude Mortality Rate-Source CHKS starting 01/01/20



Performance December 2022	
Provider Performance	All Wales Benchmark
1.86%	N/A
Variance Type	
Special Cause - Improvement	
Target	
12 month reduction trend	
Data Quality & Source	
CHKS	

What the data tells us	Issues	Actions	Mitigations
<p>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.</p>	<p>No issues actual monthly deaths within expected values.</p>		<p>No mitigations are considered needed at this time.</p> <p>COVID mitigations are in place.</p> <p>Renewal work is exploring reinstating care pathways that have been disrupted due to COVID.</p>



Operational Measures

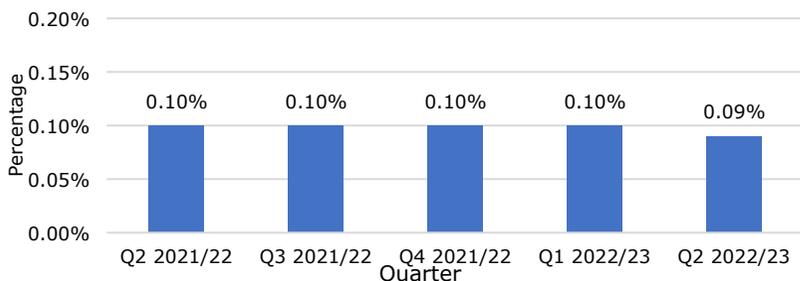
No. C

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

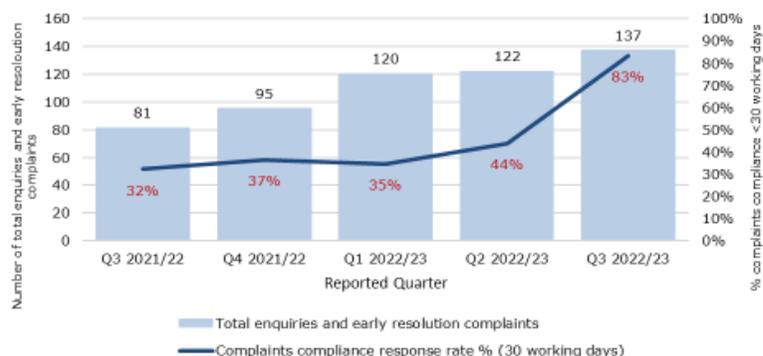
Operational Measures are not routinely reported nationally

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.

Q3 2022/23 Performance

Local Performance	All Wales Benchmark
83%	N/A
Target	
75%	
Data Source & Quality	
PTHB Q&S Team	

Issues

Actions

Mitigations

- No user feedback
- Timely responses not received from other Health Boards/Trusts impacting lengthy delays

- 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

- 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

Patterson, Liz
28/03/2023 15:23:55



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.

Patterson, Liz
28/03/2023 15:23:55

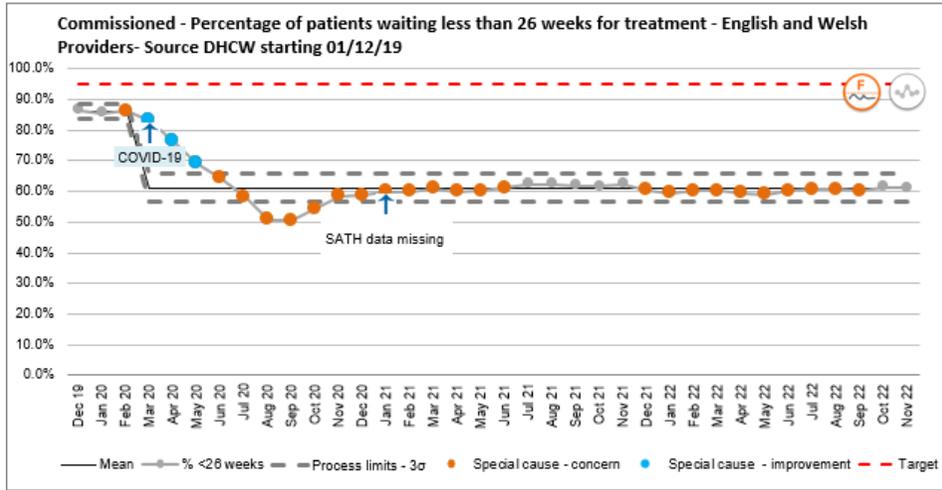


Appendix 1

Referral to Treatment (RTT) – Powys Teaching health board as a Commissioner (excludes Powys as a provider)

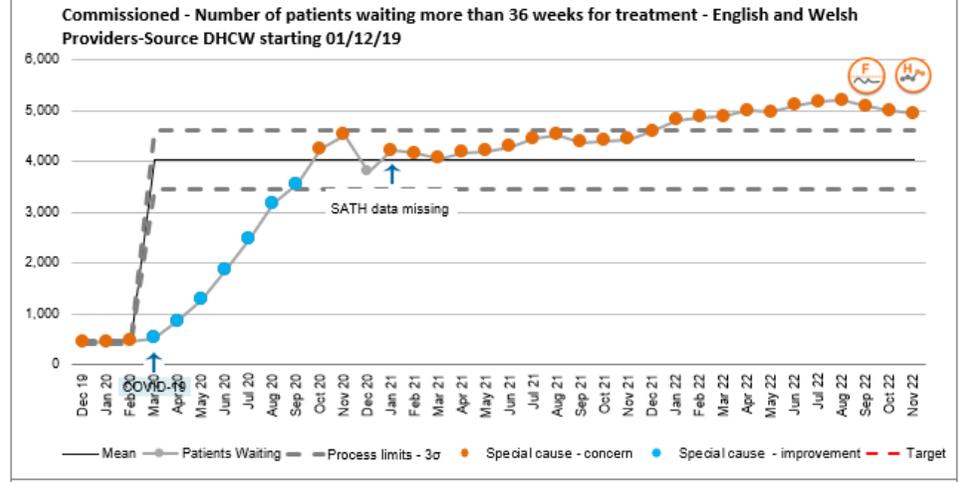
Combined Welsh and English Health Boards

Percentage of RTT pathways <26 weeks



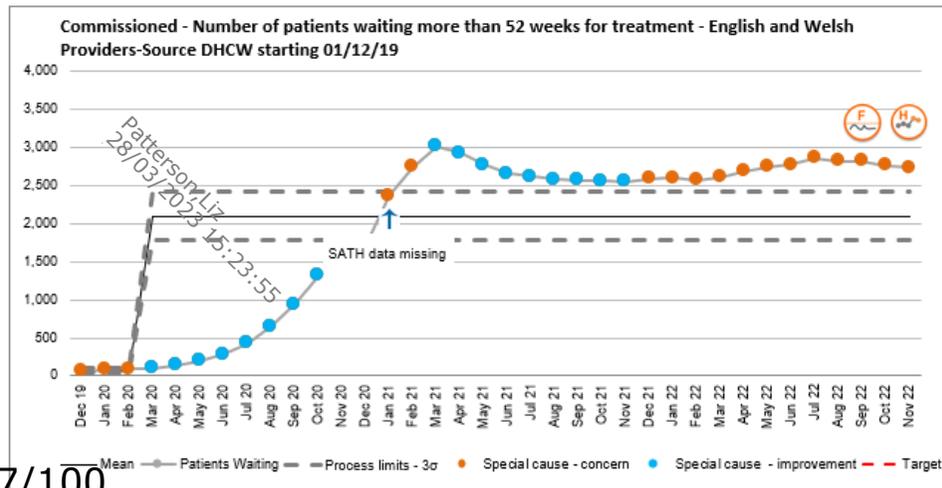
Number of RTT pathways 36+ weeks

(inclusive of those patients waiting in the over 52 & over 104 week band)

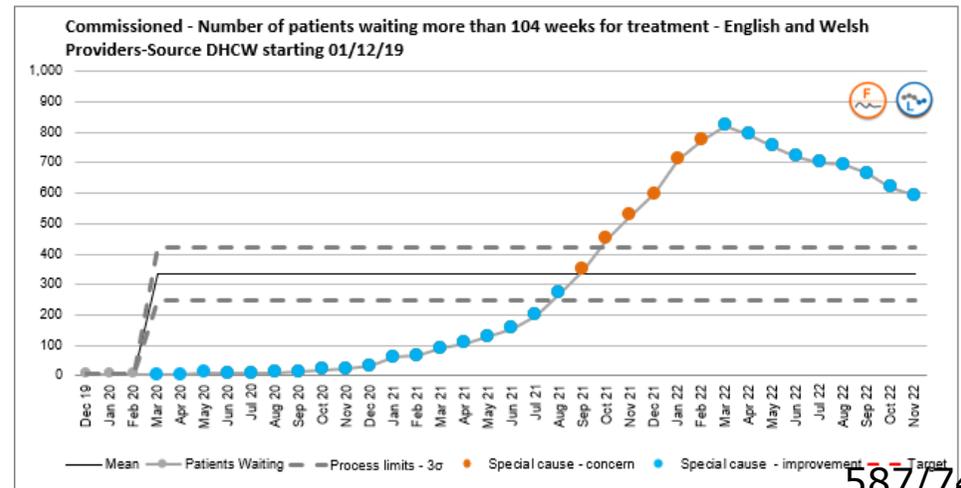


Number of RTT pathways over 52 weeks

(inclusive of those patients waiting in the over 104 week band)



Number of RTT pathways over 104 weeks



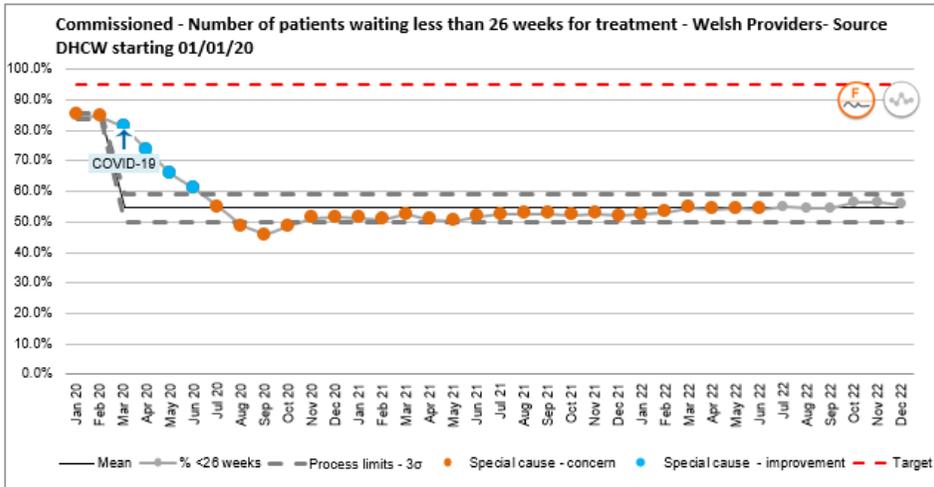


Appendix 1

Referral to Treatment – Powys Teaching health board as a Commissioner (excludes Powys as a provider)

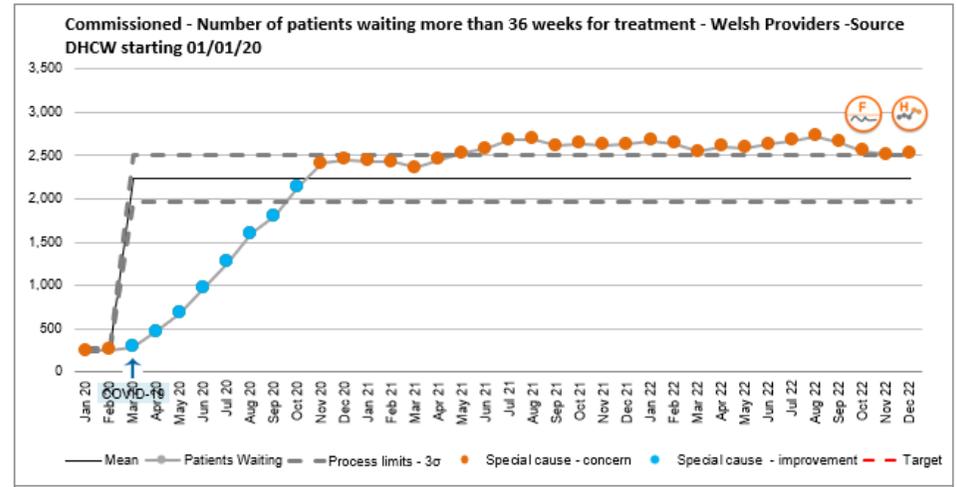
Combined Welsh Health Boards

Percentage of RTT pathways <26 weeks



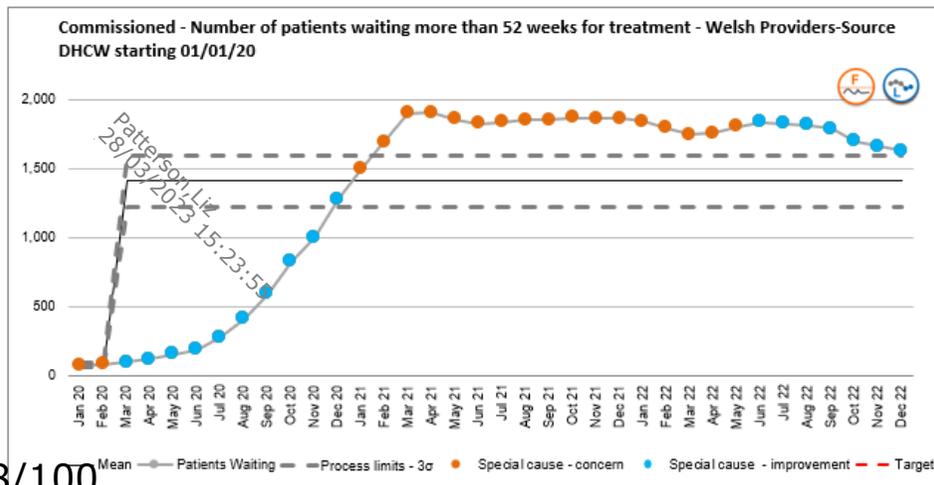
Number of RTT pathways 36+ weeks

(inclusive of those patients waiting in the over 52 & over 104 week band)

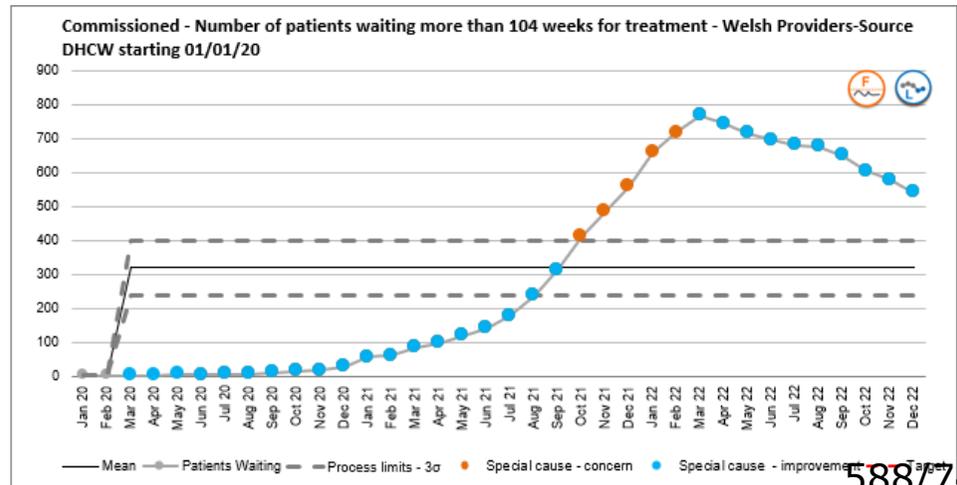


Number of RTT pathways over 52 weeks

(inclusive of those patients waiting in the over 104 week band)



Number of RTT pathways over 104 weeks



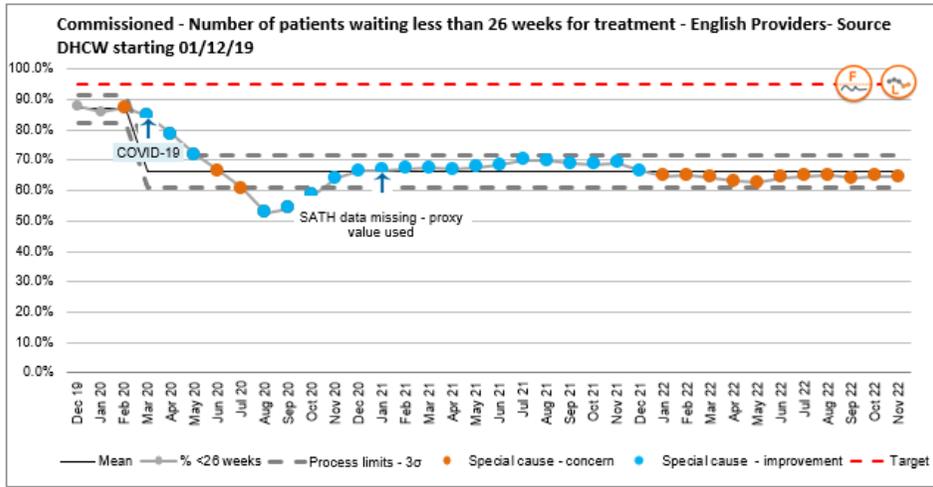


Appendix 1

Referral to Treatment – Powys Teaching health board as a Commissioner

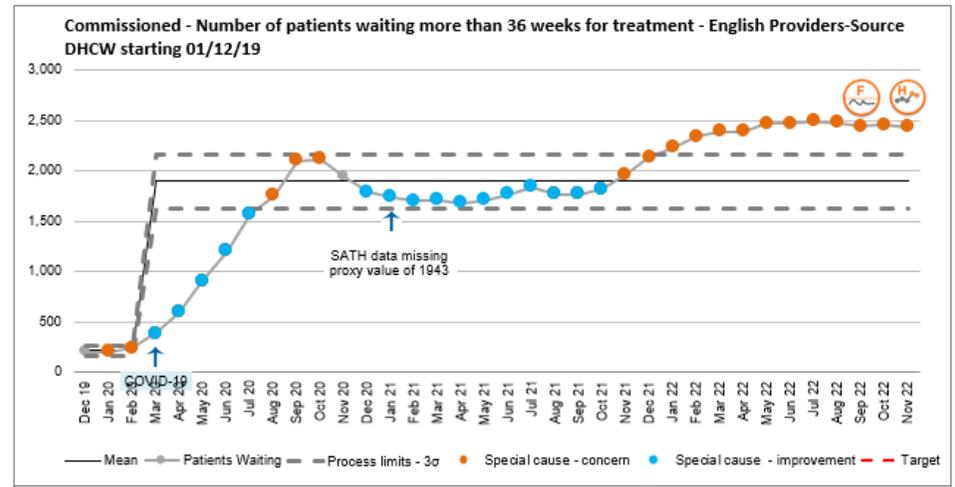
Combined English Health Boards

Percentage of RTT pathways <26 weeks



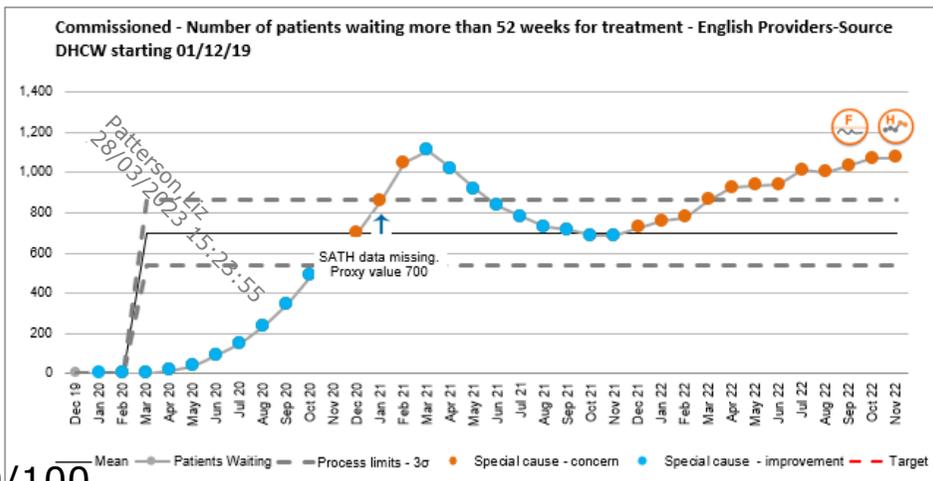
Number of RTT pathways 36+ weeks

(inclusive of those patients waiting in the over 52 & over 104 week band)

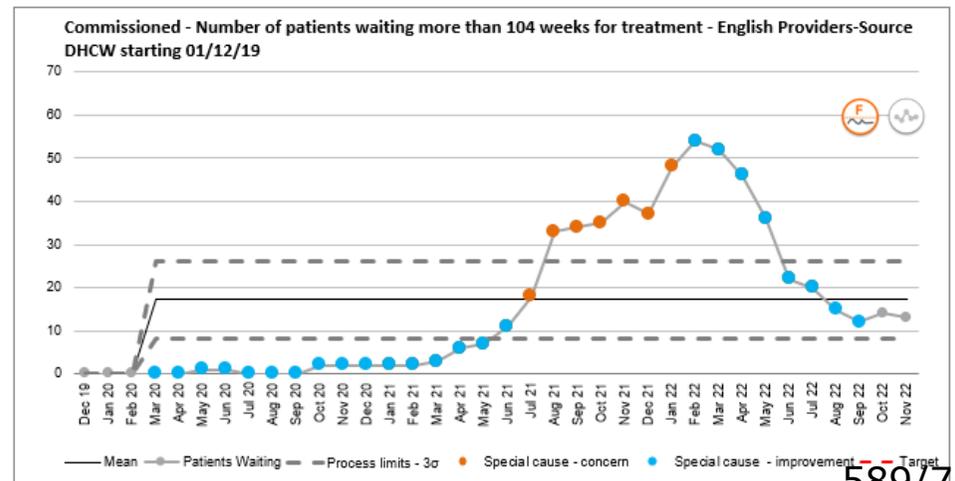


Number of RTT pathways over 52 weeks

(inclusive of those patients waiting in the over 104 week band)



Number of RTT pathways over 104 weeks



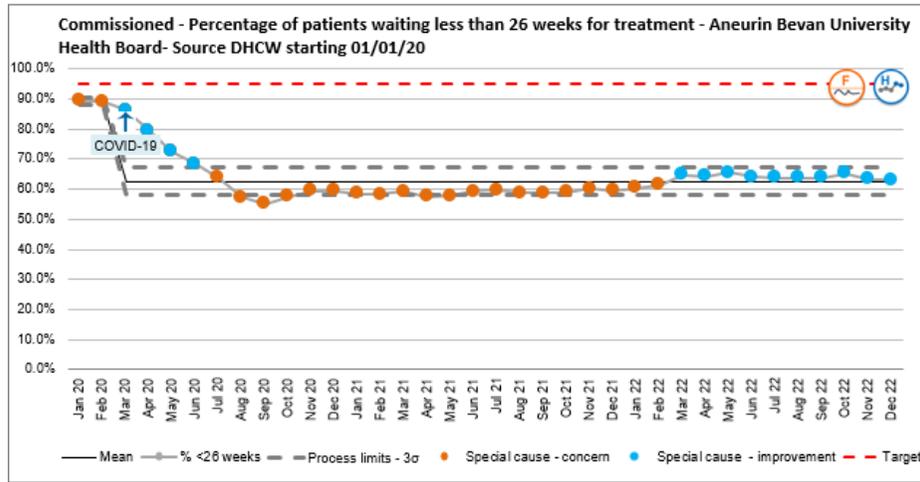


Appendix 1

ABUHB December 2022 Data source for profile and commissioned actual from WG scorecard	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	62%	28,500	8,900	9,300
Their actual for all patients (inc. Powys)	60%	35,343	4,839	9,662
Powys resident performance	63%	578	78	125

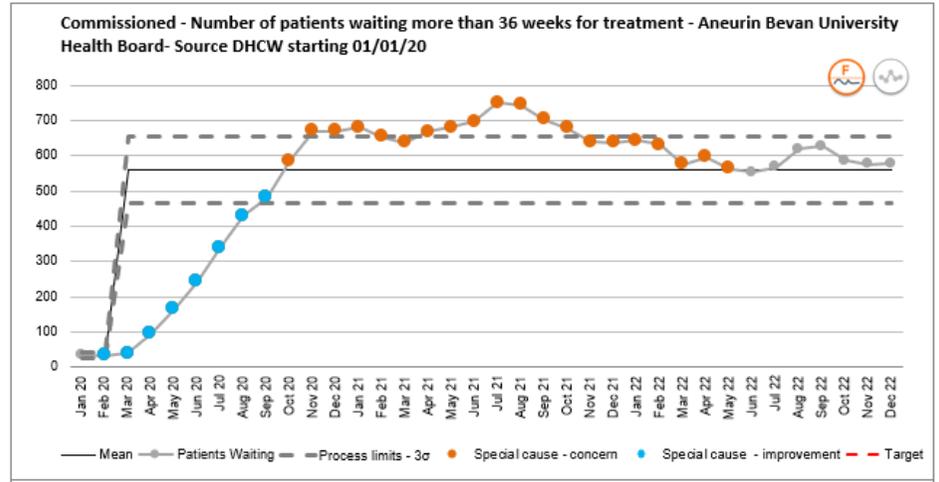
Aneurin Bevan University Health Board Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks

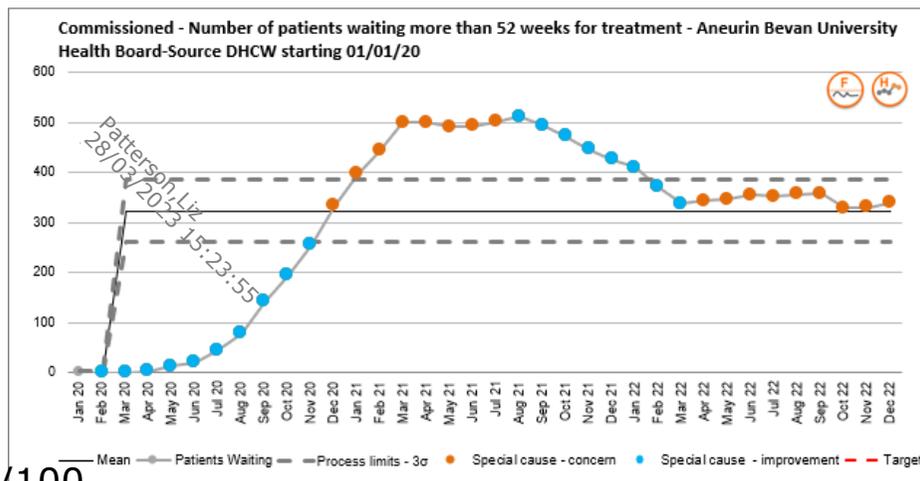


Number of RTT pathways 36+ weeks

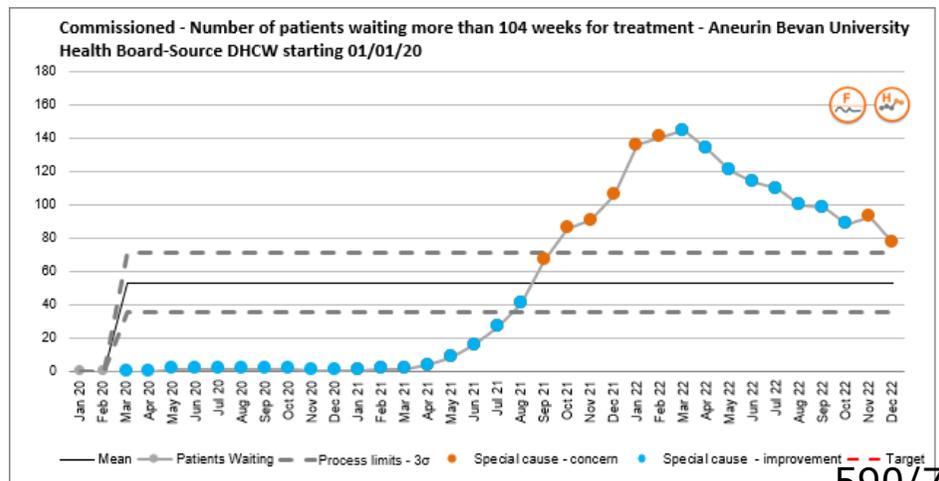
(inclusive of those patients waiting in the over 52 & over 104 week band)



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



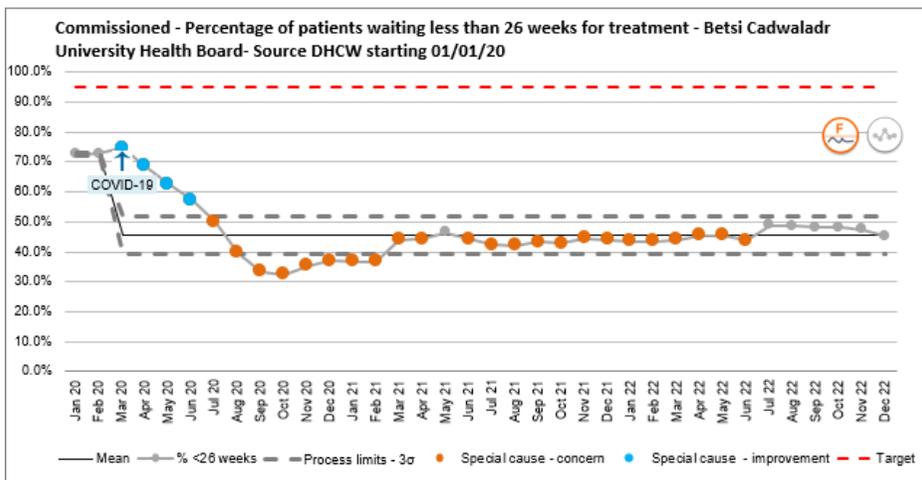


Appendix 1

BCUHB December 2022 Data source for profile and commissioned actual from WG scorecard	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	25.5%	17,029	5,699	1,730
Their actual for all patients (inc. Powys)	53%	62,019	12,351	21,606
Powys resident performance	45.3%	289	69	134

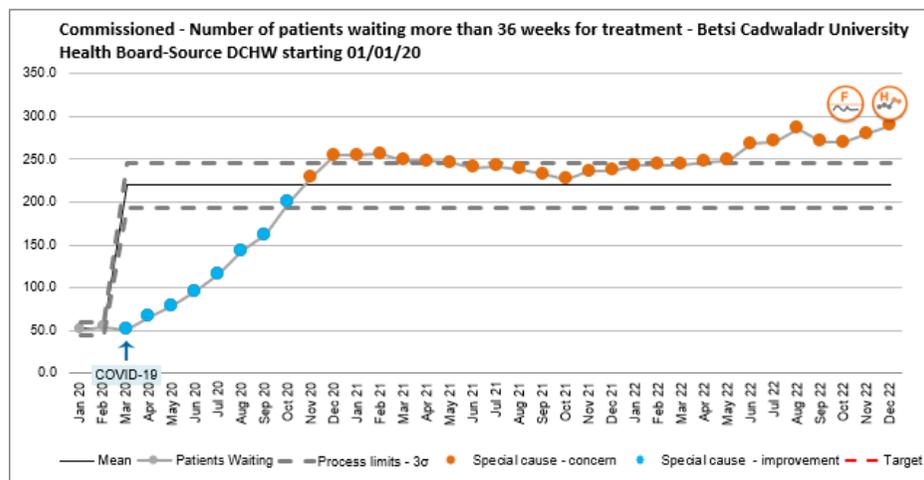
Betsi Cadwaladr University Health Board Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks

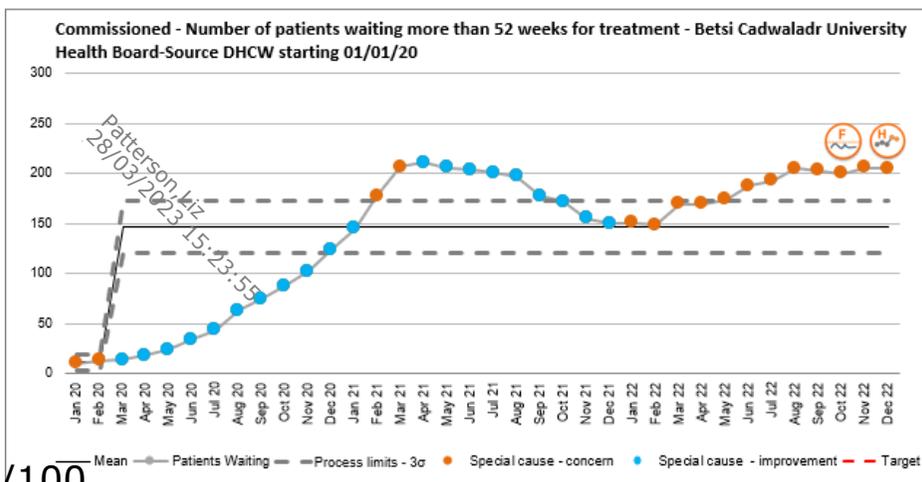


Number of RTT pathways 36+ weeks

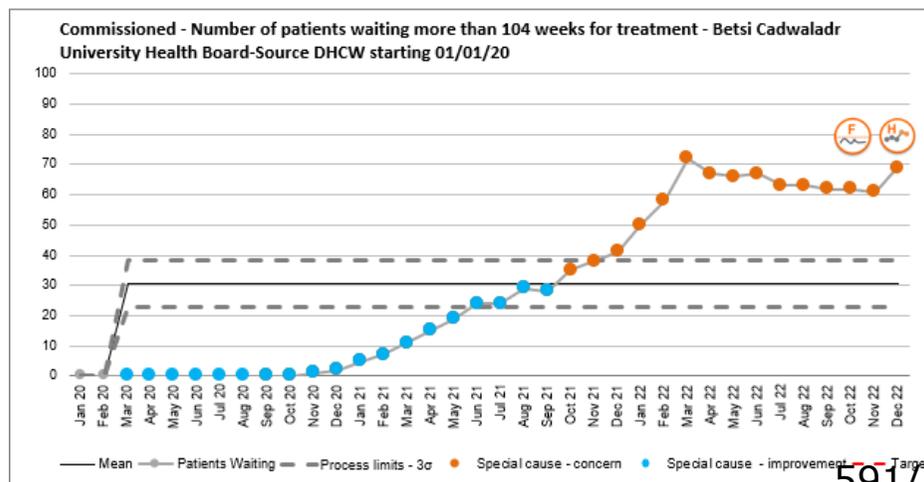
(inclusive of those patients waiting in the over 52 & over 104 week band)



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

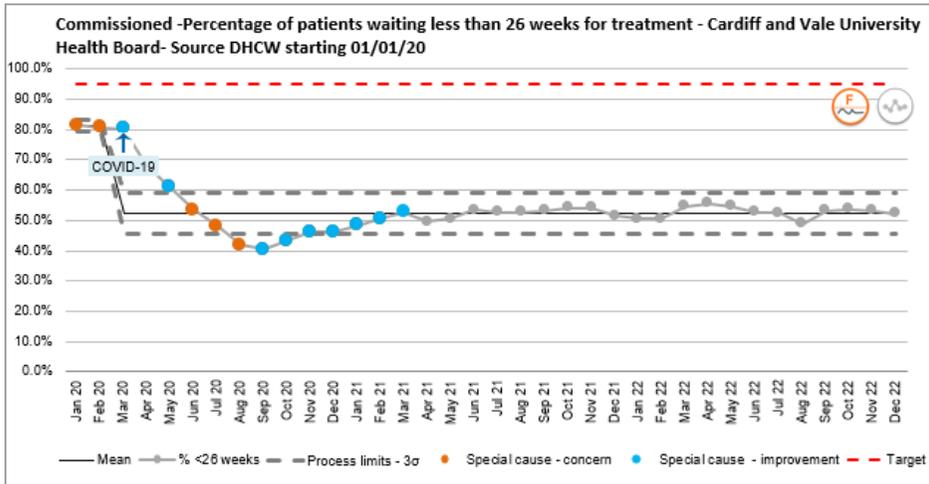




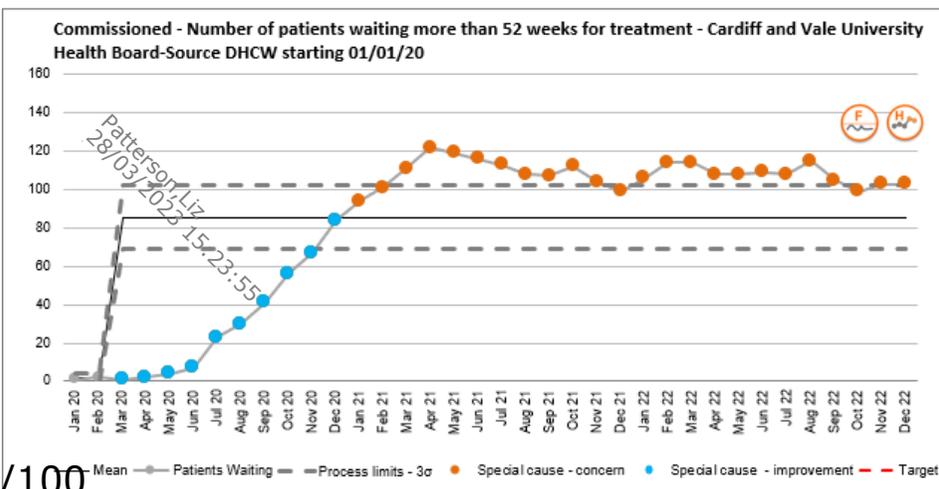
Appendix 1

Cardiff and Vale University Health Board Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks

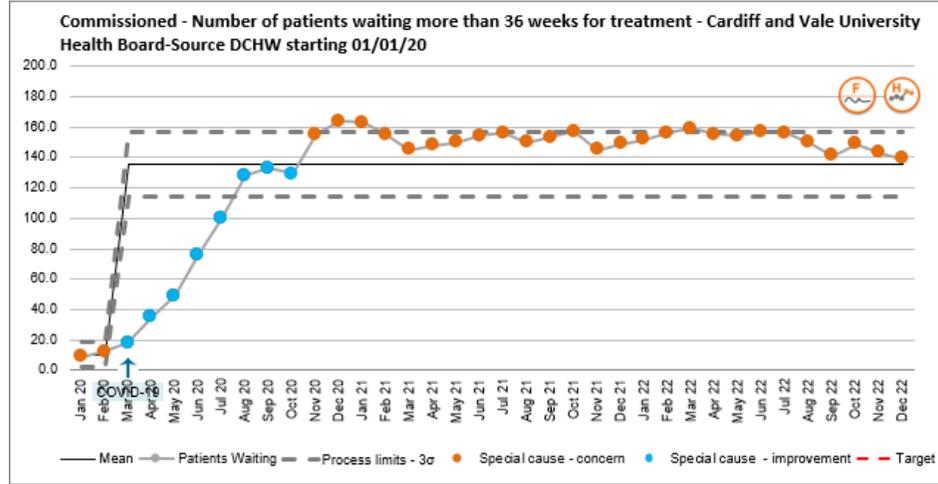


Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)

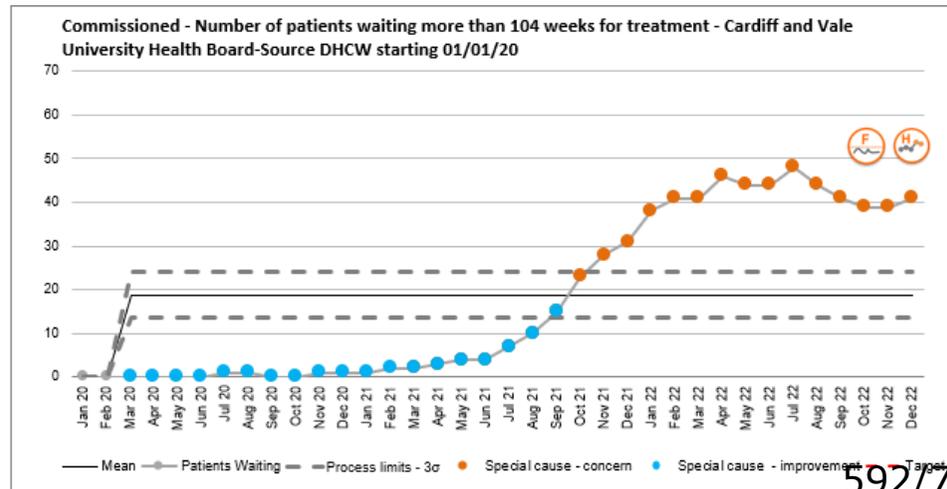


C&V December 2022 Data source for profile and commissioned actual from WG scorecard	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	55%	45,983	3,412	20,235
Their actual for all patients (inc. Powys)	47%	49,015	10,218	18,822
Powys resident performance	52.2%	139	41	55

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

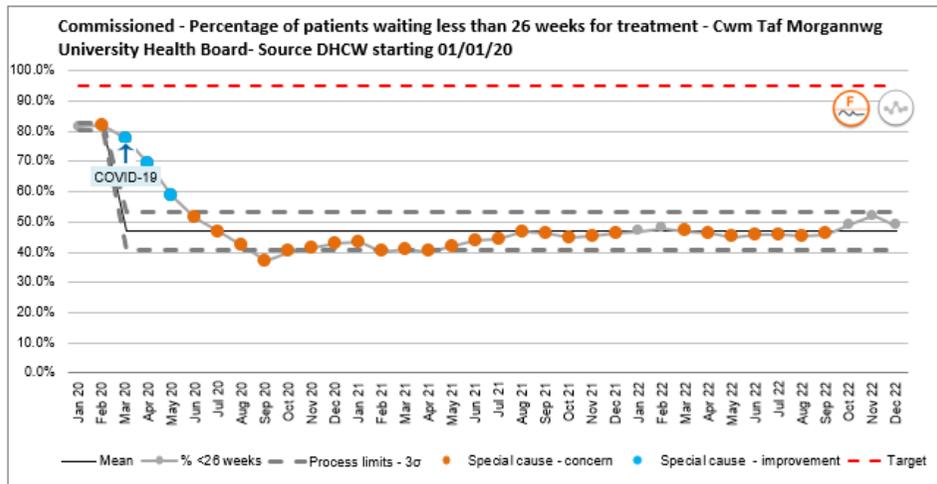




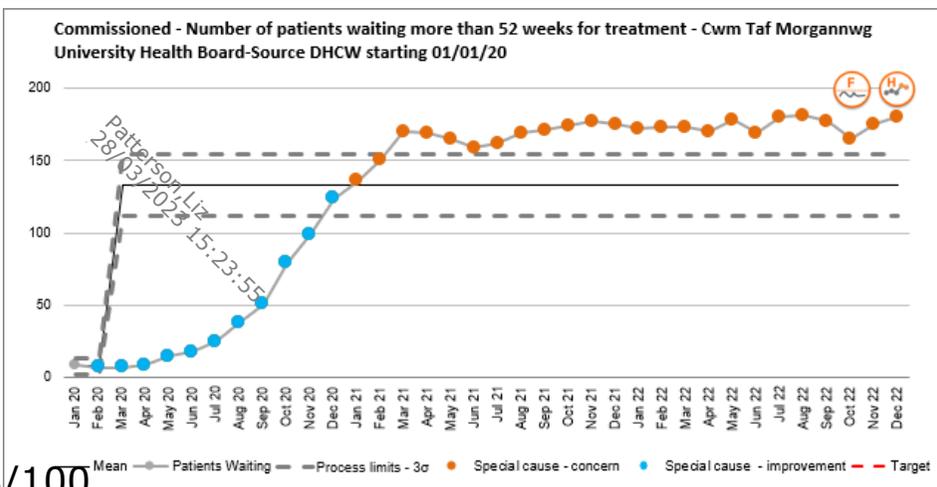
Appendix 1

Cwm Taf Morgannwg University Health Board Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks

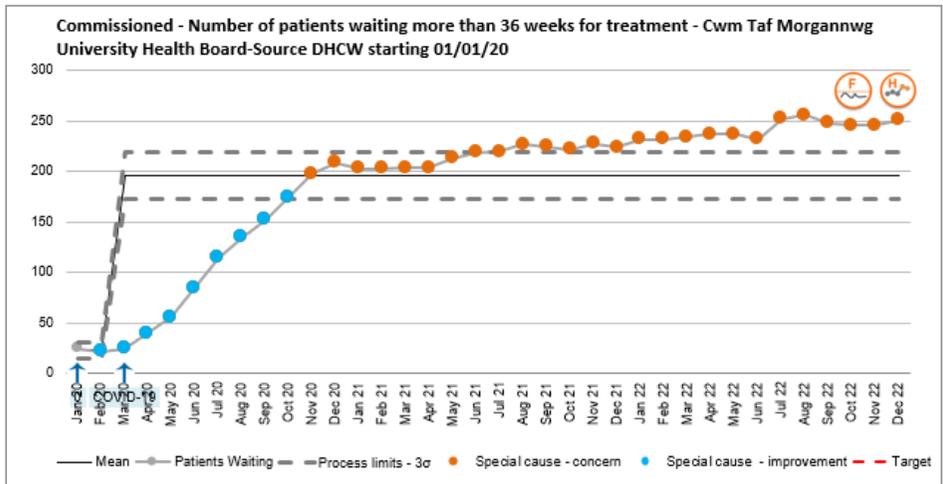


Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)

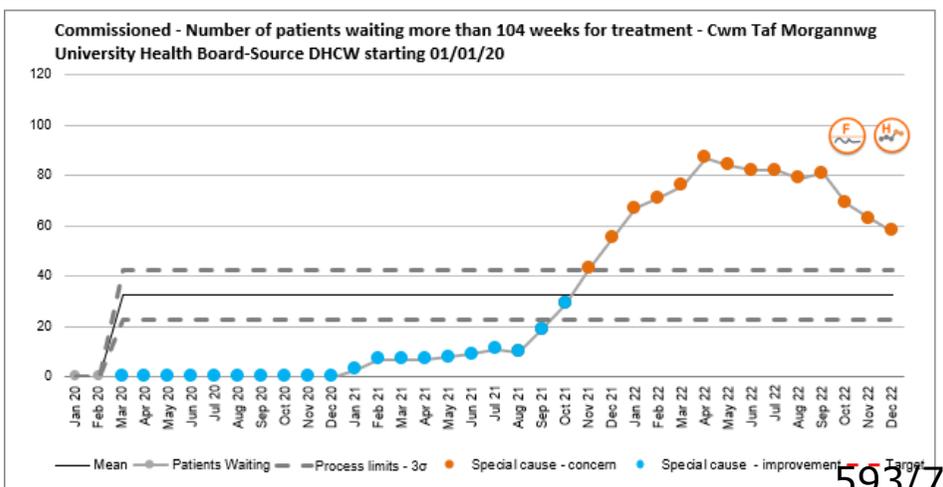


CTM December 2022 Data source for profile and commissioned actual from WG scorecard	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	45%	51,541	13,866	14,496
Their actual for all patients (inc. Powys)	56%	40,272	5,044	11,733
Powys resident performance	48.9%	251	58	58

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

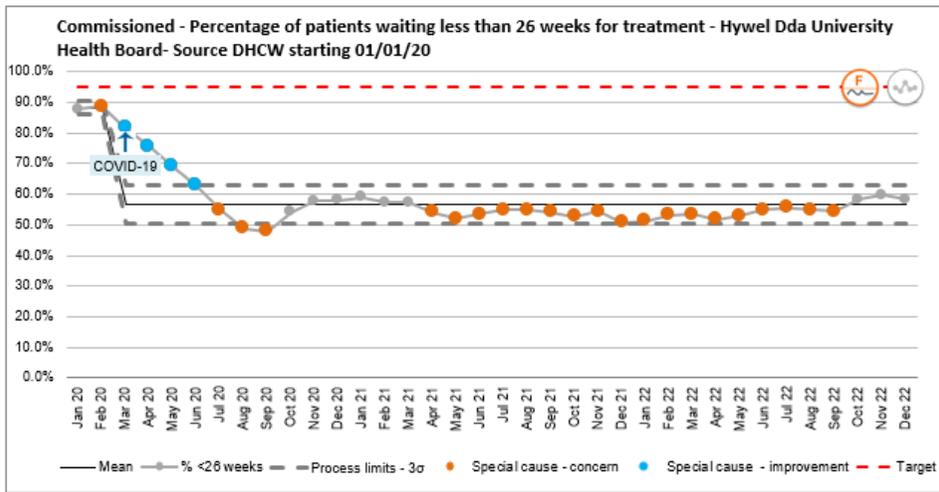




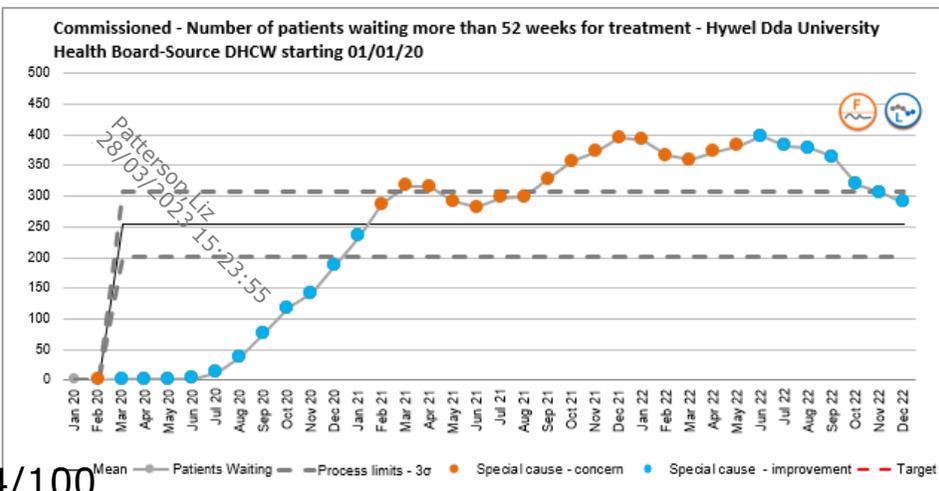
Appendix 1

Hywel Dda University Health Board Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks

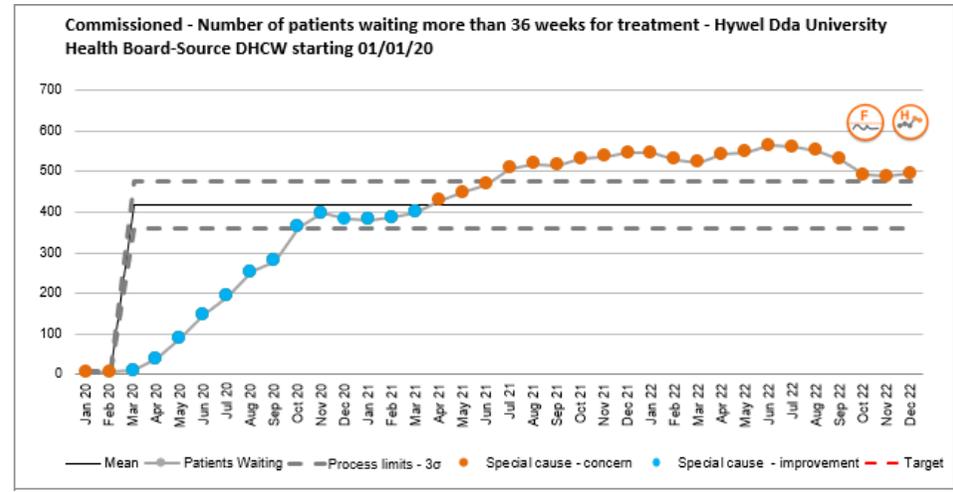


Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)

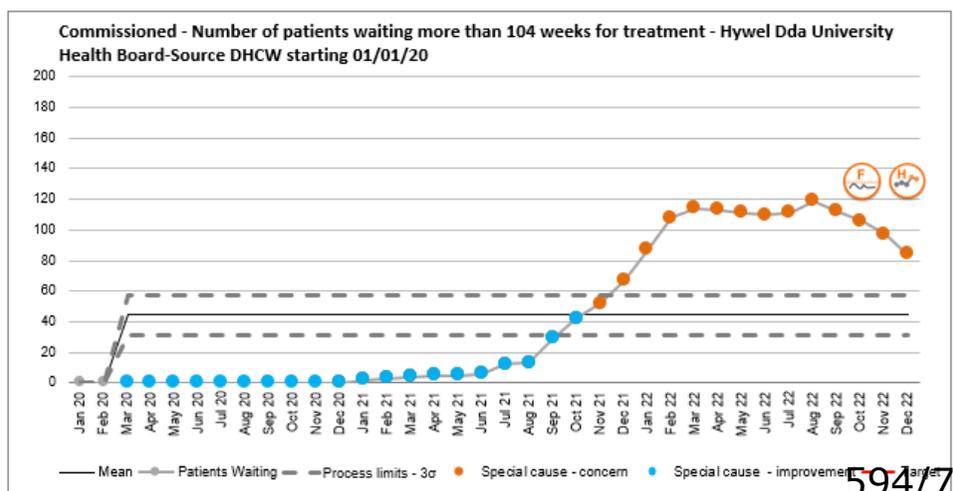


HDUHB December 2022 Data source for profile and commissioned actual from WG scorecard	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	54%	22,533	5,326	4,632
Their actual for all patients (inc. Powys)	59%	28,334	4,907	5,452
Powys resident performance	58.3%	495	84	62

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



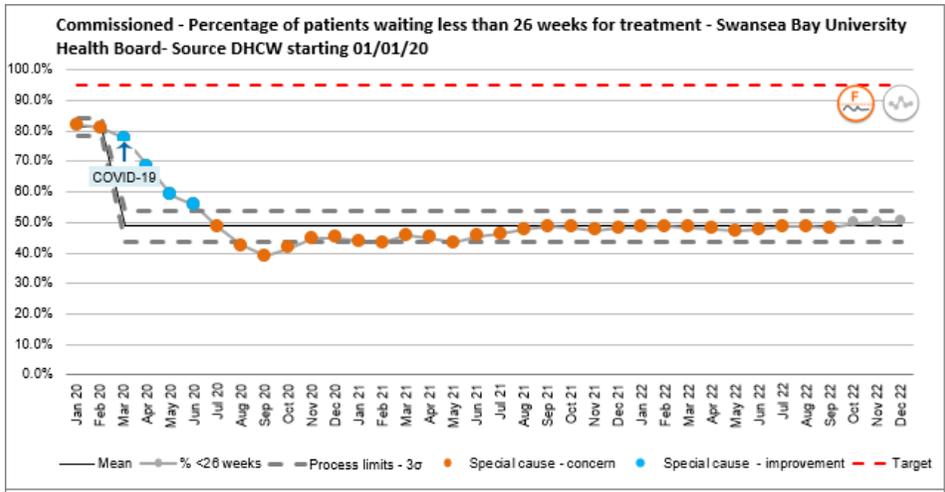


Appendix 1

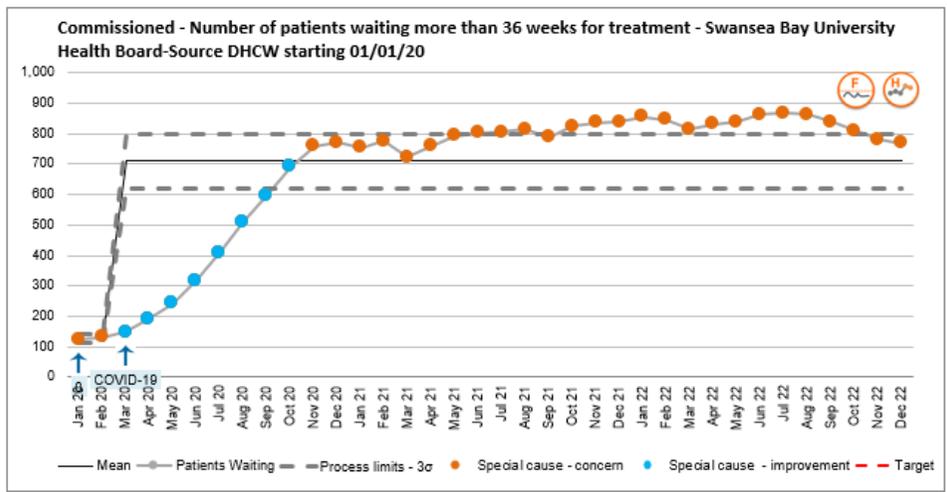
SBUHB December 2022 Data source for profile and commissioned actual from WG scorecard	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	47.4%	43,048	6,820	7,355
Their actual for all patients (inc. Powys)	54%	32,991	8,027	7,701
Powys resident performance	58.3%	495	84	169

Swansea Bay University Health Board Referral to Treatment – Powys Teaching health board as a Commissioner

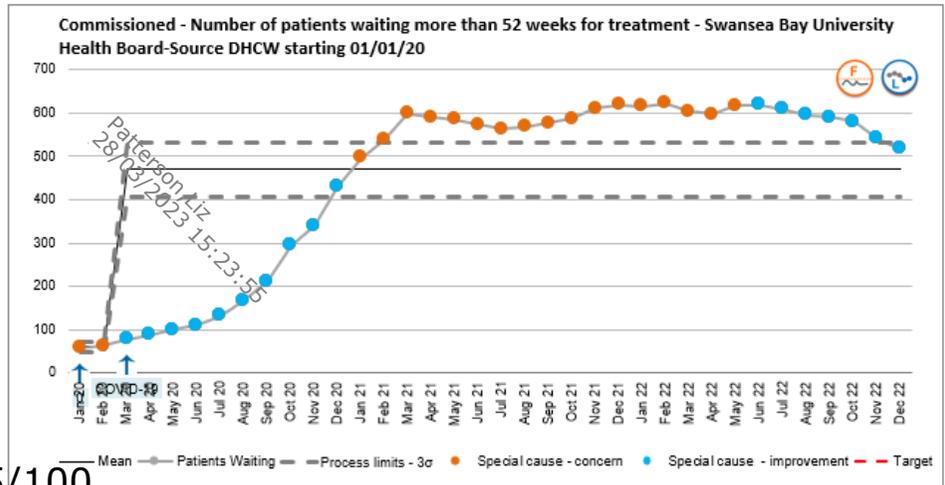
Percentage of RTT pathways <26 weeks



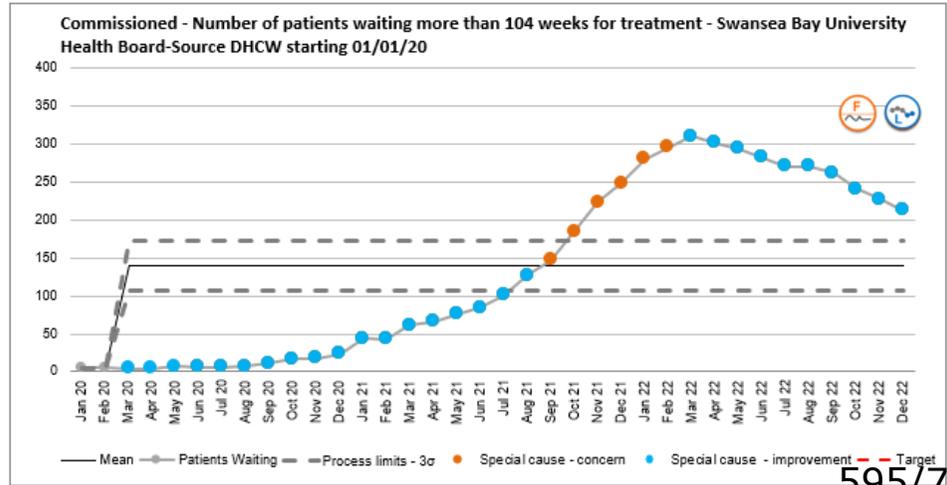
Number of RTT pathways 36+ weeks (inclusive of those patients waiting in the over 52 & over 104 week band)



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



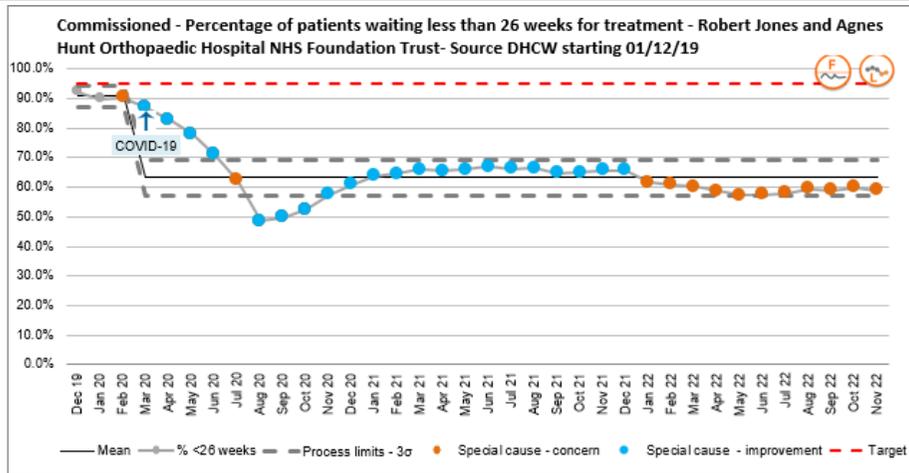


Appendix 1

The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

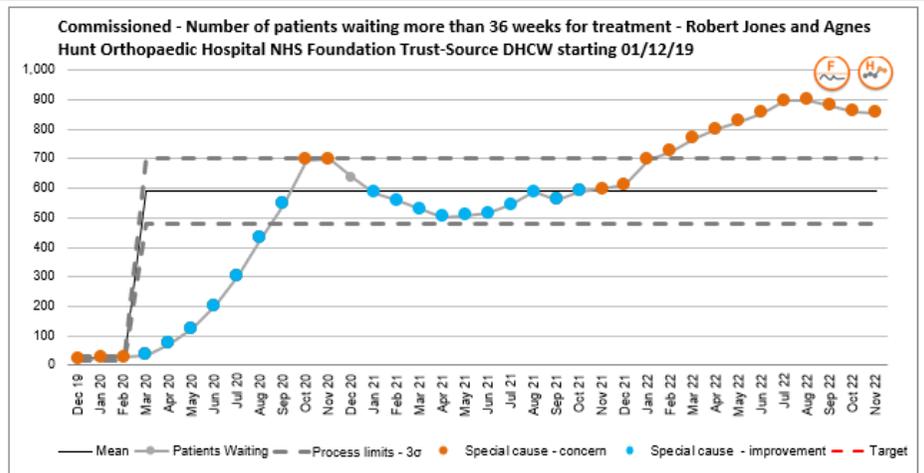
Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks



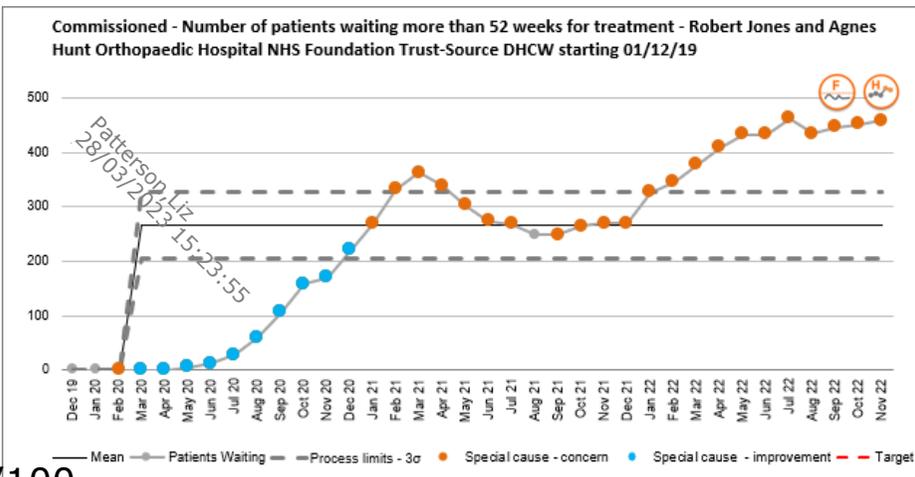
Number of RTT pathways 36+ weeks

(inclusive of those patients waiting in the over 52 & over 104 week band)

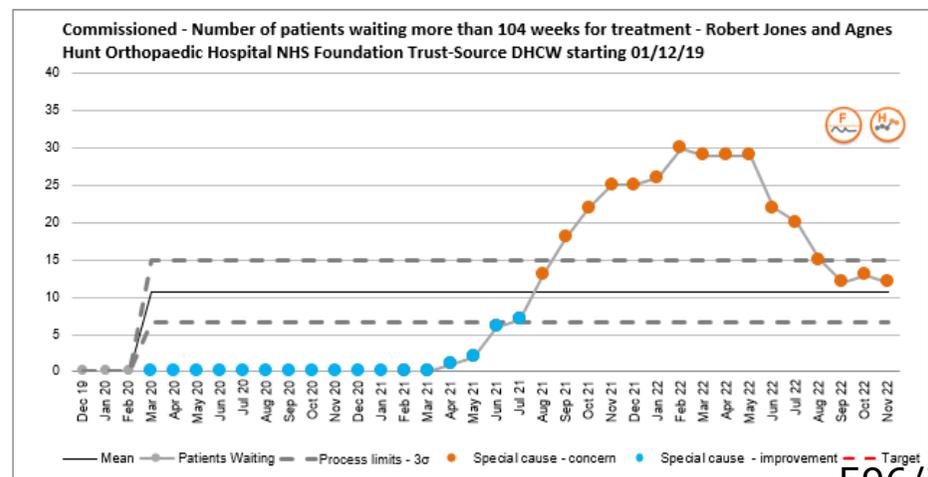


Number of RTT pathways over 52 weeks

(inclusive of those patients waiting in the over 104 week band)



Number of RTT pathways over 104 weeks



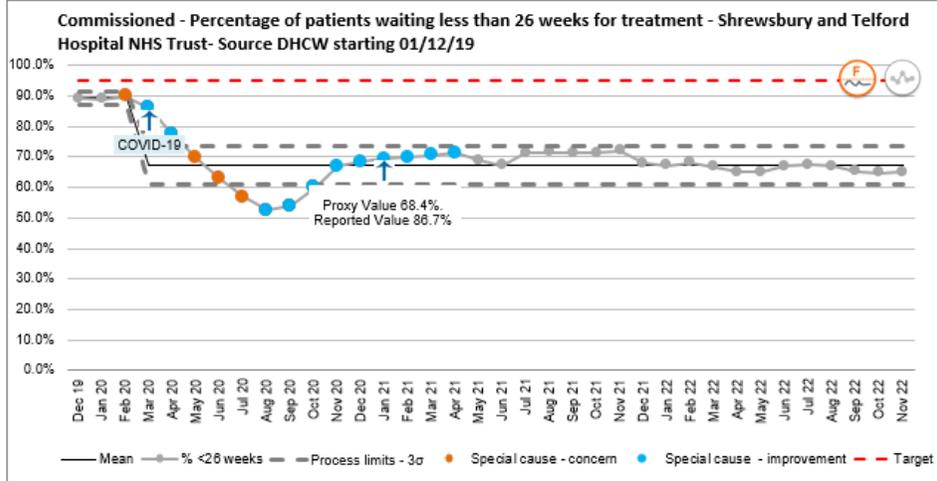


Appendix 1

Shrewsbury and Telford Hospital NHS Trust

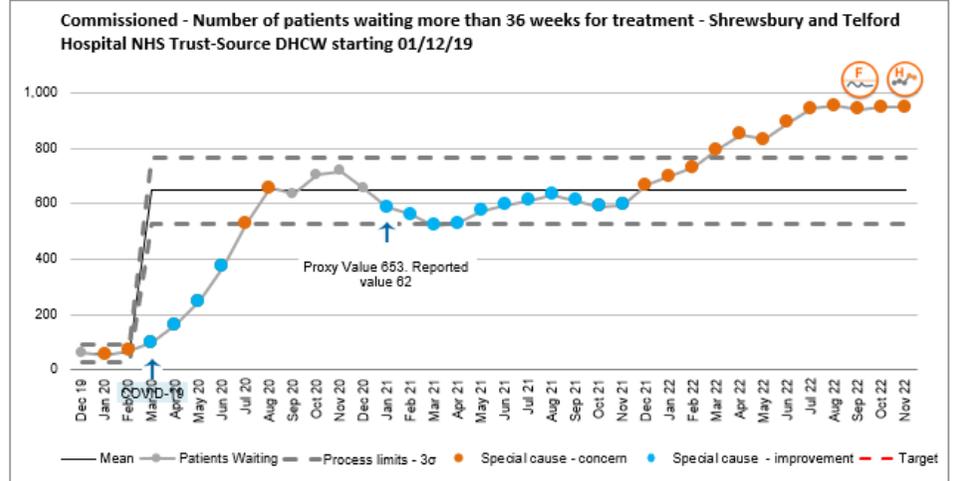
Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks



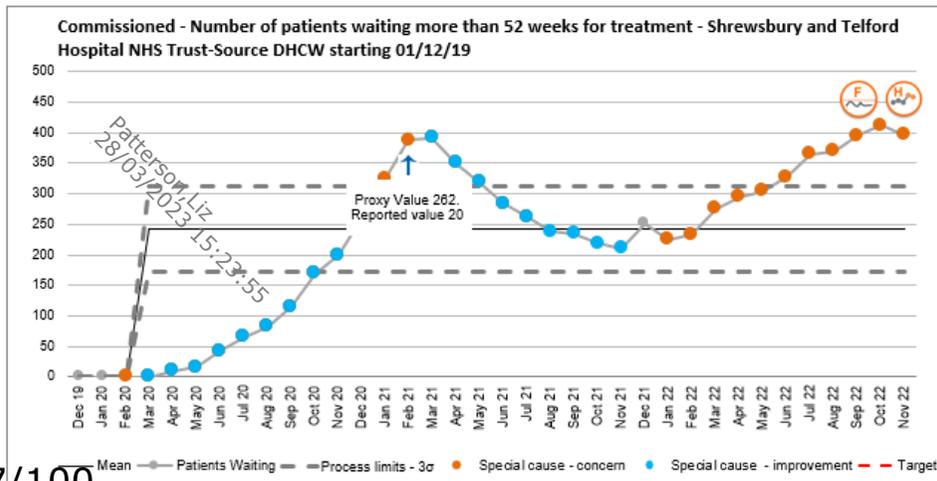
Number of RTT pathways 36+ weeks

(inclusive of those patients waiting in the over 52 & over 104 week band)

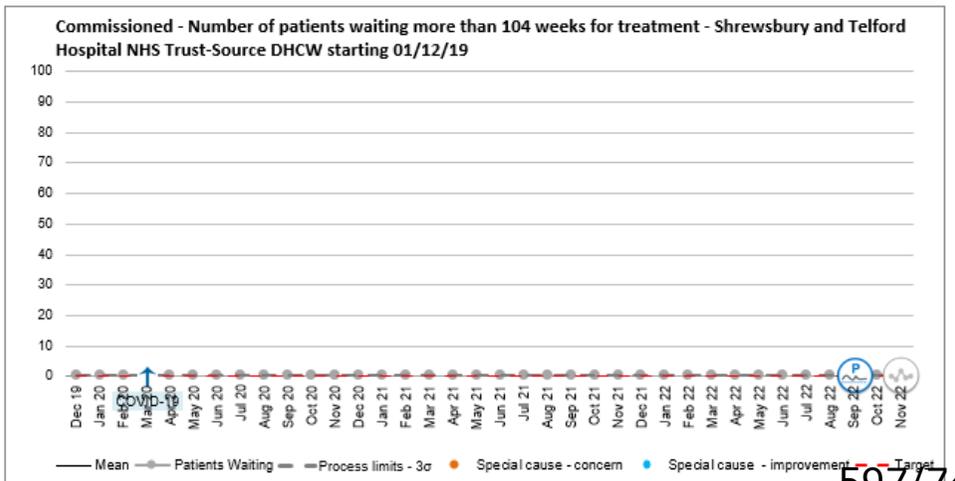


Number of RTT pathways over 52 weeks

(inclusive of those patients waiting in the over 104 week band)



Number of RTT pathways over 104 weeks



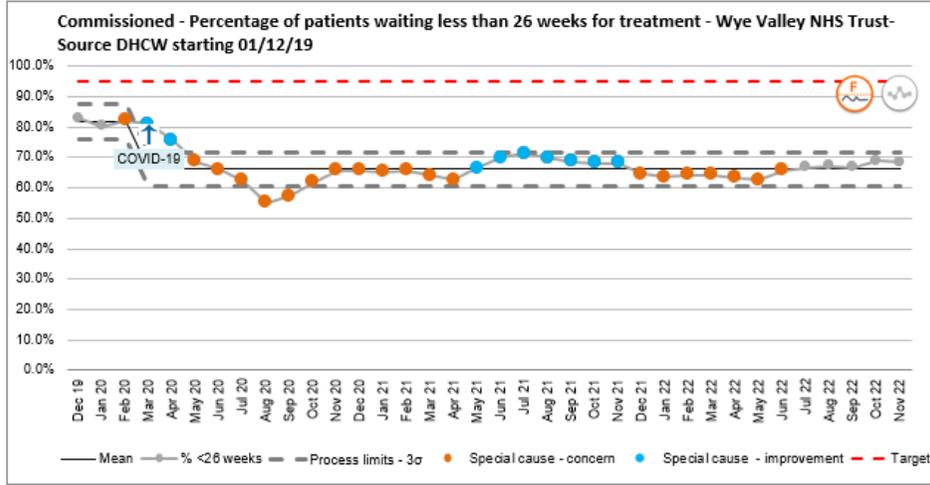


Appendix 1

Wye Valley NHS Trust

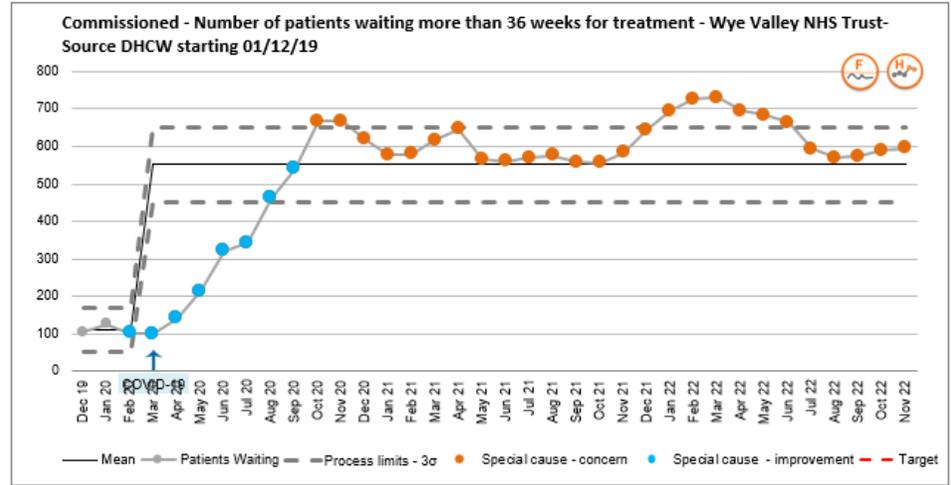
Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks



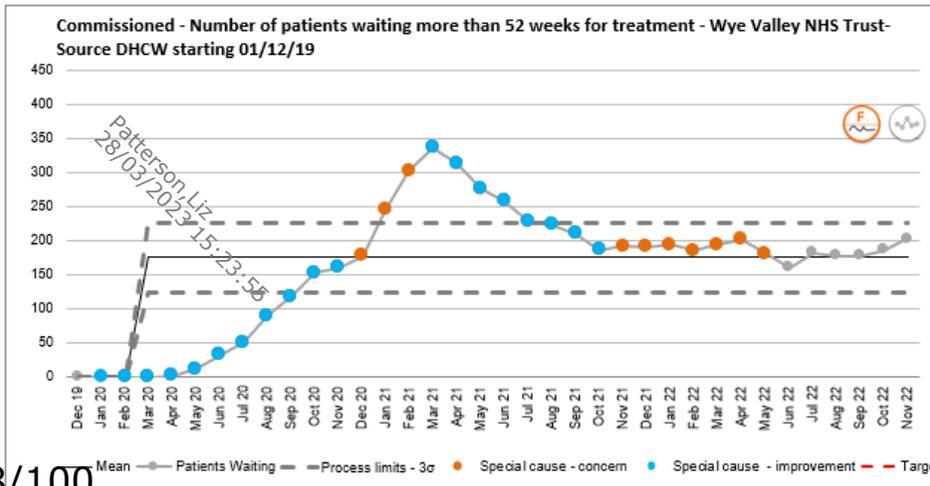
Number of RTT pathways 36+ weeks

(inclusive of those patients waiting in the over 52 & over 104 week band)

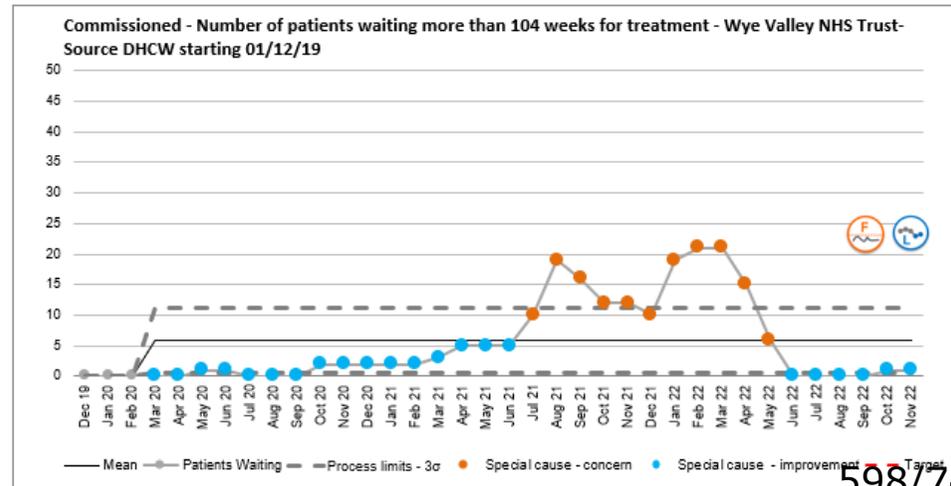


Number of RTT pathways over 52 weeks

(inclusive of those patients waiting in the over 104 week band)



Number of RTT pathways over 104 weeks



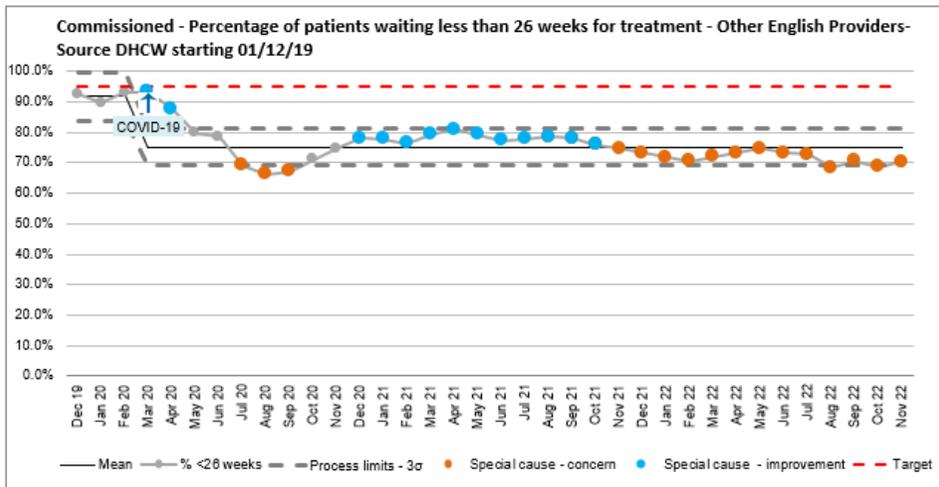


Appendix 1

Other English Providers (all low volume providers including specialist pathways)

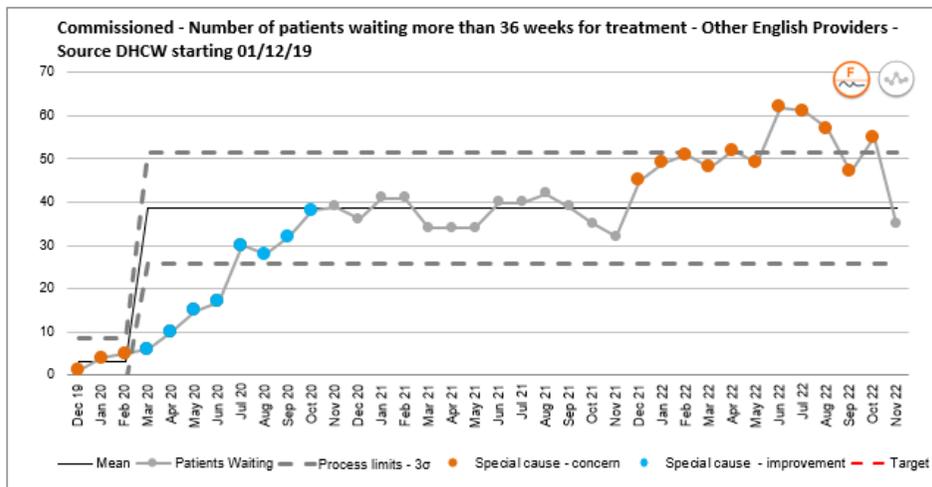
Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks



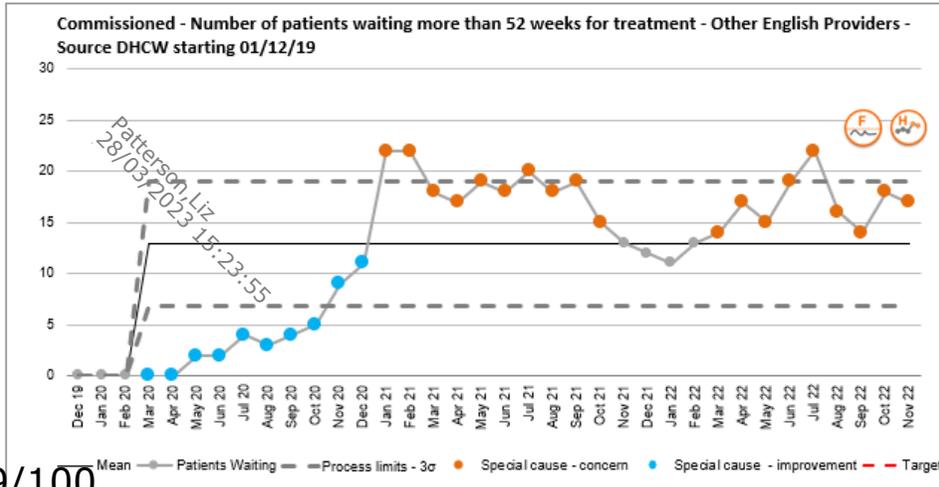
Number of RTT pathways 36+ weeks

(inclusive of those patients waiting in the over 52 & over 104 week band)

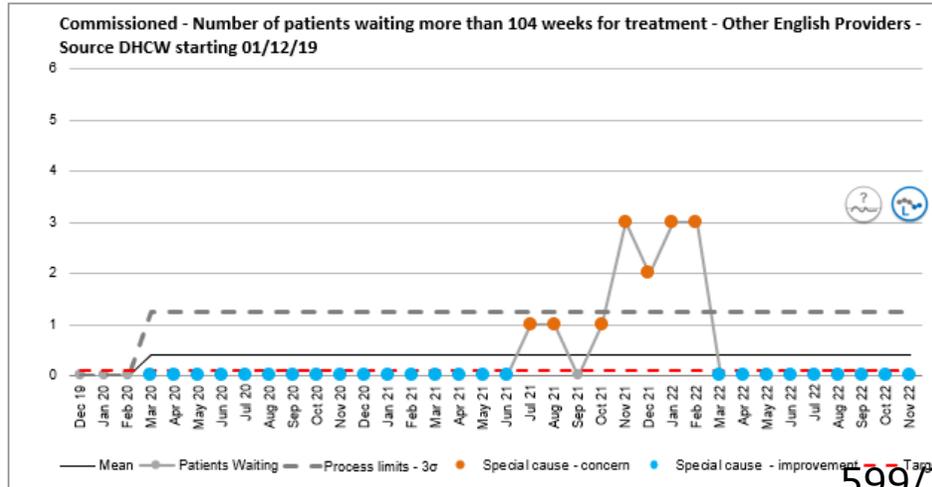


Number of RTT pathways over 52 weeks

(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: December 2022

Ref	Indicator	Standard	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
LTA/BSW/001	Histology reported by laboratory within 7 days of Date of procedure	None	59.9%	54.7%	49.5%	35.3%	44.5%	50.4%	52.6%	47.0%	49.1%	44.9%	42.1%	
LTA/BSW/002	Waiting Time for Index Colonoscopy/Flexi-Sig Procedure Within 4 weeks of Booking SSP Appointment - Looking back	>=90%	4.6%	4.0%	6.6%	14.6%	6.3%	7.3%	13.5%	8.8%	7.2%	14.9%	13.4%	
LTA/BSW/003	Number of colonoscopies - index	None	303	309	381	326	255	262	358	250	286	294	309	272
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%	46.0%	69.8%	50.7%	56.5%	59.6%	83.0%	71.1%	60.3%	75.0%	71.4%	56.5%	
LTA/CSW/001	Laboratory Turnaround Time for Colposcopy Histology Results (2 weeks)	>=80%	77.6%	75.2%	74.3%	58.0%	62.9%	55.7%	66.7%	70.1%	58.8%	56.5%	54.6%	60.1%
LTA/CSW/002	Laboratory Turnaround Time for Colposcopy Histology Results (3 weeks)	100%	91.0%	89.5%	87.1%	77.5%	77.3%	72.5%	82.5%	82.7%	77.5%	66.3%	64.3%	77.3%
LTA/CSW/003A	Laboratory Turnaround Time for Gynae Cytology Test Results (3 weeks)	>=95%	91.1%	95.9%	54.9%	82.7%	75.8%	73.7%	90.4%	87.7%	73.9%	98.3%	99.5%	99.5%
LTA/CSW/003	Waiting times for colposcopy - all referrals (8 weeks)	>=90%	83.4%	82.5%	83.7%	79.9%	79.3%	83.8%	89.9%	91.3%	89.7%	89.5%	89.2%	90.1%
LTA/CSW/004	Waiting times for colposcopy - moderate dyskaryosis or worse (4 weeks)	>=90%	80.5%	70.3%	85.2%	90.4%	88.2%	89.7%	88.9%	91.5%	88.7%	93.6%	94.9%	94.2%
LTA/CSW/005	Waiting times for colposcopy - urgent suspected cancers (2 weeks)	100%	50.0%	88.9%	80.0%	85.7%	100.0%	100.0%	100.0%	83.3%	50.0%	100.0%	83.3%	66.7%
LTA/CSW/006	Number of new colposcopies (new referrals/women attending)	None	794	811	834	672	909	812	673	817	770	771	786	619
LTA/NBH/006A	Well babies: Those babies offered assessment procedure within 4 weeks of the second screening episode	>=90%	97.1%	90.5%	90.3%	93.1%	95.2%	100.0%	91.3%	90.0%	92.0%	-	-	-
LTA/NBH/006B	High risk babies: Those babies offered assessment procedure within 8 weeks of AABR	>=90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	86.7%	82.4%	90.0%	-	-	-
LTA/NBH/007	Those babies who complete assessment procedure within three months	>=85%	93.8%	100.0%	95.7%	95.0%	96.9%	80.0%	73.7%	79.5%	86.7%	-	-	
LTA/NBH/008	Number referred for assessment	None	26	25	32	28	26	37	29	31	38	38	43	
LTA/NBSW/003A	Timely Collection of Sample (Day 4-6 of Life)	>=95%	95.7%	95.3%	95.8%	94.5%	95.0%	95.9%	93.2%	96.1%	95.9%	96.0%	95.3%	95.0%
LTA/NBSW/003B	Timely Collection of Avoidable Repeat Samples, within 3 calendar days of request	>=95%	68.6%	80.8%	71.7%	69.8%	57.6%	78.6%	61.8%	86.8%	75.0%	70.6%	78.9%	70.9%
LTA/NBSW/004A	Avoidable Repeat Rate	<=2%	2.0%	2.1%	2.1%	2.0%	2.5%	1.8%	1.4%	1.7%	2.2%	1.9%	2.4%	3.3%
LTA/AAA/001	Non-visualised screening scan and annual surveillance scan routine general USS, waiting list, 8 weeks	None	0.0%	50.0%	60.0%	0.0%	42.9%	100.0%	20.0%	40.0%	0.0%	75.0%	20.0%	0.0%
LTA/AAA/002	Non-visualised quarterly surveillance scan - urgent, 2-4 weeks	None												
LTA/AAA/005A	Seen by MDT, 7-14 days	>=90%	87.5%	0.0%	100.0%	100.0%	80.0%	100.0%	100.0%	100.0%	75.0%	100.0%	80.0%	83.3%
LTA/AAA/006	Intervention, 4-8 weeks	>=60%	66.7%	0.0%	33.3%	40.0%	0.0%	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	42.9%

Note - unknown Health Board not presented, but figures appear in All Wales total

Powys THB Finance Department Financial Performance Report Board

**Period 11 (February 2023)
FY 2022/23**

**Date Meeting: 29th March 2023
Agenda Item: 4.2**

Patterson, Liz
28/03/2023 15:23:55



Introduction

Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 11 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:	Executive Committee – 22 March 2023 Delivery & Performance Committee reviewed month 10 on 28 Feb 2023)
PURPOSE:	
This paper provides the Board with an update on the February 2023 (Month 11) 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 11 2022/23 financial position. • DISCUSS and NOTE the 2022/23 financial forecast deficit position • DISCUSS and NOTE the 2023/24 financial outlook 	

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

Approval/Ratification/Decision	Discussion	Information
	✓	

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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.

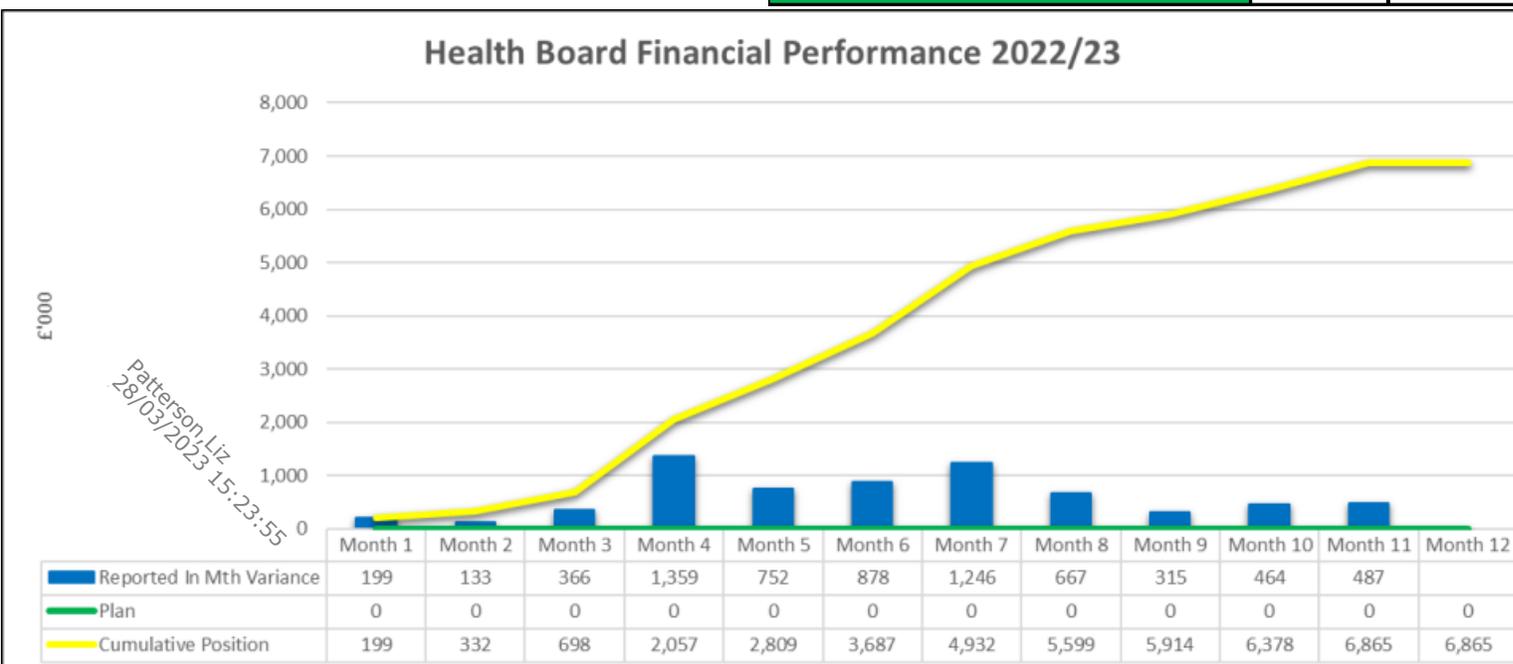
Planned care recovery targets can be delivered by providers achieving 2019/20 activity levels.

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Revenue		
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by Welsh Government	Value £'000	Trend
Reported in-month financial position – deficit/(surplus) – Red	-487	↓
Reported Year To Date financial position – deficit/(surplus) – Red	-6,865	↓
Year end – deficit/(surplus) – Red	-7,500	→

Capital		
	Value £'000	Trend
Capital Resource Limit	12,071	→
Reported Year to Date expenditure	7,550	→
Reported year end – deficit/(surplus) – Forecast Green	0	→

Health Board Financial Performance 2022/23



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 £6.865m over spend at Month 11.

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	(352,286)	(352,286)	0
02 - Capital Donations	(623)	(623)	0
03 - Other Income	(5,696)	(7,049)	(1,353)
Total Income	(358,605)	(359,958)	(1,353)
05 - Primary Care - (excluding Drugs)	40,048	39,618	(431)
06 - Primary care - Drugs & Appliances	28,034	30,681	2,646
07 - Provided services -Pay	88,177	88,222	45
08 - Provided Services - Non Pay	20,647	17,028	(3,619)
09 - Secondary care - Drugs	904	1,318	415
10 - Healthcare Services - Other NHS Bodies	136,161	142,161	6,000
12 - Continuing Care and FNC	19,954	23,401	3,447
13 - Other Private & Voluntary Sector	3,143	3,055	(88)
14 - Joint Financing & Other	13,594	13,393	(201)
15 - DEL Depreciation etc	4,197	4,201	4
16 - AME Depreciation etc	3,747	3,747	0
18 - Profit/Loss Disposal of Assets	0	0	0
Total Costs	358,605	366,823	8,218
Reported Position			6,865

It should be noted that £6.8m of non recurrent corporate opportunities have been released into the position at month 11.

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 £4.1m.

Variable pay run rates are increased over the Christmas period, and not improving linked to substantive workforce availability.

9/10 months of activity data has been received for the majority of Welsh or English providers. There is a forecast deficit for Commissioning of £7.9m.

Progress against planned £4.649m Savings Target

	22-23 Target 1.3%	2022/23 £000'					2023/24 (Recurrent) £000'				
		Green	Amber	Total Green & Amber	Pipeline Red	Shorffall against Target	Green	Amber	Total Green & Amber	Pipeline Red	Shorffall against Target
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Medicines Management			548	548	900		548	548	900		
Provider Non Pay			34	34			64	64			
Accountancy gains		5,408		5,408							
Cross Cutting Schemes					240				240		
Total PtHB	4,649	5,408	582	5,990	1,140	-1,341	612	612	900	4,037	

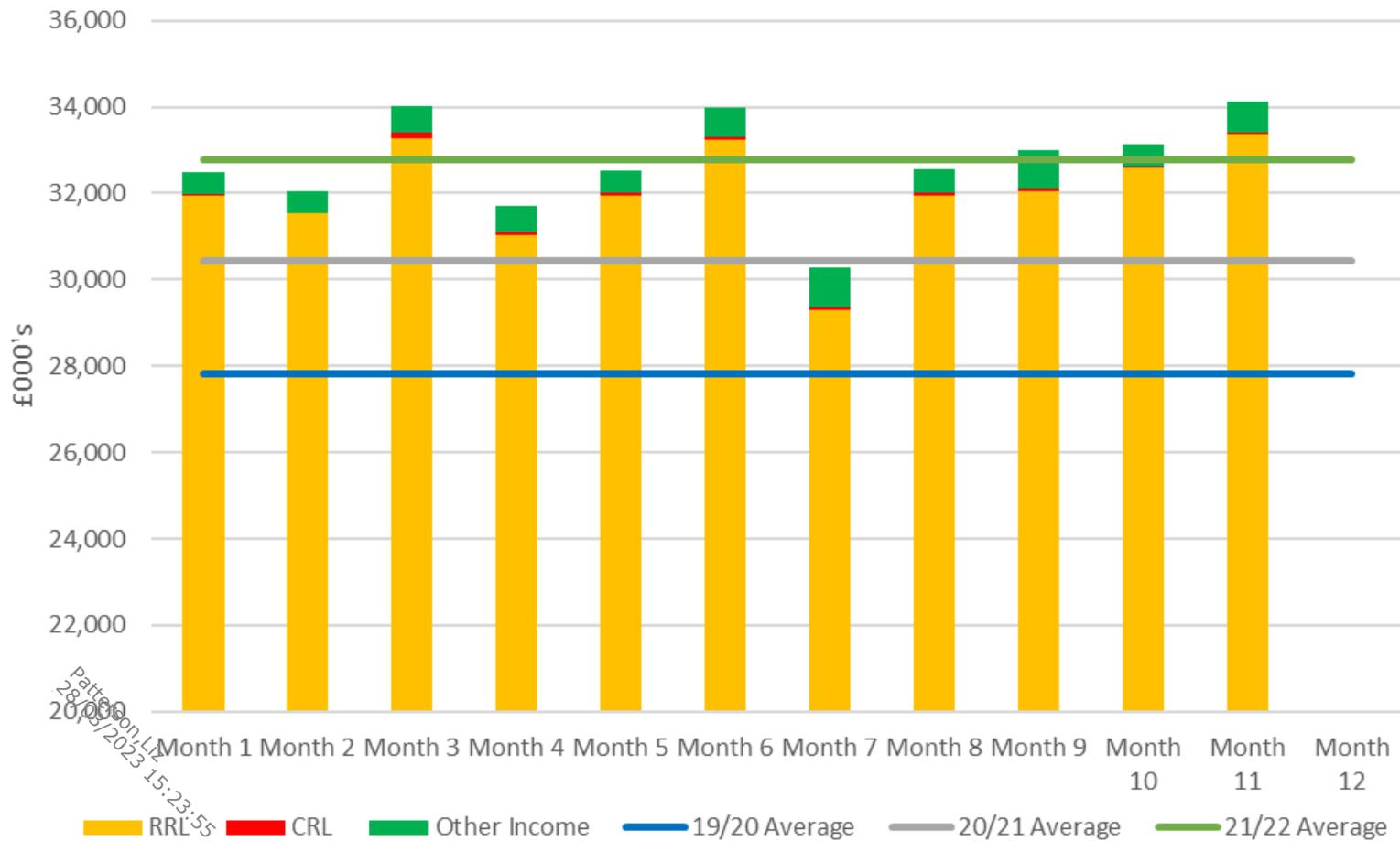
Recovery - Additional savings identified through Finance & Performance Group

F&P Recovery							
2022/23 £000'				2023/24 (Recurrent) £000'			
Green	Amber	Red	Total	Green	Amber	Red	Total
						2,886	2,886
49	94	227	370		313	568	881
142		105	247	244		358	602
							0
95	63	21	179			56	56
110			110	16			16
		25	25			60	60
							0
		74	74				0
	135	315	450		300	671	971
	40		40				0
						297	297
396	332	768	1,495	374	619	5,415	6,407

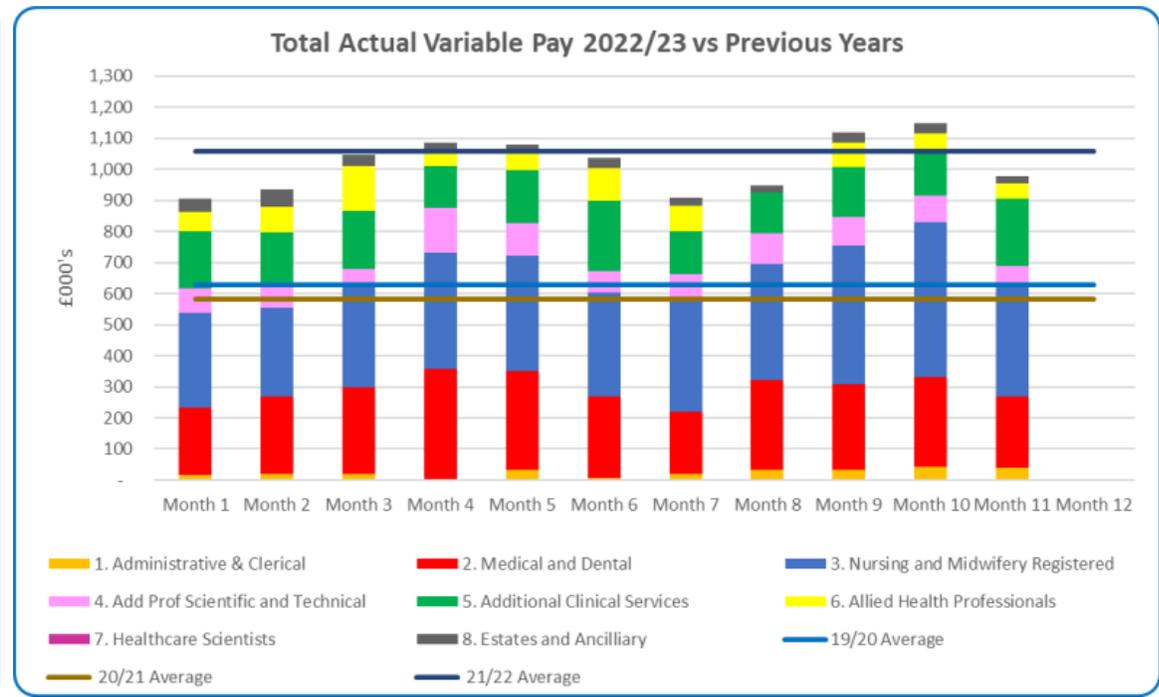
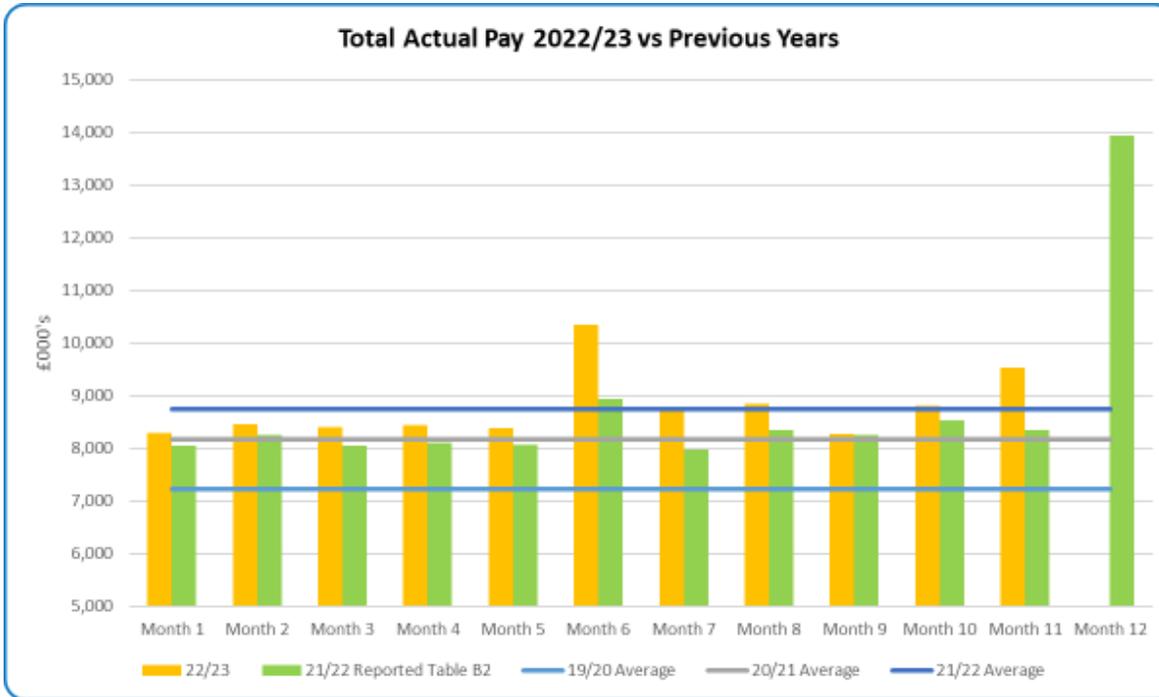
Patterson, Liz
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- In order to achieve breakeven as set out in the 2022-23 Financial Plan, a recurrent savings target totalling £4.649m (1.3%) needs to be delivered.
- Savings identification and delivery profiles are not where they need to be through month 9.
- There is an in-year forecast shortfall of £1.790m against the savings requirement and a recurrent shortfall of £4m.
- £5,408m 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 £13.275M, and an element of this has been included in each month.
- For 2022/23 the total anticipated funding for Exceptional Pressures is £2.569M, and an element of this has been included in each month.

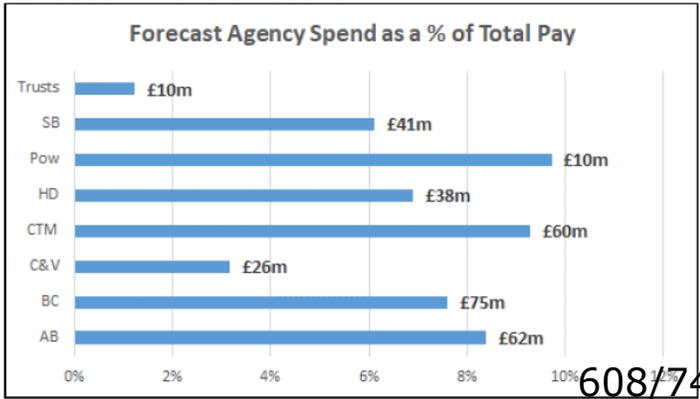


- The Month 11 YTD pay is showing an underspend of £0.200M against the year-to-date plan.
- Chart 1 is comparing that the total pay position for 2022/23 with data from previous financial years. The green bars represent the total pay as per the MMR report (Table B2) in 2021/22 and the yellow bars the 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.

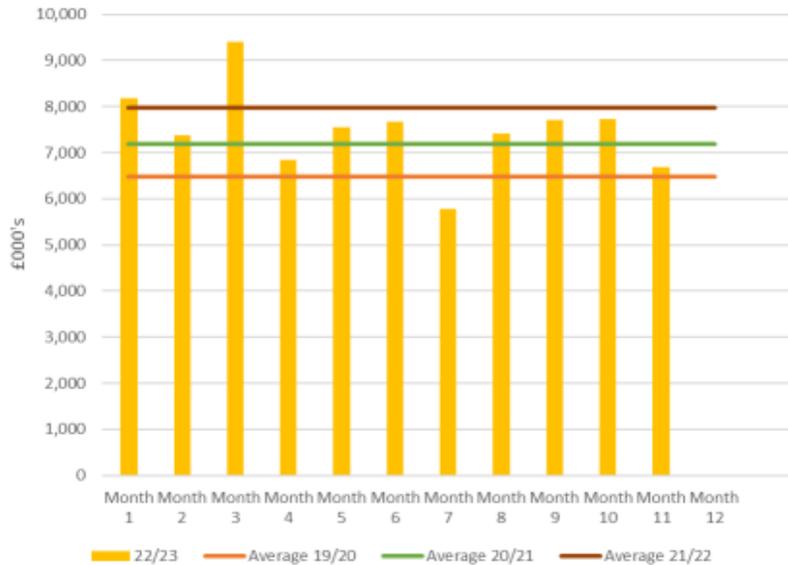
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Forecast position on Agency Spend -

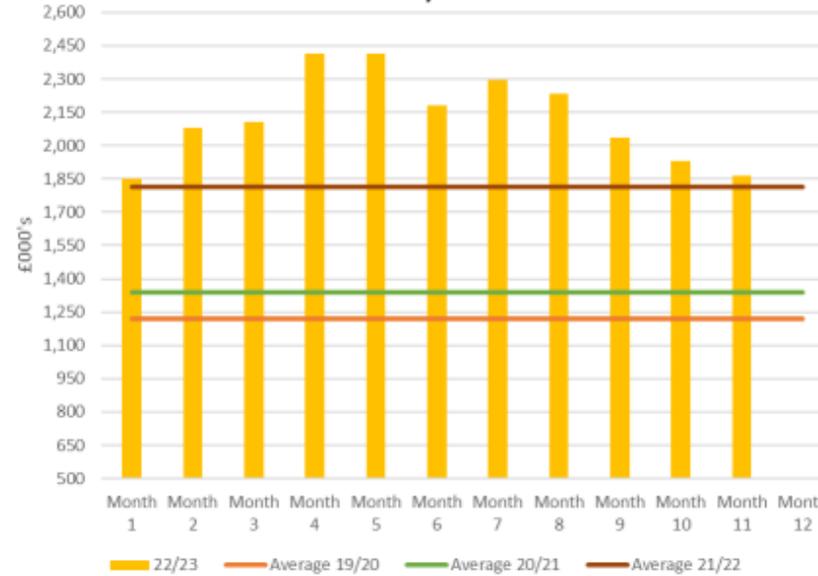
All Wales position = at the time of writing this report only the Mth 10 position for Wales was published. As the chart is showing Powys has the highest forecast on agency as its overall percentage of pay. Summary of position for Wales is provided in the Chart:



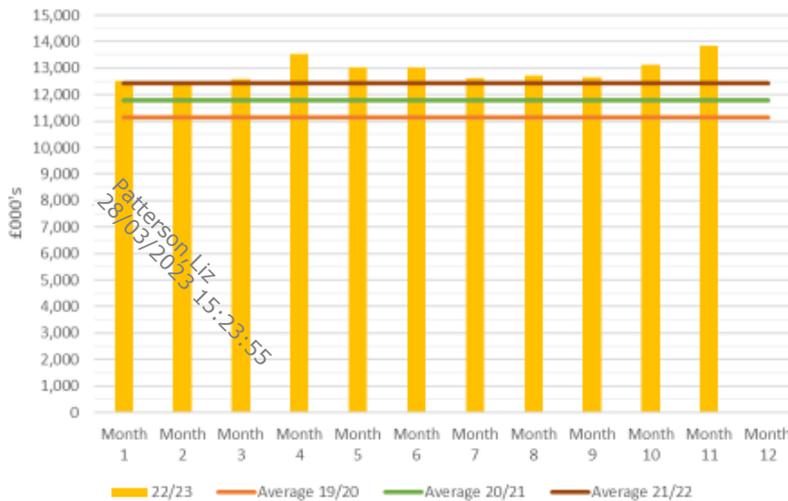
Total Actual Other Non Pay 2022/23 vs Previous Years



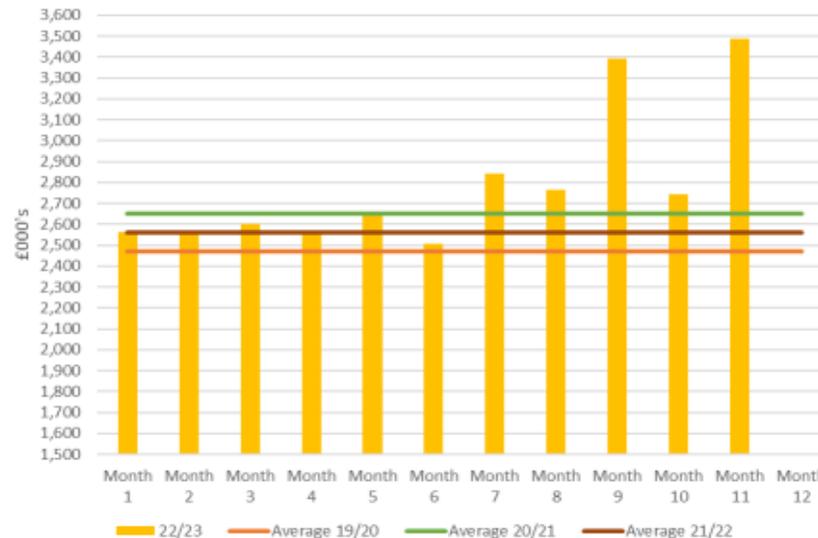
Total Actual CHC 2022/23 vs Previous Years



Total Actual Health Care Services Provided by Other NHS Bodies 2022/23 vs Previous Years



Total Actual Prescribing 22/23 vs Previous 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 (which is two months prior), 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.

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

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

Commissioning Forecast 2022/23

Commissioning	2021-22 Outturn (£'000)	Month 10	Month 11
		2022-23 Forecast (£'000)	2022-23 Forecast (£'000)
Welsh Providers	38,536	38,870	38,824
English Providers	61,013	63,653	63,536
WHSSC/ EASC	44,608	47,256	48,400
Other NHS Providers	4,374	4,626	4,626
Mental Health	1,130	1,332	1,417
Private Providers	701	606	611
Total	150,362	156,343	157,414

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 £8.0m 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	M10 £'000	M11 £'000	Forecast £'000
Covid National Programmes:												
Test Trace & Protect	518	369	422	173	130	144	122	126	192	141	124	2,643
PPE	3	5	4	11	9	11	6	5	5	0	0	54
Mass Vaccination Programme	283	291	348	125	228	301	269	346	332	202	174	3,272
Total	804	665	775	309	367	456	397	477	529	343	298	5,969
Covid response:												
Covid Response - Cleaning Standards	47	47	47	47	47	48	47	47	47	47	47	564
Covid Response - Prescribing	143	61	102	102	102	102	(310)	43	43	43	0	513
Covid Response - Workforce (sickness and IPC measures) - Co	203	278	200	200	175	175	150	150	150	125	302	2,056
D2RA	118	76	39	118	7	123	28	91	91	91	91	963
Commissioned Services	94	94	94	94	94	94	70	70	70	70	70	985
Other Capacity & facilities costs - Stores	9	9	9	9	9	9	9	9	9	9	9	105
Other covid costs	18	71	39	31	32	464	163	211	161	124	8	1,767
Fixed term covid appointments	32	14	42	25	10	1	25	22	(3)	0	(5)	0
Total	663	650	572	624	475	1,015	182	643	567	509	521	6,954
Exceptional Items:												
National Cost Pressures - Direct Energy and Fuel	127	70	98	837	707	368	(1,158)	134	22	135	134	1,609
National Cost Pressures - Real Living Wage	49	49	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	0	0	369
Total	223	166	194	933	803	494	(1,056)	191	72	184	183	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 10 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

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

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

A number of key areas will require further clarity:

- Additional costs linked to COVID funded at risk non recurrently in 2022/23
 - A large proportion of these costs are now “business as usual.”
 - This would add a further £7m to the underlying deficit.

- Exceptional national pressures funded at risk non recurrently in 2022/23
 - Energy
 - Real Living Wage
 - National Insurance/Social Care Levy

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Summary

In Summary:

- PTHB is reporting an over spend at month 11 for FY 2022/23 of £6.865M
- PTHB has formally reported a £7.5m forecast deficit FY 2022/23. Letters have gone out to all Executive Directors escalating the organisation into Financial Recovery status with a Finance & performance sub-group being established.
- The £4.6m savings target is profiled into the position. Limited recurrent savings have been identified to date.
- Recovery actions totalling £0.7m have been identified to support and stabilise the financial position. Further progress needs to be made.
- Operational pressures needing to be addressed including CHC, Underlying commissioning pressures and nursing variable pay as run rates continue to increase.

Key Actions:

Management of all operational Pressures:

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

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

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

Identify exit strategies for current COVID response cost drivers

Powys THB Finance Department Financial Performance Report - Appendices

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Embedded below are extracts from the Monthly Monitoring Return submitted to Welsh Government on 13th March 2023.

MMR Narrative



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MMR Tables



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Ring Fenced Table



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Mass Vac Tables



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TTP Tables



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C19 & Exceptional
Items Table



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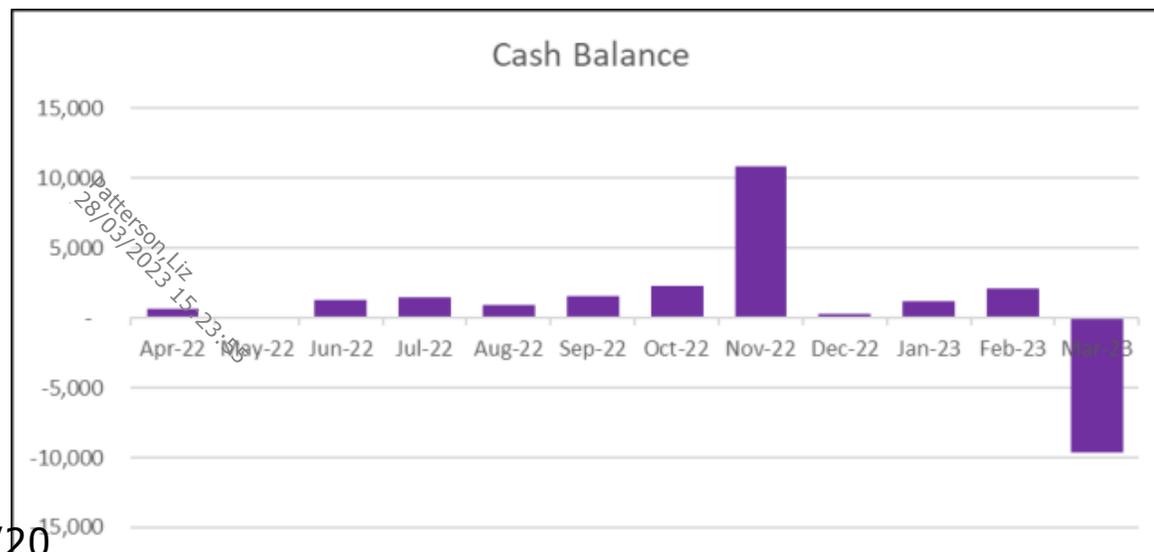
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Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 28th February 2023
WG CRL FUNDING	£M	£M	£M
Discretionary Capital	1.089	1.412	0.371
Machynlleth	7.733	7.460	5.667
Breconshire War Memorial Hospital - development of Car Parking Facilities	0.825	0.775	0.775
Lift replacement at Llandrindod Wells Memorial Hospital	0.291	0.291	0.153
DPI F - Digital Medicines Transformation Portfolio	0.022	0.022	0.000
End of Year Funding - November 2022	1.177	1.177	0.324
Eye Care Transfer from C&V	0.068	0.068	0.000
Property purchase of Spa Road, Llandrindod Wells	0.866	0.866	0.012
Donated assets - Purchase	0.680	0.680	0.248
Donated assets (receipt)	(0.680)	(0.680)	0.000
TOTAL APPROVED FUNDING	12.071	12.071	7.550

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	Mth 1	Mth 2	Mth 3	Mth 4	Mth 5	Mth 6	Mth 7	Mth 8	Mth 9	Mth 10	Mth 11	Mth 12
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
OPENING CASH BALANCE	2,658	659	111	1,241	1,428	888	1,589	2,313	10,809	298	1,216	2,132
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SH	33,620	29,495	30,495	31,970	31,093	33,205	32,899	39,728	26,414	33,221	34,033	21,211
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA	(120)	(120)	(120)	(120)	(143)	(155)	(147)	(119)	(124)	(146)	(84)	(120)
WG Revenue Funding - Other (e.g. invoices)	3,981	2,893	6	39	21	10	62	5	21	209	1,074	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	1,000	3,071
Income from other Welsh NHS Organisations	808	337	585	637	679	870	378	739	279	795	590	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	472	669	550
Total Receipts	38,823	33,125	31,226	35,492	34,734	34,495	34,598	41,914	28,070	35,551	37,282	26,322
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	2,871	2,557	2,250
Primary Care Services : Pharmacy Services	288	352	393	297	440	450	399	477	538	513	374	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	1,462	1,547	1,500
Primary Care Services : General Dental Services	507	457	461	459	423	440	461	456	686	502	512	500
Non Cash Limited Payments	88	63	71	82	74	70	79	72	113	39	105	80
Salaries and Wages	6,084	7,732	7,734	7,657	7,558	8,411	8,868	8,077	8,018	8,047	7,963	7,950
Non Pay Expenditure	29,796	20,216	16,272	22,280	22,487	19,990	19,390	18,830	23,347	20,615	22,648	20,223
Capital Payment	0	478	1,011	692	634	651	832	1,007	1,001	584	660	5,201
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	34,633	36,366	38,104
NET CASH FLOW IN MONTH	(1,999)	(548)	1,130	187	(540)	701	724	8,496	(10,511)	918	916	(11,782)
Balance c/f	659	111	1,241	1,428	888	1,589	2,313	10,809	298	1,216	2,132	(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.

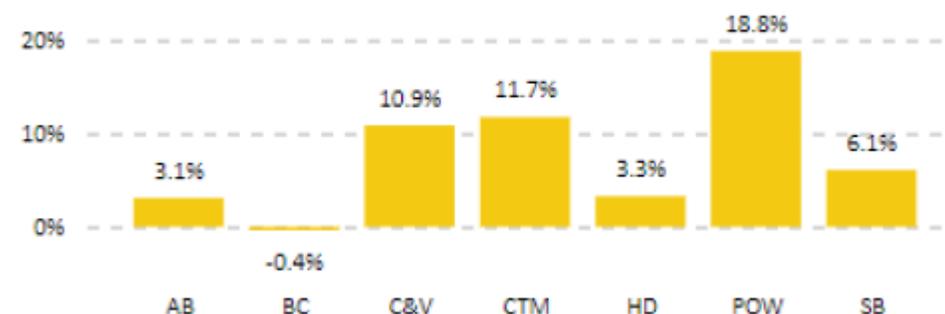
	Opening Balance	Closing Balance	Forecast Closing Balance
	Beginning of	End of	End of
	Apr-22	Feb-23	Mar-23
	£'000	£'000	£'000
Tangible & Intangible Assets	93,331	100,887	100,887
Trade & Other Receivables	28,044	22,777	24,260
Inventories	143	143	143
Cash	2,658	2,132 -	9,650
Total Assets	124,176	125,939	115,640
Trade and other payables	59,256	30,110	44,310
Provisions	18,386	18,158	18,158
Total Liabilities	77,642	48,268	62,468
Total Assets Employed	46,534	77,671	53,172
Financed By			
General Fund	2,153	33,288	8,789
Revaluation Reserve	44,381	44,383	44,383
Total Taxpayers' Equity	46,534	77,671	53,172

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Area	19/20 Year end Position	20/21 Year end Position	21/22 Year end Position	22/23 Forecast @ Mth 1	22/23 Forecast @ Mth 2	22/23 Forecast @ Mth 3	22/23 Forecast @ Mth 4	22/23 Forecast @ Mth 5	22/23 Forecast @ Mth 6	22/23 Forecast @ Mth 7	22/23 Forecast @ Mth 8	22/23 Forecast @ Mth 9	22/23 Forecast @ Mth 10	22/23 Forecast @ Mth 11	Growth From 2021/22 YE to 2022/23 Actual @ Mth 11
Children	£267,217	£151,234	£ 156,944	£156,944	£279,402	£279,402	£279,402	£291,170	£291,170	£306,796	£293,291	£293,291	£288,077	£288,077	£131,133
Learning Disabilities	£957,455	£1,567,929	£ 1,639,265	£1,770,842	£1,979,473	£2,213,961	£2,212,321	£2,305,104	£2,285,084	£2,327,715	£2,361,734	£2,336,817	£2,357,616	£2,328,786	£689,521
Mental Health	£7,344,265	£7,800,642	£ 10,510,010	£12,220,944	£12,136,148	£12,447,684	£13,404,879	£13,493,376	£13,663,207	£14,088,726	£14,211,432	£14,110,153	£13,893,131	£13,832,023	£3,322,013
Mid Locality	£981,064	£925,210	£ 1,634,918	£2,074,027	£2,075,930	£2,154,549	£2,280,095	£2,164,173	£2,181,313	£2,078,105	£2,050,715	£2,004,139	£1,925,489	£1,951,063	£316,145
North Locality	£1,365,243	£1,537,343	£ 2,199,376	£2,117,345	£2,138,103	£2,238,088	£2,318,813	£2,619,896	£2,683,280	£2,651,141	£2,651,656	£2,632,998	£2,610,696	£2,503,157	£303,781
South Locality	£1,494,868	£1,958,143	£ 1,853,121	£1,774,747	£1,786,406	£1,862,825	£1,783,070	£1,931,542	£1,968,352	£1,913,937	£1,888,260	£1,872,552	£1,897,755	£1,872,860	£19,739
Grand Total	£12,410,112	£13,940,501	£17,993,633	£20,114,849	£20,395,461	£21,196,509	£22,278,580	£22,805,261	£23,072,406	£23,366,420	£23,457,088	£23,249,950	£22,972,765	£22,775,966	£4,782,333
CHC - D2RA				£1,414,476	£1,166,348	£935,410	£1,053,414	£859,814	£963,353	£865,712	£841,570	£832,481	£809,455	£750,800	-£58,655
CHC - Real Living Wage				-£591,384	-£591,384										

All Wales position = at the time of writing this report only the Mth 10 position for Wales was published. Based on this data Powys had the highest growth in CHC/FNC compared to 2021/22. Summary of position for Wales is provided in the Chart:

Net CHC/FNC Expenditure Growth/Reduction - 2022/23 vs 2021/22





Board		Date of Meeting: 29 March 2023
Subject:	Nurse Staffing Act	
Approved and Presented by:	Claire Roche Executive Director of Nursing and Midwifery	
Prepared by:	Emma McGowan, Lead Nurse Informatics & Nurse Staffing Marie Davies, Deputy Director of Nursing.	
Other Committees and meetings considered at:	Executive Committee 22 March 2023	

PURPOSE:

This paper provides assurance to the Board of the work, actions, and processes in place to ensure that Powys Teaching Health Board complies with the duty to have regard to providing sufficient nurses as per the **Nurse Staffing Levels (Wales) Act 2016**

RECOMMENDATION(S):

The Board is asked to:

- Take **assurance** that Powys Teaching Health Board (PTHB) is meeting its requirement to provide sufficient nurses to allow time to care for patients sensitively as per Section 25A of the Nurse Staffing Levels (Wales) Act 2016 and report this to the Board annually;
- **Note** that the Board will receive an annual (non-statutory) assurance report in May, to include staffing in commissioned services.
- **Note** that the actions identified within the report will be monitored through the Executive Committee and Patient Experience, Quality and Safety Committee (PEQS).

Approval/Ratification/Decision ¹	Discussion	Information
✓		

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

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

EXECUTIVE SUMMARY:

The Nurse Staffing Levels (Wales) Act 2016 places duty to have regard to providing sufficient nurses as per the **Nurse Staffing Levels (Wales) Act 2016**. All Health Boards must have regard to the importance of:

- (a) providing sufficient nurses to allow the nurses time to care for patients sensitively, and
- (b) where securing the provision of nursing services, ensuring that there are sufficient nurses to allow the nurses time to care for patients sensitively.

During 2022/23, detailed establishment reviews of all in-patient wards were undertaken, led by the Executive Director of Nursing to assess and ensure that sufficient nurses are provided to allow nurses time to care for patients sensitively (it must be noted that the Act specifically states that “nurse” refers to a “registered nurse”).

DETAILED BACKGROUND AND ASSESSMENT:

The Nurse Staffing Act consists of five sections:

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25A	Refers to the Health Boards / Trusts overarching responsibility to have regard to providing sufficient nurses in all settings
25B	Requires Health Boards/Trusts to calculate and take all reasonable steps to maintain the nurse staffing level in all adult acute medical and surgical wards. Health boards/Trusts are also required to inform patients of the nurse staffing level on those wards
25C	Requires Health Boards/Trusts to use a specific method to calculate the nurse staffing level in all adult acute medical and surgical wards
25D	Relates to statutory guidance released by Welsh Government about the duties under sections 25B & 25C
25E	Requires Health Boards/Trusts to report their compliance in maintaining the nurse staffing level for each adult acute medical and surgical ward.

All wards in Powys are covered by 25A. We are not required to comply with the other sections of the Act. However, some key principles of the Act enable best practice and good governance. These principles include:

- 1) The Act requires a “designated person” to calculate the nurse staffing level for any setting. In view of the requirement to exercise nursing professional judgement when calculating nurse staffing levels, the designated person should be registered with the Nursing and Midwifery Council and understand the complexities of setting a nurse staffing level in the clinical environment.

Whilst we do not need to “calculate” nurse staffing levels in Powys where are wards are categorised as 25a wards, the adoption of a designated person to be responsible for nurse staffing to ensure nurses have sufficient time to care sensitively for patients ensures good governance. In Powys Teaching Health Board, the designated person is the Executive Director of Nursing and Midwifery.

- 2) National Operational Guidance was developed for participating organisations that had adult acute medical and surgical wards and whilst this does not apply to Powys Teaching Health Board, the Executive Director of Nursing and Midwifery, as the designated person intends to ensure that 2 elements of this national guidance is adopted in Powys, namely:
 - Provide the Board with an annual report.
 - Undertake twice yearly establishment reviews, which will be reported to the executive management team, via the Workforce Steering Group.

Establishment Review 2022/23

Between August and October 2022, detailed establishment reviews were undertaken on all in-patient wards in Powys. Led by the Executive Director of Nursing and Midwifery and supported by the Lead Nurse for Nurse Staffing, the

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Deputy Director of Nursing and the Head of Nursing for the ward (Community or Mental Health), each ward was visited and a detailed review undertaken with the Ward Manager.

Methodology:

The mandated Statutory Guidance (2017) refers to The Triangulation Methodology by which Nurse Staffing Levels are to be calculated. The designated person must calculate the number of nurses appropriate to provide patient-centred care that meets all reasonable requirements in that situation using triangulated methodology set out in the guidance below.

- **patient acuity:** an estimate of the amount of care a patient requires based on the intensity, complexity and unpredictability of their holistic needs. In Wales the Welsh Levels of Care is the tool used to assist nurses in measuring the acuity and dependency of their patients.
- **quality indicators:** a measure of factors that relate to the delivery of nursing care and are used to demonstrate whether the department delivers good outcomes for patients and staff.
- **professional judgement:** involves the nurse applying their knowledge, skills and experience in a way which is informed by professional standards, law and ethical principles to develop a decision on the factors which influence clinical decision making in relation to patient safety.



Whilst this does not apply directly to wards under Section 25A; in the absence of any other methodology, the team incorporated patient complexity, quality indicators, professional judgement and nurse staffing levels into the assessment, in addition to the following:

- Number of beds
- Patient demographic to include dependency and complexity (rather than acuity)
- Environment and subsequent impact on care
- Site responsibilities
- Out of hours support
- Multi-disciplinary support
- Bank and agency arrangements
- Type of shifts in use (including shift times)

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- Current staffing levels of registered and unregistered staff
- Budgeted establishment and actual staff in post
- Recommended registered and unregistered requirement

The Executive Director of Nursing has subsequently reported her assessment to the Executive Committee on the 20 October 2022 (for the adult inpatient wards) and the 8 March 2023 (for the mental health wards).

The establishment reviews have been welcomed by the Executive team and this work has led to a number of operational improvements. It was noted by the Executive Committee that the use of professional judgement by nurses to assess the patient needs and the level of staffing required, was evident in the reviews.

Going forward staffing reviews will be considered along with work undertaken by the Workforce and OD team to understand the future workforce supply over the next 10 years. The triangulation of this intelligence has been a significant driver for the Accelerated Sustainable Model and will be a core consideration for the future provision of services in Powys.

Learning to be taken into future reviews:

The nursing team acknowledged that there were areas of improvement that would support ongoing reviews. This included:

- Availability of high quality and robust data for use in triangulation
- The need for this data to be easily available and considered on a regular basis in the newly developed Nursing and Midwifery Professional Oversight Group, alongside formal individual ward /service reviews.
- Identification of any staffing concerns by operational teams which may have contributed to patient harm and captured systematically in the incident reporting system. To date, although incidents have been reported in relation to having a nurse staffing contributory factor none have been identified to have caused harm or injury to patients. HEIW (Health Education and Improvement Wales) expect us to identify an incident triangulated against our workforce. The national incident reporting system (Datix) is being further adapted to align with this.
- Introducing the SafeCare Allocate which measures in real-time patient care needs and available staff to provide that care. This will allow oversight of safe and compliant patient care based on patient numbers, acuity and dependency. SafeCare will also allow for evidence-based decisions around deployment of nursing staff and reporting.

Next Steps

1. All in-patient wards will be visited by the corporate nursing team in March/April 2023 in relation to staffing, the rollout of SafeCare Allocate and development of quality measures.

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2. SafeCare Allocate reporting will be rolled out by the end of April and formal reporting commence in June 2023.

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

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age	✓			
Disability	✓			
Gender reassignment	✓			
Pregnancy and maternity	✓			
Race	✓			
Religion/ Belief	✓			
Sex	✓			
Sexual Orientation	✓			
Marriage and civil partnership	✓			
Welsh Language	✓			
Statement				
<i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical				
Financial				
Corporate				
Operational				
Reputational				
Statement				
<i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i>				
Risk that budgeted establishments are not aligning to current operating requirement				

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Agenda item: 4.4

Board Meeting		Date of Meeting: 29 March 2023
Subject:	CORPORATE RISK REGISTER (February 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 Interim Corporate Governance Manager	
Other Committees and meetings considered at:	Executive Committee, 8 March 2023	

PURPOSE:		
The purpose of this paper is to provide the Board with the <u>February 2023</u> version of the Corporate Risk Register for discussion and endorsement.		
RECOMMENDATION(S):		
It is recommended that the Board: <ul style="list-style-type: none"> • RECEIVE the <u>February 2023</u> 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; • NOTE that risk CRR 009 (Cyber Security) has been considered privately by the Board In-Committee due to the confidentiality of its content. 		
Approval/Ratification/Decision	Discussion	Information
✓	✓	x

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

Strategic Objectives:	1. 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.

Updates to the Corporate Risk Register

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In line with the Risk Management Framework, the executive team has reviewed the corporate risk register as at February 2023, 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**.

Amendments to CRR 009 (Cyber Security) have been considered privately by the Board In-Committee due to the sensitivity of its content. The Board is asked to **REVIEW** and **ENDORSE** the remaining amendments to the attached Corporate Risk Register.

NEXT STEPS:

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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Corporate Risk Register February 2023

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Corporate Risk Register

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Board
29 March 2023
Agenda Item: 4.4 Appendix 1

CORPORATE RISK HEAT MAP: February 2023

There is a risk that...

In-Committee Risks (Private)		<ul style="list-style-type: none"> A cyber-attack results in significant disruption to services and quality of patient care 					
Impact	Catastrophic	5				<ul style="list-style-type: none"> the health board fails to manage its financial resources in line with statutory requirements the urgent and emergency health and social care system fails to deliver a timely response for care for Powys citizens 	
	Major	4			<ul style="list-style-type: none"> a significant public health event/emergency impacts on provision, continuity and sustainability of services 	<ul style="list-style-type: none"> the health board fails to adequately allocate resources, including transformation capacity, to improve health outcomes/experience and reduce inequalities citizens of Powys receive poor quality care (quality defined as safety, effectiveness and experience) from one or more of a range of providers failure to plan for, recruit and retain an appropriate workforce results in an inability to sustain high quality services 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 – February 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 experience) from one or more of a range of providers	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
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
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

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
DFIT	CRR 009		A cyber-attack results in significant disruption to services and quality of patient care	RIK CONSIDERED IN COMMITTEE				Delivery and Performance	
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

KEY

Risk Appetite Descriptors and Categories

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

Executive Lead:	
CEO	Chief Executive
DPCCMH	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

Risk Scoring

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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RISK APPETITE	
Category	Appetite for Risk
Safety	Averse
Quality	Minimal
Regulation and Compliance	Cautious
Reputation and Public Confidence	Cautious
Performance and Service Sustainability	Cautious
Financial Sustainability	Cautious
Workforce	Cautious
Partnerships	Open
Innovation and Strategic Change	Open

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 February 2023																
<p>Risk Rating</p> <p>(likelihood x impact): Inherent: 4 x 5 = 20 Current: 4 x 5 = 20 Target: 2 x 4 = 8</p> <p>Date added to the risk register Risk Updated September 2022</p>	<table border="1"> <caption>Score History</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>Dec-22</td> <td>8</td> <td>20</td> </tr> <tr> <td>Feb-23</td> <td>8</td> <td>20</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	Sept-22	8	20	Nov-22	8	20	Dec-22	8	20	Feb-23	8	20	<p>Rationale for current score:</p> <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 2022/23 and an underlying deficit of £18.6m reported at month 10.8 ▪ 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 ▪ Financial planning for 2023/24 has identified that the THB will have a significant deficit. ▪ The THB forecasts that it can manage its capital expenditure within the capital allocation. 	
Month	Target Score	Risk Score																
Sept-22	8	20																
Nov-22	8	20																
Dec-22	8	20																
Feb-23	8	20																
Controls (What are we currently doing about the risk?)		Mitigating actions (What more will we do?)																
<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. 		<table border="1"> <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</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										
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																

<ul style="list-style-type: none"> ▪ Risks and Opportunities – focus and action to maximise opportunities and minimise / mitigate risks ▪ Service Reviews / Performance reviews to strengthen financial monitoring of performance and longer-term impact on financial plan (support better decision making). ▪ Contracting Framework to monitor and forecast the impact of arrangements in 2022/23 and going forward ▪ Task and Finish Groups established for CHC, Variable Pay and Contracting with identified leads and clear expectation re delivery, these groups will have a short and longer-term focus for delivery. ▪ Savings Plan monitoring and reporting linked to the Efficiency Framework and Investment Benefits Group and supporting the VBHC approach. ▪ Regular communication and reporting to Welsh Government and Finance Delivery Unit regarding the impact of pressures and ongoing Covid-19 and expectations regarding funding and impact on Financial Plan and underlying position. ▪ Additional control - Finance and Performance Group established as sub-group of Executive Committee. Initial focus on savings and opportunities. 	<p>Financial Plan for 2023/24 being developed, including robust assessment of cost pressures and establishment of saving schemes.</p>	DFIIT	realignment completed
	<p>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.</p>	DFIIT / MD	Underway Established
Current Risk Rating	Update including impact of actions to date on current risk score		
4 x 5 = 20	<p>Finance and Performance Group in place from September 2022 focussing on opportunities in each Directorate to be developed at pace in addition to continuing focus on key areas such as of focus, CHC, variable pay and contracting.</p>		

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CRR 002 Risk that: the health board fails to adequately allocate resources, including transformation capacity, to improve health outcomes/experience and reduce inequalities		Executive Lead: Director of Finance, Information and IT Assuring Committee: Delivery and Performance																
Risk Impacts on: Organisational Priorities underpinning all WBOs		Date last reviewed: December 2022 February 2023																
Risk Rating (likelihood x impact): Inherent: 4 x 5 = 20 Current: 4 x 4 = 16 Target: 2 x 4 = 8	<table border="1"> <caption>Risk Rating 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>Dec-22</td> <td>8</td> <td>16</td> </tr> <tr> <td>Feb-23</td> <td>8</td> <td>16</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	Sept-22	8	16	Nov-22	8	16	Dec-22	8	16	Feb-23	8	16	Rationale for current score: <ul style="list-style-type: none"> Current Forecast deficit of £7.5m for 2022/23 and overspend of £ 5.6 6.4m at month 10 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 fully. Value Board established and key action is to develop the Health Board approach to PROMs and PREMs (to measure patient experience and outcomes) to inform future resource allocation. PTHB is working with national groups to ensure that dashboards show a resident health board position, including English flows, rather than a Welsh provider position, so that they are reliable for corporate decision making in Powys. Nationally the PROMs and PREMs electronic platforms have been procured separately. The platform for patient experience is in place, but does not have all the necessary functionality for PROMs collection and analysis. 	
Month	Target Score	Risk Score																
Sept-22	8	16																
Nov-22	8	16																
Dec-22	8	16																
Feb-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 reporting into Executive Committee. Value approach embedded in IMTP focused on outcome, experience and cost. Organisational position in relation to capacity and capability and approach to PROMs and PREMs (to inform resource allocation and actions) 		Mitigating actions (What more will we do?) <table border="1"> <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 PROMs and PREMs.</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 PROMs and PREMs.	AD T&V	Ongoing.	Ongoing Action as per the Value Group Workplan.	AD T&V	Ongoing.						
Action	Lead	Deadline																
Action as identified in Value Group Workplan including approach to developing PROMs and PREMs.	AD T&V	Ongoing.																
Ongoing Action as per the Value Group Workplan.	AD T&V	Ongoing.																

<p>approved in principle by Executive Committee, based on EQ5DL for PROMS, overlaid with condition specific outcomes.</p> <ul style="list-style-type: none"> ▪ CIVICA in place for the collection of patient experience. ▪ PROMS Group established to assist with technical implementation of PROMS. Value Opportunities Group eEstablished. ▪ Interventions Not Normally Undertaken Group established. ▪ Information and Data Dashboards under development to inform reporting re outcomes and experiences, with work undertaken to ensure national dashboards are amended to show resident health board position including English patient flows. ▪ Accelerated Sustainable Model Programme in place with Discovery Report completed, embedding value approach, to help guide prioritisation and resource allocation for maximum value impact. ▪ Approach agreed with WOAD and Programme Board to develop and embed organisational understanding of value from induction through to leadership development. ▪ Series of Getting It Right First Time Reviews completed with implementation underway. ▪ Full Board involvement in development of priorities and financial plans for 2023/24. 	<p>Continue to progress work on the Accelerated Sustainable Model including Design and Delivery phases.</p>	<p>Execs and ADTV</p>	<p>23/24</p>
<p>Current Risk Rating</p>	<p>Update including impact of actions to date on current risk score</p>		
<p>4 x 4 = 16</p>	<p>N/A</p>		

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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: December 2022 February 2023																			
Risk Rating (likelihood x impact): Inherent: 4 x 5 = 20 Current: 4 x 4 = 16 Target: 2 x 3 = 6	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</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>Dec-22</td> <td>6</td> <td>16</td> </tr> <tr> <td>Feb-23</td> <td>6</td> <td>16</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	Sept-22	6	16	Nov-22	6	16	Dec-22	6	16	Feb-23	6	16	Rationale for current score: <ul style="list-style-type: none"> Intelligence from incidents, concerns and complaints Intelligence from patient engagement Intelligence and communication from all stakeholders and partners Increased pressure on the NHS as a result of multiple factors (aging population, winter pressures, post Covid-19 pandemic) 				
Month	Target Score	Risk Score																			
Sept-22	6	16																			
Nov-22	6	16																			
Dec-22	6	16																			
Feb-23	6	16																			
Date added to the risk register Risk Updated September 2022		Controls (What are we currently doing about the risk?)																			
<ul style="list-style-type: none"> Integrated Performance Framework Powys Clinical Audit plan Internal Audit annual plan of audits NHS Wales collaborative management groups and associated peer groups Collaboration with the Delivery Unit (NHS Wales) Review of CQC and HIW reports for all providers where Powys residents receive care Triangulation of concerns, complaints (PTR) and incidents Operational arrangements for operational delivery (e.g DCG) Partnership with PCC Communication and engagement with the public and stakeholders 		Mitigating actions (What more will we do?) <table border="1"> <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</td> <td>Ongoing</td> </tr> <tr> <td>Implement Patient experience system (Civica)</td> <td>DoTH</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	Ongoing	Implement Patient experience system (Civica)	DoTH	Dec 2022
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Improve and refine the Integrated Performance Framework	DoPP	Sept 2022																			
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Address inequalities of access	DoPP/ DOMHP PC	Ongoing																			
Implement Patient experience system (Civica)	DoTH	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. Key matters at February meeting include an update of Maternity Services (Powys Provider), preparation for the implementation of the Duty of Quality and Duty of Candour and progress with the National Nosocomial Framework. Focus on concerns/ complaints will now focus on themes and trends identifying priorities for learning, now that process matters have been addressed.

Update from AD Performance & Commissioning Integrated Performance framework –update would be that this was a 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). Duty of Quality and the implementation of a Total Quality Management System as part of the IPF will be Powys THB vehicle for quality control and quality planning.

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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 February 2023																
Risk Rating (likelihood x impact): Inherent: 4 x 5 = 20 Current: 4 x 5 = 20 Target: 3 x 4 = 12	<table border="1"> <caption>Chart Data</caption> <thead> <tr> <th>Month</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>Dec-22</td> <td>12</td> <td>20</td> </tr> <tr> <td>Feb-23</td> <td>12</td> <td>20</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	Sept-22	12	20	Nov-22	12	20	Dec-22	12	20	Feb-23	12	20	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 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. 	
Month	Target Score	Risk Score																
Sept-22	12	20																
Nov-22	12	20																
Dec-22	12	20																
Feb-23	12	20																
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 border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>▪ Operational delivery of Winter Plan</td> <td>DPCCMH</td> <td>Ongoing</td> </tr> <tr> <td>▪ Daily operational management of patient flow</td> <td>DPCCMH</td> <td>Ongoing</td> </tr> </tbody> </table>		Action	Lead	Deadline	▪ Operational delivery of Winter Plan	DPCCMH	Ongoing	▪ Daily operational management of patient flow	DPCCMH	Ongoing						
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▪ Daily operational management of patient flow	DPCCMH	Ongoing																

<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. ▪ Review of urgent care team arrangements, with exploration of a business case to advance capacity of Discharge Liaison officers. ▪ Care coordination in place across all acute hospital sites to facilitate timely repatriation of patients back into Powys. ▪ Bed escalation plans in place activated 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. 		December 2022
Current Risk Rating	Update including impact of actions to date on current risk score		
4 x 5 = 20	N/a - new risk September 2022		

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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 February 2023																
Risk Rating (likelihood x impact): Inherent: 5 x 4 = 20 Current: 5 x 4 = 20 Target: 3 x 4 = 12	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</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>Dec-22</td> <td>12</td> <td>20</td> </tr> <tr> <td>Feb-23</td> <td>12</td> <td>20</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	Sept-22	12	20	Nov-22	12	20	Dec-22	12	20	Feb-23	12	20	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 December December 2022 in NHS Wales commissioned service providers, 606 543 Powys residents waiting > 104 weeks; 1098 1092 Powys residents waiting 52 53 -104 weeks. At end of September November 2022 in NHS England commissioned service providers, 12 13 Powys residents waiting > 104 weeks (all specialist spinal disorder patients); 1023 1062 Powys residents waiting 52 53 -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.	
Month	Target Score	Risk Score																
Sept-22	12	20																
Nov-22	12	20																
Dec-22	12	20																
Feb-23	12	20																
Controls (What are we currently doing about the risk?) <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 to understand both year end position 2022/23 and for 2023/24 (latter with reference to NHS Wales Planning Framework 2023-26 access target requirements by June 2023; and NHSE access target requirements by March 2024). 		Mitigating actions (What more will we do?) <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Secure performance improvement trajectories from providers.</td> <td>DPP</td> <td>Jan 2023</td> </tr> <tr> <td>Develop funding proposal for greater throughput within neighbouring providers in England subject to Welsh Government funding release.</td> <td>DPP/DOF</td> <td>Jan 2023</td> </tr> </tbody> </table>		Action	Lead	Deadline	Secure performance improvement trajectories from providers.	DPP	Jan 2023	Develop funding proposal for greater throughput within neighbouring providers in England subject to Welsh Government funding release.	DPP/DOF	Jan 2023						
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Develop funding proposal for greater throughput within neighbouring providers in England subject to Welsh Government funding release.	DPP/DOF	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>		
Current Risk Rating	Update including impact of actions to date on current risk score		
5 x 4 = 20	<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 February 2023**Risk Rating**

(likelihood x impact):

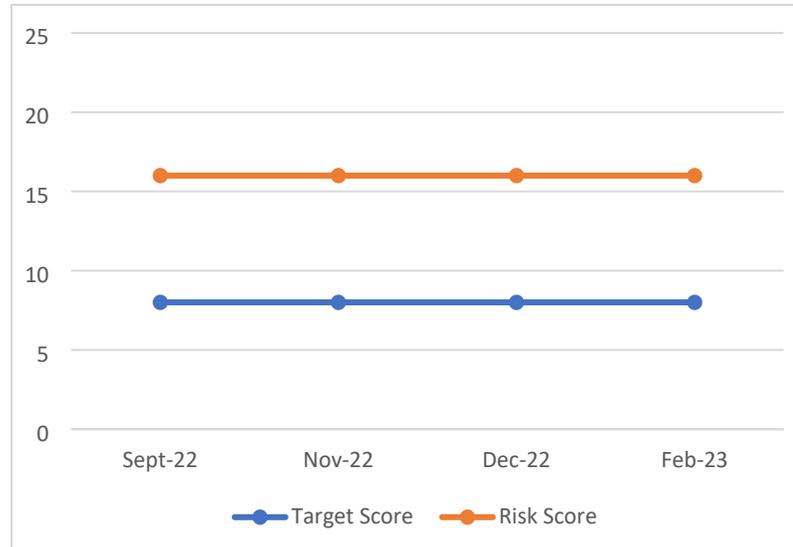
Inherent: 4 x 4 = 16

Current: 4 x 4 = 16

Target: 2 x 4 = 8

Date added to the risk register

September 2022

**Rationale for current score:**

- 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 ~~October~~ **January 2023**, RN bank was ~~15.9~~ **5.49** WTE and ~~30.2~~ **22.82** WTE from agency. For Bank HCSW it was ~~7.59~~ **13.9** WTE and ~~14.88~~ **21.3** WTE from agency.
- The health board currently has 12.5 WTE medical vacancies of which 10 WTE are being covered via Locums.
- The Health Board continues to experience a particularly challenging position in respect of registered nurse vacancies, with an overall vacancy deficit of ~~31%~~ **39%**. The greatest proportion of these vacancies are seen in our community ward settings. Recent workforce 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 and bank 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. ▪ A calendar for a rolling programme of recruitment events has been developed which includes student streamlining, department for working pensions and open days across the county. ▪ All roles on trac are monitored to improve the time to hire. ▪ Services continue to ensure all key vacant posts are being processed in a timely manner. ▪ Rolling adverts for all substantive and bank nurse vacancies remain open across all sites. ▪ Interviews were held in January for the remainder of phase 1 of the international all Wales nurse recruitment programme, 5 nurses were successful. Offers have been issued and accepted with a target in country date of 11th April 2023 (this is subject to changes with visa applications) ▪ Interviews were held in January for the remainder of phase 1 of the international all Wales nurse recruitment programme, 5 nurses were successful. Offers have been issued and accepted with a target in country date of 11th April 2023 (this is subject to changes with visa applications) ▪ Weekly reports on temporary staffing are produced and shared with Head of Nursing. 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 has commenced is planned to review this as part of on the development of an Accelerated Sustainable Model development programme of work. <ul style="list-style-type: none"> • By the end of Q1 we will have undertaken a wellbeing roadshow at each of the main hospital sites across the county 	Action	Lead	Dead line
	<ul style="list-style-type: none"> • A review of further recruitment pipelines. • A business case was developed and presented to the Executive Committee to support large scale overseas nurse recruitment and return to practice. It was positively received but further consideration is needed. 	DDW OD	Q3/4
	<ul style="list-style-type: none"> • Additionally, 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. 	DDW OD	Q3/4

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	<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 • A 'Winter Resilience' series of workshops have taken place 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 • Working with partners a joint recruitment event across Health and Social Care is being explored. 	<p>DDW OD</p> <p>ADO D</p> <p>ADO D</p> <p>ADO D</p> <p>ADO D</p> <p>DWO D</p>	<p>Q3/4</p> <p>Q1 23/24</p>
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	<ul style="list-style-type: none"> • Develop a proposition for the candidate journey from application to induction, identifying changes or omissions within the current process that are required to improve the candidate journey. • Roll out the organisationally agreed workforce planning model by delivering training which supports services to develop their resource plans. • Undertaken a wellbeing roadshow at each of the main hospital sites across the county 	DWO D	Q1 23/24
		ADO D	Q1 23/24
		ADO D	Q1 23/24
Current Risk Rating 4 x 4 = 16	Update including impact of actions to date on current risk score A Workforce Programme Board Steering Group has been established to review the existing and future targeted actions aligned to the strategic priorities set out within the IMTP.		

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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 Assuring Committee: Planning, Partnerships and Population Health																
Risk Impacts on: Organisational Priorities underpinning WBO 8		Date last reviewed: December 2022 February 2023																
Risk Rating (likelihood x impact): Inherent: 3 x 4 = 12 Current: 3 x 3 = 9 Target: 2 x 3 = 6	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</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>Dec-22</td> <td>6</td> <td>9</td> </tr> <tr> <td>Feb-23</td> <td>6</td> <td>9</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	Sept-22	6	9	Nov-22	6	9	Dec-22	6	9	Feb-23	6	9	Rationale for current score: <ul style="list-style-type: none"> Effective partnership working arrangements requires strong governance and performance management. There should be a clear approach to ensure and demonstrate that investment in partnerships delivers effective and appropriate outcomes for the local population. In January 2021, Internal Audit reported limited assurance in respect of how the Health Board ensures effective partnership governance. Further, achievement of the health board's Health and Care Strategy will be dependent on the success of successful working relationships with key partners and stakeholders. 	
Month	Target Score	Risk Score																
Sept-22	6	9																
Nov-22	6	9																
Dec-22	6	9																
Feb-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 Board High-level reporting to Board from Public Service Board, Regional Partnership Board, Joint Partnership Board Powys Health and Care Strategy in place with Powys County Council and PAVO Active engagement with Mid Wales Joint Committee Engaged in regional planning and partnership arrangements such as South East Wales Central Planning Group; Future Fit 		Mitigating actions (What more will we do?) <table border="1"> <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> <tr> <td>Development and population of a Partnership Register</td> <td>BS</td> <td>31/03/2023</td> </tr> <tr> <td>Development of the Partnership Governance Framework for presentation to Board in December 2022</td> <td>BS / DPP</td> <td>31/03/2023</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	Development and population of a Partnership Register	BS	31/03/2023	Development of the Partnership Governance Framework for presentation to Board in December 2022	BS / DPP	31/03/2023
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Current Risk Rating 3 x 3 = 9		Update including impact of actions to date on current risk score 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-February 2023																
Risk Rating (likelihood x impact): Inherent: 4 x 4 = 16 Current: 5x4 = 20 Target: 2 x 4 = 8	<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>16</td> </tr> <tr> <td>Nov-22</td> <td>8</td> <td>16.5</td> </tr> <tr> <td>Dec-22</td> <td>8</td> <td>20</td> </tr> <tr> <td>Feb-23</td> <td>8</td> <td>20</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	Sept-22	8	16	Nov-22	8	16.5	Dec-22	8	20	Feb-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 operational ▪ Dental access gaps across Powys with demand for access currently greater than capacity. Routine and urgent General Dental Services compromised. 	
Month	Target Score	Risk Score																
Sept-22	8	16																
Nov-22	8	16.5																
Dec-22	8	20																
Feb-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. ▪ 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. Fully operational 		Mitigating actions (What more will we do?) <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> ▪ Primary Care – Ongoing regular review of sustainability matrix and applications for support. Weekly review of Escalation tool ▪ 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. ▪ Following the Adastra Cyber incident on the 4th August, that as of today a fully functioning Adastra system is now operational across Wales and </td> <td>DPCC MH</td> <td>Ongoing</td> </tr> </tbody> </table>		Action	Lead	Deadline	<ul style="list-style-type: none"> ▪ Primary Care – Ongoing regular review of sustainability matrix and applications for support. Weekly review of Escalation tool ▪ 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. ▪ Following the Adastra Cyber incident on the 4th August, that as of today a fully functioning Adastra system is now operational across Wales and 	DPCC MH	Ongoing									
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<p>Adastra and CAS system hoped to be in place before the 4 day Christmas BH period. 111 and Shropdoc remain in BCI</p> <ul style="list-style-type: none"> Commissioning of urgent access slots across Powys and new contract 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. 	<p>Shropdoc. Therefore 111, Shropdoc and SBUHB will be no longer working under BCI arrangements. The national twice weekly Business Continuity & Incident calls have therefore also been stood down as of 16/02/2023</p> <ul style="list-style-type: none"> Management of an alternative process to support Adastra to minimise impact on 111 and Out of Hours Services. 		
<p style="text-align: center;">Current Risk Rating</p>	<p style="text-align: center;">Update including impact of actions to date on current risk score</p>		
<p>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

Assuring Committee: Delivery and Performance

Date last reviewed: ~~December 2022~~ February 2023

RISK CONSIDERED IN-COMMITTEE

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<p>CRR 010 Risk that: the care provided in some areas is compromised due to the health board's estate being not fit for purpose</p>		<p>Executive Lead: Director of Environment Assuring Committee: Delivery and Performance</p>																																											
<p>Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 4</p>		<p>Date last reviewed: December 2022-February 2023</p>																																											
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Date	Target Score	Risk Score																																											
May-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 March 2023	

	<p>this will be further discussed at IEG in March 2023</p>		
Current Risk Rating	Update including impact of actions to date on current risk score		
4 x 4 = 16	<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
Risk that: a significant public health event/emergency impacts on provision, continuity and sustainability of services

Executive Lead: Director of Public Health
Assuring Committee: Delivery and Performance

Risk Impacts on: the health and wellbeing of the population, patients and visitors and on the continuity of a range of NHS systems and services, including workforce, support services and supply chain.

Date last reviewed: February 2023 ~~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



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 co-circulate with Covid-19, and there has been an increase in Strep A virus. An overlap in waves of infection due to different respiratory and other infectious 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

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		<p>review. Awaiting direction from WG on testing and tracing requirements for beyond April 2023.</p> <p>Impact: 'Major'. COVID-19 presents four harms to the population: -</p> <ol style="list-style-type: none"> 1. The direct harm arising from the disease itself; 2. The harm caused by an overwhelmed NHS; 3. The harm caused by stopping other non-COVID activity; and 4. The wider harm to wellbeing caused by population level measures in response to COVID-19. 																	
Controls (What are we currently doing about the risk?)		Mitigating actions (What more will we do?)																	
<p>1. Delivery of Autumn (2022) Booster Programme commenced on 1st September 2022 to eligible groups as identified by JCVI with the primary objective to augment immunity in those at higher risk from COVID-19 and thereby optimise protection against severe COVID-19, specifically hospitalisation and death, over winter 2022 to 2023. Walk-ins available at all MVCs and since January 2023 offer of flu vaccine to eligible population, and non-attendees offered reappointments.</p> <p>2. Joint management and oversight arrangements remain in place with Powys County Council, including a joint Prevention and Response Strategic Oversight Group, which has widening remit to include oversight of other health protection areas e.g. MPox, Ukrainian refugees.</p> <p>3. Test, Trace Protect programme transitioned in line with 'Together for a Safer Wales' with very small team in place to carry out testing, contact tracing for covid-19 'stable situation' in line with WG guidance:</p> <ul style="list-style-type: none"> • PCR testing remains in place for target/eligible population via Powys CTUs; • Contact tracing service operating; • Care home cell meeting regularly and as required; • Regional response cell meetings stood down but to reconvene if required. <p>4. Working as part of the wider system in Wales through participation in national planning and response arrangements as these evolve to respond to stage of pandemic and wider health protection issues.</p> <p>5. Continued delivery of 'Together for a Safer Future' transition under way in line with WG policy decisions and national health protection review.</p>		<table border="1"> <thead> <tr> <th data-bbox="1171 488 1778 564">Action</th> <th data-bbox="1778 488 1964 564">Lead</th> <th data-bbox="1964 488 2157 564">Deadline</th> </tr> </thead> <tbody> <tr> <td data-bbox="1171 564 1778 724"> <p>Plan for delivery of Continued Delivery of COVID-19 vaccination for 2023/24 in line with WG funding. plan with quarterly review</p> </td> <td data-bbox="1778 564 1964 724">MB/SB JC</td> <td data-bbox="1964 564 2157 724">31/03/23</td> </tr> <tr> <td data-bbox="1171 724 1778 804"> <ul style="list-style-type: none"> • Exercise surge vaccination plan and review in response to learning </td> <td data-bbox="1778 724 1964 804">MB/DB</td> <td data-bbox="1964 724 2157 804">30/06/23</td> </tr> <tr> <td data-bbox="1171 804 1778 884"> <p>Continue delivery of TTP Plan with quarterly review</p> </td> <td data-bbox="1778 804 1964 884">MB/SB-JC</td> <td data-bbox="1964 804 2157 884">31/12/22</td> </tr> <tr> <td data-bbox="1171 884 1778 1235"> <ul style="list-style-type: none"> • Continue to deliver flu vaccination programme with monthly review </td> <td data-bbox="1778 884 1964 1235">MB/NB</td> <td data-bbox="1964 884 2157 1235">31/02/23</td> </tr> </tbody> </table>	Action	Lead	Deadline	<p>Plan for delivery of Continued Delivery of COVID-19 vaccination for 2023/24 in line with WG funding. plan with quarterly review</p>	MB/SB JC	31/03/23	<ul style="list-style-type: none"> • Exercise surge vaccination plan and review in response to learning 	MB/DB	30/06/23	<p>Continue delivery of TTP Plan with quarterly review</p>	MB/SB-JC	31/12/22	<ul style="list-style-type: none"> • Continue to deliver flu vaccination programme with monthly review 	MB/NB	31/02/23		
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<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 and submitted to WG in January 2023.</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>102. Delivery of 2022/23 flu vaccination programme delivered by GP Practices & Pharmacies which commenced in September, and expended via MVCs to eligible population from January 2023. is ongoing</p> <p>11. Reviewing vaccination plan (workforce and venues) in line with reduced WG funding.</p> <p>12. Scoping health protection response in line with WG funding and requirements for 2023/24.</p> <p>13. Delivery of COVID-19 vaccination plan with quarterly review</p> <p>14. Delivery of TTP Plan with quarterly review</p>			
<p style="text-align: center;">Current Risk Rating</p> <p style="text-align: center;">3 x 4 = 12</p>	<p style="text-align: center;">Update including impact of actions to date on current risk score</p>		

Patterson, Liz
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BOARD MEETING		DATE OF MEETING: 29 March 2023
Subject:	BOARD COMMITTEES: CHAIRS ASSURANCE REPORTS	
Approved and presented by:	Board Secretary Committee Chairs	
Prepared by:	Interim Head of Corporate Governance	
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
	✓	

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

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

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:

Audit, Risk and Assurance Committee:

- The Committee Chair's report of the meeting held on 31 January 2023 is attached at **Appendix A**.

Charitable Funds Committee

- The Committee Chair's report of the meetings held on 16 January 2023 and 01 March 2023 is attached at **Appendix B**.

Delivery and Performance Committee:

- The Committee Chair's report of the meeting held on 28 February 2023 is attached at **Appendix C**.

Executive Committee

- The Committee Chair's report of the meetings held from January to 15 March 2023 is attached at **Appendix D**.

Patient Experience, Quality and Safety Committee:

- The Committee Chair's report of the meeting held on 23 February 2023 is attached at **Appendix E**.

Planning, Partnerships and Population Health Committee:

- The Committee Chair's report of the meeting held on 18 January 2023 is attached at **Appendix F**.

NEXT STEPS:

Further updates from the Chairs of the Board Committees will be received at the Board meeting scheduled for 24 May 2023.

Patterson, Liz
28/03/2023 15:23:55

Reporting Committee:	Audit, Risk and Assurance Committee
Committee Chair	Mark Taylor
Date of last meeting:	31 January 2023
Paper prepared by:	Interim Corporate Governance Manager

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

As Chair of the Audit, Risk and Assurance Committee, I am pleased to provide the Board with a summary of the matters discussed and reviewed by the Committee on 31 January 2023. The papers of this meeting can be accessed at:

[Audit Risk and Assurance Committee 31 January 2023 - Powys Teaching Health Board \(nhs.wales\)](https://nhs.wales/AuditRiskandAssuranceCommittee31January2023-PowysTeachingHealthBoard)

The Board is asked to note that the following matters were considered by the Committee:

- Applications for Single Tender Waiver
- Internal Audit Progress Report 2022-23
- Internal Audit Review Reports:
 - a) Looked After Children
 - b) Cancer Services – Access to Symptomatic fit
 - c) Womens and Children’s Services
 - d) Machynlleth Hospital Reconfiguration Project
 - e) North Powys Wellbeing Programme
 - f) Charitable Funds
 - g) Workforce Futures Strategic Framework
 - h) Welsh Language Standards
- External Audit Progress Report 2022-23
- External Audit Reports:
 - a) Renewal Portfolio Report
- External Audit Structures Assessment Update
- Counter Fraud Update
- Losses and Special Payments Report

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APPLICATION FOR SINGLE TENDER WAIVER

The Committee received three applications for single tender waiver which had been received during the period of 1 November 2022 and 31 December 2022.

The Committee RATIFIED the use of Single Tender Waiver in respect of the three items during the period of 1 November 2022 and 31 December 2022.

INTERNAL AUDIT PROGRESS REPORT 2022-23

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

- since the last meeting of the Committee eight audits had been finalised;
- five audits were work in progress with a further five at planning stage, leaving two audits yet to commence;
- it was expected that all planned audits would be completed within the year; and
- of the 14 audits completed there were only two with Limited Assurance which indicated that the yearend report from Internal Audit would be positive

The 2023-24 Internal Audit Plan was in development with meetings taking place between Internal Audit and Executive Directors. The team was also due to meet with the Chief Executive and Director of Corporate Governance and Board Secretary, following which the plan would be shared with the Executive Team and Independent Members.

The Committee DISCUSSED and NOTED the update.

INTERNAL AUDIT REPORTS:

- a) Looked After Children (*Substantial Assurance*)
- b) Cancer Services – Access to Symptomatic fit (*Substantial Assurance*)
- c) Womens and Children’s Services (*Substantial Assurance*)
- d) Machynlleth Hospital Reconfiguration Project (*Reasonable Assurance*)
- e) North Powys Wellbeing Programme (*Reasonable Assurance*)
- f) Charitable Funds (*Reasonable Assurance*)
- g) Workforce Futures Strategic Framework (*Reasonable Assurance*)
- h) Welsh Language Standards (*Limited Assurance*)

The Committee RECEIVED and NOTED the Internal Audit Reports

EXTERNAL AUDIT PROGRESS REPORT 2022-23

The Committee received the item which provided an update in relation to current and planned audit work, including completed work presented to the Audit Committee; work that was currently underway; and planned work not yet started or revised. The Committee NOTED the following audits currently underway:

- Orthopaedic services – follow-up;
- Review of Unscheduled Care;
- Structured Assessment;
- Primary Care Services – a follow-up review to one undertaken in 2019 looking at capacity in primary care; and
- Workforce Planning – the project brief was issued in November 2022, field work to be phased over the next few months.

The Committee was advised that the timetable for the Full Audit of Financial Statements for 2022/23 was yet to be agreed and would potentially be later than anticipated. A formal communication on the timetable was anticipated shortly.

The Committee DISCUSSED and NOTED the Report.

EXTERNAL AUDIT REPORTS:

- a) Review of Strategic Renewal Portfolio

The Committee RECEIVED and NOTED the External Audit Reports.

EXTERNAL AUDIT STRUCTURED ASSESSMENT UPDATE

External Audit advised the Committee that it was anticipated that the draft Structured Assessment would be received by the health board in the forthcoming few days.

The Committee NOTED the update.

COUNTER FRAUD UPDATE

Patterson
28/03/2023 15:23:55

The Committee received the report which provided an update on key areas of work undertaken by the Local Counter Fraud Specialists during 2022/23. It was reported that good progress on the annual plan had been made to date. The number of cases had been lower than in previous years and cases were being closed more quickly. However, it was highlighted that there was a bottleneck of prosecution cases with delays at Courts resulting from the covid backlog, and Barrister strikes. In addition, the facility to undertake Police National Computer (PNC) checks is not available at present and although local Police colleagues may be able to provide a PNC it is not possible to proceed to prosecution in the absence of a PNC. It was expected that the ability to process a PNC would become available in the coming weeks.

The Committee DISCUSSED and NOTED the Report.

LOSSES AND SPECIAL PAYMENTS UPDATE REPORT

The Committee received the interim Losses and Special Payments Report covering the period 1 April 2022 – 31 October 2022, to which the Welsh Risk Pool Annual Review was appended upon the request of the Committee.

It was confirmed that the Audit, Risk and Assurance Committee are required to receive the financial information in respect of Losses and Special Payments. The Executive Team and Patient Experience, Quality and Safety Committee receive information on Concerns (incidents, complaints, and claims) from a quality and learning perspective.

The Committee DISCUSSED and NOTED the Losses and Special Payments Update Report.

REVIEW OF COMMITTEE PROGRAMME OF BUSINESS

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

It was noted that the final reporting timetable for the Annual Report had not yet been confirmed by Welsh Government which may impact upon the Work Programme for 2023/24.

ITEMS FOR ESCALATION TO THE BOARD

The Chair of the Committee wished to highlight to the Board the potential changes to the reporting timetable for the Annual Report, including the Annual Accounts. It was anticipated that a final timetable would be confirmed by Welsh Government and Audit Wales in the forthcoming few weeks.

NEXT MEETING

The next meeting of Audit, Risk and Assurance Committee will be held on 21 March 2023.

Patterson, Liz
28/03/2023 15:23:55

Reporting Committee:	Charitable Funds Committee
Committee Chair	Carl Cooper
Date of meeting:	16 January 2023 and 01 March 2023
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 16 January 2023 and 01 March 2023 can be found on the PTHB website via the following link: [Charitable Funds Committee - Powys Teaching Health Board \(nhs.wales\)](#).

The Charitable Funds Committee met on 16 January 2023 and 01 March 2023, both meetings were chaired by Carl Cooper.

At the meeting on 16 January 2023, the matters discussed were:

- Charitable Funds annual accounts and report

At the meeting on 01 March 2023, the matters discussed were:

- General bids for approval
- COVID Response fund applications
- Expenditure approved under delegated authority
- Charity team operational budget 2023/24
- PAVO small grant scheme
- Charity activity report
- Charitable Funds financial summary report
- Charitable Funds internal audit report
- Project evaluation updates
- Investment manager update report

16 January 2023

Charitable Funds annual accounts and report

A draft of the Charity's annual accounts and report was previously circulated to the Charitable Funds Committee at the December meeting. The report was amended following discussions with the External Auditor and brought back to the Committee for a recommendation to proceed to the January meeting of the Board for final approval. The Head of Financial Services highlighted the minor changes made to the report.

The Committee DISCUSSED and RECOMMENDED the Charitable Funds annual accounts and report for the Board to APPROVE.

01 March 2023

General Bids for Approval

The Committee APPROVED a proposal to the Hay and Talgarth District Nurses Fund.

- Hay and Talgarth district nurse team bladder scanner request (£6,500)

The request was to purchase an additional bladder scanning device for the Hay and Talgarth District Nursing team. Prior to the project approval, the team was required to borrow and return a scanner from the local hospital (Bronllys). Acquiring their own device enables quicker/easier access for their local patients, with fewer hospital referrals and less waiting time.

COVID response fund applications (for Ratification)

The Committee RATIFIED the proposal for the Wellness with Welsh National Opera (a singing and breathing programme to support people with long COVID in Wales) programme. The request was for £5,000, which would contribute to the programme costs for 12 months. This project has also been supported and funded by other Health Boards along with Arts Council Wales following a successful pilot last year.

This project was approved under delegated authority by the executive Committee on the 22nd February.

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

The Committee RECEIVED the expenditure approved under the £5,000 delegated authority limit between November 2022 – January 2023, which amounted to £3,727.

The Committee RATIFIED the expenditure.

Charity team operation budget 2023/24

The Charity Manager presented the Charity team operational budget for 2023/24. The paper outlined a request for an anticipated budget of £5,190 for the Charity team to utilise over the next financial year to help achieve its strategic objectives.

The Committee DISCUSSED and APPROVED the Charity team operational budget for 2023/24.

PAVO small grant scheme review

The Charity Manager presented a three-year overview and report on the PAVO small grant scheme, funded via Charitable Funds. This report details PAVO's evaluation of the participating projects and its recommendations for the future continuation of the programme.

The scheme ran for three funding rounds between the years of 2018 and 2022, having been extended due to the impact of the pandemic. It provided funds to enable voluntary sector groups, communities and communities of interest to buy equipment and / or to set up / extend or sustain small scale innovative activities that address the specific objectives in relation to health and well-being through awards of between £200 to £1,500. A total of 42 projects were supported for a combined total of £53,756.

The Committee DISCUSSED and NOTED the PAVO small grant scheme review.

Charity activity report

The Charity Manager presented a summary of the Charity's activity for the period of December – February 2022. Key items discussed were Charity team's upcoming plans regarding NHS 75 celebrations, and work to develop and launch its new branding.

The Committee DISCUSSED and NOTED the report.

Patterson/11/11/2023
28/03/2023

Charitable funds financial summary report

The Head of Financial Services presented the financial summary report the key messages included:

- GENERAL FUNDS = From an amount of £2,943,551 held within General Purposes or designated funds at the 1st April 2022, income of £175,878 has been received and £57,241 of expenditure has been paid. This equates to 2% of funds held at 1st 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 of 31st March 2022.
- LEGACY FUNDS = From an amount of £1,653,295 of funds held within legacies at the 1st April 2022, £6,490 income has been received and £11,430 of expenditure has been paid. This equates to 0.69% of funds held at 1st April 2022 have actually been spent.
- BANK BALANCE - The Balance held within the bank account at 31st January 2023 is just over £0.955M. Discussions with the Charity's 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 to retain this within the bank over the short term. Some larger items of expenditure are expected in the last quarter of the year which should reduce the balance to approximately £0.7M but this will still be slightly above the target cash balance of £0.5M.

The Committee DISCUSSED and NOTED the report.

Charitable funds internal audit report

The Head of Financial Services presented the summary report on the Charity's recent internal audit, which took place at the end of 2022.

All the advised actions have been addressed following the initial audit fieldwork, which is noted in the report. Some of the related governance items were actioned at the December meeting of the Charitable Funds Committee.

The Committee DISCUSSED and NOTED.

The following items were presented for Information and Assurance:

- **Project Evaluation Updates**

The Committee RECEIVED and NOTED the new project evaluations for the period, which included the Digital Project Coordinator Role, and the Supplies for Wellbeing Hubs projects.

- **Investment Manager's Report**

The Assistant Director from Brewin Dolphin was invited to the Committee meeting to present the latest investment report and to answer Committee questions. The Committee RECEIVED and NOTED the investment report and presentation from Brewin Dolphin which covers the period of 1 October 2022 – 31 December 2022.

ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD

There were no items to be brought to the attention of the Board.

NEXT MEETING

05 June 2023

Patterson LLP
28/03/2023 12:35

Reporting Committee:	Delivery & Performance Committee
Committee Chair	Mark Taylor
Date of last meeting:	28 February 2023
Paper prepared by:	Interim Corporate Governance Business Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The last meeting of the Delivery and Performance Committee took place on 28 February 2023 where the following items were considered:

- Performance Matters
- Primary Care Services Performance Report
- Financial Performance Report: Month 10
- IT Infrastructure and Asset Management Internal Audit Report
- Innovative Environments Overview Report
- Committee Risk Register
- Development of Committee Annual Programme Business

The papers from this meeting can be accessed at:

[Delivery and Performance Committee on 28 February 2023 - Powys Teaching Health Board \(nhs.wales\)](https://www.nhs.uk/healthboard/powys-teaching/committees/delivery-and-performance-committee)

The Board is asked to note that the following matters were discussed at the In-Committee on 28 February 2023.

- Financial Sustainability

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

COMMITTEE ACTION LOG

The Committee received and discussed the Committee Action Log.

PERFORMANCE MATTERS

Patterson/11/2023-15:23:35
28/03/2023

The Committee received the Integrated Performance Report Month 9 (to December 2022) and IMTP Delivery Report Q3 (to December 2022).

The Integrated Performance Report provided performance data against the 2022/23 NHS Wales Performance Framework.

The IMTP Delivery Report outlined progress made against the IMTP for the period October 2022 – December 2022.

PRIMARY CARE SERVICES PERFORMANCE REPORT

The Committee received the performance report of General Medical Services against the General Medical Services Commissioning Framework for 2021/22. No General Practice has required escalation although support was given to two practices were unable to provide information for audits due to workforce pressures. Workload pressures are particularly noted in Llanfyllin, Rhayader and Crickhowell.

The Committee also received an account of activities with the Powys Community Pharmacies during 2022/23 noting 2 of the 23 pharmacies in Powys received a guaranteed income under the definition of 'extremely small pharmacies'. The national move to encourage 56 day prescribing would have an adverse financial impact on 11 of the dispensing pharmacies with the loss of £900k income and result in some becoming classified as extremely small pharmacies.

FINANCIAL PERFORMANCE REPORT MONTH 10

The Committee received the financial performance update including the financial position and financial recovery plan. The year-to-date deficit is £6.35m with a projected year end deficit remaining at £7.5m. The capital spend is forecast to breakeven.

IT INFRASTRUCTURE AND ASSET MANAGEMENT INTERNAL AUDIT REPORT

The Committee received the Internal Audit Limited Assurance Report on IT Infrastructure and Asset Management which had been transferred from Audit, Risk and Assurance Committee for monitoring purposes. The Committee would receive Management Action Plan updates to enable monitoring.

INNOVATIVE ENVIRONMENTS OVERVIEW REPORT:

- **CAPITAL AND ESTATES COMPLIANCE REPORT**

- **HEALTH AND SAFETY UPDATE**

The Committee received the second update report from the Director of Environment including a specific health and safety report.

COMMITTEE RISK REGISTER

The Director of Finance and IT presented the Risk Register of risks relevant to the Committee. Both risk 004 (urgent and emergency care) and 005 (inequality of access to planned secondary and specialised care) are being kept under regular review.

DEVELOPMENT OF COMMITTEE ANNUAL PROGRAMME BUSINESS

The Committee were advised of the process for developing the annual programme of committee business for 2023/24.

NEXT MEETING

The next meeting of the Delivery and Performance Committee will be held on 02 May 2023.

DELIVERY AND PERFORMANCE IN-COMMITTEE MEETING

The following item was discussed in private session.

FINANCIAL SUSTAINABILITY

A detailed briefing was given to Committee Members on financial sustainability.

Patterson, Liz
28/03/2023 15:23:55



Reporting Committee:	Executive Committee
Committee Chair	Carol Shillabeer, Chief Executive
Date of last meeting:	8 th March 2023
Paper prepared on:	15 th March 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 26th January, 1st February, 8th February, 22nd February, and 8th March

26th January 2023

1. Powys Vaccination Model

The Committee RECEIVED the item which an overview of the health board's potential next steps for the vaccination service, in response to the Welsh Government National Immunisation Framework (NIF). Welsh Government had indicated that a reduced budget allocation of £1.7M would be received for 2023/24. It was reported that the allocation would not be sufficient to deliver COVID-19 vaccinations to the predicted eligible cohorts and did not take into consideration the non-staff costs of the current model due to the geographical nature of Powys. The Committee noted that the budget was described as a stable model, however, should there be a need to surge then costs would need to be reviewed.

The Committee discussed the proposed four options of the vaccination models and discussed the most cost-effective approach and the best option for the Powys population in terms of travel distances given the reduced allocation budget.

The Committee NOTED and APPROVED the following recommendations:

- NOTED the intensive work undertaken to refine delivery models and associated costs.

- NOTED that the allocated funding of £1.7M for 2023/24 was not sufficient to run the current or proposed revised options for delivering the mass vaccination model in Powys.
- APPROVED the two-centred Vaccination Model for 2023/2024 based within the North and the South Powys

The Committee SUPPORTED and APPROVED the two-centred Powys Vaccination Model approach for implementation across Powys subject to agreement of funding from Welsh Government.

2. Audit Wales review of the Renewal Portfolio PTHB organisational approach

The Committee RECEIVED the item which provided an overview of the Audit Wales review of the Strategic Renewal Portfolio which was undertaken in the winter of 2021/2022 and received on 10th January 2023. The Committee considered the organisational response and recognised that a number of the recommendations had already been addressed over the prior 10 months since the completion of the fieldwork.

The Committee NOTED and APPROVED the organisational response for onward submission to the Audit, Risk and Assurance Committee on 31st January 2023.

3. Funded Nursing Care

The Committee RECEIVED the item and noted that Funded Nursing Care (FNC) is the NHS funding of Registered Nurse (RN) time in care homes, for those residents assessed as requiring nursing supervision and input into their care. It was highlighted that the rate of care is set annually by health boards to ensure a consistent rate is applied across Wales. The rate is calculated using the Inflationary Uplift Mechanism (IUM) which is made up of two components, an identified amount of RN time and continence products.

The Committee:

- SUPPORTED the recommendation of health board Chief Executives that the Inflationary Uplift Mechanism (IUM) is extended to 2022/23 and beyond.
- SUPPORTED the proposal that; should the anticipated updated policy guidance not be forthcoming, the IUM will be reviewed after three years to ensure it remains an appropriate mechanism to set the FNC rate.
- APPROVED the recommended uplift to the health board component of the weekly FNC rate to £193.88, backdated to 1 April 2022.

4. Workforce Policies:

- a) Study Leave Policy
- b) Mediation Procedure

The Committee RATIFIED the amendments to the Study Leave Policy and APPROVED the removal of the Mediation Procedure due to its inclusion in the Respect and Resolution Policy.

5. Overseas Nursing Accommodation

The Committee RECEIVED the item which provided an update of the cost profile for potential options to source temporary accommodation for Overseas Nurses due to be deployed in Welshpool from March 2023.

The Committee APPROVED a bespoke benefits package, including a loan of up to £1,000 with repayments over 12 months to aide in the attraction, transition and retention of Overseas Nurses. The Committee confirmed that further work to source appropriate accommodation for Overseas Nurses was required

6. Agile Working Update and Next Steps

The Committee RECEIVED the item which provided an update of the work that has been undertaken in relation to delivering a sustainable model of agile working across the organisation. The following priorities were discussed:

- Vacate Neuadd Brycheiniog and maximise benefits of work from home already being felt in Bronllys;
- Glasbury House, Bronllys would be reviewed first, with a clear plan in place for other buildings on site. This would demonstrate the Executive function leading by example;
- It was highlighted that there was a need to be cautious in relation to investing money in Glasbury House if it could not be replicated in other locations.
- The formalisation of hot desking locations and embedding of agile working principles in Llanidloes and Welshpool, based on the assessment that both sites face a capacity deficit of office space at present.

The Committee:

- NOTED the content of the paper and APPROVED the principles and priorities as discussed;
- ENDORSED the scoping of costed solutions for all moves within an adequate timeframe given current system pressures;

- SUPPORTED discussions with Assistant Directors to confirm suitable proposals;
- NOTED a version of the item was due to be presented to Local Partnership Forum on 31st January 2023.

7. Industrial Action

The Committee RECEIVED the item which provided an assessment of the current position with an overview of the actions implemented to date. It was noted that some complexities were evident as a result of different derogation frameworks and the key focus was on 6th February 2023 (with one Trade Union taking action) and 7th February 2023, which sees RCN/RCM/CSP and Unite all taking industrial action. It was been confirmed that Welsh Government intended to meet nationally to discuss the derogation process. Powys had submitted their derogation plans nationally with limited impact for Home First.

The Committee DISCUSSED and NOTED the update.

8. Annual Report of the Accountable Officer for Controlled Drugs

The Committee RECEIVED the item which provided an update of the Controlled Drugs Accountable Officers Annual Report which outlined the background information regarding the legislation relating to Controlled Drugs governance. Assurance was provided to Committee members of the arrangements in place, baselines and self-assessments, Standard Operating Procedures, Education and Training, and the monitoring and prescribing CD.

The Committee recognised the considerable work required to strengthen governance arrangements across the health board through collaborative working with partners, however noted the progress made over the last 12-months despite the continued challenges presented by the COVID-19 pandemic.

The Committee NOTED the Annual Report of the Accountable Officer for Controlled Drugs.

1st February 2023

1. Transnasal Endoscopy Business Case

The Committee RECEIVED the item which provided an overview of the Transnasal Endoscopy Business Case which is a priority within the Integrated Medium-Term plan (IMTP) with specific delivery actions required across the Diagnostic, Ambulatory and Planned Care Cancer Programmes. It was highlighted that the business case aims to improve outcomes, experiences, and costs.

The committee APPROVED the implementation of the Transnasal Endoscopy service within Powys. a confirmed timeline would be developed and included within the IMTP and IMTP reporting.

2. Medical Records Update

The Committee RECEIVED the item which provided an overview of the Digital First progress, challenges, and next steps in relation to the digitalisation of records programme. The principles were discussed with a focus on the strategic approach for the priority areas and next steps. It was noted that a procurement route had been developed should funding be made available to support the principles going forward.

The Executive Committee:

- NOTED the current position with records management and findings;
- NOTED the areas requiring immediate attention together with a longer-term plan,
- NOTED the identified risks and mitigation recommendations and review of the Limited Assurance report to mitigate any outstanding actions;
- AGREED to review the appropriate clinical areas to identify a strategy as a priority of the scale of back scanning required.

8th February 2023

1. Maternity Assurance Report

The Committee RECEIVED the item which provided an update on the escalation arrangements in Powys Teaching Health Board's Midwifery Service.

The Committee discussed and NOTED the report.

2. Improving the Cancer Journey Phase Two

The Committee RECEIVED the item and noted the Improving the Cancer Journey Programme is a partnership with Powys County Council and Macmillan Cancer Support, fully funded by Macmillan Cancer Support for 3 years. It was proposed that the health board proceed with Phase 2 of the programme with substantive posts for the Programme Lead, Allied Health Professional (AHP) Cancer Lead and Project Manager roles, hosted by the health board for 3 years, fully funded by Macmillan Cancer Support.

Phase 2 of the programme would enable wraparound care for people living with cancer in Powys and would also be key in responding to the Cancer Patient Experience Survey results. The Committee discussed the wide ranging benefits of the roles, for both Improving the Cancer Journey and the wider cancer plan for Powys, the organisation as a whole and the return the investment would need to demonstrate to the Board.

The Committee DISCUSSED the report and REQUESTED further information return to the Committee in relation to the wider cancer plan, where this investment would fit with other programmes and what would be delivered, to enable a considered decision. .

3. Primary Care Services Performance Report – General Medical Services

The Committee RECEIVED the report on the General Medical Services Commissioning Assurance Framework (GMS CAF). The GMS CAF was reported on a quarterly basis and internal assurance was delivered through both the Primary Care Department and the General Medical Services Contract Management Group. The GMS CAF monitors all Powys General Medical Practices including the PTHB managed practice at Presteigne.

The report highlighted current issues within the service including vaccination and immunisation uptake, prescribing and flu targets.

The Committee DISCUSSED and NOTED the Report.

4. SBAR Issuing of Fit Notes

The Committee RECEIVED the item in relation to the issuing of fit notes and the change in legislation in July 2022, which enabled a wider range of healthcare professionals to certify fit notes. Healthcare professionals who can certify fit notes under the new legislation are Doctors, Nurses, Occupational Therapists, Pharmacists and Physiotherapists.

A small working group from the health board was established to discuss the implications of the legislative change for our staff and service users and agree recommendations.

The following recommendations were APPROVED by the Committee:

- Only eligible professionals with access to general practice IT systems should be endorsed to issue fit notes under the new legislative change. Under current PTHB service provision this includes MSK First Contact Practitioners only;

- the health board does not support pharmacist provision of fit notes at the current time;
- Criteria for future expansion of the professionals supported to issue fit notes must include:
 - Access to primary care electronic patient record
 - Efficient communication pathways with primary care
 - Capacity for timely review to enable reissue of fit note when required.
- Relevant professionals must complete the e-Learning for Health module on fit notes prior to starting to issue fit notes;
- The e-Learning for Health fit note module should be mandated and recorded on the professionals ESR profile;
- where professionals have a mixed job plan, fit notes must only be issued from the role in which they have access to the primary care electronic record; and
- the organisational position is to be communicated to all relevant professional groups.

5. Pan Powys Community Cardiology Proposals

The Committee RECEIVED the item which provided an update on the Community Cardiology Service pilot in North Powys and discuss the next steps in implementation for mid and south Powys. The first phase of the pilot in North Powys, funded from a one-year grant from the Cardiac Network, went 'live' on 11th November 2022 and is due to run to 31st March 2023.

The Committee APPROVED:

- the controlled expansion of the community cardiology service;
- Long Term Agreement (LTA) adjustments in line with the controlled expansion and related budget transfer to fund the Cardiology service;
- performance management to test activity, impact and benefits (outcomes and activity changes);
- careful monitoring of the next phase with continued learning and the development of an appropriate exit strategy if needed;
- a submission to the Clinical Network for non-recurrent funds to off-set the pilot costs of the next phase – including consideration of the additional posts needed.

6. Digital First Update

The Committee RECEIVED the item which provided an update on Digital First activities which included the Digital Transformation Programme Plan, Infrastructure, Transformation and Informatics. It was noted that the Digital Transformation Programme Plan was

managing a number of large projects and the report outlined their progress and performance.

The Committee DISCUSSED and NOTED the update.

7. Clinical Audit

The Committee RECEIVED the item which provided an update on the work being undertaken for the 2023-2024 annual clinical audit plan. The plan identified areas of concern and areas of focus for improvement and had been jointly drafted by Women and Children's Services Group, Community Services Group, Mental Health and Learning Disabilities Group, Medicines Management and Primary Care

It was intended the revised plan would provide a greater focus on learning from incidents and an improved section on policies.

The Committee CONSIDERED the draft plan and NOTED further work required to ensure all audits were listed.

8. Health and Safety Report

The Committee RECEIVED the item which highlighted the work of the Corporate Health and Safety Group and the progress that had been made against the Health and Safety forward work programme for 2022/23. It was noted that the Health and Safety group is attended by a senior representative from each Directorate and meets bi-monthly, the focus for 2023-24 will be site co-ordination, fire safety and site security.

The Committee DISCUSSED and NOTED the Report.

9. Purchase of Welsh Government Building, Spa Road

The Committee RECEIVED the item which presented a proposal for the health board to purchase the Welsh Government building on Spa Road, Llandrindod Wells, which was being used as a Mass Vaccination Centre. The purchase of the Welsh Government building would provide the opportunity for a health and care campus approach to be developed for Llandrindod Wells and would provide long term benefits for the health board.

The Committee discussed the opportunity and it was noted that the work on the Accelerated Sustainable Model and integrated community care would align to the proposal. The revenue costs would be minimal, and the asset would add value for the health board.

The Committee SUPPORTED the proposal for further discussion at Board level.

22nd February 2023

1. Mental Health Service Update: 111

The Committee RECEIVED the item which provided an overview of the 111Mental Health service, which is an all age, citizen led service which will provide local care through a national number. The service will provide early intervention for mental health issues, navigation to local appropriate services/non statutory support for welfare issues, and information and options for self-care and support.

The Committee DISCUSSED the key risks and mitigations for the project and highlighted the benefits of baseline data and measurable benefits and impact. The Committee NOTED the update.

2. Community Dermatology Services Business Case

The Committee RECEIVED the business case for the development of a primary and community Dermatology Service for Powys to prevent out of county referrals and to repatriate activity. The following matters were highlighted for the Committee's attention:

- The service is local for patients, provided in GP practices meaning patients no longer need to visit secondary care sites.
- Treatment would be delivered faster and safer. There are currently long waiting times for patients, with a shortage of dermatologists in the UK and Wales in particular. This work would significantly shorten wait times and reduce the burden on secondary care colleagues.
- Following a period of establishment, the reduction in referrals outside of Powys will be significant. The service would be far more cost effective than secondary care alternatives.

The Committee acknowledged the work of the team involved in the case's development and APPROVED the Community Dermatology Services Business Case.

3. Community Pharmacy Report

The Committee RECEIVED the item which provided an account of Powys' Community Pharmacy activities undertaken during

2022/23. The following matters were highlighted to the Committee:

- there are 23 community pharmacies located within the geography of Powys, 8 in the north, 7 in the mid and 8 in the south;
- the community pharmacy contract is managed on a day-to-day basis by the Head of Primary Care Medicines Management;
- a new contractual framework for Community Pharmacy was introduced in April 2022 and the implementation of the new framework was a priority for the health board. All Powys' community pharmacies have successfully transferred to the new contract;
- The new community pharmacy contract has resulted in the delivery of more consistent services;
- Between April and December 2022, the health board received 28 closure notices from a total of 10 contractors. 9 of the closure notices were from the same contractor (Boots in Brecon). These figures have decreased compared with earlier in the year (23 closures Jan – Mar 22) where high levels of COVID-related absence and difficulty obtaining locum pharmacists led to much higher rates of closure rates;
- There are now four community pharmacy sites actively prescribing as independent prescribers for patients in Powys, with a further two expected by the end of the current financial year;
- The Medicines Management Team, in collaboration with finance colleagues, has strengthened its financial governance of the Community Pharmacy allocation;
- There is a national drive to move from 28 to 56-day prescribing. However, this is significant challenge for Powys as 38% of the registered population access their medicines from GP practice dispensaries rather than community pharmacies. The results of an audit showed that the 11 dispensing practices in Powys would collectively lose in the region of £900,000 per annum from the reduced dispensing fees following the switch.
- The Medicines Management pages of the PTHB website include a section on Community Pharmacy. There are plans to develop the website further to ensure that patients and clinicians can easily access information relating to pharmacy services.

The Committee DISCUSSED and NOTED the Report.

4. Charitable Funds Proposals

The Committee RECEIVED the following proposals:

- Covid Funds Application – Wellness with Welsh National Opera (WNO) (for Approval)

- Hay and Talgarth Bladder Scanner Request (for Support)

The Committee APPROVED the investment in Wellness with WNO and SUPPORTED the Hay and Talgarth Bladder Scanner which would be presented to the Charitable Funds Committee for approval.

5. Integrated Performance Report

The Committee RECEIVED the item which provided the latest available performance update against the 2022/23 NHS Wales Performance Framework released in July 2022 with data up until the end of month 9 (December 2022).

The Committee noted that additional performance indicators for action outcome trajectories would be needed for the new financial year.

The Committee DISCUSSED and NOTED the Report (noting that would go on to Delivery and Performance Committee).

6. Finance Performance Report, Month 10

The Committee RECEIVED the item which provided an overview of the financial position as of Month 10, highlighting the key information for the Committee.

The Committee DISCUSSED and NOTED the Report (noting that would go on to Delivery and Performance Committee).

7. Accelerated Sustainable Model

The Committee received and NOTED the Accelerated Sustainable Model highlight report for information.

8th March 2023

1. Internal Audit Plan 2023/24

The Committee RECEIVED the report which provided an overview of the Audit Plan where it would be updated to reflect the amendments discussed for onward submission to the Audit, Risk and Assurance Committee on 21st March 2023.

2. Possible historic Hepatitis B contamination of Blood Products

The Committee RECEIVED the item which provided an introduction of enhanced testing for Hepatitis B virus (HBV) in May 2022. The Chair confirmed there was no action for PTHB and the update was for awareness only.

3. Capital Programme 2023-25

The Committee RECEIVED the report which provided an update on the current funding position including the risks and opportunities. Powys has significant challenges in terms of maintaining its estate, however, has a successful reputation of securing funding to support its infrastructure and capital improvement projects.

The Committee recognised investment would be required to support the digital infrastructure going forward.

The Committee DISCUSSED and NOTED the report and AGREED that the Director of Environment would strengthen the contingency and assurance elements of the report ahead of the Board meeting on 29th March 2023.

4. Nursing Establishment Review: Mental Health Wards

The Committee received the report where consideration was given to the recommended minimum safe staffing levels for Adult Mental Health wards. A ward establishment review was undertaken last year and has now been reviewed with a six monthly follow up.

The Committee AGREED that further discussions are required on this piece of work before any recommendations can be made, around culture, how we run our wards and how this can be aligned against the proposed Accelerated Sustainable Model.

5. Integrated Plan 2023/24:

a) Draft Strategic Plan, b) Draft Ministerial templates, c) Draft MDS, d) Draft Finance Plan

The Committee RECEIVED the reports, and it was highlighted that the Integrated plan remains in draft and following colleagues feedback a final version would be made available by 22nd March 2023. The Committee recognised the need for further detail on the future Generations Act and Socioeconomic Duty elements if the one-year plan is enhanced to a three-year plan.

The Committee agreed to base the plan across three-years, noting that a formal response from Welsh Government is anticipated in the coming days regarding the year planning expectations. It was agreed that feedback would be provided to The Director of Planning and Performance by Friday 10th March 2023 for inclusive within the final version prior to final approval to the Board on 29th March 2023.

6. New Velindre Cancer Hospital Full Business Case

The Committee were provided with an update on the Business Case in which it is anticipated that funding would be made available from Welsh Government to support the Full Business Case.

The Committee NOTED the full Business Case Update (noting planned submission to the Board in March).

7. Board Secretary Reports:

a) Audit Recommendation Tracking, b) Corporate Risk Register, c) Register of Interests, d) Welsh Health Circular Tracking

The Committee RECEIVED the reports where key focus was highlighted to the Corporate Risk Register and Cyber Security Risk. An increase score of Likelihood 4 x Impact 5 had been proposed.

It was agreed that further discussion is required at the Extraordinary Executive Committee on Wednesday 15th March to confirm and agree the appropriate scoring prior to submission to the Audit, Risk and Assurance Committee on 21st March 2023.

The Committee APPROVED the following reports:

- Audit Recommendation Tracking
- Welsh Health Circulars
- Declarations of Interest
- Corporate Risk Register, subject to further clarity on the Cyber Security Risk score rating.

8. Finance Reports:

The Committee RECEIVED the report and were provided with an overview on the approach setting for revenue budgets for 2023/24 and future years.

The Committee recognised that there would be variation to the plans and budgets where it is expected for health boards to take appropriate action as needed.

The Executive Committee APPROVED the Budget Setting Approach for 2023/24 and the Finance Savings Efficiency Approach for 2023/24.

9. Internal Audit Report: Cyber Security (Limited Assurance)

The Committee NOTED the report which highlighted limited detail across the actions with no reporting of the security position of the health board. The Committee advised that Executive collaboration would be required to review and strengthen the management response and to consider the digital cyber strategy plans to ensure balance of management is appropriate.

The Committee DISCUSSED and NOTED the report for submission to the Audit, Risk and Assurance Committee on 21st March 2023.

10. Accelerated Sustainable Model

The Committee received and NOTED the Accelerated Sustainable Model highlight report for information. It was noted that the highlight report would be discussed at the Transformation and Value Group on 9th March 2023.

11. Update on PTHB Strategic Level Participation in The Mighty Oak Exercise

The Committee received and NOTED the Update on the Powys Strategic participation regarding The Mighty Oak Exercise for information.

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:

- The purchase of the Government building on Spa Road, Llandrindod Wells on 8th February 2023 (which was subsequently discussed at an In-Committee meeting of the Board on the 20 February 2023).

NEXT MEETING

The next meeting of the Executive Committee is scheduled for 5th April 2023.

Patterson Liz
28/03/2023 14:22:55

Report of the Executive
Committee Chair

Page 15 of 15

Board Meeting
31 March 2023
Agenda Item 4.5aiv
Appendix D



Reporting Committee:	Patient Experience, Quality and Safety Committee
Committee Chair	Kirsty Williams
Date of last meetings:	23 February 2023
Paper prepared by:	Interim Head of Corporate Governance

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The last meeting of the Patient Experience, Quality and Safety Committee took place on 23 February 2023.

The Board is asked to note that the following matters were discussed at the Patient Experience, Quality and Safety Committee on 23 February 2023:

- Integrated Quality Report
- Clinical Audit Programme 2023-2024
- Annual Report of the Accountable Officer for Controlled Drugs
- National Commissioning Functions Review
- Mental Health Services – 111 press 2 project
- Child Practice Review
- Committee Risk Register
- Development of Committee Annual Programme Business 23/24
- Terms of Reference for Power of Discharge Group

The papers from this meeting can be accessed at:

[Patient Experience Quality and Safety Committee 23 February 2023 - Powys Teaching Health Board \(nhs.wales\)](#)

COMMITTEE ACTION LOG

The Committee received and discussed the Committee Action Log.

INTEGRATED QUALITY REPORT

Patterson
28/02/2023 15:23:55

The Committee received the report particularly noting that the Health Board is awaiting guidance for the Quality and Engagement Act to come into force in April 2023 and the team is on track to complete reviews of nosocomial cases by April 2024.

It was also noted that 30 day response time for complaints had improved, and maternity services continue to be in local escalation with fortnightly meetings monitoring the core data sets.

CLINICAL AUDIT PROGRAMME 2023-24

The Committee received the report outlining the Clinical Audit Programme 2023-24 which acknowledged a number of audits would be monitored via service group dashboards thereby enabling prioritisation within the Clinical Audit Plan.

NATIONAL COMMISSION FUNCTIONS REVIEW

The Committee received the report from the NHS Wales/Welsh Government Director General together with the Terms of Reference for the National Commissioning Functions Review. The review had been delayed by the pandemic but was now expected to report by April 2023.

ANNUAL REPORT OF THE ACCOUNTABLE OFFICER FOR CONTROLLED DRUGS

The Committee received the report which drew attention to a slight decrease in reporting of incidents, the need to undertake training, including in relation to the destruction of controlled drugs, the requirement for primary care colleagues to undertake self-assessments.

MENTAL HEALTH SERVICES - 111 PRESS 2 PROJECT

The Committee received a presentation on the soon to be launched NHS service 111 press 2 for urgent mental health support. Recruitment and training are ongoing and arrangements for support for cross border patients now agreed.

CHILD PRACTICE REVIEW

Patterson L
28/03/2023 15:23:55



The Committee was advised regarding the sad death of Kaylea Titford. Now the criminal proceedings had concluded a Child Practice Review would take place involving colleagues from the police, local authority, health board and other stakeholders. The Chair requested an update from the Safeguarding Group to outline the actions already taken, and that the Child Practice Review be brought to the Committee in due course.

COMMITTEE RISK REGISTER

The Committee Risk register was presented and noted the risk had changed in relation to the imminent introduction of the Quality and Engagement Act and consequent move from the Health and Care Standards to the Quality Standards.

**DEVELOPMENT OF COMMITTEE ANNUAL PROGRAMME BUSINESS
23/24**

The Committee were advised of the process for developing the annual programme of committee business for 2023/24.

TERMS OF REFERENCE FOR POWER OF DISCHARGE GROUP

The Committee considered the Terms of Reference for the Power of Discharge Group.

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

28/03/2023 15:23:55
Liz

The next meeting of the Patient Experience, Quality and Safety Committee will be held on 25 April 2023.

Patterson Liz
28/03/2023 15:23:55



Reporting Committee:	Planning, Partnerships and Population Health Committee
Committee Chair	Rhobert Lewis
Date of last meeting:	19 January 2023
Paper prepared by:	Interim Corporate Governance Business Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The last meeting of the new Planning, Partnerships and Population Health Committee took place on 19 January 2023.

The Board is asked to note that the following matters were discussed at Planning, Partnerships and Population Health Committee on 19 January 2023:

- Healthy schools and Healthy Pre-schools / Bach a Iach Schemes Assurance
- Strategic Change Report
- Strategic Planning – Draft Integrated Medium-term Plan (IMTP) update
- Primary Care Cluster Planning
- Q2 NHS Wales Shared Services Partnership Performance Report
- Development of Committee Annual programme report

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

The papers from this meeting can be accessed at:

[Planning, Partnerships and Population Health Committee 19 January 2023 - Powys Teaching Health Board \(nhs.wales\)](#)

19 January 2023

COMMITTEE ACTION LOG

The Committee received and discussed the Committee Action Log.

Patterson, Liz
28/03/2023 15:23:55

HEALTHY SCHOOLS AND HEALTHY PRE-SCHOOLS/BACH A IACH SCHEMES ASSURANCE

The Committee received the paper presented by the Director of Public Health. The paper outlined the following programmes and plans the Healthy Schools and Preschools Team to deliver:

- Healthy Schools Scheme;
- Healthy Preschool Scheme; and
- Whole School Approach to Emotional and Mental Wellbeing

Delivery of these programmes are on track in line with the conditions of the national grants that fund them. In addition, between 2020/21 and 2022/23, the team delivered a local programme: "Foundation Phase Bach a Iach" under the North Powys Wellbeing Programme.

The Committee DISCUSSED and NOTED the Healthy Schools and Healthy Pre-schools/Bach a Iach Schemes Assurance Report.

STRATEGIC CHANGE REPORT

The Committee received the report which provided an update on the stocktake of the Strategic Change programmes which may impact the health board and its patients.

The organisations which the health board commission services from are now reviewing their structures and making additional changes following the pandemic.

Health boards are developing integrated plans for submission in March 2023 in response to the NHS Wales Planning Framework which includes refreshed Ministerial Priorities. This will result in changes to associated long term ambitions and medium-term plans.

The Committee DISCUSSED and NOTED the Strategic Change Report.

STRATEGIC PLANNING – DRAFT INTEGRATED MEDIUM-TERM PLAN (IMTP) UPDATE

The update was presented to Committee members by the Director of Finance and IT, and the Director of Planning and Performance. This update highlighted key items from the financial allocation letter, including the health board's scheduled 1.5% uplift to cover inflammatory pressures and the note that the current economic pressures will be now included in the baseline funding.

The Committee DISCUSSED and NOTED Strategic Planning – Draft Integrated Medium Term Plan update.

PRIMARY CARE CLUSTER PLANINGG

The Committee received an update on the accelerated cluster development programme, an initiative introduced by Welsh Government to promote equality of both independent contractors and other stakeholders through Regional Partnership Boards (RPB).

The Committee DISCUSSED and NOTED the primary Care Cluster Planning.

Q2 NHS WALOES SHARED SERVICES PARTNERSHIP PERFORMANCE REPORT

The Committee NOTED the Q2 NHS Wales Shared Services Partnership Performance Report.

DEVELOPMENT OF COMMITTEE ANNUAL PROGRAMME REPORT

The Committee were advised of the process for developing the annual programme of committee business for 2023/24.

ITEMS TO BE ESCALATED TO THE BOARD

There were no items noted.

NEXT MEETING

The next meeting of the Planning, Partnerships and Population Health Committee will be held on 11 May 2023

IN-COMMITTEE



The following item was discussed in private session.

DEVELOPMENT OF ACCELERATED SUSTAINABLE MODEL

The Committee DISCUSSED and NOTED the development of the Accelerated Sustainable Model.

Patterson Liz
28/03/2023 15:23:55

BOARD MEETING		DATE OF MEETING: 29 March 2023
Subject :	SUMMARY OF JOINT COMMITTEE ACTIVITY	
Approved and Presented by:	Carol Shillabeer, Chief Executive	
Prepared by:	Interim Head of Corporate Governance	
Considered by Executive Committee on:	Various aspects covered in Executive Committee business	
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant joint committees.	
PURPOSE:		
<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
*	✓	*

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

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

EXECUTIVE SUMMARY:

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

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

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

DETAILED BACKGROUND AND ASSESSMENT:

Welsh Health Specialised Services Committee (WHSSC)

The Welsh Health Specialised Services Committee held virtual meetings on 13 February 2023 and 14 March 2023. The papers for the meetings are available at: [2022/2023 Meeting Papers - Welsh Health Specialised Services Committee \(nhs.wales\)](#)

Briefing reports from these meetings were unavailable when the Board Papers were published and will be included in the May 2023 Board papers. Briefing reports from the previous meetings held on 10 and 17 January 2023 are now available and are attached at **APPENDIX A**.

Emergency Ambulance Services Joint Committee (EASC)

The EAS Committee held a virtual meeting on 14 March 2023. The papers for the meetings are available at: [January 2023 - Emergency Ambulance Services Committee \(nhs.wales\)](#) The assurance report for the 6 December

2022 is attached at **APPENDIX B**. The assurance report for 17 January 2023 was not available when the Board papers were published and will be included in the May 2023 Board papers.

Mid Wales Joint Committee for Health and Social Care

The Mid Wales Joint Committee have provided a March 2023 update which is attached at **APPENDIX C**.

NEXT STEPS:

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

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WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) EXTRAORDINARY JOINT COMMITTEE MEETING BRIEFING – 10 JANUARY 2023

The Welsh Health Specialised Services Committee held its latest public meeting on 10 January 2023. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/>

1. Single Commissioner for Secure Mental Health Proposal

Members received a report presenting the feedback received from Health Boards (HBs) on the options assessment for a single national organisation to commission integrated secure mental health services for Wales and to request support for the recommended course of action to be given to Welsh Government (WG) to achieve a single commissioner for secure mental health services in Wales.

Members (1) **Noted** the report, (2) **Noted** the feedback received from the seven Health Boards (HBs) on the options assessment circulated by the WHSSC team, (3) **Noted** that six of the seven Health Boards (HBs) supported WHSSC as the single commissioner with one HB raising concerns regarding the need for a single commissioner, (4) **Noted** that feedback emphasised a number of issues which would need to be addressed to ensure successful implementation of the change; and (5) **Supported** the following recommendations going forward to Welsh Government:

- That secure mental health services in Wales should be commissioned by WHSSC,
- That a national programme of work, including representatives from Welsh Government, WHSSC and all the seven Health Boards (HBs) should be set up to manage the transfer of the commissioning of low secure services; and
- That more detailed work needs to be done to define the appropriate timescales but that the programme of work is unlikely to be completed before April 2024 at the earliest.

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2. Audit Wales WHSSC Committee Governance Arrangements – Update

Members received a report providing an update on progress against the recommendations outlined in the Audit Wales WHSSC Committee Governance Arrangements report.

Members (1) **Noted** the report, (2) **Noted** the progress made against WHSSC management responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report, (3) **Noted** the progress made against the Welsh Government responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report; and (5) **Noted** that a further update on progress will be brought to the May 2023 Joint Committee meeting; thereafter an update will be submitted to Audit Wales and to HB Audit Committees for assurance in June/July 2023.

3. Preparedness for the COVID-19 Public Inquiry

Members received a report providing an update on WHSSC's preparedness for the COVID-19 Public Inquiry.

Members **noted** the report.

4. Review of Financial Limits and Reporting

Members received a report requesting that the increased financial delegation limits introduced in March 2020 to enable effective financial governance as a consequence of the COVID-19 pandemic were approved as new permanent limits.

Members discussed the report and noted that discussion had been held with HB finance colleagues on the proposed approach. Members advised they were in agreement to approve the recommendations, subject to further discussion with the HB Board Secretaries.

Members (1) **Noted** the report, (2) **Noted** the rationale for the increase in financial delegation limits as a consequence of the COVID-19 pandemic, (3) **Approved** the updated financial authorisation matrix, which includes the increased financial delegation limits introduced in March 2020 to enable effective financial governance as a consequence of the COVID-19, (4) **Approved** the updated process for the current SFI requirement for Joint Committee "approval" of non-contract cases above defined limits for annual and anticipated lifetime cost, to be replaced by an assurance report to Joint Committee and the CTMUHB Audit & Risk Committee (ARC) notifying of all approvals above the defined limit and Chairs action to reflect the need for timely approval action, subject to further discussion with the HB Board Secretaries. (5) **Noted** that the Standing Financial Instructions (SFI's), and the scheme of delegation will be updated to reflect the changes; and (6) **Noted** that the updated scheme of delegation and the financial matrix will be appended to the SFI's for completeness.



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Welsh Health Specialised
Services Committee (WHSSC)

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 17 JANUARY 2023

The Welsh Health Specialised Services Committee held its latest public meeting on 17 January 2023. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/>

1. Minutes of Previous Meetings

The minutes of the meeting held on the 8 November 2022 were **approved** as a true and accurate record of the meeting.

2. Action log & matters arising

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

3. Draft Integrated Commissioning Plan (ICP) 2023-2024

Members received a presentation on the draft Integrated Commissioning Plan (ICP) 2023-2024 and a report presenting the plan for approval.

Members noted that the ICP had been updated following the Joint Committee ICP workshop on 10 January 2023 during which a range of scenarios were considered and it was recognised that the financial situation of NHS Wales had become clearer and the context for consideration of the plan had become more difficult.

Members discussed the financial elements of the plan and noted the constrained economic environment, recovery challenges and the volatile inflationary pressures. Members agreed to support the plan in principle but requested that additional work was required to focus on risks, efficiencies, monitoring and reporting, to be undertaken before being brought back to an extraordinary Joint Committee meeting in February 2023, in order to approve the ICP in readiness for inclusion in Health Board (JB) Integrated Medium Term Plans (IMTP's).

Members (1) **Noted** that the Plan has been finalised following the Joint Committee Workshop held on 10 January 2023, (2) **Agreed** to support the plan in principle but requested additional work be undertaken to focus on risks, efficiencies, monitoring and reporting before they could provide final approval,

(3) **Agreed** to convene an extraordinary Joint Committee meeting in February 2023 to:

- **Approve** the requirements of the Integrated Commissioning Plan (ICP) for inclusion in Health Board Integrated Medium Term Plans (IMTPs); and
- **Approve** the Integrated Commissioning Plan (ICP) 2023-2024 for submission to Welsh Government.

4. Chair's Report

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

- Key meetings attended.

Members **noted** the report

5. Managing Director's Report

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

- **National Skin Camouflage Pilot Service** - WHSSC had received a formal request from Welsh Government (WG) following agreement at the NHS Wales Leadership Board (NWLB) for WHSSC to commission the national skin camouflage pilot service,
- **Individual Patient Funding Request (IPFR) Engagement Update** – The formal engagement process to review the WHSSC Individual Patient Funding Request (IPFR) panel Terms of Reference (ToR) and the specific and limited review of the all Wales IPFR policy, commenced on 10 November 2022 for a 6- week period following the Joint Committee supporting the proposed engagement process at its meeting on 8 November 2022. The feedback is being reviewed and an update will be provided to the Joint Committee in March 2023,
- **Board Development - Compassionate and Collective Leadership in Health and Social Care** - On 29 November 2022, the CDGB received a briefing from Professor Michael West CBE on Compassionate and Collective Leadership in Health and Social Care as part of his mandate to visit all NHS bodies to discuss the importance of compassionate and collective leadership, which is being led by Health Education & Improvement Wales (HEIW). Professor West will facilitate a session with the Joint Committee in 2023 to support discussions on working in partnership, developing cross-boundary team-based working and system leadership.

Members **noted** the report.

6. Plastic Surgery: realignment of future commissioning responsibilities between WHSSC and Health Boards

Members received a report outlining the outcome of the plastic surgery commissioning workshop held with the Management Group in September 2022 and to request support for WHSSC to establish a project to realign

commissioning responsibilities for plastic surgery between WHSSC and Health Boards (HBs).

Members (1) **Noted** the report, (2) **Noted** the outcome of the Management Group plastic surgery workshop held in September 2022, (3) **Considered** and **approved** the proposed realignment of commissioning arrangements for plastic surgery so that non-specialised surgery will be commissioned by Health Boards (HBs) and specialised surgery will be commissioned by WHSSC; (4) **Supported** a project led by WHSSC to undertake the work to transfer commissioning responsibility for non-specialised plastic surgery to Health Boards (HBs) and retain specialised surgery as commissioned by WHSSC.

7. WHSSC Cardiac Review

Members received a report addressing a number of recent events and trends that had impacted the WHSSC-commissioned cardiac surgery and TAVI services, and which sought to identify how they might be coherently and collectively addressed. The subjects of this analysis comprise:

- The 2021 GIRFT review of cardiac surgery,
- Changes to the volume of TAVI and cardiac surgery, together with cardiac surgery performance and escalation issues; and
- The clinical rationale for the selection of TAVI valves, in view of their differential costs.

Members (1) **Noted** the report, (2) **Noted** the impact of the recent events and trends as drivers change in the commissioning of cardiac surgery and TAVI services, (3) **Noted** the important link between the cardiac review and the Integrated Commissioning Plan (ICP) in that the work will conclude what level of cardiac surgery is required and inform the scale of any resultant de-commissioning, (4) **Approved** the development of new contract baselines for cardiac surgery and TAVI, (Stage 1), to be completed by June 2023, (5) **Approved** the proposal that the current TAVI commissioning policy be reviewed (Stage 1), to be completed by June 2023; and (6) **Approved** the recommendation that further demand and capacity planning be undertaken, concluding with an options appraisal to identify the preferred future service configuration of WHSSC-commissioned cardiac surgery and TAVI activity (Stage 2), to be undertaken during 2023-24 and 2024-25.

8. Governance Review of Welsh Kidney Network (WKN)

Members received a report which outlined the recommendations from the recent independent Governance Review for the Welsh Kidney Network (WKN) and which provided an assurance that the recommendations were being enacted through an action plan that had been developed, agreed and monitored through the WKN Board.

Members (1) **Noted** the report; and (2) **Received assurance** that there are robust processes in place to ensure delivery of the recommendations

detailed within the recent Governance Review of the Welsh Kidney Network (WKN).

9. South Wales Trauma Network Delivery Assurance Group (DAG) Report (Quarter 2 2022-23)

Members received a report providing a summary of the Quarter 2 2022-23 Delivery Assurance Group (DAG) report of the South Wales Major Trauma Network (SWTN).

Members noted the South Wales Major Trauma Network (SWTN) Delivery Assurance Group (DAG) Report for Quarter 2 2022-2023.

10. Corporate Risk Assurance Framework (CRAF)

Members received a report presenting the updated Corporate Risk Assurance Framework (CRAF) which outlined the risks scoring 15 or above on the commissioning teams and directorate risk registers, which provided an update on the progress made to develop the CRAF following the risk management workshop held in September 2022 and which presented a revised risk appetite statement for approval.

Members (1) **Noted** the report; (2) **Approved** the updated Corporate Risk Assurance Framework (CRAF) and **noted** the changes to the risks outlined in the report as at 31 December 2022, (3) **Noted** that a risk workshop was held in September 2022 to review the CRAF and WHSSC's risk appetite; and (4) **Approved** the updated risk appetite statement.

11. All Wales Positron Emission Tomography (PET) Programme Board Update

Members received a report providing an update on the All Wales Positron Emission Tomography (PET) Programme, including an assessment of clinical demand and growth for PET scanning in Wales and requests support for the recommendation to Welsh Government (WG) that a fourth scanner will be needed to meet predicted scanning demand.

Members (1) **Noted** the report, (2) **Considered** and **approved** a recommendation to Welsh Government (WG) (Programme Sponsor) for a fourth fixed PET scanning site within Wales, based upon up-to-date assessment of clinical demand, which confirms growth is in line with that described in the original Programme Business Case (PBC); and (3) **Received assurance** that there are robust processes in place to ensure delivery of the All Wales Positron Emission Tomography (PET) Programme.

12. COVID-19 Period Activity Report for Month 7 2022-2023

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

Members **noted** the report.

13. Financial Performance Report – Month 8 2022-2023

Members received the financial performance report setting out the financial position for WHSSC for month 8 2022-2023. The financial position was reported against the 2022-2023 baselines following approval of the 2022-2023 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2022.

The financial position reported at Month 8 for WHSSC is a year-end outturn forecast under spend of £14,195k.

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

14. Corporate Governance Matters

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

Members **noted** the report.

15. Other reports

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

- Audit and Risk Committee (ARC)
- Management Group (MG),
- All Wales Individual Patient Funding Request (IPFR) Panel
- Welsh Kidney Network (WKN)



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

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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 Harray 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			

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MID WALES JOINT COMMITTEE FOR HEALTH AND CARE

UPDATE REPORT – MARCH 2022

1. Introduction

- 1.1 The statutory health and care organisations covering the Mid Wales region include the three Local Health Boards, Welsh Ambulance Services NHS Trust and three Local Authorities namely Betsi Cadwaladr University Health Board, Hywel Dda University Health Board, Powys Teaching Health Board, Ceredigion County Council, Gwynedd Council and Powys County Council. A formal collaborative arrangement between these organisations was established in 2015, known as the Mid Wales Healthcare Collaborative, in response to a study of healthcare in Mid Wales commissioned by Welsh Government and undertaken by Professor Marcus Longley in 2014. As from March 2018 this collaborative arrangement transitioned into the Mid Wales Joint Committee with a strengthened role in the joint planning and implementation of health and care services across Mid Wales.
- 1.2 The Mid Wales Joint Committee is due to meet on 25th April 2023 and this report provides an update on the work undertaken by the Mid Wales Joint Committee's sub-groups.

2. Mid Wales Priorities and Delivery Plan

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

2.2 Priorities 2022/23

Key areas of progress on the Mid Wales Priorities and Delivery Plan for 2022/23 are as follows:

2.2.1 Ophthalmology

A meeting of the key representatives of the Mid Wales Ophthalmology group was held on 29th November 2022 to explore the available options and next steps for this Mid Wales leadership role. Two options were identified as follows:

- i) Joint Consultant post to be hosted by and based at Powys Teaching Health Board.
- ii) MDT approach led by a non-medical role e.g. nurse ophthalmologist.

A further meeting was held on 10th January 2023 where the preferred option was for the post to be hosted by Hywel Dda University Health Board but based at a site in Powys Teaching Health Board. Initial discussions have been held with Hywel Dda University Health Board regarding this approach and due to a lack of a substantive Consultant Ophthalmology workforce Hywel Dda are not in a position to professionally manage the post. An alternative option being explored is that the post is hosted by Powys Teaching Health Board with professional management from Shrewsbury and Telford NHS Trust.

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2.2.2 Community Dental Services

Referrals for new Hywel Dda University Health Board patients (North Ceredigion) to the Newtown clinic for intermediate oral surgery service for complex extractions are to be resumed as from 1st April 2023.

Work will now be commenced on exploring the feasibility of an integrated service for a General Anaesthetic special care service at Bronglais General Hospital.

2.2.3 Urology

Following a number of discussions, the Mid Wales Clinical Advisory Group, agreed their top three clinical priorities as 1. Urology, 2. Palliative Care and 3.

Rheumatology and that these be looked at in a staged way. A workshop was held in September 2023 of lead clinicians and GP Cluster Leads to ascertain what the current Urology pathways looked like and what the current issues were. The group agreed the following actions for reporting to a second workshop.

- Data and information be obtained on the current position regarding current patients requiring on-going monitoring.
- Questionnaire be issued to GP practices to ascertain the current processes in place for the monitoring of patients and blood results.

A summary of the questionnaire responses received to date shows a mixed approach in place for the management of PSA levels with some practices having a formal system in place and some adopting an ad-hoc approach. Dates for the second workshop have been cancelled on three occasions and a second workshop is now planned to be held on 2nd May 2023. This work will link to the national work being undertaken on the development of an All Wales pathway which is nearing completion.

2.2.4 Clinical Strategy for Hospital Based Care and Treatment and regional solutions

The Bronglais General Hospital Strategy Implementation Group has met on 18th January and 15th March 2023. A review of the current status of the implementation of the strategy has been undertaken and an update provided to the Hywel Dda University Health Board Strategic, Development and Operational Delivery Committee. The Committee re-iterated the need for implementation of the strategy to be progressed and that Bronglais General Hospital should be sustained as a district general hospital whilst also being a part of the new planned and urgent care hospital for which the Health Board is currently out to consultation on the proposed location. A workshop is to be arranged for more detailed consideration of the strategy and its action plan to ensure it takes into consideration changes to services post COVID-19. Project management resource has been requested to support implementation of the strategy going forward.

The Mid Wales Regional Commissioning Group met on 29th November 2022 to discuss work being undertaken to explore those areas with potential opportunities for Hywel Dda University Health Board to provide additional capacity – Colorectal and Rheumatology. It was also agreed to explore the option for provision of Dermatology services at the Bro Ddyfi development. Subsequent meetings of the group arranged for January, February and March 2023 have been cancelled with the group due to meet on 6th April 2023. The current update on its areas of work are as follows:

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- Colorectal: A Task and Finish group is looking at establishing colorectal clinics, to be provided by Hywel Dda University Health Board, at Newtown. The work on the development of the agreed pathway is nearing completion and commissioning and contracting colleagues have been asked to commence discussions. Clinics are planned to commence in Newtown in early May 2023. Further work is also being undertaken on ensuring that there is sufficient surgical capacity at Bronglais General Hospital to meet this additional demand.
- Rheumatology: The job description for the post has been approved by the Royal College. The group agreed that Hywel Dda University Health Board would outline what capacity is available with Powys Teaching Health Board to advise what their predicted demand is.
- Dermatology: A lack of access to Dermatology services has been identified as an issue for patients residing in the west area of Betsi Cadwaladr University Health Board and Powys Teaching Health Board. Powys Teaching Health Board are currently exploring a GP with special interest model and have been asked to consider the provision of a clinic at its Bro Ddyfi development for South Gwynedd patients when developing the Business Case. Betsi Cadwaladr University Health Board have also advised that they have some potential positive developments in the recruitment of Dermatologists.

2.2.5 Cross Border workforce arrangements

For the Aberystwyth University School of Nursing the number of students on nurse training courses being provided is due to increase from 50 to 186 as from September 2023. This is due to an increase in the number of Adult and Mental Health nursing places from 50 to 70 as from September 2023, commencement of the part time Adult and Mental health nursing course in June 2023 and the introduction of the level 4 programme with 62 places for health care support workers (for both health and social care).

2.3 Priorities 2023/24

For 2023/24 the priority areas for joint working across Mid Wales will continue to focus on a whole pathway approach with regional links between primary, secondary, community and social care to support the Welsh Government's expectation for Health Boards to work together to plan and deliver regional solutions across organisational boundaries.

Priority	Objective
1. Urology	Continue the development of a programme of renewal for Urology pathways across the region which will support and link to the national pathway work.
2. Ophthalmology	Increase capacity and access to Ophthalmology services through the development of a regional and whole system pathway approach supported by the establishment of links between Hywel Dda University Health Board, Powys Teaching Health Board and Shrewsbury and Telford NHS Trust. Recruitment to the Mid Wales Ophthalmology leadership role to lead on the MDT approach to Ophthalmology services across Mid Wales.
3. Cancer	Establish the new Chemotherapy Day Unit at Bronglais General Hospital.

	<p>Review radiotherapy and chemotherapy pathways to identify opportunities for increasing provision and improving access across Mid Wales and identify what improvements can be made to cross organisational handover arrangements. Also ensure the needs of the population are considered as part of other regional developments.</p> <p>Review palliative care pathways to identify opportunities for simplifying models through a shared cross organisational workforce approach.</p>
4. Dental	<p>Explore the feasibility of an integrated service for joint General Anaesthetic list at Bronglais General Hospital using existing facilities not fully utilised.</p> <p>Identify what improvements could be made to general NHS Dental services provision across Mid Wales.</p> <p>Explore local training and placement opportunities for dental roles including dentists, dental nurses and dental technicians.</p>
5. Clinical Strategy for Hospital Based Care and Treatment and regional solutions	<p>Implementation of the Bronglais General Hospital 10 year Clinical Strategy which will support the development of regional and cross border solutions with key deliverables for 2023/24 as follows:</p> <ul style="list-style-type: none"> • Develop additional capacity for General Surgery provision at Bronglais General. • Develop and agree a service model for the colorectal surgical pathway for Bronglais General Hospital with outreach services across Mid Wales.
6. Cross Border Workforce arrangements	<p>Develop solutions to establish cross border health and social care workforce arrangements across Mid Wales including:</p> <ul style="list-style-type: none"> • Development of new and enhanced roles. • Recruitment • Retention including peer support and development of portfolios • Joint training including apprenticeship and leadership development programmes

The following areas of work will be included in the workplans of the Joint Committee's sub-groups:

Mid Wales Social Care Group

- **Extra Care:** Scope out existing provision and plans in place across Mid Wales to ascertain what is in place and, if necessary, develop plans for providing additional provision across Mid Wales.
- **Community Care:** Scope out existing provision and plans in place across Mid Wales to ascertain what is in place and, if necessary, develop plans for providing additional provision across Mid Wales.
- **Residential Children's Accommodation:** Scope out existing provision and plans in place across Mid Wales to ascertain what capacity is available in each county and opportunities for joint commissioning.

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Mid Wales Clinical Advisory Group

- **Innovative ways of working in primary care:** Explore opportunities for joint working across primary care including shared learning and good practice for the development of innovative ways of working.

Rural Health and Care Wales Stakeholder Group

- Whilst the work of Rural Health and Care Wales will focus on supporting the Mid Wales Joint Committee's priorities they will also be looking at more wide ranging areas of work including the wider social model of health agenda.

3. Other Developments

3.1 Mid Wales Vascular pathways

Following issues raised with regards to the vascular pathway across Mid Wales, there is a need to clarify the boundaries and who is responsible for making sure that GP referrals are sent to the correct vascular unit. A meeting has been arranged of Cluster leads, Commissioning teams and representatives of the BCUHB Vascular team to take this forward.

3.2 Innovation strategy for Wales

Health Boards and Local Authorities will be asked about what work they will be undertaking to implement the strategy for reporting back to the Mid Wales Clinical Advisory Group.

3.3 Trusted Assessors

The Mid Wales Clinical Advisory Group received an update on the development of the All Wales Trusted Assessor model. Concerns were raised that there was a potential for the model to be applied in a different way across Wales and working cross border at a regional level could potentially be a challenge. The Mid Wales Social Care Group have been asked to scope this out to see what potential issues there may be for reporting back to the Clinical Advisory Group.

3.4 Residential Children's accommodation

The Mid Wales Social Care Group has commenced work on undertaking a mapping exercise of Residential Children's accommodation to ascertain what capacity was available in each county and whether anything could be done on a reciprocal basis.

4. Rural Health and Care Wales

4.1 Work Programme 2023/23

4.1.1 On Your Bike project

The third and final launch of the "On your Bike" project took place at Aberaeron on 9th January 2023. Contact has been made with all secondary schools and youth organisations in Ceredigion to confirm that the bikes are now in situ and that the active research phase has commenced, with volunteers being signed up. Three interactive sessions have been set up to encourage people to attend and find out more about the bikes and how they are used, raising awareness of the importance of physical activity, being outdoors and carbon neutral power-generation.

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The "On your Bike" project was presented as a Bevan Exemplar project at the National Assembly on 18th January 2023 and a request has been made for the project to be included as part of the Bevan Commission's "Let's Not Waste" initiative, that focusses on reducing waste in the Health Care sectors in Wales (Welsh Government funded). The next step will be working with the young volunteers and monitoring usage and power generation.

4.1.2 Cardi Care project

RHCW concluded its research on the Cardi Care project at the end of November 2023, with the project continuing under Aberporth Community Hall (CAVO funded until April 2023 and then National Lottery). A final report on the findings is in draft format and the final film is to be completed.

4.1.3 Multi-agency responses during the Covid-19 Pandemic

Work on the multi-agency responses during the Covid-19 Pandemic (vulnerable groups) in the Hywel Dda UHB and Powys THB regions has commenced, with the purpose being to look at COVID-19 and its impact on vulnerable clients of statutory agencies. The work has been commissioned by the Integrated Executive Group of the West Wales Care Partnership, the Mid & West Wales Safeguarding Board and the Powys Partnership Board.

4.1.4 Impact of rurality on the cancer patient experience

The 2-year research project funded by Macmillan Cancer Research, exploring the impact of rurality on the cancer patient experience is progressing, with the job description for an appointed Macmillan Rural Cancer Experience Researcher due to be advertised.

4.2 Work Programme 2023/24

The proposed Work Programme 2023/24 for Rural Health and Care Wales, which is aligned with the strategic priorities and aims of the Mid Wales Joint Committee for Health and Care, has been reviewed by both the Rural Health and Care Wales Stakeholder Group and the Mid Wales Planning and Delivery Executive Group and will be presented to the Joint Committee for approval at its April 2023 meeting.

5. Future arrangements for the Mid Wales Joint Committee

5.1 In response to the changing service need due to the COVID-19 pandemic, the Lead Chair and Lead Chief Executive requested that a post COVID-19 review be undertaken of the Mid Wales Joint Committee and how it currently operates. The paper outlining the current arrangements for the Joint Committee, a summary of the post COVID-19 review together with the proposed recommendations for the future arrangements for the Joint Committee was presented and agreed by the Mid Wales Joint Committee at its meeting on 31st October 2022.

5.2 The Joint Committee requested a more detailed paper on its future arrangements which has been presented to the Mid Wales Planning and Delivery Executive Group prior to being subject to review and approval by the Mid Wales Joint Committee at its meeting in April 2023. Proposed key changes are as follows:

- The MWJC will now meet bi-annually as follows:
 - Annual meeting held in April with its main purpose being a planning meeting for the Joint Committee's future workplan.

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- Annual conference held in November which will provide an opportunity to showcase the work of the Joint Committee and engage with partners and members of the public on its work.
- Bi-annual Mid Wales plans/reports will be reported to Health Boards and Local Authorities for monitoring and scrutinising.
 - April: Joint Committee Plan for the upcoming year
 - October: Joint Committee progress report
- A Mid Wales Social Care group has been established to focus on Social Care and the alignment of plans for social care services across Mid Wales.
- The Mid Wales Joint Scrutiny Group will review its membership to consider including Health Board Independent member representation in addition to the current membership of LA Scrutiny Group members and the Joint Committee Leadership Team. Powys County Council have now re-engaged with the group.
- Existing engagement and involvement mechanisms for Health Boards and Local Authorities will be used as the main tools for Mid Wales engagement and involvement. The Joint Committee Programme Director and team will lead on identifying those Mid Wales specific issues which require action and response by respective Health Boards and Local Authorities.

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AGENDA ITEM: 4.6

BOARD MEETING		DATE OF MEETING: 29 MARCH 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
✘	✓	✘

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

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

BACKGROUND AND ASSESSMENT:

Powys Teaching Health Board is a member of the following partnership boards. This report provides an update in relation to the work of these Partnership Boards.

NHS Wales Shared Services Partnership Committee (NWSSPC): established under Velindre NHS Trust which is responsible for exercising shared services functions including the management and provision of Shared Services to the NHS in Wales.

The Shared Services Partnership Committee met on 19 January 2023. The assurance report from that meeting is attached at **Appendix 1**. The next meeting is due to take place on 23 March 2023. The assurance report from that meeting will be included in the May Board papers.

The Powys Public Services Board (PSB): established by the Well-being of Future Generations (Wales) Act 2015. Its role is to improve the economic, social, environmental and cultural well-being of Powys through better joint working across all public services. This includes a yearly review of the Powys Wellbeing Plan to show progress.

The PSB last met on 27 February 2023. This meeting considered child poverty, local energy, the corporate joint committee and a wellbeing plan update. The

papers for this meeting can be found at: [Agenda for Public Service Board on Monday, 27th February, 2023, 10.00 am Cyngor Sir Powys County Council \(modern.gov.co.uk\)](#)

The Powys Regional Partnership Board (RPB): established under the Social Services and Well-being (Wales) Act 2014, which came into force in April 2016. Its key role is to identify key areas of improvement for care and support services in Powys and to identify opportunity for integration between Social Care and Health.

The RPB met on 23 January 2023 the following items were considered:

- RPB 'Digi Content',
- RPB Executive Group update,
- Winter resilience update,
- RPB Area Plan update.

The next meeting is scheduled for 11 May 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 13 March 2023 where the following items were discussed:
 - Accelerated Service Model
 - Further, faster – Integrated Community Care Service for Wales
 - Update on workstreams:
 - Workforce
 - Older People
 - Reimaging Powys
 - Updates on:
 - Section 33 agreements
 - Escalation Plan
 - Disputes

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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Summary of Partnership Board
Activity (NWSSP, PSB, RPB &
JPB)

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Board Meeting
29 March 2023
Agenda Item: 4.6

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	19 January 2023
Summary of key matters including achievements and progress considered by the Committee and any related decisions made.	
<u>Chair's Report</u>	
<p>The Chair updated the Committee on attendance at recent meetings, both within NWSSP and externally. The Chair also summarised the content, outcome and next steps for the development day held with the Committee in November. This had been very successful and further development sessions would be held during 2023/24.</p> <p>The Committee NOTED the update.</p>	
<u>Managing Director Update</u>	
<p>The Managing Director presented his report, which included the following updates on key issues:</p> <ul style="list-style-type: none"> • Technology has been successfully implemented to allow pre-employment checks to be undertaken virtually for all UK and Irish passport holders. A reduction in time to hire has been noted since its implementation, however the level of recruitment activity continues to be a challenge across Wales; • Following a recent national Penicillin V shortage, CIVAS@IP5 medicines unit utilised its national portfolio and MHRA wholesale dealer licence to procure significant quantities of Penicillin direct from the manufacturer to meet Health Board demands; • From the 1st April 2023 management of all emergency planning/medicines storage of Welsh Government owned stock will transfer to NWSSP; • From the 1st April 2023 the Low Vision Service Wales will transfer to NWSSP; • Work is continuing to progress on the establishment of the Citizen Voice Body. A number of back-office support services will be provided via NWSSP to the new body going forward; • Securing capital funding for the Laundry Services Modernisation Programme 	

continues to be an issue, NWSSP are currently considering alternative options to progress the work needed to meet the minimum standards and laundry rationalisation; and

- Neil Davies is retiring as Director of Specialist Estates Services; his deputy Stuart Douglas has been appointed and will commence in post in February.

The Committee **NOTED** the update.

Items Requiring SSPC Approval/Endorsement

IMTP 2023-26

The NWSSP IMTP and the Divisional plans reflect priorities identified by Welsh Government, NHS Wales organisations and professional peer groups. In line with the direction from the Minister for Health and Social Care, there is a focus on a smaller number of priorities for 2023-24. The IMTP and the Divisional plans reflect priorities identified by the Welsh Government where we are playing a lead national role; our customers, to support delivery of their local plans; and professional peer groups such as Directors of Workforce and Finance, as follows:

- Decarbonisation and Climate Change;
- Digital Strategy;
- Financial sustainability and good governance; and
- Employee Wellbeing.

While it is a balanced financial plan, there are a number of income assumptions and significant financial risks that need to be managed to achieve this aim.

Committee members commented favourably on both the format and the content of the plan and time timeliness in which it had been produced.

The Committee **APPROVED** the IMTP for submission to Welsh Government.

Digital Strategy

The Chief Digital Office presented the Digital Strategy setting the direction for the future provision of digital services, the approach and methodology and the desired outcomes.

The Committee **APPROVED** the Strategy.

Building Construction Frameworks

The Head of Building for Wales in Specialist Estate Services presented a paper to obtain approval for the development of the NHS Building for Wales construction frameworks which are required to be operational by the end of April 2024 when the current arrangements cease and will support expenditure of circa £1 billion during their duration.

The Committee **APPROVED** the development of the Framework and the placing of the tender notices.

Risk Appetite Statement

The overall risk appetite statement was reviewed in detail at the SSPC Development Day in November, and prior to that by the Senior Leadership Group. The outcome of these reviews was for NWSSP to be bolder in its appetite to risk and this is reflected in the revised Statement.

The Committee **APPROVED** the Statement.

Finance, Performance, People, Programme and Governance Updates

Finance – The distribution to NHS Wales has been increased to £2m and the year-end forecast outturn remains at break-even with the assumption of full funding of exceptional energy pressures and Covid costs from Welsh Government. The forecast outturn for the Welsh Risk Pool remains on track with the budget.

Performance – The in-month (November) performance was generally good with 34 out of 38 KPIs achieving target. Action is being taken to address the four amber indicators.

Project Management Office Update – The Legal & Risk Case Management System and the Laundry Transformation Projects are both currently red-rated and are also included as red risks on the Corporate Risk Register. All other projects are on track.

People & OD Update – Sickness absence rates remain very low, and there has been an increase in Statutory and Mandatory Training compliance to 91%. PADR completion has dropped slightly to 83%

Corporate Risk Register – There are now seven red-rated risks covering areas such as energy costs and provision, industrial action, insufficient staff resource, the Legal and Risk and Laundry project risks, and an issue with the roof of Brecon House that may require the lease to be terminated.

Health and Care Standards – The response to the standards have been updated to reflect the additional services taken on recently by NWSSP but remain overall at Level 4.

The Committee **NOTED** the above Reports.

Papers for Information

The following items were provided for information only:

- TRAMs Update;
- Counter Fraud Management Arrangements;
- Audit Committee Annual Report 2021/22;
- Audit Committee Assurance Report;
- Counter Fraud Annual Report 2021/22;
- Wales Infected Blood Support Scheme Annual Report 2021/22;

<ul style="list-style-type: none"> • Welsh Language Annual Performance Report 2021/22; • IMTP Q2 Progress Report; and • Finance Monitoring Returns (Months 6, 7, 8 and 9). 	
AOB	
N/a	
Matters requiring Board/Committee level consideration and/or approval	
<ul style="list-style-type: none"> • The Board is asked to NOTE the work of the Shared Services Partnership Committee. 	
Matters referred to other Committees	
N/A	
Date of next meeting	23 March 2023

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28/03/2023 15:23:55



AGENDA ITEM: 4.7

BOARD MEETING		DATE OF MEETING: 29 March 2023
Subject:	Summary of Activity of the Board’s Local Partnership Forum	
Approved and Presented by:	Interim Director of Workforce & OD	
Prepared by:	Corporate Governance Manager	
Other Committees and meetings considered at:	N/A	

PURPOSE:		
The purpose of this report is to provide the Board with an update on the work of the Board’s Local Partnership Forum.		
RECOMMENDATION(S):		
It is recommended that the Board RECEIVES and DISCUSSES the update report appended to this report.		
Approval/Ratification/Decision	Discussion	Information
x	✓	x

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

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

DETAILED BACKGROUND AND ASSESSMENT:

Powys Teaching Health Board has a statutory duty to take account of representations made by persons who represent the interests of the communities it serves, its officers and healthcare professionals. To help discharge this duty, a Board may be supported by Advisory Groups to provide advice to the Board in the exercise of its functions.

PTHB’s Advisory Groups include a Local Partnership Forum (LPF). The LPF’s role is to provide a formal mechanism where PTHB, as employer, and trade unions/professional bodies representing PTHB employees work together to improve health services for the citizens served by PTHB - achieved through a regular and timely process of consultation, negotiation and communication.

A meeting of the Local Partnership Forum took place on 31 January 2023. A copy of the Chair’s Report is attached at **Appendix A**.

NEXT STEPS:

The next update will be presented to the Board on 24 May 2023.

Patterson, Liz
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Reporting Committee:	Local Partnership Forum
Committee Chair	Cathie Poynton & Carol Shillabeer (Joint Chairs)
Date of last meeting:	31 January 2023
Paper prepared by:	Interim Head of Corporate Governance

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that at the meeting of LPF on 31 January 2023 the following matters were discussed:

- Finance Performance Month 09 2022/23 – including financial recovery from a staff side perspective.
- Update on winter preparedness
- Update on industrial action and support mechanisms for wellbeing
- Agile working feedback
- Car parking across the estate

A summary of key issues discussed on 31 January 2023 is provided below.

FINANCE PERFORMANCE MONTH 09 2022/23

The Director of Finance and IT gave a presentation and noted that the financial position continues to be challenging. At Month 9 the reported position is a £5.9m deficit with the year-end forecast remaining at £7.5m.

Key headlines from the allocation letter in relation to funding for 2023/24 include:

- 1.5% uplift;
- funding for ongoing covid-19 response has been removed now to be covered from baseline funding;
- Funding for Test, Trace and Protect, and mass vaccination has reduced to half of current spend;

- a £2.2m reduction in funding for sustainability and recovery (with some money being moved to support regional solutions)

UPDATE ON WINTER PREPAREDNESS

The Director of Primary, Community Care and MH presented the paper and drew attention to several areas where issues have arisen. These areas included, waiting times in social care services, COVID-19, winter pressures and winter viruses.

The health board are exploring the potential with the Care Inspectorate Wales to provide domiciliary care services, recognising the market is not there in all parts of Powys to service the demand.

UPDATE ON INDUSTRIAL ACTION AND SUPPORT MECHANISMS FOR WELLBEING

The Interim Director of Workforce and OD advised the position in relation to industrial action was constantly changing. Only when the outcome of ballots was known could planning for strike days take place.

AGILE WORKING FEEDBACK

The Director of Environment presented the report which outlined the need for better utilisation of the facilities at Bronllys. A pilot will be undertaken in Glasbury house, which is currently in the design phase. It will include bookable space to encourage agile working. Agile working will also be prioritised at Llanidloes and Welshpool. The principles include that staff will no longer have their own desk, there would be no recognition of seniority, however, it is recognised that some roles will require privacy.

CAR PARKING ACROSS THE ESTATE

A further 71 spaces will be available at Brecon Hospital shortly and when the Machynlleth scheme is concluded, a further 30 spaces will be available.

Two snapshots of utilisation were undertaken in September 2022 and January 2023 which highlighted issues of parking outside of designated

parking spaces on occasion when parking spaces were available, parking in disabled spaces whilst not displaying a disabled badge, and of blocking access. Options for addressing carparking issues would be considered at Executive Committee.

Information Items

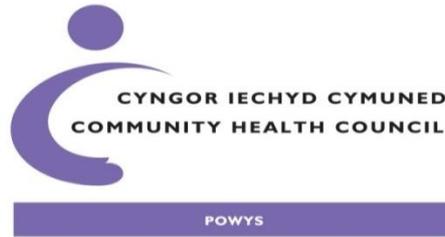
LPF received updates for information on:

1. Director of Workforce and OD Summary Report
2. Chief Executives Report from Board – November 2022 and January 2023

NEXT MEETING

The next meeting of LPF will be held on 20 April 2023

Patterson
28/03/2023 11:23:55



Report:	Chief Officer's Report
Author:	Katie Blackburn
Status:	For Information
Date:	29th March 2023 (report to 20th March 2023)

1. Monitoring and scrutiny:

This is the final engagement report of Powys Community Health Council.

We have used our attendance at recent face-to-face events to let people know about Llais replacing CHCs and becoming the new citizen voice body which will represent the views of people across health and social care in Wales from 1 April 2023. We have also used events as a way of increasing and strengthening our networks for future working as Llais.

We are continuing to use our website, social media and email channels to engage with people and provide updates about what is happening.

Our Services Planning Committee and Local Committee meetings were held online. Links were provided for members of the public to observe the meetings and we had people joining both local committee meetings.

CHC members and staff continue to join virtual meetings with other organisations. 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:

10 January	Shrewsbury & Telford Hospital NHS Trust (SATH) Hospital Transformation Programme Board Meeting
19 January	Powys Third Sector Transport Network
23 January	Meeting with PTHB re. Digital Transformation Programme and Cross Border Issues
24 January	SATH Online Health Information Event re. Hospital Transformation Programme
25 January	Powys Teaching Health Board (PTHB) Monthly Board Meeting
30 January	Online Public Engagement Event re. proposal to close Gilwern Branch Surgery
31 January	SATH Ockenden Report Assurance Committee
2 February	PAVO Llandrindod, Rhayader, Builth & Llanwrtyd Locality Network Meeting
8 February	Presentation to Glasbury WI
9 February	PAVO Newtown Community Network Meeting
14 February	Public Drop-In Event held in Gilwern Community Hub re. proposal to close Gilwern Branch Surgery
14 February	SATH Hospital Transformation Programme Medicine & Emergency Focus Group
15 February	SATH Hospital Transformation Programme Clinical Support Services Focus Group
15 February	PAVO Children & Young People's Network

20 February	Joint PTHB Board and CHC Full Council
28 February	SATH Hospital Transformation Programme Women's & Children's Focus Group
2 March	Meeting with Dyfi Valley Health and PTHB re. planning for move to new site in Bro Ddyfi Hospital, Machynlleth, week commencing 24 April
2 March	Joint meeting between Shrewsbury & Telford Hospital NHS Trust (SATH), Powys CHC, Shropshire Healthwatch and Telford & Wrekin Healthwatch

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 and development of Llais.

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. The briefing sessions have also been used to update members about working towards establishment of Llais.

Face-to-Face Engagement

We have attended the following events since the last Executive Committee meeting:

20 January	Brecon Food Bank
24 January	Powys Dementia Network - Rhayader Dementia Fair

14 February	Public Drop-in Event about proposal to close Gilwern Branch Surgery
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The Food Bank and Dementia Fair were good opportunities for networking with other organisations. New links were developed with Pobl Housing and the Arches (Rhayader & District Community Support).

At the Dementia Fair, a concern was raised about Rhayader Surgery. An Advocacy information pack was provided to an individual and details about the Advocacy Service were given to the local Community Connector.

The drop-in event in Gilwern was an opportunity for people to engage with the Health Board, to ask questions and put forward their views about Crickhowell Practice application to close Gilwern Branch Surgery. The CHC role at the event was as an observer of the process and to ensure that people had the opportunity to comment, also to listen to people's views. CHC contact details were handed out to people in case they wished to provide further comment after the event. The main themes from the discussions were the lack of available transport from Gilwern to Crickhowell and the fear that the community pharmacy may not remain in Gilwern if the surgery were to close.

Monitoring & Scrutiny Visits

The visit to the Women & Children's Centre at Princess Royal Hospital in Telford, which was planned for 31 January 2023, was postponed at the request of Shrewsbury & Telford Hospital Trust owing to the pressures within the NHS. The visit has been re-arranged to take place on Friday 10 March.

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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 **509** followers on Twitter and **802** 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' throughout January was about waiting for NHS planned care and treatment. Unfortunately, we received only 9 responses to the survey and one comment on Facebook. We decided that this did not warrant a full report for submission to the Health Board for comment. There was a common theme which was expressed through survey responses and that was about lack of communication and information from the NHS. People were not given information on how long they should expect to wait for treatment. No-one in the survey reported that they had received information, support or advice on how to manage their condition whilst they wait for an appointment or treatment. We have sent an email to the Health Board to highlight this common theme.

As we have been receiving fewer responses to the Question of the Month, and because we had a survey asking people to share their views on the key priorities for Llais to be looking at in 2023-24, we did not run a Question of the Month in February.

The All Wales CHC survey inviting people to share their views about the response to COVID-19 in Wales is no longer live. Instead, we are encouraging people to share their experience through the UK Covid-19 Inquiry survey, which is available at the following link <https://share.covid19.public-inquiry.uk/s/your-experience/>

Reports

Patient Experience of Emergency Ambulance Services in Powys

<https://powyschc.nhs.wales/carousel-index/patient-experience-of-emergency-ambulance-services-in-powys/>

The report following the 'Question of the Month' survey about experience of the NHS 111 Wales Service has been shared with the Welsh Ambulance Services NHS Trust and with Powys Teaching Health Board. When we have received the responses from both organisations, we will publish the report.

Newsletter

Our latest newsletter has been published and is available on the CHC website. As well as providing an update on what we have been doing as a CHC, this issue includes information on the national 'Help Us Help You' campaign and also encourages people to ensure that their local public access defibrillators are registered with The Circuit, which is the national defibrillator network that NHS ambulance services use.

<https://powyschc.nhs.wales/what-we-have-to-say/newsletters/>

Service Change

At the Executive Committee (14th March), the committee agreed:

- Diabetic Eye Screening – Proposal: to implement the UK NSC and Welsh Government policy change by implementing a low-risk recall pathway in the diabetic eye screening service so that those participants defined as low risk will be offered screening every two years compared to an annual offer. Agreed – 12 week consultation.

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- Wales Fertility service (Centre of Excellence) – Proposal: A single site centre of excellence is proposed in order to deliver a safe, sustainable and resilient service to the patients of Wales. Agreed - 12 week consultation with a mid point review.
- Optometry – Proposal: the service change is required to improve access to specialist hospital eye care services for patients across Wales. Agreed - a 6 week period of communication/ engagement.

In addition, two further change proposals were discussed:

- i) Proposal to close the Crickhowell Practice Branch at Belmont Road, Gilwern. The Executive noted the engagement events held by PtHB, the communication with patients and the feedback that has currently been received. The Executive Committee agreed that the Chief Officer write to the PtHB Chief Executive to share comments and observations (at this stage of the process) with particular reference to the concerns that have/ are being raised by the community of Gilwern and surrounding areas.
- ii) The Executive Committee received a verbal update from the Chief Officer on the proposals by WHSSC to change the criteria for Wales Fertility Services. The CHCs position is that the change which is currently under consideration is a change which necessitates compliance with the relevant Legislative Framework. CHCs do not agree that the stakeholder consultation carried out by WHSCC is compliant with the Legislative Framework. Discussions with WHSCC are on-going.
- iii) Wales Air Ambulance/ EMERTS/ EASC – Powys CHC understands that engagement began on 15th March and is currently seeking clarity on what is being engaged on and how the engagement is being undertaken. The Board of CHCs have requested a review at week six.

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Advocacy

Open Powys Cases as of 3rd March 2023: **37 (48 incidents)**

(+ 12 Swansea Bay CHC Cases)

	3 March 2023	1 January 2023	1 Nov 2022
Complaint Stage			
Pre-Local Resolution	0	3	6
Local Resolution	18	12	14
Further Resolution	5	5	0
Ombudsman	13	7	7
Continuing Health Care Retrospective Claim	3	0	1
Redress	4	4	5
Serious Incident Review	5	3	3
Total	48	34	36

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
March 2023	37	48
January 2023	34	44
November 2022	36	47

Final Words.....

As Chief Officer, on behalf of the Chair and members of Powys CHC, I would like to take this opportunity to thank the Board of PtHB for embracing, and being committed to, the work of Powys CHC over the years. There have often been difficult discussions, stimulating debates, but the focus of both organisations has always been on the communities of Powys. Whilst always recognising the independent role of Powys CHC, there has always been a mutual trust and respect, and our thanks to both the Board and officers for ensuring that the voice of the Powys patient has been at the forefront of all that we do as a Health Board and Community Health Council.

As the 1st of April fast approaches, and Llais takes on a new and exciting role - aligning health and social care, we look forward to continuing and building on these established relationships, ensuring that the voice of Powys residents continues to be heard, and continues to shape future services in these challenging times.

Katie Blackburn

Prif Swyddog, CIC Powys/ Chief Officer, Powys CHC

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