

# Delivery and Performance Committee

Tue 28 February 2023, 14:00 - 16:30

## Agenda

14:00 - 14:00 **1. PRELIMINARY MATTERS**

0 min

 D&P\_Agenda\_28Feb2023 Final.pdf (2 pages)

**1.1. Welcome and Apologies**

**1.2. Declarations of Interest**

**1.3. Minutes from the previous meeting held on 11 November 2022, for approval**

 D&P\_Item\_1.2\_Draft Minutes D&P\_11Nov2022.pdf (11 pages)

**1.4. Delivery and Performance Committee Action Log**

 D&P\_Item\_1.4\_D&P Action Log\_Feb2023.pdf (4 pages)


 D&P\_Item\_1.4a\_VBHC Update for Delivery Performance Committee.pdf (6 pages)


14:00 - 14:00 **2. ITEMS FOR ASSURANCE**

0 min

**2.1. Performance Matters**

**2.1.1. Integrated Performance Report**

 D&P\_Item\_2.1a\_IPR exception report Month 9 (Dec 2022) - D&P.pdf (12 pages)

 D&P\_Item\_2.1ai\_IPR\_Final\_Month 9 (issued 240223).pdf (100 pages)

**2.1.2. Q3 IMTP Delivery**

 D&P\_Item\_2.1b\_Q3 IMTP Delivery Plan\_Cover Paper.pdf (13 pages)

 D&P\_Item\_2.1bi\_FINAL IMTP Delivery Plan 22-25\_Q3.pdf (56 pages)


**2.2. Primary Care Services Performance Report**

**2.2.1. GMS Performance**

 D&P\_Item\_2.2a\_GMS CAF Report 2122.pdf (9 pages)

 D&P\_Item\_2.2ai\_App 1 PTHB CAF Primary Care GMS.pdf (11 pages)

 D&P\_Item\_2.2aii\_App 2 GMS Tolerance levels.pdf (17 pages)

 D&P\_Item\_2.2aiii\_App 3 Summary of GMS CAF Framework.pdf (1 pages)

**2.2.2. Community Pharmacy Performance**

 D&P\_Item\_2.2b\_Community Pharmacy Performance Report February 2023.pdf (14 pages)

**2.3. Financial Performance Report Month 10**

 D&P\_Item\_2.3\_Financial Performance Report Mth 10.pdf (20 pages)

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## 2.4. IT Infrastructure and Asset Management Internal Audit Report

*Papers provided to Committee Members as background papers*

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### 14:00 - 14:00 3. ITEMS FOR DISCUSSION 0 min

#### 3.1. Innovative Environments Overview Report

##### 3.1.1. Capital and Estates Compliance Report

 D&P\_Item\_3.1\_Environment Directorate Progress Update.pdf (35 pages)

##### 3.1.2. Health and Safety Update

 D&P\_Item\_3.1b\_Health and Safety Update.pdf (12 pages)

 D&P\_Item\_3.1bi\_APPENDIX ONE - HSG highlight report.pdf (1 pages)

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### 14:00 - 14:00 4. ESCALATED ITEMS 0 min

*None*

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### 14:00 - 14:00 5. ITEMS FOR INFORMATION 0 min

*None*

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### 14:00 - 14:00 6. OTHER MATTERS 0 min

*None*

#### 6.1. Committee Risk Register - risks relevant to this Committee

 D&P\_Item\_6.1\_Committee Risk Report\_Feb 2023.pdf (3 pages)

 D&P\_Item\_6.1a\_Appendix A\_Committee Risk Register\_Feb2023.pdf (20 pages)

#### 6.2. Development of Committee Annual Business Programme

 D&P\_Item\_6.2\_Presentation D&P Committee workplan.pdf (4 pages)

#### 6.3. Items to be brought to the attention of the Board and Other Committees

#### 6.4. Any other Urgent Business

#### 6.5. Date of next meeting

*2 May 2023 at 10.30 via Teams*

#### 6.6. In-Committee

#### 6.7. Minutes of the Delivery and Performance In-Committee Meeting held on 11 November 2022

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## 6.8. Financial Sustainability

*Oral*

**POWYS TEACHING HEALTH BOARD  
DELIVERY AND PERFORMANCE  
COMMITTEE  
TUESDAY 28 FEBRUARY 2023,  
14:00 – 16:30  
VIA MICROSOFT TEAMS**



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**AGENDA**

Time	Item	Title	Attached/Oral	Presenter
	<b>1</b>	<b>PRELIMINARY MATTERS</b>		
14:00	1.1	Welcome and Apologies	Oral	Chair
	1.2	Declarations of Interest	Oral	All
	1.3	Minutes from the previous Meeting held on 11 November 2022	Attached	Chair
	1.4	Delivery and Performance Committee Action Log	Attached	Chair
	<b>2</b>	<b>ITEMS FOR ASSURANCE</b>		
	2.1	Performance Matters a) Integrated performance Report b) Q3 IMTP Delivery	Attached	Director of Planning & Performance
	2.2	Primary Care Services Performance Report: a) GMS Performance b) Community Pharmacy	Attached	Director of Primary, Community Care and Mental Health
	2.3	Financial Performance Report Month 10	Attached	Director of Finance & IT
	2.4	IT Infrastructure and Asset Management Internal Audit Report	Attached	Director of Finance and IT
		<b>COMFORT BREAK</b>		
	<b>3</b>	<b>ITEMS FOR DISCUSSION</b>		
	3.1	Innovative Environments Overview Report: - Capital and Estates Compliance Report - Health and Safety update	Attached	Director of Environment
	<b>4</b>	<b>ESCALATED ITEMS</b>		
		There are no items for inclusion within this section		
	<b>5</b>	<b>ITEMS FOR INFORMATION</b>		
		There are no items for inclusion within this section		
	<b>6</b>	<b>OTHER MATTERS</b>		
	6.1	Committee Risk Register – risks relevant to this Committee	Attached	Board Secretary

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	6.2	Development of Committee Annual Programme Business	Attached	Board Secretary
	6.3	Items to be Brought to the Attention of the Board and/or Other Committees	Oral	Chair
	6.4	Any Other Urgent Business	Oral	Chair
	6.5	Date of the Next Meeting: Tuesday 2 May 2023 at 13:30 via Microsoft Teams		
<p>6.6 The Chair, with advice from the Board Secretary, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting:</p> <p><u>Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960</u></p> <p><b><i>"Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest"</i></b></p>				
16:30	6.7	Minutes of In-Committee 11 November 2022	Attached	Chair
16.35	6.8	Financial Sustainability	Oral	Director of Finance & IT

**Powys Teaching Health Board is committed to openness and transparency and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe.**

**However, considering the current advice and guidance in relation to Coronavirus (COVID-19), the Board has agreed to run meetings virtually by electronic means as opposed to in a physical location, for the foreseeable future. This will unfortunately mean that members of the public will not be able attend in person. The Board has taken this decision in the best interests of protecting the public, our staff and Board members.**

**The Board is considering plans to enable its committee meetings to be made available to the public via live streaming. In the meantime, should you wish to observe a virtual meeting of a committee, please contact the Director of Corporate Governance/Board Secretary in advance of the meeting in order that your request can be considered on an individual basis (please contact Helen Bushell, Director of Corporate Governance/Board Secretary, [helen.bushell2@nhs.wales.uk](mailto:helen.bushell2@nhs.wales.uk)).**

**In addition, the Board will publish a summary of meetings held on the Health Board's website within ten days of the meeting to promote openness and transparency.**

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**POWYS TEACHING HEALTH BOARD  
DELIVERY & PERFORMANCE COMMITTEE**

**UNCONFIRMED**

**MINUTES OF THE MEETING HELD ON FRIDAY 11 NOVEMBER 2022  
VIA MICROSOFT TEAMS**

**Present:**

Mark Taylor	Independent Member ( <i>Committee Chair</i> )
Kirsty Williams	PTHB Vice-Chair
Ronnie Alexander	Independent member ( <i>Committee Vice-Chair</i> )
Cathie Poynton	Independent Member ( <i>Joined for part</i> )
Rhobert Lewis	Independent Member

**In Attendance:**

Hayley Thomas	Director of Primary, Community Care and Mental Health
Stephen Powell	Director of Planning and Performance
Pete Hopgood	Director of Finance & Information Technology (IT)
James Quance	Interim Board Secretary
Clare Lines	Assistant Director of Transformation and Value

**Observers:**

David Collington	Community Health Council
Carl Cooper	PTHB Chair

**Apologies for Absence:**

Carol Shillabeer	Chief Executive
Claire Madsen	Director of Therapies and Health Science
Jamie Marchant	Director of Environment
Tony Thomas	Independent Member
Debra Wood-Lawson	Director of Workforce and Organisational Development

**Committee Support:**

Bethan Powell	Interim Corporate Governance Business Officer
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D&P/22/50	<p><b>WELCOME AND APOLOGIES FOR ABSENCE</b></p> <p>The Committee Chair welcomed members and attendees to the meeting and CONFIRMED there was a quorum present. Apologies for absence were NOTED as recorded above.</p>
D&P/22/51	<p><b>DECLARATIONS OF INTERESTS</b></p> <p>The Committee Chair INVITED Members to declare any interests in relation to the items on the Committee agenda. None were declared.</p>
D&P/22/52	<p><b>MINUTES OF THE DELIVERY &amp; PERFORMANCE COMMITTEE ON 12 SEPTEMBER 2022.</b></p> <p>The minutes of the previous meeting held of the Delivery and Performance Committee on 12 September 2022 were CONFIRMED as a true and accurate record.</p>
D&P/22/53	<p><b>MATTERS ARISING FROM PREVIOUS MEETING</b></p> <p>There were no matters arising.</p>
D&P/22/54	<p><b>COMMITTEE ACTION LOG</b></p> <p>The Committee RECEIVED and NOTED the Delivery and Performance Action Log. The committee discussed the following actions.</p> <ul style="list-style-type: none"> <li>• <b>D&amp;P/22/21a:</b> It was queried whether there has been progress in terms of communication with HEIW around the Dentistry workforce issues and following the assessment of the Dentistry contract reform. The Director of Primary, Community Care and MH confirmed that workforce remained a challenge across the service. However, Powys had submitted a plan to provide 10-12 additional student dental nurse places within General Dental Practices by September 2023. The Committee welcomed the enhanced recruitment in Powys for trainee dental students to experience longer term benefits. It was agreed that a verbal update would be provided at the next meeting.</li> <li>• <b>D&amp;P/22/27:</b> It was queried whether timescales have been agreed for implementation of the national reporting system for the Out of Hours (OOH) service issues discussed at the previous meeting. The Director of Primary, Community Care and MH confirmed that the Adastra system issues persist. However, a meeting has been scheduled with Swansea Bay University</li> </ul>

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	<p>Health Board (SBUHB) at the end of November 2022 to revise the current position. Meetings have been arranged to mitigate the risks and to restart some functionality as soon as possible.</p> <p>It was agreed that an update on the OOH service position would be provided to the Board in November 2022. A further update would be provided at the next committee in February 2023.</p> <p><b>Action: Director of Primary, Community Care and Mental Health.</b></p> <p>The Chair noted that the matter discussed would be included in the Chair's Report to the Board.</p>
D&P/22/55	<p><b>FINANCIAL PERFORMANCE REPORT</b></p> <p>The Director of Finance and IT presented the Month 06 report and drew attention to the following matters:</p> <ul style="list-style-type: none"> <li>the reported financial position for month 6 to the end of September is an operational deficit of £3.687m, a deterioration of £0.878m on the month 5 position;</li> <li>a forecast deficit of £7.5m had been reported to Welsh Government. However, an additional risk of £3m in relation to CHC growth, commissioning pressures and variable pay was now forecast;</li> <li>the Capital reported year to date expenditure is £3.293m;</li> <li>the health board's variable pay run rate had stabilised but there no improvements with substantive workforce availability; and</li> <li>£2.7m of non-recurrent corporate opportunities have been released into the position at month 6.</li> </ul> <p>The Director of Finance and IT highlighted three key areas of focus are:</p> <ul style="list-style-type: none"> <li>commissioning – growth in WHSSC and EASC costs;</li> <li>Continuing Health Care – significant growth between 2020/21 and 2021/22 which continues into 2022/23; and prescribing – increased spend compared to 2020/21. This will be kept under close review.</li> </ul> <p><i>Why is focus drawn to the staffing issues across community wards whilst other financial pressures are evident across the system?</i></p> <p>The Director of Finance and IT advised that staffing issues in community nursing has a particularly high impact for the organisation.</p>

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*How can Committee members be assured that there are active processes in place to manage staff absence across all service areas?*

The Director of Finance and IT confirmed that all service areas across the organisation have a requirement to manage staff sickness appropriately and it is a key priority to ensure the correct support mechanisms are in place across the organisation.

*What is the planning process of a clear exit strategy for the ongoing Covid-19 recovery response?*

It was confirmed that the exit strategy is a collective approach which forms part of the Integrated Medium-Term Plan (IMTP) planning process for the forthcoming year.

*Given previous savings have not been achieved, what barriers prevent savings from being made and what impact does this have on the organisation?*

The Director of Finance and IT advised that during the pandemic the organisation had focussed attention on the covid-19 response and capacity pressures rather than implementing savings. There has since been a return to identifying and achieving savings. Business Intelligence is used to identify opportunities through benchmarking and the agreed approach is to focus on opportunities to improve outcomes, ensuring robust monitoring and performance management mechanisms are in place to support the monitoring of savings and delivery.

*How can Board members assist and support in the delivery of savings targets?*

The Board are aware the financial recovery position has been escalated. A Financial and Performance Executive Sub-committee has been established to monitor the financial position across portfolios. The Delivery and Performance In-Committee meeting will provide Independent Members with an opportunity to scrutinise this matter in detail.

*Has the health board looked at working in partnership to reduce cost pressures?*

The Director of Finance and IT confirmed that the data included within the £7.5m forecast is known expenditure for the remainder of 2022/2023. A small element of funding is linked to the Regional Partnership Board (RPB). However, no significant additional costs have been escalated to be included in the forecast to date in relation to the Winter Plan.

The Director of Primary, Community Care and MH highlighted the decisions required to balance transformation and change within the current model. The challenges previously faced during the pandemic are recognised, as is

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	<p>the impact this has on staff wellbeing. The approach to protect the capacity and change agenda would be reviewed going forwards.</p> <p>Committee members acknowledged the volume of demand across Continuing Health Care services. It was recognised that the service is a strategic challenge for the health board given the volume of demand pressures and increasing costs of delivery.</p> <p>The Committee DISCUSSED and NOTED the Report.</p>
D&P/22/56	<p><b>INTEGRATED PERFORMANCE REPORT (IPR): Period 6 Performance</b></p> <p>The Director of Planning and Performance provided the Committee with the latest health boards performance as of month 6 and highlighted the health board's focus on improving performance across the organisation.</p> <p><i>Can further detail be provided in respect of the General Practice service demand expectations?</i></p> <p>The Director of Planning and Performance confirmed that all Practices are required to submit performance data at the end of October 2022. This has recently been evaluated and included within Directorate performance reviews. The latest fragility issues would be included within the IPR going forwards.</p> <p><i>Is there a quantifiable effect on limitations of social care which links to Continuing Health Care delays?</i></p> <p>It was highlighted that data is collated on a daily basis for those patients waiting to be repatriated into Powys for onward treatment, within a hospital or community setting. It was noted that improvements would be made to ensure data is clearly conveyed within the IPR.</p> <p><i>What is the reason for Aneurin Bevan University Health Board's comparatively strong performance in referral to treatment time (RTT) in commissioned services?</i></p> <p>The Director of Planning and Performance confirmed that this detail would be reviewed, and feedback would be provided to Members.</p> <p>Members requested that the IPR contain indications of response times for all red and amber calls with the Welsh Ambulance Service Trust (WAST). The Director of Planning and Performance agreed that a summary would be included within the IPR.</p> <p><b>Action: Director of Planning and Performance</b></p>

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*How does the health board aim to develop capacity in the Diabetes service?*

The Director of Primary, Community Care and MH highlighted the current challenges across Primary Care and the broader pathway into District General Hospitals (DGH) which are being worked through. However, it was recognised the need to review a whole system approach through a Public Health analysis of excess death rates. The Director of Primary, Community Care and MH undertook to work with the Director of Public Health on the capacity of the Diabetes Service.

**Action: Director of Primary, Community Care and Mental Health**

***Committee members observed a two-minute pause at 11:00 as respect to mark the remembrance of the British Service Memorial Day.***

**PROGRESS AGAINST THE INTEGRATED MEDIUM-TERM PLAN 2022-2025, FOR THE QUARTER 2 PERIOD JULY TO SEPTEMBER 2022.**

The Director of Planning and Performance presented the report. It was highlighted that reflection of the mid-year review includes a new change request component to enable adjustments to be made in the external and internal context such as financial recovery planning.

There have been significant challenges across the workforce system, in particularly within joined up care in terms of the deliverability and fragility within the community model. Similar challenges of staff recruitment have also been identified within the circulatory programme.

*Does the Wales NHS Digital App operate across borders and is this seen as a priority?*

The Director of Finance and IT confirmed that a joint initiative with Digital Health Care Wales (DHCW) has secured funding to develop capacity to meet new system requirements. Further work is required to categorise accessibility and priorities. An update would be provided at the next meeting.

**Action: Director of Finance and IT**

*How can members be assured of the progress against the decarbonisation strategy?*

The Director of Planning and Performance confirmed that an Innovative Environment Sub-committee had been established to monitor progress and risks as they evolve. It was highlighted that it would also form part of the wider planning strategy for 2023-2024 for overall prioritisation, funding, and outcome measures. It was noted that

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	<p>decarbonisation forms part of the Director of Environment reporting pathway to the Delivery and Performance Committee on a quarterly basis.</p> <p>Committee members raised concern with regards to the nurse staffing risks across the Occupational Health service request to be deferred to Q4. It was noted that this would not only exacerbate challenge pressures but require immediate intervention. The Director of Planning and Performance confirmed that this is currently under urgent review by the Director of Workforce and OD. An update would be provided at the next meeting.</p> <p><b>Action: Director of Planning and Performance</b></p> <p><i>Is there a lack of momentum regarding Value Based Health Care, as it is unclear of any progress within the report?</i></p> <p>The Director of Finance and IT confirmed that good progress had been made to increase skills and capacity. All activity and progress is reported via the Transformation and Value Executive Sub-committee and to Board Sub-Committee's. The governance and reporting routes would be reviewed to ensure appropriate arrangements were in place. It was also noted as an update later on the agenda.</p> <p><b>Action: Director of Finance and IT</b></p> <p>The Committee DISCUSSED and NOTED the Integrated Performance Report and the Progress against the IMTP 2022-2025 for the Quarter 2 Period July to September 2022.</p>
D&P/22/57	<p><b>INFORMATION GOVERNANCE PERFORMANCE REPORT</b></p> <p>The Director of Finance and IT presented the Information Governance Performance report noting that this remains a process of development with the aim for reporting to become more dashboard-based going forwards.</p> <p>It was highlighted that Freedom of Information requests had increased by 6% in comparison to the previous reporting period. The target response has not been met and this remains an area of focus for improvement. It was noted there is a new requirement for mandatory Information Governance (IG) Training to be completed by new starters within 6 weeks of recruitment. It was highlighted that future reporting will include clear indication of compliance which would be colour coded for ease of reference.</p> <p>The Committee RECEIVED and NOTED the Information Governance Performance Report.</p>
D&P/22/58	<p><b>PRIMARY CARE SERVICES PERFORMANCE REPORT</b></p>



	<p>The Primary Care General Dental Services (GDS) report was presented. It was noted that the GDS Commissioning Assurance Framework (CAF) monitors general dental service contracts. During 2021/22 Powys had 23 GDS providers.</p> <p>Due to the ongoing pandemic recovery, measures were applied by Welsh Government to the GDS contract and the monitoring of the delivery of dental services had been a complex process throughout 2021/22. The CAF metrics had been updated, and prioritisation was given to a number of national and local performance measures.</p> <p>It was highlighted that the number of patients waiting for treatment is not definitive and access to dental services continues to be a national challenge. Following the completion of the contract procurement exercise, an update would be provided.</p> <p><b>Action: Director of Primary, Community Care and Mental Health</b></p> <p><i>Do the assurance monitoring figures affect where dental trainees are placed within the service?</i></p> <p>The Director of Primary, Community Care and MH confirmed that this does not affect placement of dental trainees. The main challenges relate to contract monitoring, where reliance is dependent on work environment and capacity. It was noted that further opportunity to expand trainees across community and general dental services was being examined to assist in retaining NHS dental service delivery which remains a challenge.</p> <p><i>The dental helpline statistics show 4,435 patients are waiting for treatment, is this the number of patients waiting for a place on the NHS list of a dental practice?</i></p> <p>The Director of Primary, Community Care and Mental Health confirmed that figures do include those patients waiting for dental treatment. Additional support has been provided through the helpline to signpost patients to the appropriate care for those needing emergency treatment.</p> <p>The Committee DISCUSSED and NOTED the Primary Care Service Performance Report.</p>
<b>ITEMS FOR DISCUSSION</b>	
D&P/22/59	<p><b>OVERVIEW OF RENEWAL STRATEGIC PORTFOLIO, INCLUDING: VALUE BASED HEALTHCARE (VBHC) PROGRESS AND PORTFOLIO RISKS.</b></p>

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	<p>The Assistant Director of Transformation and Value presented the report and provided an overview of eight renewal programmes which drive recovery and longer-term service renewal. The following key areas of focus were noted:</p> <ul style="list-style-type: none"> <li>• £206k had been secured on a non-recurrent basis from Welsh Government (WG) to support VBHC projects in Powys,</li> <li>• the “Falls Pathway” has progressed; work on the community model is underway; engagement has taken place with Clusters regarding priority goals 2 and 3 within WG’s “Six Goals for Urgent and Emergency Care”,</li> <li>• a one-off sum of £284k has been secured to assist with the implementation of the community cardiology service, and</li> <li>• a further one-off sum of £73k has been secured from the Wales Cancer Network to enable Powys to build an information platform to track the progress of patients receiving diagnosis and treatment outside Powys.</li> </ul> <p>Due to time constraints, Members were offered the opportunity to raise any questions outside of the meeting.</p> <p>The Committee RECEIVED and NOTED the Overview of Renewal Strategic Portfolio, including Value Based Healthcare progress and Portfolio Risks.</p>
D&P/22/60	<p><b>URGENT AND EMERGENCY CARE, INCLUDING: FRAILTY AND COMMUNITY MODEL UPDATE AND PERFORMANCE REPORT</b></p> <p>Due to time constraints the Urgent and Emergency Care, including Frailty and Community Model update and Performance Report was taken as read. It was agreed that any questions would be raised outside of the meeting.</p> <p>The Urgent and Emergency Care, Including Frailty and Community Model Update and Performance Report was RECEIVED.</p>
<b>OTHER MATTERS</b>	
D&P/22/61	<b>COMMITTEE RISK REGISTER</b>

	<p>Due to time constraints the Committee Risk Register was taken as read and any observations would be raised outside of the meeting.</p> <p>The Committee Risk Register was RECEIVED.</p>
D&P/22/62	<p><b>COMMITTEE PROGRAMME OF BUSINESS</b></p> <p>The Committee RECEIVED the Committee Work Programme.</p>
D&P/22/63	<p><b>ANNUAL REVIEW OF COMMITTEE TERMS OF REFERENCE 2022-2023</b></p> <p>Committee members RECEIVED the Committee Terms of Reference 2022-2023. Members were offered the opportunity to raise any questions or observations outside of the meeting due to time constraints.</p>
D&P/22/64	<p><b>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</b></p> <p>There were no items noted.</p>
D&P/22/65	<p><b>ANY OTHER URGENT BUSINESS</b></p> <p>There were no items of urgent business</p>
D&P/22/66	<p><b>DATE OF THE NEXT MEETING</b></p> <p>Thursday 28 February 2023 at 14:00, via Microsoft Teams</p>
D&P/22/67	<p>The following resolution was passed:</p> <p>Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.</p>
D&P/22/68	<p><b>FINANCIAL SUSTAINABILITY</b></p> <p>The Director of Finance and IT gave an update on the financial sustainability of the organisation. The Assistant Directors of Mental Health, Womens and Childrens and Community Services were also in attendance and provided an overview of their services current financial position. Members took the opportunity to discuss the content of the report.</p> <p>It was AGREED that further updates on financial sustainability would be provided to Members of the Committee on a regular basis.</p>

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D&P/22/69

## **DIGITAL INFRASTRUCTURE AND CYBER SECURITY**

Committee members RECEIVED the Digital Infrastructure and Cyber Security report. Due to time constraints, Committee members took the report as read and it was agreed to hold an In-Committee, following the Audit, Risk and Assurance Committee on Tuesday 15 November 2022. This would provide an opportunity for discussion and to raise any questions and observations.

Patterson Liz  
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Key:

Completed

Not yet due

Due

Overdue

# DELIVERY AND PERFORMANCE COMMITTEE ACTION LOG 2022/23 (FEBRUARY 2023)



**GIG**  
CYMRU  
NHS

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching

Minute	Meeting Date	Action	Responsible	Progress Position	Status
D&P/22/12	3 May 2022	Undertake a review of the Corporate Risk Register to ensure mitigation is demonstrated at Committee meetings.	Director of Corporate Governance and Board Secretary	A review of the Corporate Risk Register is now a routine item of the committee's agenda and will be monitored closely by members going forwards.	Completed
D&P/22/21a	23 June 2022	An update to be provided regarding communication with HEIW around the Dentistry workforce issues and following the assessment of the Dentistry contract reform.	Director of Primary, Community Care and Mental Health	This is a national piece of work in partnership with WG, locally workforce has been challenging. Powys have submitted a plan of prediction to provide 10-12 additional dental nurse student places within General Practices by Sept 2022. A verbal progress position will be provided at the next committee in Feb 2023.	Due Feb 2023
D&P/22/22	23 June 2022	The Output of the variability workstreams to be shared with committee Members for information.	Director of Finance and ICT	DPCCMH to produce a report on Variable Pay position. To be reported via Finance and Performance Exec Committee then to Delivery and Performance November In- Committee	Completed
D&P/22/27	23 June 2022	An update to be provided in terms of OOH service issues with Swansea UHB to include the gap data and timescales of	Director of Primary, Community Care and Mental Health	The Adastra system issues are ongoing with a meeting scheduled with Swansea Bay at the end of Nov 2022 to revise the current position. Meetings have been arranged to mitigate the risks and to restart functionality as soon as	Due Feb 23

Delivery and Performance Committee  
Action Log

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28 February 2023  
Agenda Item 1.4

		implementation of the National reporting system.		possible. A verbal update to be provided at the next committee meeting in Feb 2023	
D&P/22/31	23 June 2022	To explore a Committee Chair's panel to enable oversight of the performance matters identified across committees.	Director of Corporate Governance and Board Secretary	Chair of the Board and Director of Corporate Governance in process of setting up a Committee Chair's Forum from April 2023	Due Feb 23
D&P/22/42	12 September 2022	Health and Safety risks to be included in the next report of the Director of Environment	Director of Environment	This relates in particular to Fire and has been included in the Directors report to Committee in February 2023	COMPLETED
D&P/22/56	11 November 2022	To include indicators of response times for all red, amber and green calls with WAST within future IPR reporting	Director of Planning and Performance	In progress – Red performance now included and working with WAST to receive both amber and green performance	Due Feb 23
D&P/22/56a	11 November 2022	DPCCMH to liaise with DPH to review the whole system approach to diabetic care to include analysis of excess death rates	Director of Primary, Community care and Mental Health	Not yet due	

D&P/22/56b	11 November 2022	To explore the categorisation and accessibility of Wales NHS Digital App to operate cross borders, update to be provided at next meeting	Director of Finance and IT	<p>National programme team advise that it cannot be assumed that there is full interoperability between NHS England and the NHS Wales app.</p> <p>The NHS App (England) and the NHS Wales App will work for two distinct groups of patients, based on whether their GP practice is in England or Wales. As an indication of future direction of travel the data architecture of the NHS Wales App has been designed to take data feeds from service delivery organisations in England and so will be able to capture and display additional English information such as appointments etc. but that is in the future and will require quite a considerable amount of service transformation activity.</p>	Due Feb 23
D&P/22/56c	11 November 2022	To link with DPH regarding the Nurse staffing issues across the Occupational Health service request to be deferred to Q4. To update on forward planning.	Director of Planning and Performance	DPH to discuss with DWOD and update at the meeting	Due

D&P/22/56d	11 November 2022	To explore appropriate pathways to maintain awareness of the Value Based Health Care momentum and progress.	Director of Finance and IT	Update attached at Item 1.4a	Due
D&P/22/58	11 November 2022	To provide an update on dental services, following the completion of the contract procurement exercise.	Director of Primary, Community Care and Mental Health		Due

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**Agenda item: 1.4a**

<b>DELIVERY AND PERFORMANCE COMMITTEE</b>		<b>Date of Meeting: 28 February 2023</b>
<b>Subject:</b>	<b>Update on the implementation of a value-based healthcare approach</b>	
<b>Approved and Presented by:</b>	Director of Finance & ICT Medical Director	
<b>Prepared by:</b>	Assistant Director of Transformation & Value Transformation Programme Manager	
<b>Other Committees and meetings considered at:</b>	The paper draws on content considered at Value Based Healthcare Programme Board meetings on 27/09/22, 15/11/22 and 29/11/22.	

**PURPOSE:**

The purpose of this paper is to provide the Delivery and Performance Committee with an update on the implementation of the value based healthcare approach within Powys Teaching Health Board (PTHB).

**RECOMMENDATION(S):**

The Delivery and Performance Committee is asked to receive the report and take assurance that the organisation is delivering the required actions in relation to value-based healthcare.

<b>Approval/Ratification/Decision<sup>1</sup></b>	<b>Discussion</b>	<b>Information</b>
<b>x</b>	<b>✓</b>	<b>x</b>

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

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

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

## EXECUTIVE SUMMARY:

The implementation of value based healthcare forms a key part of the health board's Integrated Medium Term Plan and a range of work is underway to embed a value based healthcare approach across pathways to improve outcomes, experience and cost.

The Value Based Healthcare Opportunities Subgroup has analysed and identified opportunities for value creation within the Wet Age-related Macular Degeneration pathway and the Cataracts pathway. The Subgroup's latest analysis of the shoulder pathway is due to be considered by the Value Based Healthcare Programme Board in March 2023.

Value based healthcare continues to support other work across the organisation, such as the establishment of the Powys Community Cardiology Service and the additional, non-recurrent funding secured to implement a multiagency response to falls and the detection and diagnosis of intermittent cardiac arrhythmias.

Nationally-commissioned Getting It Right First Time (GIRFT) reviews have highlighted opportunities for repatriation of clinically-appropriate cases back to Powys. Clinical educational events are being planned for 2023 to continue to embed a value-based approach.

## DETAILED BACKGROUND AND ASSESSMENT:

The Strategic Priorities within the Powys Teaching Health Board (PTHB) Integrated Medium Term Plan (IMTP) for 2022/23 – 2024/25 include *implementing value-based healthcare to deliver improved outcomes and experience, including effective deployment and management of resources*.

Understanding the outcomes and experience of the Powys population, the evidence base and comparative costs will enable PTHB to increase value. The health board is working to allocate resources to the right place to deliver the best outcomes that matter for the population of Powys at the least cost.

### **Value Based Healthcare Opportunities Subgroup**

The Value Based Healthcare Opportunities Subgroup of the Value Based Healthcare Programme Board has been established to identify and analyse data across PTHB and provider organisations to recognise emerging opportunities for value creation within pathways. The Subgroup is chaired by the PTHB Director of Clinical Strategy and is seeking to improve value via cost containment, cost reduction (through substitution) and/or redesign focusing on improved deployment of resources in clinical pathways. The Subgroup has analysed data related to the pathways set out below.

### **Value opportunities in the Wet Age-Related Macular Degeneration (Wet AMD) pathway**

The Subgroup analysed the Wet AMD pathway in the August 2022 and identified the following opportunities:

- Strengthening governance around starting, suspending and stopping treatment in line with outcomes,
- Moving Powys-managed patients, and supporting commissioned providers to move Powys patients they treat, from Lucentis to Ranibizumab biosimilar (Ongavia) and to explore the use of Avastin,
- Using the benchmarking of costs to renegotiate Long Term Agreements with higher cost providers, using the lowest tariff as a guideline,
- Repatriating cases in the medium term,
- Improving outcome collection in line with recommended standards.

The opportunities identified were supported by the Value Based Healthcare Programme Board on 27 September 2022 and, on 5 October 2022, Executive Committee approved the implementation of the Wet AMD pathway opportunities identified through a phased work plan.

### **Value opportunities in the Cataracts pathway**

The Subgroup analysed data from the cataracts pathway (Powys-managed and commissioned services), building on previous Time-Driven Activity Based Costing work and identified the following opportunities:

- One-stop shop:
  - assessment, biometrics and pre-op take place during one visit, avoiding duplication & freeing capacity,
  - potential to treat bilateral cataracts where clinically appropriate and safe for the patient to return home that day,

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- Increasing value within the Powys-managed service:
  - improved theatre utilisation through adjusted listing and preparation processes,
  - improving standardisation in theatres to avoid unnecessary variation whilst maintaining quality,
  - potential for repatriation through additional capacity released above,
- Opportunities align to NHS Wales Utilisation of Resources Group work on cataracts pathway.

The opportunities identified were supported by the Value Based Healthcare Programme Board on 15 November 2022 and are due to be considered by Executive Committee.

### **Value opportunities in the musculoskeletal pathway**

The Value Based Healthcare Opportunities Subgroup has completed analysis of data related to the diagnosis and treatment of shoulder issues. The opportunities identified from this are due to be discussed by the Value Based Healthcare Programme Board on 2 March 2023.

### **Wider value creation for Powys patients**

In addition to the above, a value based-approach continues to underpin work across a range of Renewal areas, for example, the establishment of the Powys Community Cardiology pilot in North Powys in 2022/23. The pilot, which provides diagnostics and rehabilitation, has been successful with positive outcomes and experience for patients during 2022/23. Following approval by Executive Committee on 8 February 2023, the service will continue in North Powys and will be rolled out to Mid and South Powys in 2023/24.

### **Additional funding for high-value interventions**

The health board was successful in securing non-recurrent funding in 2022/23 for two projects to provide targeted support to high-value interventions which can demonstrate improved outcomes. Following approval of the proposals by Welsh Government in July 2022, and recruitment to associated posts shortly thereafter, the projects have focussed on delivery.

The 'Frailty: A multi-agency Value based approach to falls prevention and the response to falls project' aims to reduce the number of emergency responses required by the Welsh Ambulance Service Trust (WAST) as these can result in a patient being admitted to hospital. To date, 103 staff members from 14 care homes in Powys have attended a familiarisation session to enable them to lift an individual safely after a fall. Feedback from care home staff who have attended the sessions has been positive and early analysis by the WAST Improvement Lead for Falls shows no falls or related conveyances reported for care homes which have engaged with the project to date, although this is only based on one month's data.

The second project has focussed on the detection and diagnosis of intermittent cardiac arrhythmias. The funding has enabled the purchase of devices for Powys GP practices where patients present recurrently reporting arrhythmias with no definitive diagnosis from an asymptomatic electrocardiogram. Over half of the GP practices in Powys have received

devices and this project has aligned with the establishment of the Powys Community Cardiology Service.

**‘Getting It Right First Time’ (GIRFT) Reviews**

The Welsh Government has commissioned the GIRFT Team from NHS England to review secondary care services across Wales. The following GIRFT Reviews undertaken in 2022 were:

- GIRFT Orthopaedics – February 2022
- GIRFT Gynaecology – July 2022
- GIRFT General Surgery – November 2022

The key recommendations following the GIRFT Deep Dives of PTHB to date have included:

- repatriation to Powys of clinically appropriate low-complexity cases,
- maximising the utilisation of Powys theatres,
- continuing to promote Powys laminar flow theatres and endoscopy suites as part of network solutions.

The GIRFT Team will be undertaking further reviews of Urology and Ophthalmology (Glaucoma and Cataracts) later in 2023.

**Clinical educational events**

To consolidate the learning from value based work already underway and to continue to engage clinical leaders, a series of educational events for clinicians who treat Powys patients are being planned for 2023/24, as part of wider engagement activities to continue to embed a value based healthcare approach.

**NEXT STEPS:**

To continue to implement the actions for Value Based Healthcare in line with organisational priorities identified in the IMTP.

**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				x
Disability				x
Gender reassignment	x			
The report explains the work being undertaken to improve outcomes, experience and cost within specific pathways.				

Pregnancy and maternity	x				
Race				x	
Religion/ Belief	x				
Sex	x				
Sexual Orientation					
Marriage and civil partnership					
Welsh Language					
Risk Assessment:					
	Level of risk identified				The work to improve outcome, experience and cost should improve value and reduce risk.
	None	Low	Moderate	High	
Clinical		x			
Financial		x			
Corporate		x			
Operational		x			
Reputational		x			

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

**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/exceptions.

**RECOMMENDATION(S):**

The Delivery and Performance Committee are asked to consider the report, take **assurance** against the organisations delivery against the integrated performance report and agree any **comments** to be made to the Board ahead of the report being considered by the report on the 29 March 2023.

<b>Approval/Ratification/Decision</b>	<b>Discussion</b>	<b>Information</b>
<b>x</b>	<b>✓</b>	<b>✓</b>

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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 Delivery and Performance Committee 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 is flagged using Red Amber Green (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%
Screening	14c	Flu Vaccines - Pregnant Women		75%	2021/22	92.3%		66.7%	6th	78.5%
	14d	Flu Vaccines - Health Care Workers		60%	2021/22	56.5%		52.1%	6th	55.6%
	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 13<sup>th</sup> reported 84% (61.5k delivered boosters) for the 73k total eligible cohort.

**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%

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 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%
	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 Adastra 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 Adastra 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.

- Non PTHB Minor Injury Unit (MIU) performance:
  - November 2022 – English providers reported 42.9% of patients were seen withing 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

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- 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 1<sup>st</sup> 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).
- 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 1<sup>st</sup>.

- 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.

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- 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.
- 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 1<sup>st</sup> 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

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- 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 30<sup>th</sup> 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.
- 
- 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.

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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:

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:



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 1<sup>st</sup> 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

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

## Integrated Performance Report

Month 9 – Updated 17/02/2023

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

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[NHS Wales Performance Framework](#)

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

[Quadruple Aim 1](#)

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[Next Steps](#)

[Appendices](#)

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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.

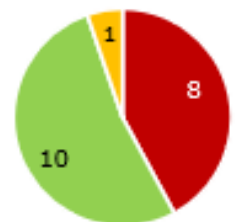
The equity of access challenge remains for Powys residents who require acute care on and in Wales can potentially wait up to and beyond 12 months longer than those that flow via cross border services in England.

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.

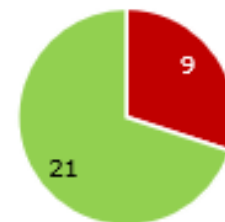
\*Please note **amber** RAG ratings are for qualitative measures only

Compliance against targets quadruple aim 1



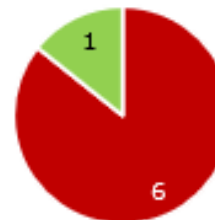
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Compliance against quadruple aim 2



■ Red ■ Green

Compliance against quadruple aim 3



■ Red ■ Green

Compliance against quadruple aim 4



■ Red ■ Green ■ Amber



# NHS Wales Performance Framework

## NHS Wales Performance Framework

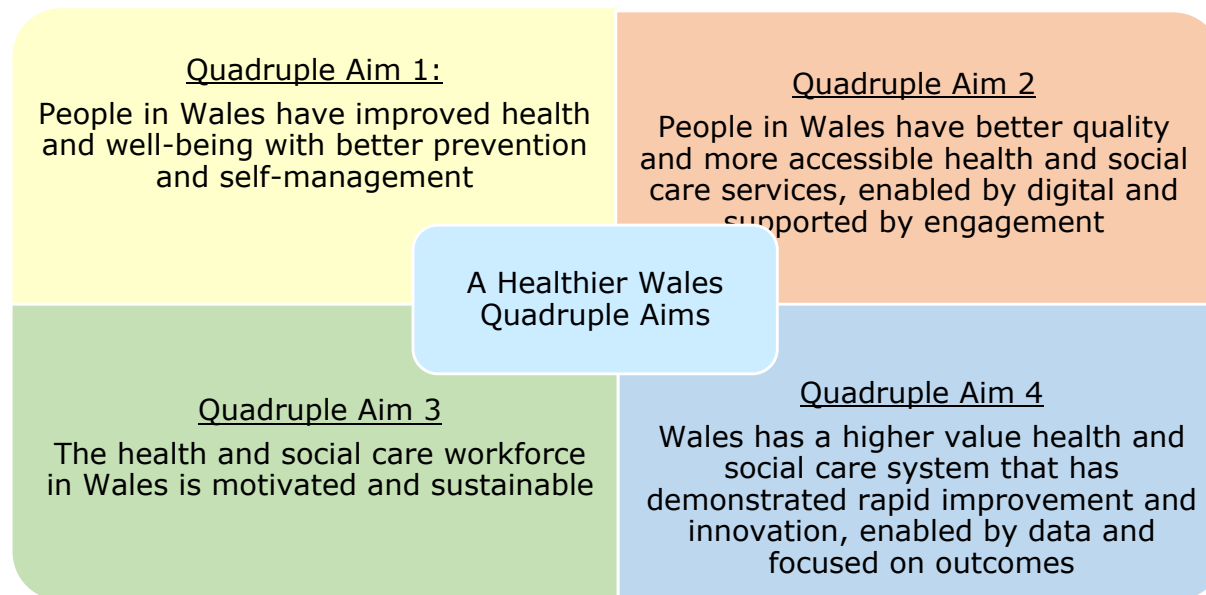
The NHS Wales Performance Framework has been significantly revised for 2022/23 with currently 84 measures. Of the 84 measures, 54 have been identified as ministerial priorities. A further 8 measures are classed as operational and not routinely reported to Welsh Government, but are included within the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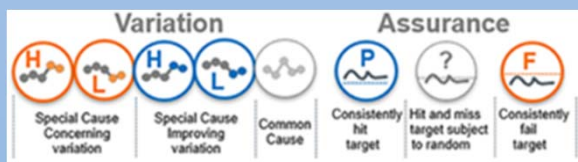
# NHS Wales Performance Framework

## 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%)	✓	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%		
			45	RTT patients waiting more than 104 weeks	✓	Improvement trajectory towards 0 by 2024	Dec-22	1	0	0	*1st	54,491
Elective Planned Care			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 Children's Services	53	Children/Young People neurodevelopmental waits	✓	80%	Dec-22	63.6%	61.4%	53.4%	*1st	33.4%
		Assistant Director of Mental Health	54	Qualitative report detailing progress to develop a whole school approach to CAMHS in reach services	✓	Evidence Improvement	Aug-22			Green	N/A	
			55	% adults admitted to a psychiatric hospital 9am-9pm that have a CRHT gate keeping assessment prior to admission	✓	95%	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		



# 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										Welsh Government Benchmarking (*in arrears)		
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Staff Resources	Director of Finance and ICT	TBC	67	Agency spend as a percentage of the total pay bill	✓	12m↓	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	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

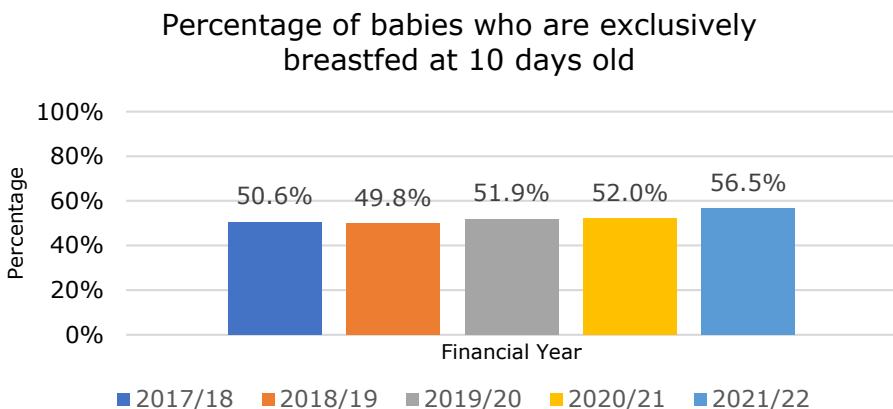
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3

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



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

Executive Lead Director of Nursing

Officer Lead Head of Midwifery and Sexual Health

Strategic Priority 2

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

### What the data tells us

2021/22 performance is the highest reported in the 6 available years. Powys consistently ranks 1<sup>st</sup> 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

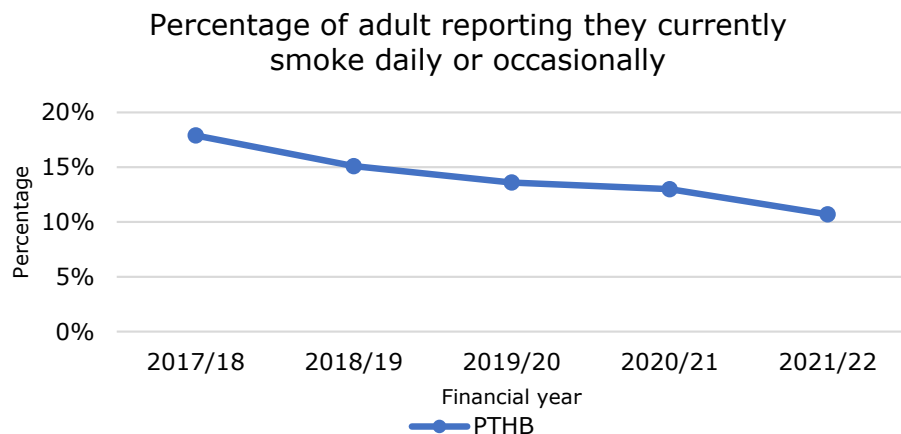
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People in Wales have improved health and well-being and better prevention and self-management

## 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 <sup>st</sup> (13.0%)
Variance Type	
N/A	
Target	
Annual Improvement	
Data Quality & Source	
Welsh Government Performance Team	

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

*"There is a need for a whole system approach if Wales is to achieve its vision of being smoke-free by 2030.*

*NHS Wales (along with other service providers) is a key partner in delivering this ambition by optimising smoking cessation services and prevention of uptake provision."*

### What the data tells us

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

### Issues

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

### Actions

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

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

### Mitigations

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



# Quadruple Aim 1

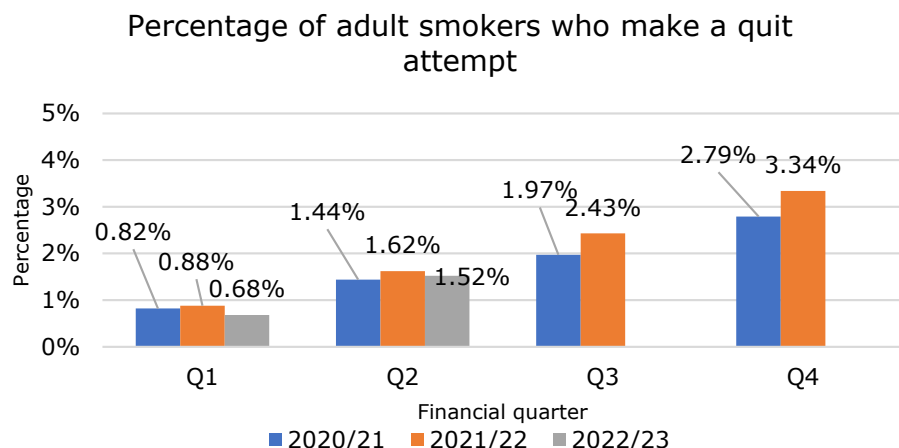
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People in Wales have improved health and well-being and better prevention and self-management

## Smoking

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



### 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

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

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

What the data tells us	Issues	Actions	Mitigations
<p>Note: In 20/21, the National Survey was adapted due to COVID resulting in lower smoking estimates than previously reported. The lower estimates will result in an apparent higher proportion of smokers making a quit attempt during 2021/22 which may not reflect a real improvement in performance.</p> <p>The cumulative quit attempts for 2021/22 show a slight uptake in quit attempts on 2020/21 but are below target and the national benchmark. 2022/23 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

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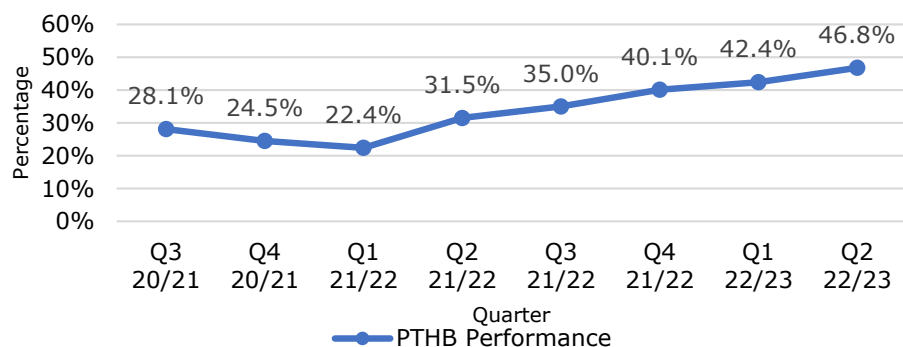
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People in Wales have improved health and well-being and better prevention and self-management

## Diabetes

Percentage of patients (aged 12 years and over) with diabetes 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 <sup>st</sup> (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

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

### Issues

- No officer lead has been identified for narrative updates.

### Actions

### Mitigations





# Quadruple Aim 1

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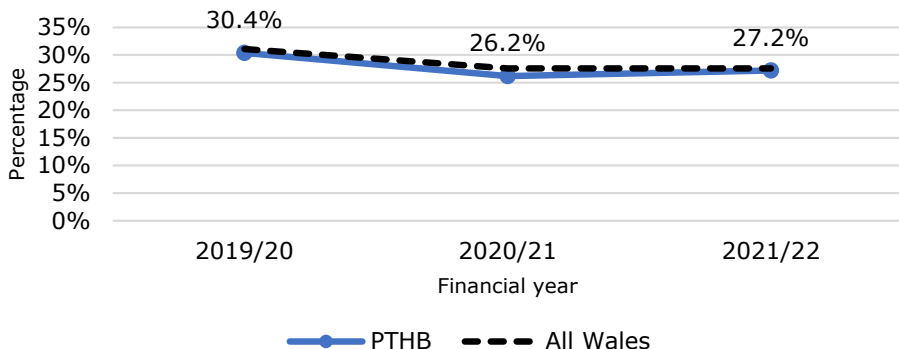
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People in Wales have improved health and well-being and better prevention and self-management

## Diabetes

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

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



Performance 2021/22	
Provider Performance	All Wales Benchmark
27.2%	4 <sup>th</sup> (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

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

### Issues

- No officer lead has been identified for narrative updates.

### Actions

### Mitigations

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# Quadruple Aim 1

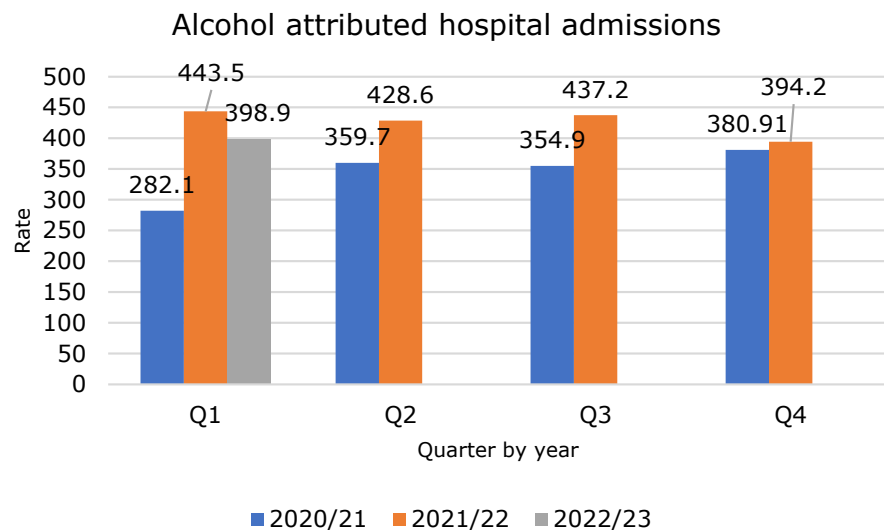
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People in Wales have improved health and well-being and better prevention and self-management

## Alcohol Misuse

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



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

Executive Lead

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

Officer Lead

Assistant Director of Mental Health

Strategic Priority

2

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

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

### What the data tells us

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

Please note that historical data has been re-validated nationally from Q4 2020/21. This has not affected Powys compliance against target with very minor adjustments.

### Issues

### Actions

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

### Mitigations

To be confirmed once further action has been taken.



# Quadruple Aim 1

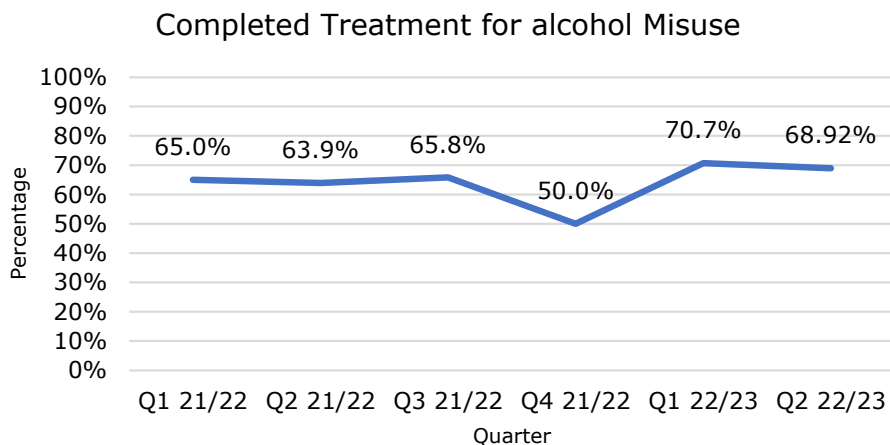
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10

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

## Alcohol Misuse

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



### Performance Q2 2022/23

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

### Variance Type

N/A

### Target

4 Quarter Improvement Trend

### Data Quality & Source

Welsh Government Performance Team

### Executive Lead

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

### Officer Lead

Assistant Director of Mental Health

### Strategic Priority

2

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

### What the data tells us

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

Please note that historical data has been re-validated nationally from Q1 2021/22. This has not affected Powys compliance against target with most quarters having <1% variance.

### Issues

This target is very broad, and interpretation of the target varies across Wales. We have focussed the Powys service to concentrate on harm reduction and enabling service users to take control on reducing the harm of substance misuse therefore, this does not always include complete abstinence and clients may access the service for a significant length of time.

### Actions

Re-tendering for the drug and alcohol community treatment service has been complete and the successful provider has taken up the new contract (September 2022).

The new contract places a greater emphasis on client identified outcomes and holistic support.

### Mitigations

Delivery of the 2022 Area Planning Board work plan focused on achieving client-centred goals and recovery including the development of recovery focused communities.



# Quadruple Aim 1

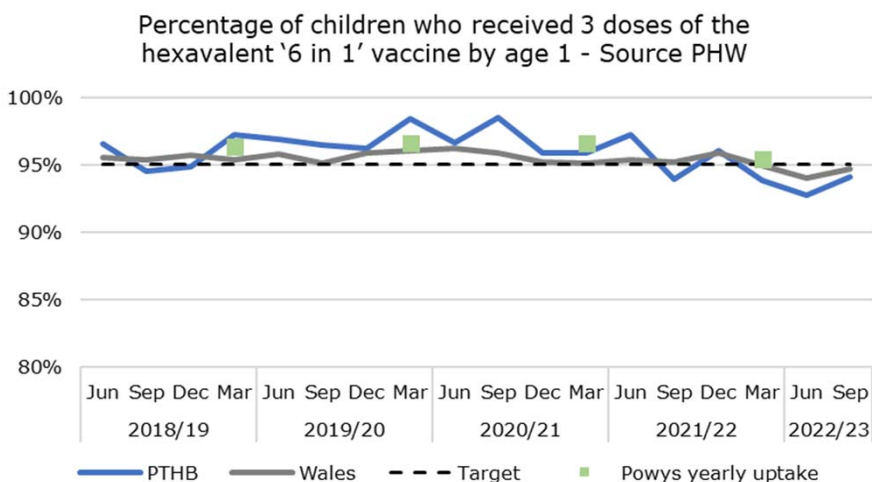
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People in Wales have improved health and well-being and better prevention and self-management

## 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 <sup>th</sup> (94.7%)

### Variance Type

Common Cause

### Target

95%

### Data Quality & Source

PTHB Public Health

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

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

### What the data tells us

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

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

### Issues

Data on uptake is sourced nationally from the Child Health System whilst vaccination is undertaken by GP Practices, and recorded on their information system. The Child Health System and GP database are not electronically linked, so information flows means that frequent data cleansing is required to ensure the Child Health System is up-to-date to reflect immunisation status.

### Actions

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

### Mitigations

To be confirmed once further actions have been taken.



# Quadruple Aim 1

No.

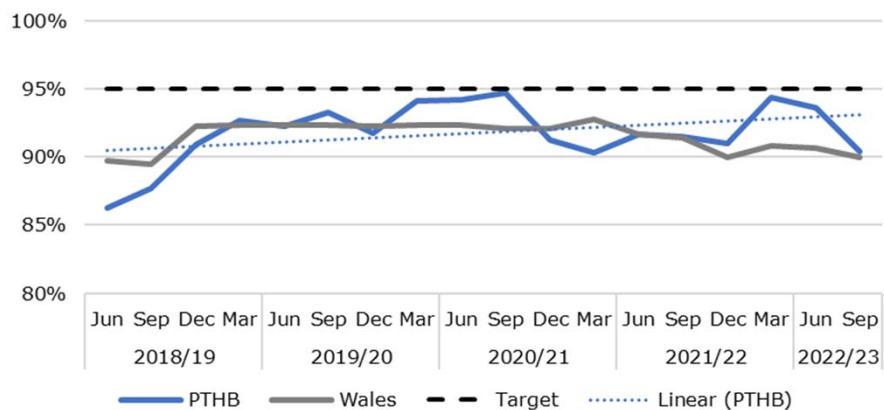
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People in Wales have improved health and well-being and better prevention and self-management

## 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 3<sup>rd</sup> in Wales.

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### Issues

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

### Actions

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

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

### Mitigations

To be confirmed once further actions have been taken.

# Quadruple Aim 1

No.

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

## COVID-19

Percentage uptake of autumn 2022 booster dose of the COVID-19 vaccination in all eligible Wales residents by health board – **Uptake snapshot 13/02/2023**

Total Eligible	Had Autumn Booster	Currently Eligible	Percentage uptake Autumn Booster
73K	62K	72K	84%
<b>Who is Eligible</b> 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	<b>Numerator</b> had annual booster within campaign dates 01/09/2022 to 31/03/2023	<b>Denominator</b> 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.	<b>Calculation</b> 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"> <li>The rollout of the COVID-19 booster campaign started officially in Wales from September 1st to care home residents, and immunosuppressed individuals.</li> <li>PTHB has vaccinated <b>61,530</b> people with the booster, this is <b>84%</b> of the total eligible (<b>72,902</b>) as reported at 13/02/2023 05:24am, and now meets the Welsh Government requirement target of 75%.</li> </ul>	<ul style="list-style-type: none"> <li>Significant reduced social, digital and media communication</li> <li>Denominator for health and social care group</li> </ul>	<ul style="list-style-type: none"> <li>Walk-in available at all MVCs for any eligible residents who have missed appointment</li> <li>Emergency Surge Plan and action cards developed as part of business continuity planning and plans to undertake a desk top exercise</li> </ul>	<ul style="list-style-type: none"> <li>Cancellation rate is reviewed twice a week and at the Operational Delivery and Leaving No One Behind Group.</li> </ul>



# Quadruple Aim 1

No.

14

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

## Influenza Vaccination

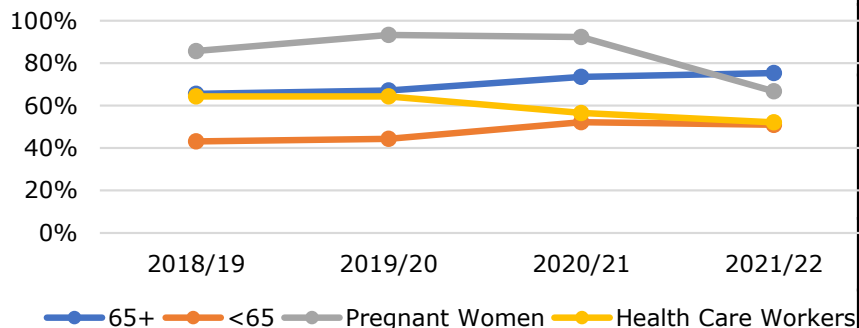
Uptake of the influenza vaccination among: 65 year olds and over, under 65s in risk groups, pregnant women, and health care workers. – Powys as a provider

Executive Lead Director of Public Health

Officer Lead Consultant in Public Health

Strategic Priority 2

Influenza vaccination uptake by group – source PHW



### Performance 2021/22

Measure	Local	21/22 Target	All Wales
65+	75.3%	75%	7 <sup>th</sup> (78.0%)
<65 at risk	50.9%	55%	3 <sup>rd</sup> (48.2%)
Pregnant Women	66.7%	75%	6 <sup>th</sup> (78.5%)
Health Care Workers	52.1%	60%	6 <sup>th</sup> (55.6%)

### Data Quality & Source

PTHB Public Health

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

### 2022/23 Framework

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

### What the data tells us

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

### Issues

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

### Actions

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

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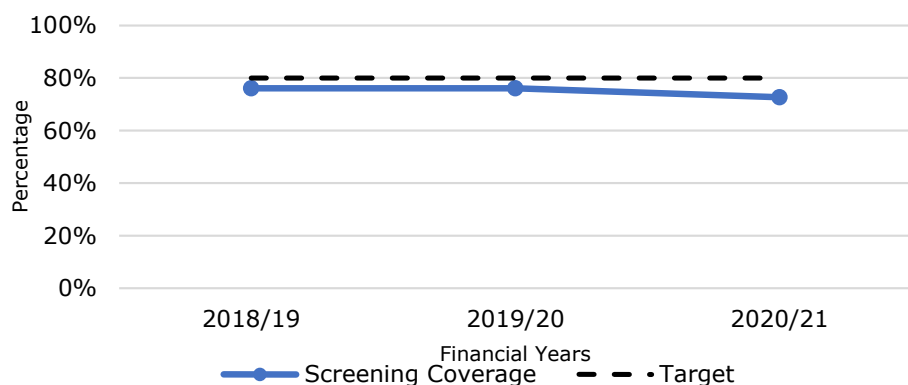
15a

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**

Coverage of cancer screening for: cervical



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

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

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

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

What the data tells us	Issues	Actions	Mitigations
<p>Since 2018/19 Powys has ranked as the highest achieving Health Board and remains ranked 1<sup>st</sup> 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 commencement of services at reduced capacity.</p> <p>Data prior to 2018/19 for cervical screening is not comparable due to a change in the age coverage</p>	<p>The suspension of the service between March 2020 and June 2020, and recommencement of services at reduced capacity resulted in delay and backlog of individuals due to be invited for screening.</p> <p>Services have now fully recovered.</p>	<p>Services have fully recovered from impact of pandemic during 2021/22.</p>	





# Quadruple Aim 1

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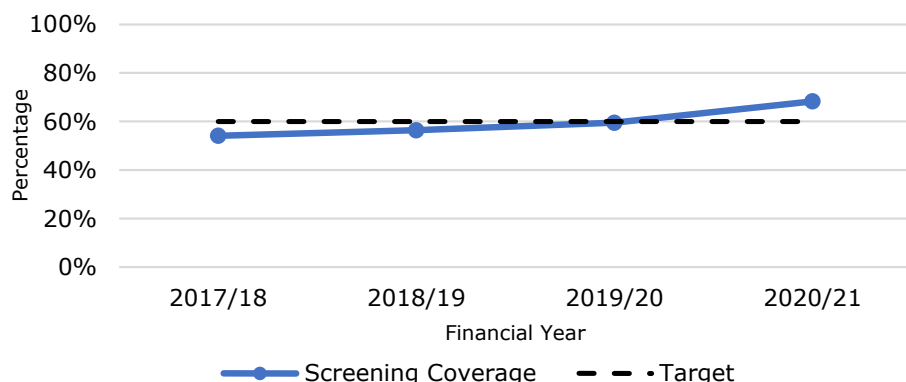
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People in Wales have improved health and well-being and better prevention and self-management

## Cancer Screening

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

Coverage of cancer screening for: bowel



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

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

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

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

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



# Quadruple Aim 1

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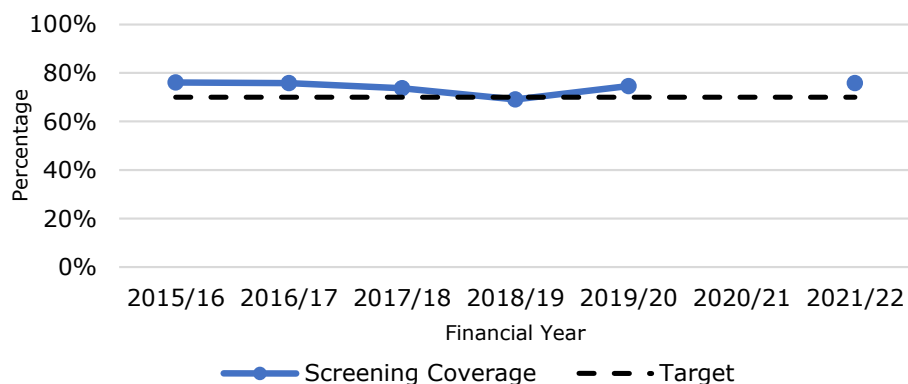
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People in Wales have improved health and well-being and better prevention and self-management

## 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 <sup>st</sup> (72.3%)
Variance Type	
N/A	
Target	
70%	
Data Quality & Source	
PTHB Public Health	

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

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

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

What the data tells us	Issues	Actions	Mitigations
Coverage for breast screening improved again in 2021 to 75.8% from 74.6%, above the Wales average for the past 5 years. PTHB is target compliant and benchmarks positively against the All Wales average of 72.3%. <small>Patterson, Liz 28/02/2023 13:28:40</small>	PHW Breast Screening Services invite eligible women on a three yearly cycle for a screening appointment.  The impact of temporarily pausing screening services due to Covid-19 along with reduced activity during restarting of services to enable covid-safe pathways resulted in substantially reduced numbers being invited for screening during 2020/21 compared to previous years.	Although PTHB has the highest uptake of breast screening in Wales.  The impact of pausing services during 2020 and reduced capacity on restart due to the pandemic resulted in delays/backlog waiting to be invited for screening across Wales. PHW Screening Services are implementing a recovery plan which includes increasing the number of women been able to be screened in addition to increasing the number of screening clinics.	



## Quadruple Aim 2

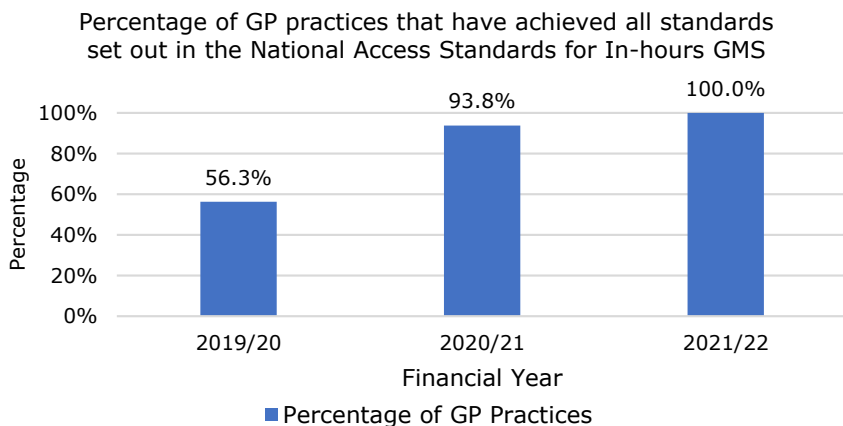
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16

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

### In-hours GP Access

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



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

Executive Lead

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

Officer Lead

Assistant Director of Primary Care

Strategic Priority

4

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

### What the data tells us

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

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

### Issues

### Actions

### Mitigations

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



# Quadruple Aim 2

No. 18,19,20

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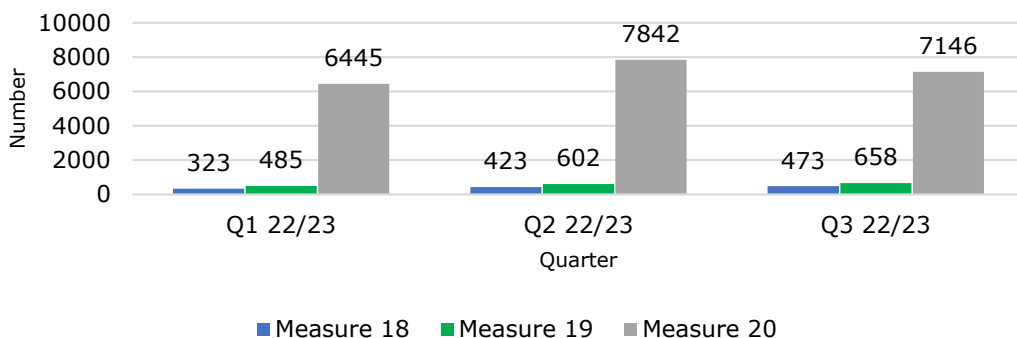
## Dental - Powys as a provider

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

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

Measure 20. Number of existing patients accessing NHS dental services

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



### Q3 Performance 2022/23

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

### Variance Type

N/A

### Target

4 quarter improvement

### Data Quality & Source

Welsh Government  
Performance Team

### Executive Lead

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

### Officer Lead

Assistant Director of Primary Care

### Strategic Priority

4

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

### What the data tells us

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

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.

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

### Issues

### Actions

### Mitigations



# Quadruple Aim 2

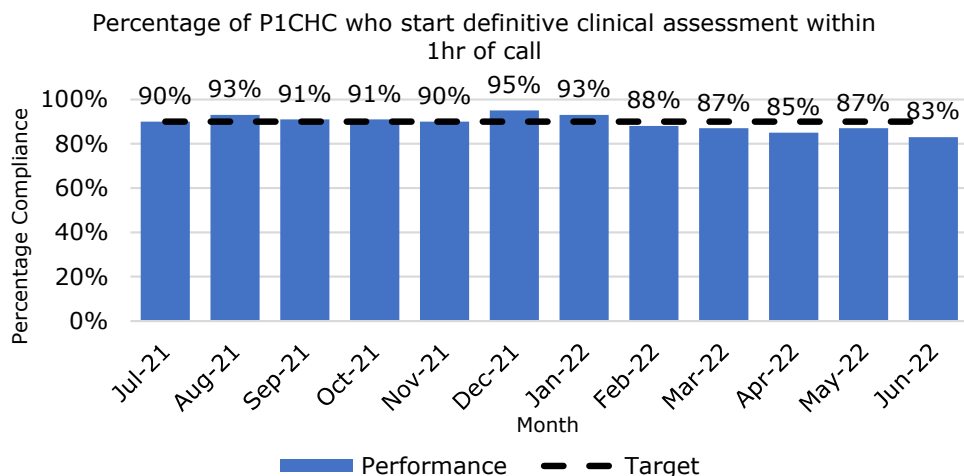
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21

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## 111 Assessment

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



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 4<sup>th</sup> 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 4<sup>th</sup> 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

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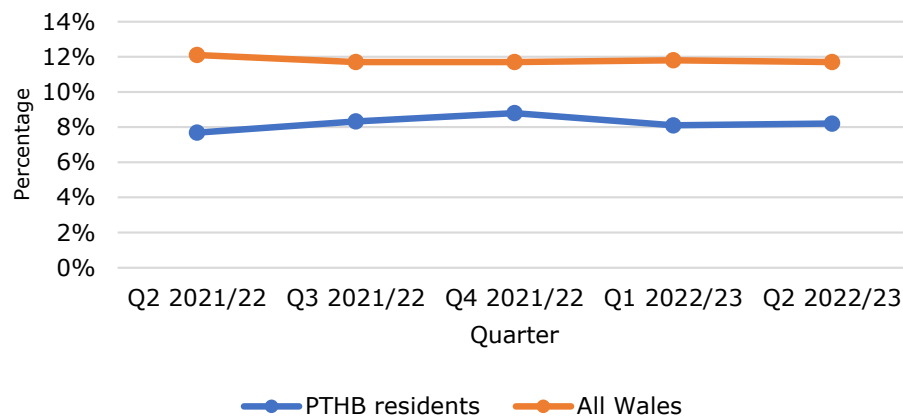
22

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## Conveyance

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

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



Q2 2022/23 Performance	
PTHB Responsible Performance	All Wales Benchmark
8.2%	5 <sup>th</sup> (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 5<sup>th</sup> out of the Health Boards.

### Issues

### Actions

### Mitigations



# Quadruple Aim 2

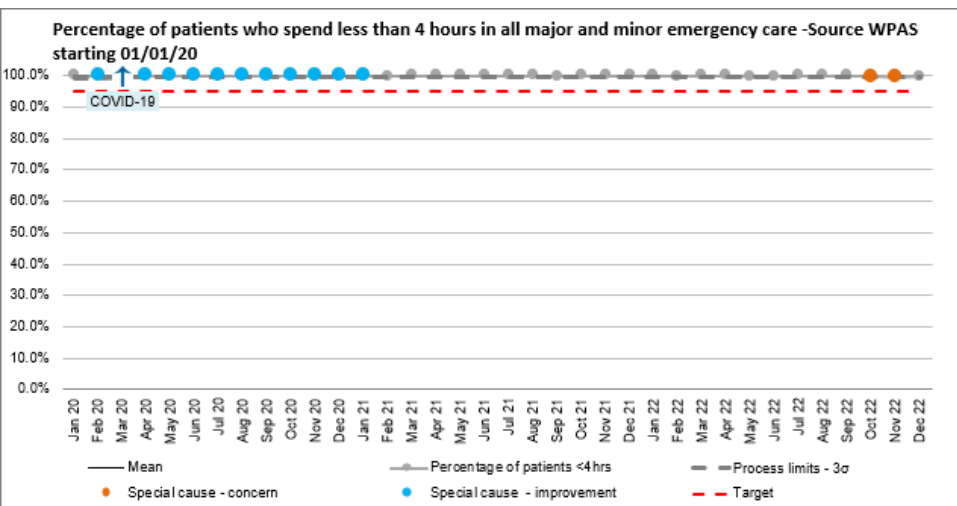
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## Minor Injury Unit (MIU) Performance

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 <sup>st</sup> (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

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

In December 1 patient waited over 4hrs

The All Wales average for December was 63.1%, but this performance is non comparable as Powys only has minor injury facilities.

### Issues

No issues with MIU performance as reflected in data.

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

### Actions

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

### Mitigations

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





# Quadruple Aim 2

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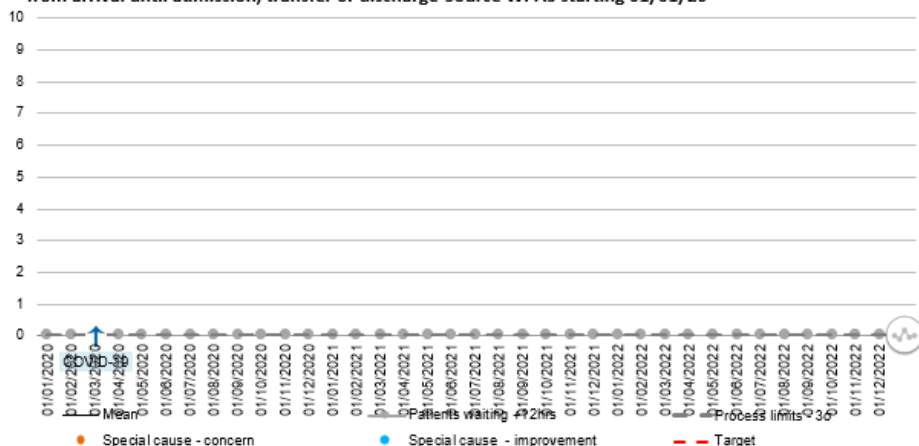
26

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## Minor Injury Unit (MIU) Performance

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

Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge-Source WPAS starting 01/01/20



### December 2022 Performance

Provider Performance	All Wales Benchmark
0	1 <sup>st</sup> (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

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

The All Wales total of patients waiting for admission over 12 hours in major and minor emergency care reported increase to 12,099 in December.

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

### Issues

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

### Actions

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

### Mitigations

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





# Quadruple Aim 2

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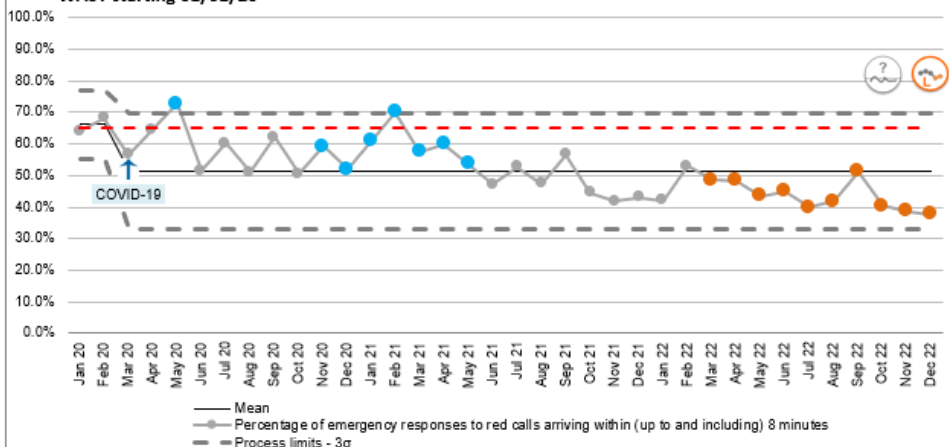
31

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

## Red Calls

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

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



## December 2022 Performance

Local Performance	All Wales Benchmark
37.8%	4 <sup>th</sup> (39.5%)

## Variance Type

Special cause concern

## Target

65%

## Data Quality & Source

WAST

Executive Lead n

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

Officer Lead

As above

Strategic Priority

11

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

## What the data tells us

The reported performance in December is the worst Powys has had since this metric was revised in 2018 reaching only 37.8% compliance.

The All Wales performance is also very poor against the 65% target at 39.5% but PTHB ranks 4<sup>th</sup> this month.

## Issues

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

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

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

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

## Actions

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

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

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

## Mitigations

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



# Quadruple Aim 2

No.

31

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

## 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

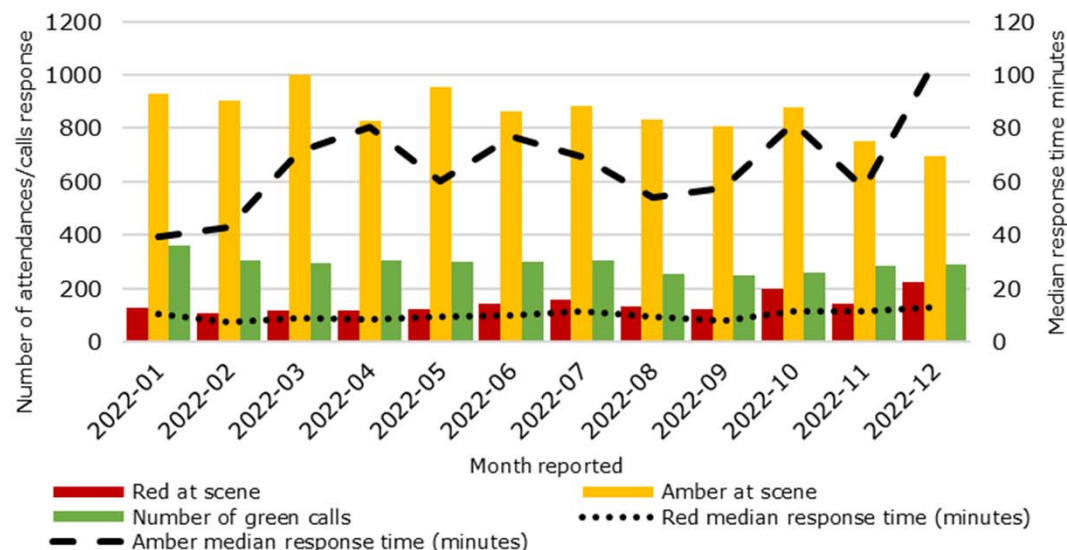
## Ambulance Services - Emergency responses by category

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	124	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

## Ambulance response category by number and median response time (minutes) - Source WAST





# Quadruple Aim 2

No.	35 & 36
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People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

## 35. Patient Flow

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

## 36. Patient Flow

Percentage of people leaving hospital on a D2RA pathway

Executive Lead n

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

Officer Lead

Senior Manager  
Unscheduled Care

Strategic Priority

11

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

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

### Issues

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

### Actions

- Report required & requested from informatics on non compliance.
- Further reinforced within discharge training at ward level intended to improve compliance.
- Additional workshop in place for W/C 14<sup>th</sup> November to continue to embed patient pathways
- Patient pathway/discharge meetings arranged on a fortnightly basis from 28th January to further embed pathways

### Mitigations

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



# Quadruple Aim 2

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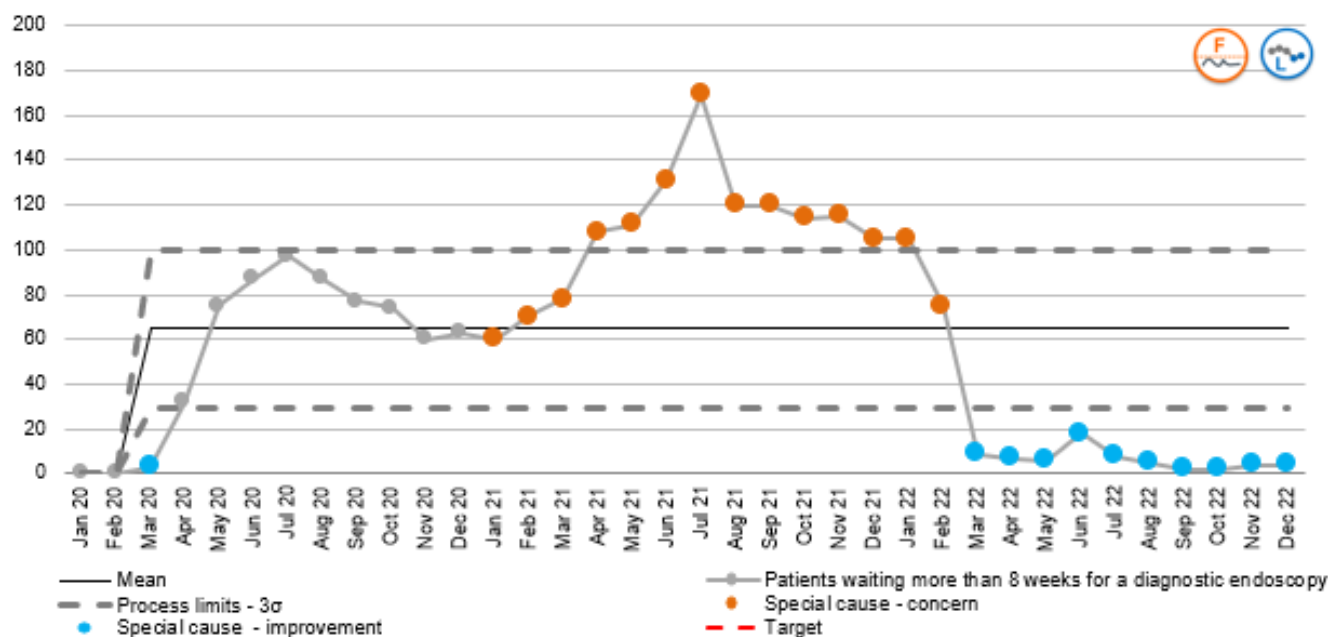
39

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

## Diagnostic Breaches

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

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



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

4

All Wales Benchmark

\*1<sup>st</sup> (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

No.

39

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

### Diagnostic Breaches

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

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

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# Quadruple Aim 2

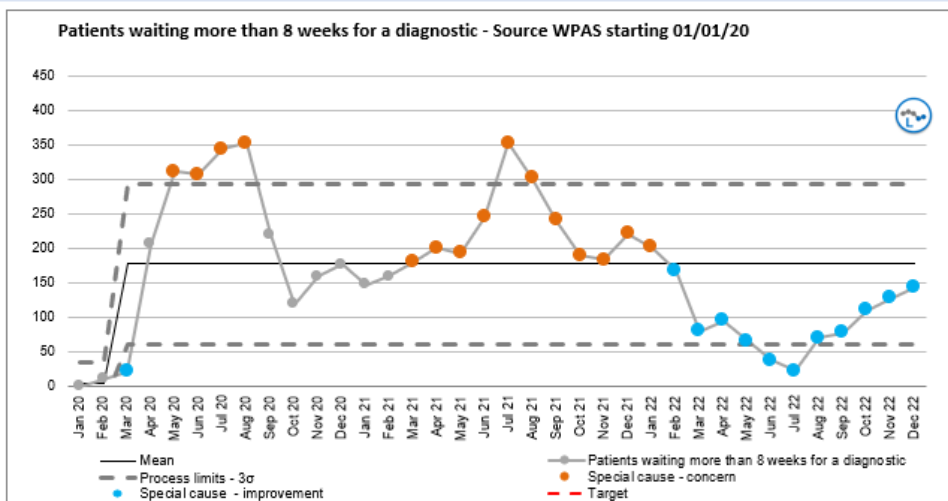
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## Diagnostic Breaches

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 <sup>st</sup> (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

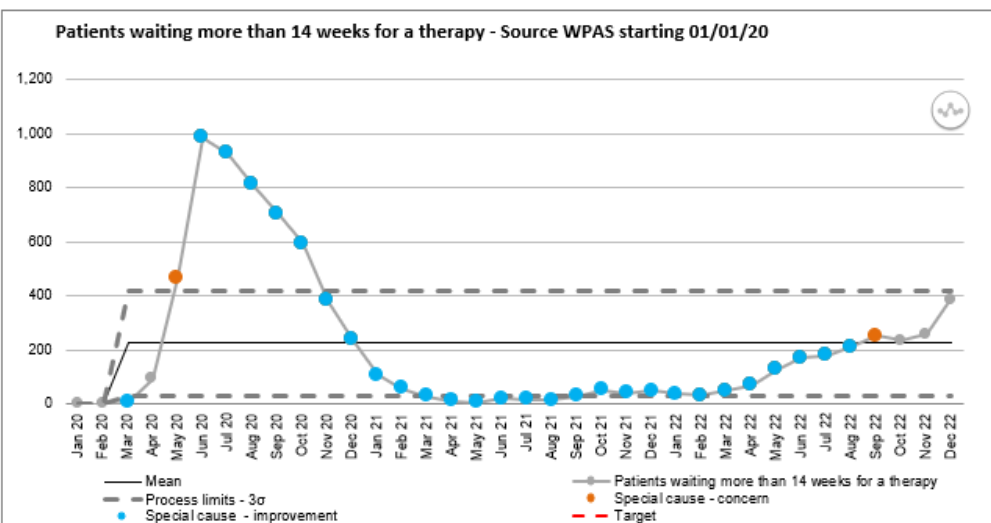
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## Therapy Breaches

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 <sup>st</sup> (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

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

### Issues

- Cancellations of clinics at short notice as a result of staff having to isolate due to covid/general sickness resulting in breaches
- Vacancies across services particularly physiotherapy, Dietetics and Audiology having some impact.
- North Powys MSK remains challenging.
- Industrial action risk for Q4
- Follow-up (FUP) caseload backlog impacting on new booking capacity
- Challenges with core reporting support escalated with Digital Transformation team.

### Actions

- 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.

### Mitigations



# Quadruple Aim 2

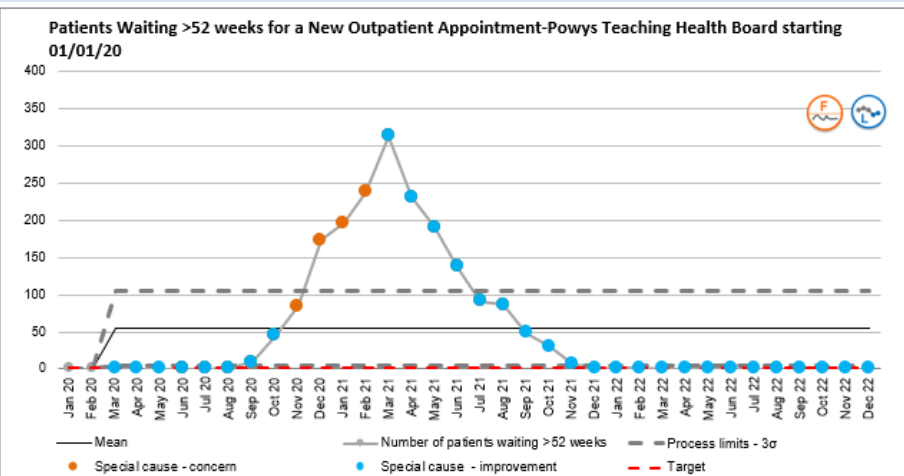
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## New Outpatient

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



## December 2022 Performance

Local Performance	All Wales Benchmark
0	*1 <sup>st</sup> (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

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

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

## Issues

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

## Actions

- Significant Programme of outpatient (OP) improvement in progress

## Mitigations

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





# Quadruple Aim 2

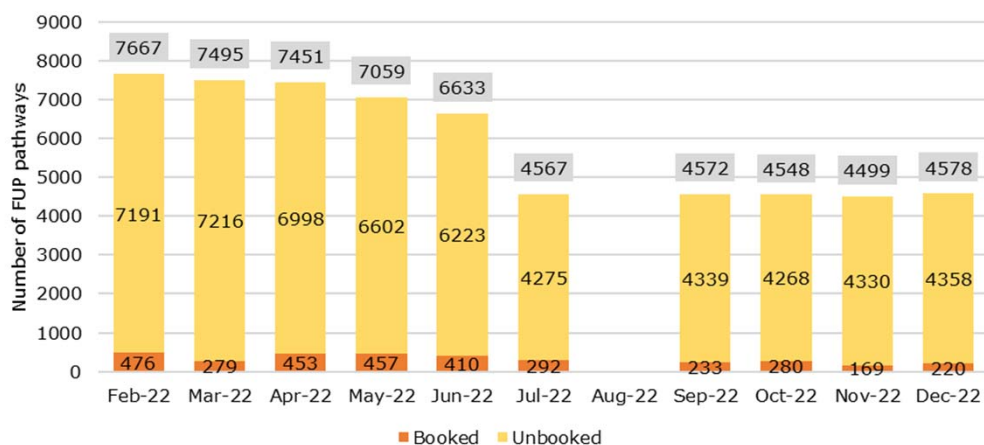
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## Follow up outpatient (FUP)

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



## 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

Executive Lead n

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

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

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

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

## What the data tells us

- PTHB is **not** reporting the revised position of FUPs nationally. Internal validation reports show 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.

## Issues

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

## Actions

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

## Mitigations

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



# Quadruple Aim 2

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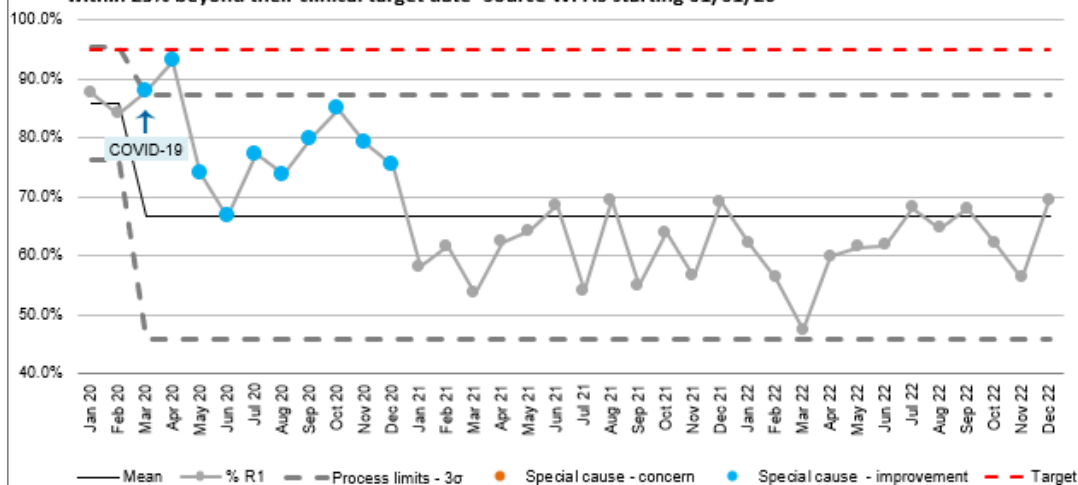
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## Ophthalmology

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 2<sup>nd</sup> 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.

[Issues, actions, and mitigations continued on next page](#)



# Quadruple Aim 2

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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"> <li>Reporting for the measure is under review with PTHB Information Department with performance risk linked to follow-up validation &amp; reporting issues.</li> <li>Fragility of in reach providers and DGH system pressures including industrial action, sickness including ongoing COVID-19 pressures.</li> <li>Fragility of theatre staffing due to sickness absence, and vacancies</li> <li>Digital Eye Care pilot continued delay since May 2022 and National system &amp; IG issues are flagged.</li> </ul>	<ul style="list-style-type: none"> <li>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 2<sup>nd</sup> PTHB injector training (complete 2023/24).</li> <li>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.</li> <li>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.</li> <li>Care closer to home for patients, instant diagnostics for decision making for clinicians and improved access times to support RTT management.</li> <li>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.</li> <li>Local Safety Standard for Invasive Procedures (LOCSIPs) in place for Eye Care &amp; other outpatient department specialities first HB in Wales.</li> <li>Trainee Eye Care Nurse post job description has been developed by the Service &amp; agreed by education, working closely with Rural Health Care Academy on career pathways for eye care in PTHB</li> <li>Hydroxychloroquine Screening Service for eye care &amp; rheumatology patients under development with equipment purchased from WG Eye Care funding in Q4 2021/22.</li> <li>Service SOPs developed utilising best practice from Birmingham and Midland Eye Centre. Information governance agreements in place.</li> <li>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.</li> <li>MDT lead glaucoma management within Planned Care &amp; Community Optometry – service open to referrals from Nov 22</li> <li>One stop shop cataracts biometrics pre assessment, consultant appointment pan Powys – Q3 2022/23.</li> <li>Awaiting data from HDUHB North Road on PTHB numbers, meeting 5<sup>th</sup> Sept to progress.</li> <li>Supporting Performance/Commissioning with repatriation plans for cataracts – awaiting PTL details.</li> <li>Working with WVT &amp; 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.</li> <li>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 &lt;25% over target X%, patients attended X%.</li> <li>National Digital Eye Care Programme ICT, IG, procurement, finance is currently being reviewed by DHCW outcome of review anticipated Nov 22</li> </ul>	<ul style="list-style-type: none"> <li>Community optometry support to risk stratify long waits/overdue follow ups</li> <li>Development of eye care MDT to support service sustainability</li> <li>Corporate review of FU reporting performance and harm management</li> <li>In reach SLA managed via PTHB CAF</li> </ul>

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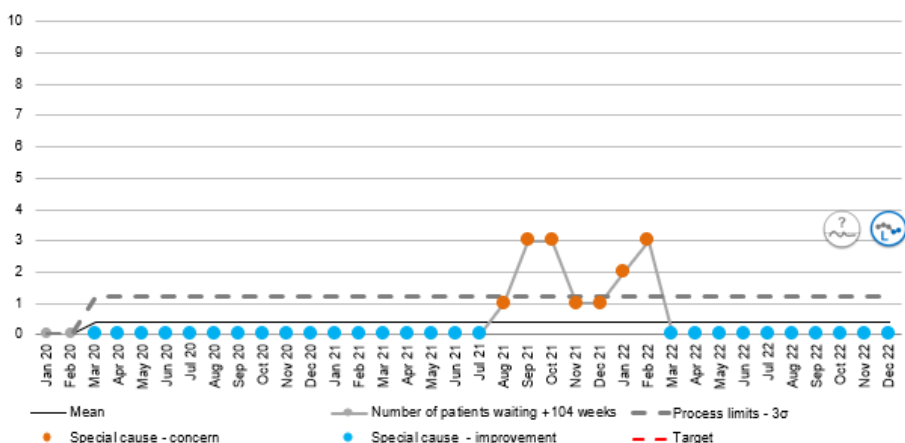
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## Referral to Treatment – Powys Teaching Health Board as a provider

Number of patients waiting more than 104 weeks for treatment

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



### December 2022 Performance

Provider Performance	All Wales Benchmark
0	1 <sup>st</sup> (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

PTHB as a provider has had no patients waiting over 104 since March 22.

It should be noted that Powys residents wait longer than 104 weeks in commissioned services. – See commissioned services slides, and appendix for more details.

### Issues

Fragility across all in reach services.

Particular issues with anaesthetics fragility

Impact of DGH pathology & diagnostic waits on RTT pathways – soft tissue scan delays impacting with 12-14 month scan wait

### Actions

Escalating issues via CQPRM meetings

### Mitigations

As previous



# Quadruple Aim 2

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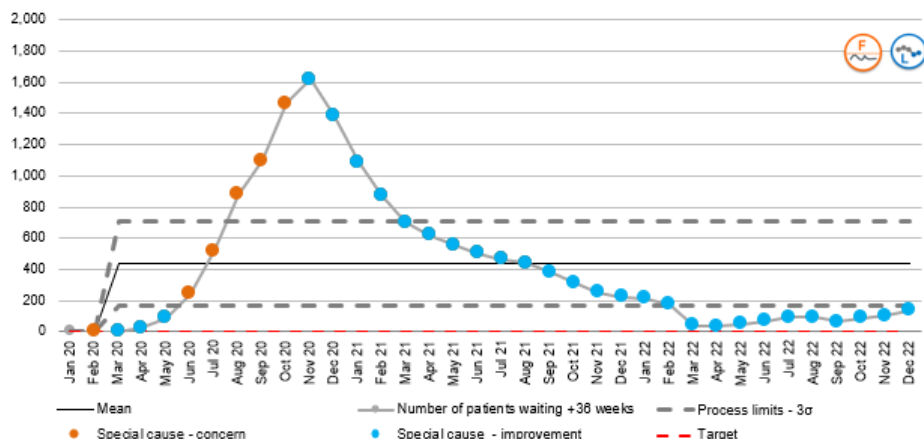
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## Referral to Treatment – Powys Teaching health board as a provider

Number of patients waiting more than 36 weeks for treatment

Patients Waiting +36 weeks Including D&T-Powys Teaching Health Board starting 01/01/20



### December 2022 Performance

Provider Performance	All Wales Benchmark
137	1 <sup>st</sup> (252,779)*

#### Variance Type

Special Cause- Improvement

#### Target

Improvement trajectory towards 0 by 2026 (64 Nov-22)

#### Data Quality & Source

DHCW

Executive Lead n

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

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

### What the chart tells us

- Powys is not meeting the improvement trajectory currently in reducing +36 week waiters to zero by 2026 with waiters increasing over the last 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

- 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 1<sup>st</sup> nurse eye care injector trained. Excellent clinical outcomes above national average for wet AMD service.
- MDT for eye care including ophthalmic scientist and hospital optometry developed. New one stop eye care clinic established in Llanidloes, patients no longer need to travel out of county to HDUHB Bronglais and face significant wait for eye care scans. General OP teams in North Powys received update training specific. Care closer to home for patients, instant diagnostics for decision making for clinicians and improved access times to support RTT management.
- Embedded vascular "mega" clinic established in North Powys August 2021 vascular surgeon, ultrasonography, podiatry, district nursing – one stop clinic running successfully.
- Recruitment to Clinical Director Planned Care new medical leadership post Q4

### Mitigations

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





# Quadruple Aim 2

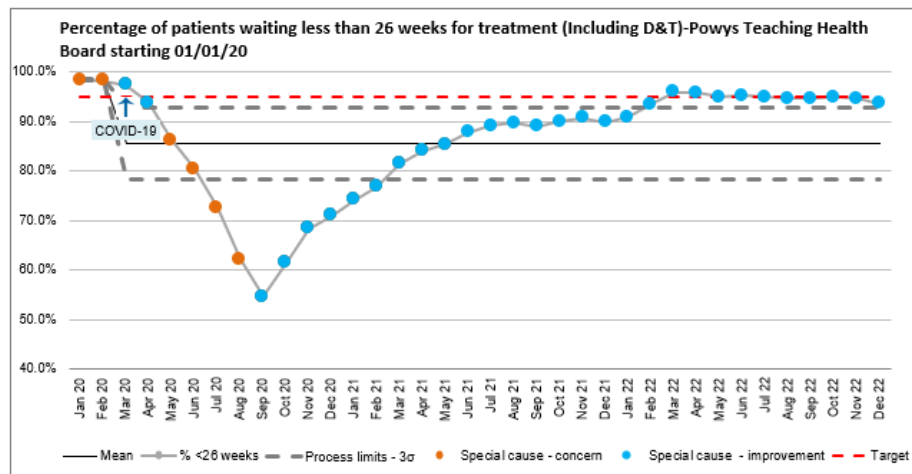
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## Referral to Treatment – Powys Teaching health board as a provider

Percentage of patients waiting less than 26 weeks for treatment



### December 2022 Performance

Provider Performance	All Wales Benchmark
93.6%	1 <sup>st</sup> (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."*

RTT pathways by specialty and hand	Dec-22	Patients Waiting				
		* % of pathways < 26 weeks	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks
Main Spec						Total Waiting
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

### What the chart tells us

Powys provider planned care has continued to report special cause improvement since Q3 2020.

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.

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

### Issues

Sickness related in reach absences/pressures including unavailability of anaesthetic cover and patient unavailability due to sick leave including Covid-19/flu etc have been the primary cause of waiting list pressures.

Anaesthetic cover remains challenging particularly into mid Powys liaising with Wye Valley Trust to resolve and develop forward plan, managed via PTHB commissioning performance and assurance processes

[Actions and Mitigations on previous page](#)



# Quadruple Aim 2

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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](#)

	Dec-22	Patients Waiting							No. long waits by cohort, with latest SPC variance					
Welsh Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting	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	
<b>Total</b>	<b>55.5%</b>	<b>4171</b>	<b>830</b>	<b>886</b>	<b>677</b>	<b>415</b>	<b>543</b>	<b>7522</b>	<b>2521</b>		<b>1635</b>		<b>543</b>	

	Nov-22	Patients Waiting							No. long waits by cohort, with latest SPC variance					
English Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting	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	
<b>Total</b>	<b>62.8%</b>	<b>6865</b>	<b>1342</b>	<b>1362</b>	<b>868</b>	<b>194</b>	<b>13</b>	<b>10644</b>	<b>2437</b>		<b>1075</b>		<b>13</b>	

### 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.

# Quadruple Aim 2

No.	Com
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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

## 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"> <li>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.</li> <li>Recovery forecasts for waiting lists across all providers are particularly challenging with increased demand, and staffing fragility impacting through put.</li> <li>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 &amp; 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.</li> <li>Data access and quality provide ongoing challenges for waiting list review and engagement in a timely manner.</li> </ul>	<ul style="list-style-type: none"> <li>Welsh &amp; English providers, including Powys provider services have mobilised additional capacity be that insourcing, outsourcing or the increase usage of additional payments for clinical activity.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>All patients waiting are being managed in accordance with clinical need, clinical surgical prioritisation and duration of wait.</li> <li>SATH currently developing future capacity resilience which will help with patient flow including Powys residents.</li> </ul>





# Quadruple Aim 2

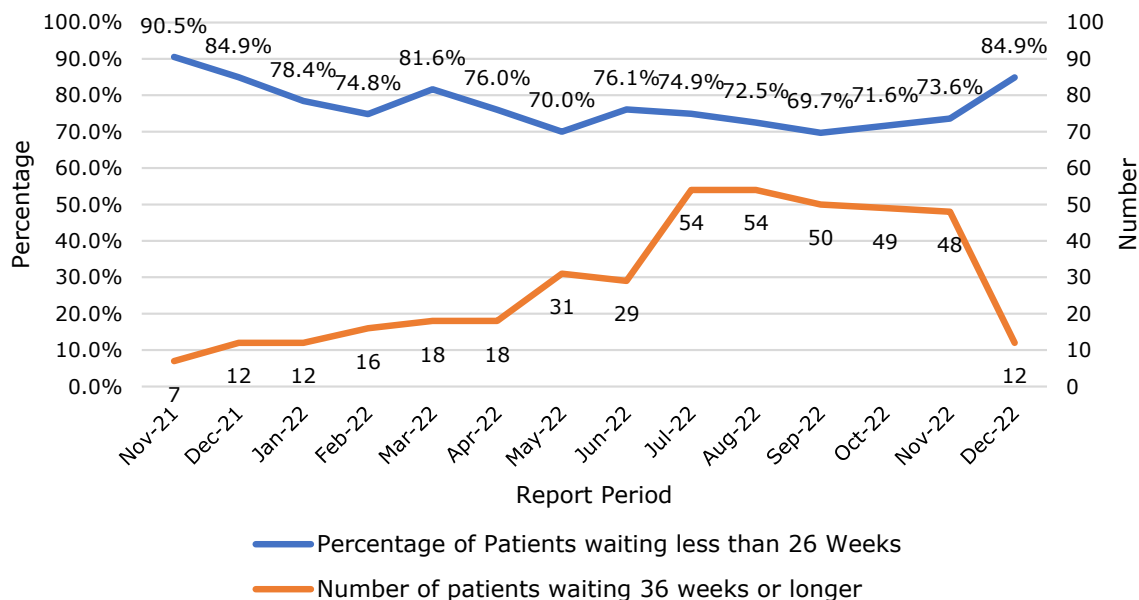
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## Insourcing/Outsourcing

### Private Dermatology Outsourcing – Referral to Treatment

Private Dermatology Outsourcing – Referral to Treatment



Source: Provider	% patients waiting under 26 weeks	Weeks Wait Bands				Total waiting
		Under 26	26 to 35	36 to 51	52+ Weeks	
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

- 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.

### Actions

- This service provider is the largest provider of outpatient dermatology services that Powys residents access.

### Mitigations

- Review contract duration as part of 2022/23 planning.
- Provider reviewing capacity to be able to see more new patients and reduce waiting times.
- Underspend from 2021/22 - Health Board to review opportunity to utilise this to deliver additional activity this financial year.
- Private provider has advised extra capacity available from Q4 2022/23.



# Quadruple Aim 2

No.

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## Provider Single Cancer Pathway (SCP) Reported Performance

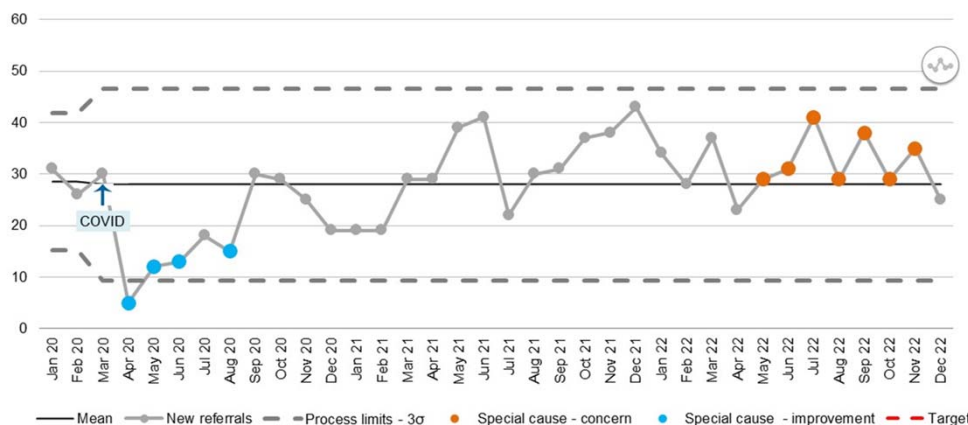
Patient referrals and downgrade performance against 28 day best practice.

Executive Lead Medical Director

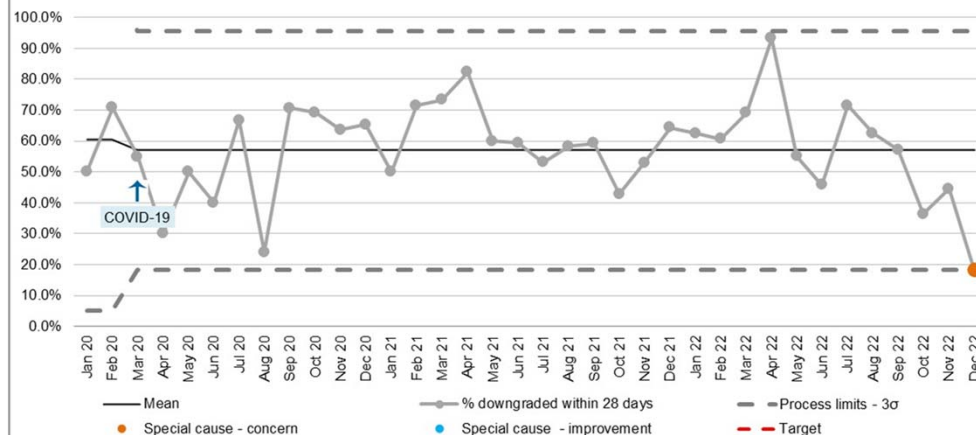
Officer Lead TBC

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



# Quadruple Aim 2

No.

C38

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

## 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

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

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"><li>Commissioned services in England &amp; Wales are showing increased demand pressures with increased referrals &amp; later staging of patients.</li><li>Risk of increasing backlog of all patients (not just residents) waiting over 62 &amp; 104 days in SATH. Capacity challenge includes increased referrals, radiology delays, complex pathways.</li><li>Tumour site specific performance variation has been flagged across Welsh providers.</li></ul>	<ul style="list-style-type: none"><li>Cancer breaches are part of the agenda for each Commissioning, Quality &amp; Performance Review Meetings led by the Commissioning Team.</li><li>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.</li><li>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.</li></ul>	<ul style="list-style-type: none"><li>New BI tool is available for Welsh provider data, but currently it is waiting for English provider information source.</li><li>Wales Cancer Network non recurrent funding will enable further refinement of the tool to take place October 22 – March 23.</li><li>The pilot of the temporary cancer tracker support will be evaluated.</li><li>Organisationally, through operational and commissioning routes, validation of waiting lists continues.</li></ul>

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## Quadruple Aim 2

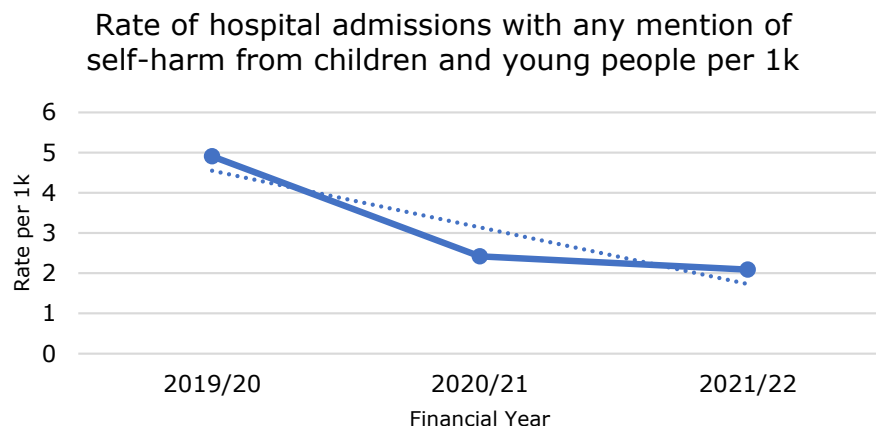
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### Self-Harm

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

Please note that the data available via Welsh Government has been refreshed/updated compared to the previous IPR.

Reported self harm rates within hospital admissions meets the annual reduction target reporting 2.09 per 1k in 2021/22. Through benchmarking PTHB ranks first against the All Wales position of 3.95 per 1k population.

#### Issues

Presentations of self harm amongst Young people has increased during the pandemic, although incidents of self harm are amongst the lowest in Wales.

#### Actions

- Suicide and Self harm coordinator is leading an all age focused intervention to reduce the impact of harm. CAMHS is included and involved in a working group as well as training opportunities for staff, this has included training for Minor Injury staff.
- The Powys Forum for the Prevention of Suicide & Self Harm was officially launched on the 30<sup>th</sup> 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.

#### Mitigations

See actions.



# Quadruple Aim 2

No.

49

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

Executive Lead

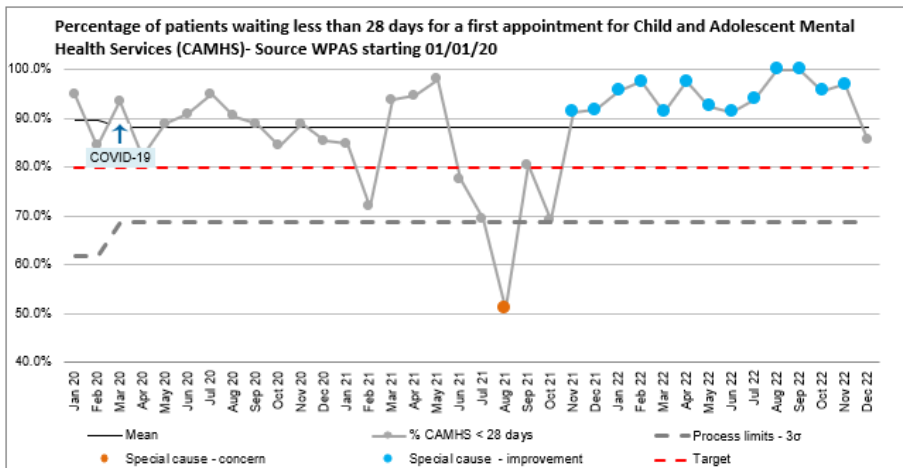
Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

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

Performance remains above target at 85.7% for December.

Powys benchmarked 3rd in December 2022 with the national position reported as 85.2%.

## Issues

Performance would be further improved by;

- Recruitment to vacant posts remains a significant challenge within CAMHS. We had recruited into vacant posts reported in the last quarter but subsequently, additional vacancies have arisen. Recently lost a staff member from SPOA.
- All options to further skill mix are being considered, including further training in CBT and DBT for existing practitioners. This will enable the service to respond to changing needs.

## Actions

New recruitment campaign continues and has achieved a number of successful appointments.

Providing children and young people with a timely assessment is a priority

Single Point of Access (SPOA) service has been operational since July. By offering a service dedicated to providing the majority of Part 1 assessments as well as screening and triaging all referrals into CAMHS, it has now given both Primary Mental Health and SCAMHS practitioners capacity to provide more timely intervention support.

## Mitigations

See actions.





# Quadruple Aim 2

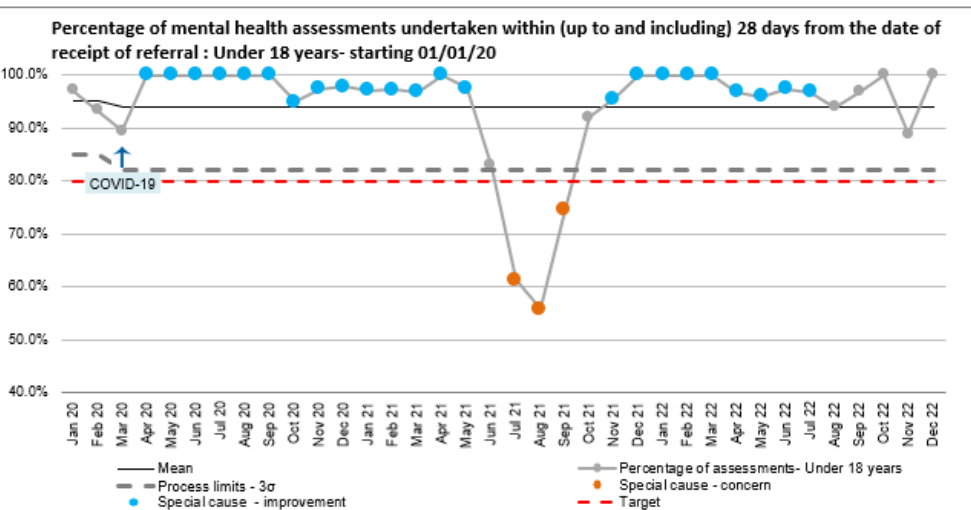
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## Mental Health Assessments, <18s

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



### Performance December 2022

Provider Performance	All Wales
100%	3 <sup>rd</sup> (66.8%)*

### Variance Type

Common Cause Variation

### Target

80%

### Data Quality & Source

PTHB Mental Health Service

Executive Lead

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

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

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

### What the data tells us

Performance has reported 100% compliance.

PTHB ranks 1<sup>st</sup> in Wales against the All Wales position of 66.8%

Patterson, Liz  
28/02/2023 13:28:40

### Issues

- No specific issues with CAMHS Part 1 compliance, capacity can often be an issue when we have high staff turnover/ vacancies/ staff sickness however the service always aims to provide all referrals with an assessment within the timeframes. CAMHS have seen a significant increase in referrals into their services in the last two years in comparison to the previous years.
- Data quality challenge including post submission revisions.

### Actions

- The introduction of Single Point Of Access (SPOA) team is instrumental in supporting the compliance with Part 1 Measure
- Awaiting appointment of new starters to support SPOA
- Awaiting appointment of intervention workers so that PMH can support SPOA when capacity increases.
- A number of vacant posts within CAMHS have now been filled.

### Mitigations

See actions



# Quadruple Aim 2

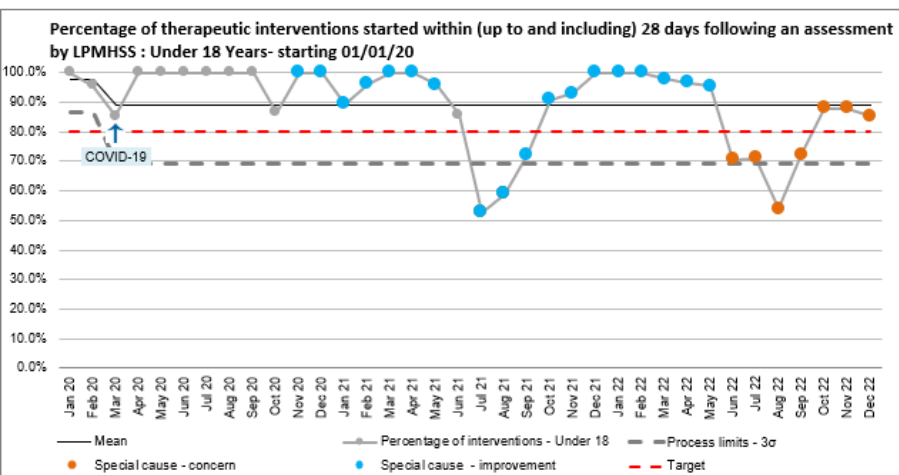
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## Mental Health Interventions, <18s

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



### Performance December 2022

Provider Performance	All Wales
85.2%	1 <sup>st</sup> (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

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.

PTHB benchmarks 1<sup>st</sup> in Wales against an average of 34.4%.

### Issues

- Performance in terms of interventions within 28 days dropped due to reorganisation of the Single Point Of Access (SPOA)
- Staff sickness, vacant posts, annual leave within the team and demand outstripped capacity in the service.
- CAMHS service, increased referral demand.
- Data quality challenge including post submission revisions.

### Actions

- Development of the SPOA – DUTY and Assessment team where a team of dedicated staff conduct all the duty calls and part 1 assessments in a timely manner, thus freeing up the rest of Local primary mental health support (LMPHS) and specialist child and adolescent mental health services (SCAMHS) to provide timely interventions.
- Recruitment of an intervention worker to south Powys Primary Mental Health and further recruitment into the North Team will aid compliance to provide therapeutic assessments within 28 days.

### Mitigations

See Actions





# Quadruple Aim 2

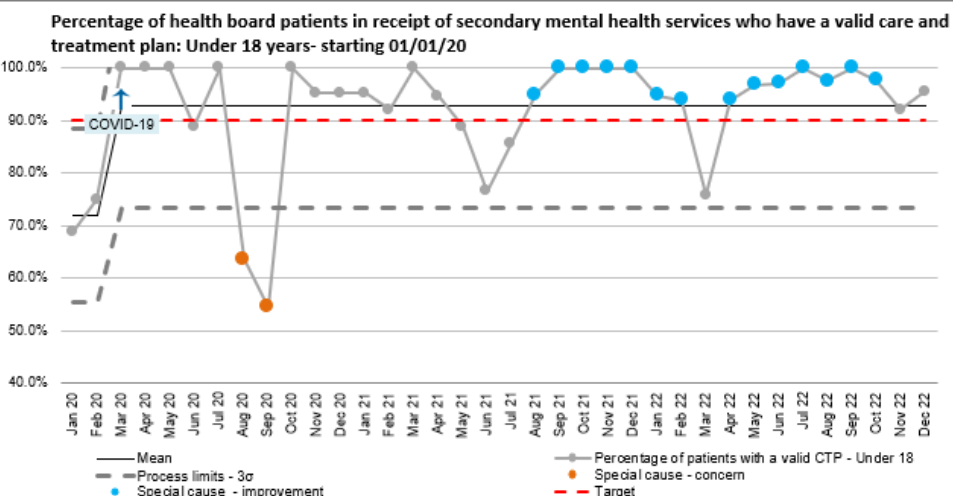
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## Mental Health CTP, <18s

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



### Performance December 2022

Provider Performance	All Wales
95.5%	4 <sup>th</sup> (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

Performance remains above target so far in 2022/23 financial year, during December 95.5% was the reported compliance.

PTHB benchmarks 4th against and All Wales average of 63.8%.

### Issues

No current issues in terms of CAMHS CTP compliance. 100% of CAMHS patients open to secondary care services have a valid care and treatment plan as of July 2022.

Data quality challenge including post submission revisions.

### Actions

CTP compliance is a standing agenda item on caseload supervision.

Due to the (relatively) small number of relevant patients under Part 2 of the MHM, one patient's over-due CTP can lead to a significant variation in performance.

### Mitigations



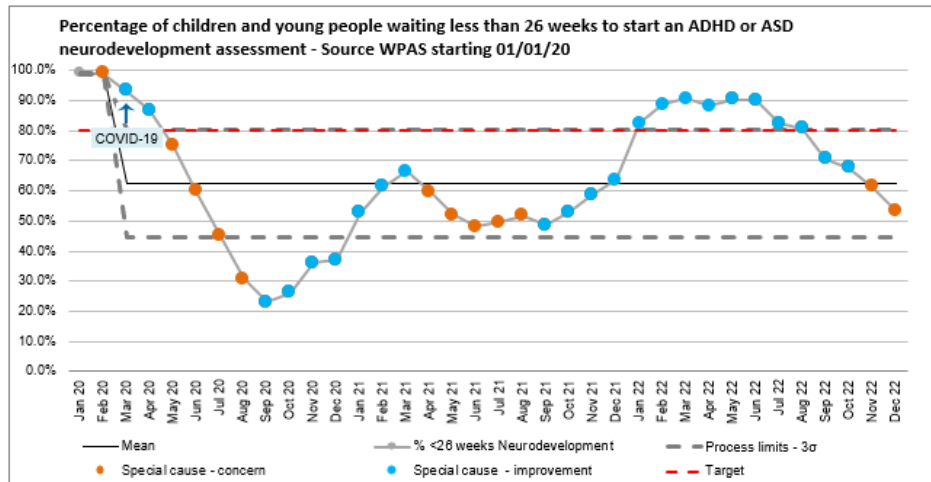
# Quadruple Aim 2

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## Neurodevelopment (ND) Assessment

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



Performance December 2022	
Provider Performance	All Wales Benchmark
53.4%	*1 <sup>st</sup> (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 1<sup>st</sup> in Wales against an average as reporting in November of 31.4% compliance.</p>	<ul style="list-style-type: none"><li>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).</li><li>Capacity remains insufficient to meet this ongoing demand, even with additional temporary renewal work force colleagues.</li><li>During Qtr3, temporary capacity issues have impacted on performance.</li><li>The hidden waiting list (assessments in progress) backlog, is not reducing as anticipated due to the overwhelming referral demand.</li><li>Given the consistent increase in referral demand, there is a high risk the waiting lists will not be addressed to a satisfactory position by 31<sup>st</sup> March 2023.</li></ul>	<ul style="list-style-type: none"><li>To ensure the position improves, the focus for Qtr4 will be to address the Referral To Treatment (RTT) waiting time target only.</li><li>However, it must be acknowledged that an increase in the 'assessments in progress' waiting list is therefore anticipated.</li></ul>	<ul style="list-style-type: none"><li>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.</li><li>Grant funding streams have been sourced to extend the additional workforce until March 2023.</li><li>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.</li></ul>



## 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

**Qualitative** report detailing progress to develop a whole school approach to CAMHS in reach services  
- **Powys as a provider**

*Rationale – "The CAMHS in-reach is a response to concerns that pupil and mental health and well-being is deteriorating (exacerbated by the COVID-19 pandemic), whilst specialist CAMHS is struggling to meet rising demand. The CAMHS in-reach service provides mental health and wellbeing support to children in primary and secondary schools. It ensures that pupils experiencing difficulties such as feeling low or anxiety receive early help in school, avoiding preventing more serious problems occurring later in life. This indicator measures the progress that health boards have made towards building capacity in schools to deliver this service and to improve access of schools to specialist liaison, consultancy and advice when needed. "*

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

### Performance Apr - Aug 2022 (Bi-annual submissions)

Powys provider awarded RAG status

Green

Target

Evidence Improvement

Reason for RAG status (Welsh Government policy lead narrative)	Areas done well (Welsh Government policy lead narrative)	Areas for improvement (Welsh Government policy lead narrative)	PTHB comments
<ul style="list-style-type: none"> <li>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.</li> </ul> <p>Patterson, Liz 28/02/2023 13:28:40</p>	<ul style="list-style-type: none"> <li>The organisation has demonstrated clear integration of this agenda within its organisational policies and by its strategic leadership.</li> <li>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.</li> <li>The health board has robust mechanisms in place for monitoring progress and outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	<p>CAMHS Schools in reach services are fully operational in all of Powys schools. However, we have labelled them as 'Wellbeing support' within schools in order to not stigmatise Young people with a Mental Illness 'label' or diagnosis. Further work is required to raise awareness with Teachers about this service and support their understanding that the Wellbeing service is part of the CAMHS offer to Schools.</p>



# Quadruple Aim 2

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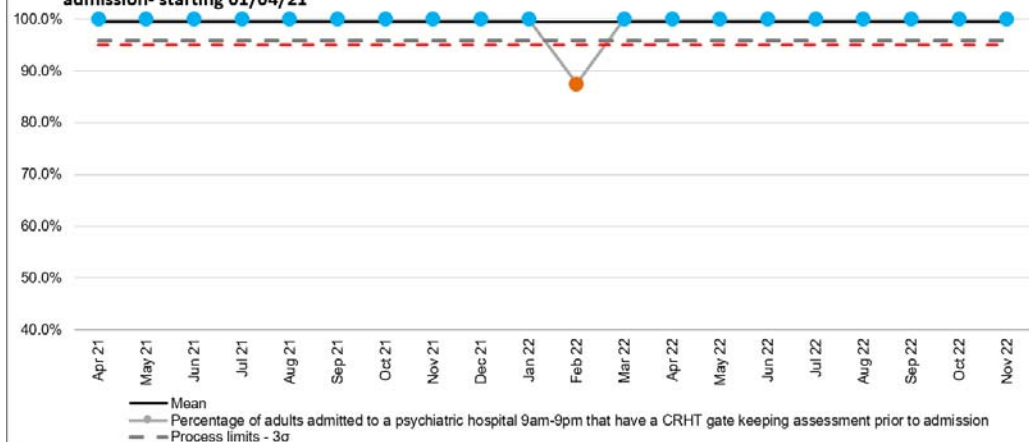
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## Gatekeeping Assessments, Adults

Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital between 09:00 and 21:00 hours that have received a gate keeping assessment by the CRHT service prior to admission - Powys as a provider

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



## Performance November 2022

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

## Executive Lead

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

## Officer Lead

Assistant Director of Mental Health

## Strategic Priority

10

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

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

## What the data tells us

Performance is 100% compliant with the national target.

PTHB benchmarks joint 1<sup>st</sup> with 4 other health boards all achieving 100%.

## Issues

- As this is a new measure, PTHB do not yet have a means of recording this data due to a variance in responsibility for gate keeping assessment in hours.

## Actions

- Standardise gate keeping assessment responsibility for both North and South Powys.
- Implement a means of recording this measure data.

## Mitigations



## Quadruple Aim 2

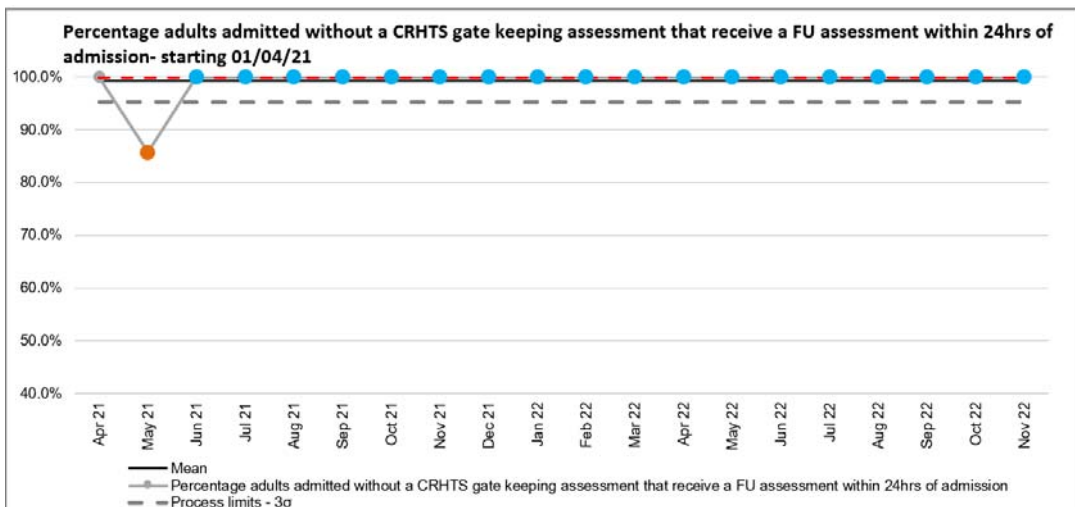
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56

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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 <sup>st</sup> (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

Performance is reported at 100% for the last 17 months and compliant with the national target.

All health boards in Wales have 100% compliance against this measure.

### Issues

- There are no issues to report, PTHB are reporting 100%.

### Actions

- Continue performance.

### Mitigations



# Quadruple Aim 2

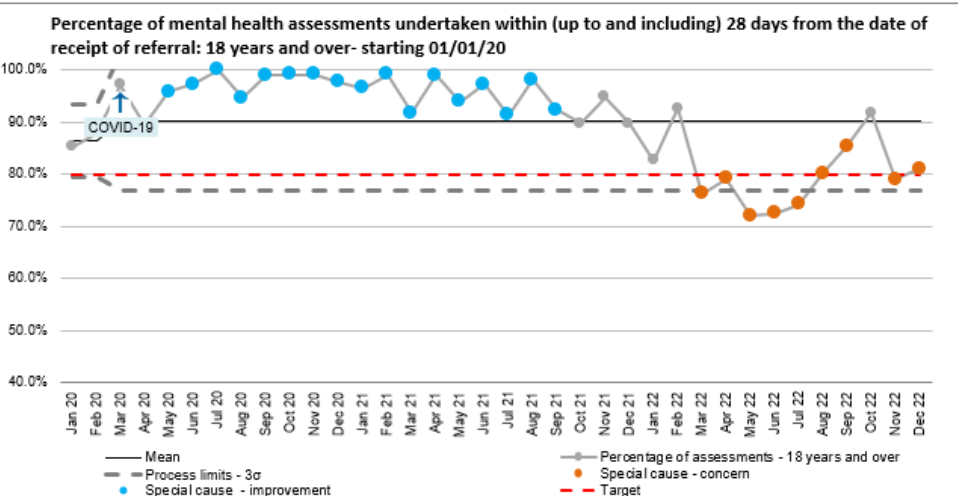
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## Mental Health Assessments, Adults

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



### Performance December 2022

Provider Performance	All Wales Benchmark
81%	6 <sup>th</sup> (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

Performance was reported as 81% in December meeting the national target. Powys benchmarks below the All Wales average of 86.9% ranking 6<sup>th</sup> in Wales for the same period.

Patterson, Liz  
28/02/2023 13:28:40

### Issues

Challenges with performance are a direct result of staffing sickness which continue to impact on the service, reducing service capacity and inevitably building the waiting list.

Referrals into the service remain high, further impacting the ability of the service to meet increasing need.

### Actions

Additional resource for LPMHSS has been awarded by WG via the 2022 Service Improvement Fund and recruitment to implement additional capacity is underway. However, additional demand is growing more quickly than LPMHSS service can increase capacity – this is despite good availability and take up of self help and third sector services.

### Mitigations

Delivery of waiting list initiative during Winter 2022.





# Quadruple Aim 2

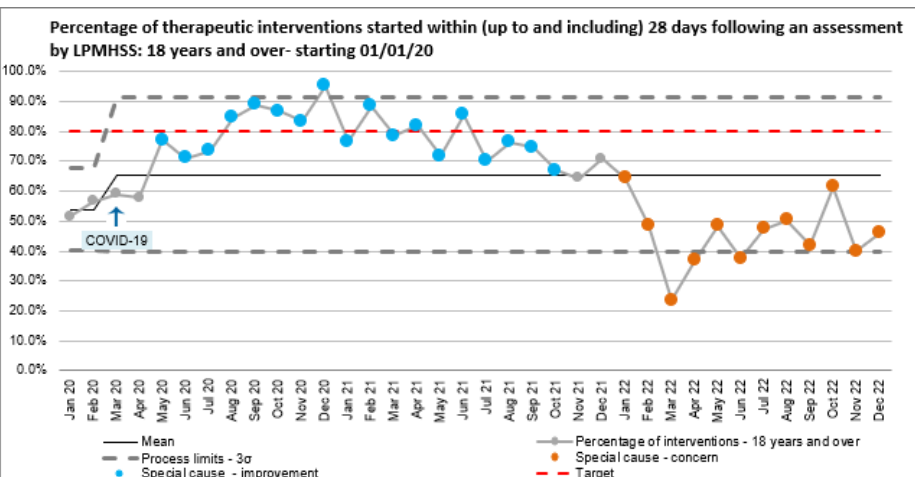
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## Mental Health Interventions, Adults

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



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

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

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

What the data tells us	Issues	Actions	Mitigations
<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 6<sup>th</sup> 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"> <li>Staffing sickness which impacted significantly into 2022, reducing service capacity and building the waiting list.</li> <li>Referrals into the service remain high, impacting the ability of the service to meet increasing need.</li> <li>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.</li> <li>Data quality challenge including post submission revisions.</li> </ul>	<p>Continued promotion of Silvercloud to enable self help as well as other 3<sup>rd</sup> 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

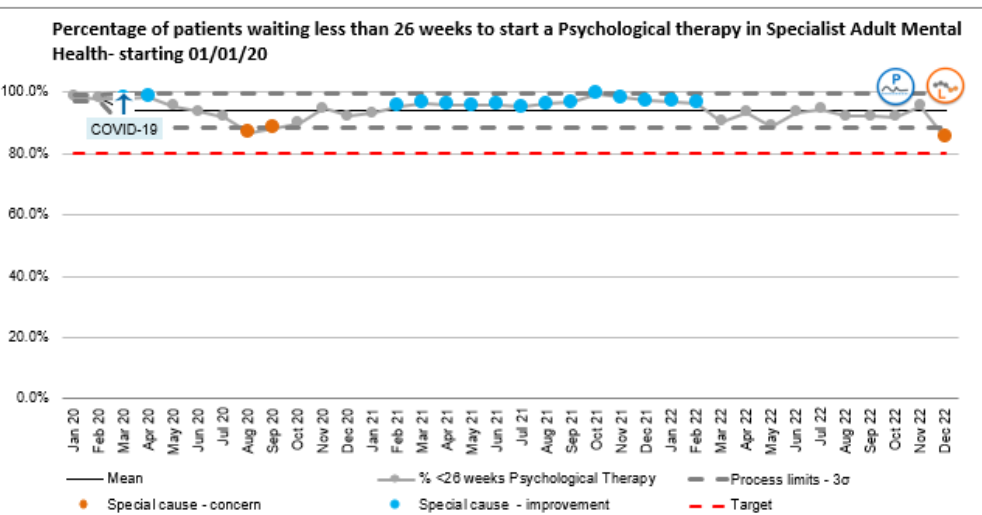
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## Psychological Therapy

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



### 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

Performance remains above target but has flagged special cause concern during December dropping significantly below the mean.

In the latest benchmarking available for the December period PTHB achieved 85.2% and benchmarked 3<sup>rd</sup> against an All Wales position of 74.6%.

### Issues

- Waiting list data is reviewed weekly to ensure that patients with a clinical condition of "Psychology - Neuropsychological Assessment" are not included in the 26 week wait list (as neuro assessment does not fall under the 26-week target).
- Since the neuro assessment patients have been removed from the 26-week waiting list, the number of valid waiters has reduced, providing an accurate waiting list in terms of this target.
- Data quality challenge including post submission revisions.

### Actions

Head of Psychology to continue weekly validation of waiting lists to identify data anomalies and long waiters.

### Mitigations

see actions





# Quadruple Aim 2

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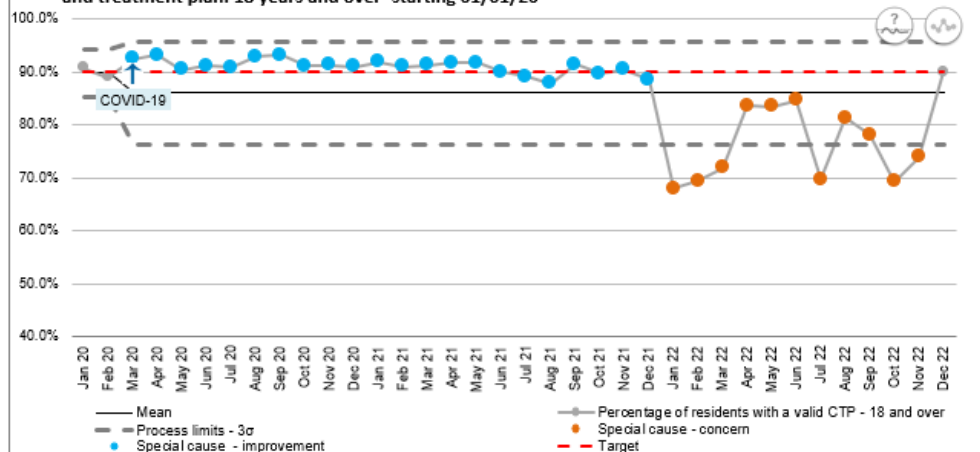
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## Mental Health CTP, Adults

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

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.

PTHB benchmarks favourably against the All Wales position of 84.2%, the health board ranks 7th.

## Issues

- North Powys services continue to face significant challenges in terms of staff vacancies.
- The service is further impacted by Social Services inability to undertake their share of Office Duty, and recruit to their Social worker vacancies, which placed additional demand on NHS staff.
- An improvement initiative is underway to improve accuracy of data, and the service is currently seeking additional administrative support.
- The recent migration to SharePoint continues to cause significant issues to teams' ability to access the Microsoft Access database where the MH Measure data is stored due to a change in permissions / licensing.
- Data quality challenge including post submission revisions.

## Actions

- Series of meetings undertaken with Director of Social Services and Head of Adults over Powys County Council's responsibilities in Community Mental Health Teams. However, this has not resolved PCC Social worker capacity challenges.
- Continue to advertise recruitment positions.
- A data cleansing project is underway to review WCCIS usage in North Powys in partnership with WCCIS Team and Information Team.

## Mitigations

- Clinical assessment and prioritisation of case loads.
- Prioritising data cleansing and data accuracy.
- Currently investigating a 'MH Measure' data recording area of WCCIS to replace and centralise current means of data collection.
- Recruitment to vacant posts within the service.



# Quadruple Aim 2

No.

62

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**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.

Patterson Liz  
28/02/2023 13:28:40

### 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

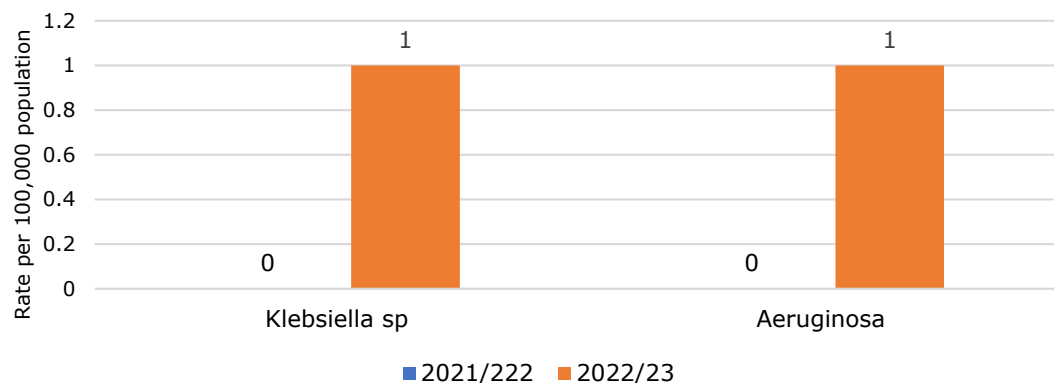
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### HCAI

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

Powys has had 1 inpatient specimen of Klebsiella.sp in July but none reported since.

Powys has had 1 inpatient specimen of Aeruginosa reported in September.

Patterson, Liz  
28/02/2023 13:28:40

### Issues

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.

### Actions

The health board remains vigilant with proactive management to maintain low infection rates, and high performance against all the national infection measures.

### Mitigations

- 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.



## Quadruple Aim 2

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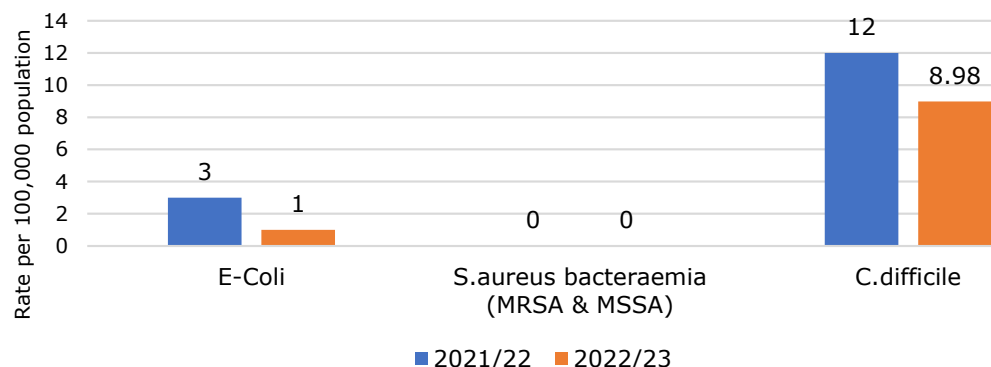
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### HCAI

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

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

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

E-coli cumulative rate for 2022/23 is 1.0 per 100k below the rate for the same period in 2021/22.

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

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.

### Issues

- Powys has seen a large increase in prescribing of the 4-Cs (co-amoxicalv, 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 *Clostridioides Difficile* 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.

### Actions

The health board remains vigilant with proactive management to maintain low infection rates, and high performance against all the national infection measures.

### Mitigations

- 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

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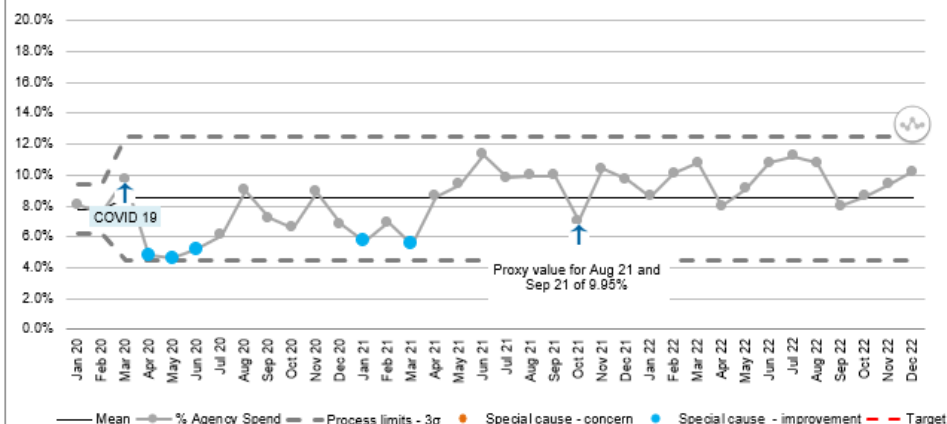
67

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

## Agency Spend

Agency spend as a percentage of the total pay bill

Agency spend as a percentage of the total pay bill - starting 01/01/20



## Performance December 2022

Provider Performance	All Wales Benchmark
10.2%	8 <sup>th</sup> 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  
28/02/2023 13:28:40

## Issues

- Changes in operational footprint including escalation
- Limited substantive Professional workforce availability
- Rurality
- COVID & impacts of short term Sickness absence
- Patient acuity & dependency

## Actions

- Reviewing operational footprint to further reduce reliance on temporary staffing
- Negotiating with on-contract agencies for additional recruitment and long-lining of staff
- Implementation of actions from establishment review

## Mitigations

- Further tightening of operational processes including;
- Additional controls on high cost agency use
- Earlier roster planning
- Improved roster compliance and sign off
- Targeting of Bank over agency
- Targeted recruitment campaigns
- Long lining of on contract agency
- Establishment review



# Quadruple Aim 3

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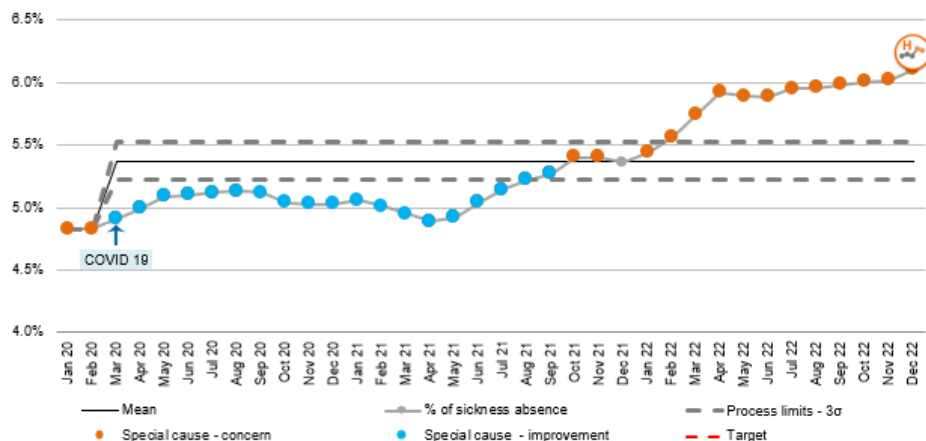
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The health and social care workforce in Wales is motivated and sustainable

## Sickness Absence (R12)

Percentage of sickness absence rate of staff – Provider services

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



### Performance December 2022

Provider Performance All Wales Benchmark

6.1%

4<sup>th</sup> (7.11%  
Sep-22)

#### Variance Type

Special Cause - Concern

#### Target

12 month reduction

#### Data Quality & Source

PTHB ESR

Executive Lead Director of Workforce and OD

Officer Lead Head of Workforce

Strategic Priority 14

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

### What the data tells us

- PTHB sickness performance remains as special cause of concern. The rolling 12 months performance is reported as 6.1% for December, monthly actual 6.45% which consists of 2.84% short term and 3.61% long term sickness.

### Issues

- Absences relating to Stress & Anxiety remain high. Covid-19 also continues to have an impact on sickness absence percentage.
- Occupational Health staffing vacancies remains a concern.

### Actions

- Services have been asked to establish trajectories for improvement, to be agreed by their Exec Directors.
- Bespoke training sessions for managers on All Wales. Managing Attendance at Work policy to be scheduled.
- Recruitment to 1.4 whole time equivalent (WTE) clinical vacant posts in Occupational Health is underway.
- New Counselling service provider due live since the 5<sup>th</sup> of September (VIVUP)
- New managers toolkit for Attendance Management published.

### Mitigations

- Training for managers on Managing Attendance at Work Policy.
- Well being action plan.
- Staff counselling service.
- Online Cognitive behavioural therapy (CBT).
- Long Covid Programme.
- Occupational Health Service offer.
- Case reviews for all long term absences undertaken every 2 weeks.
- Review of short term absence prompts being undertaken to ensure compliance with the Managing Attendance at Work Policy.





# Quadruple Aim 3

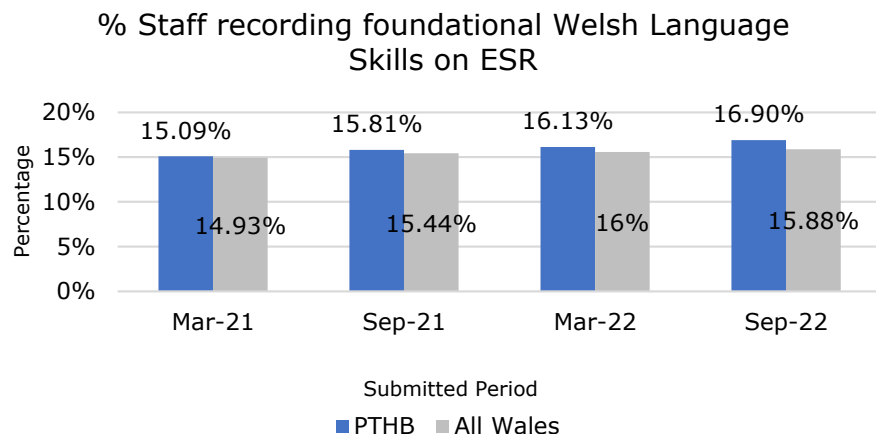
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## Welsh Language

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**



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"> <li>Not all staff reporting a certain level of skills will be willing/have confidence to use their Welsh with the patients.</li> <li>Wider issues around recruitment make it difficult to make inroads in this area by favouring Welsh skills in recruitment.</li> <li>Staff with Welsh language skills may be concentrated in particular areas and/or departments, leaving others unable to provide services in Welsh.</li> <li>Growth in figures may merely represent improved ESR completion rates.</li> </ul>	<ul style="list-style-type: none"> <li>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</li> <li>Working Welsh resources promoted to staff on sharepoint via the Welsh language team.</li> <li>Encourage recruiters to consider the Welsh skills needed for new posts and Welsh team to support.</li> <li>Rolling 'Welsh Essential' RN and HCSW vacancies to encourage applicants.</li> </ul>	<ul style="list-style-type: none"> <li>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).</li> </ul>





# Quadruple Aim 3

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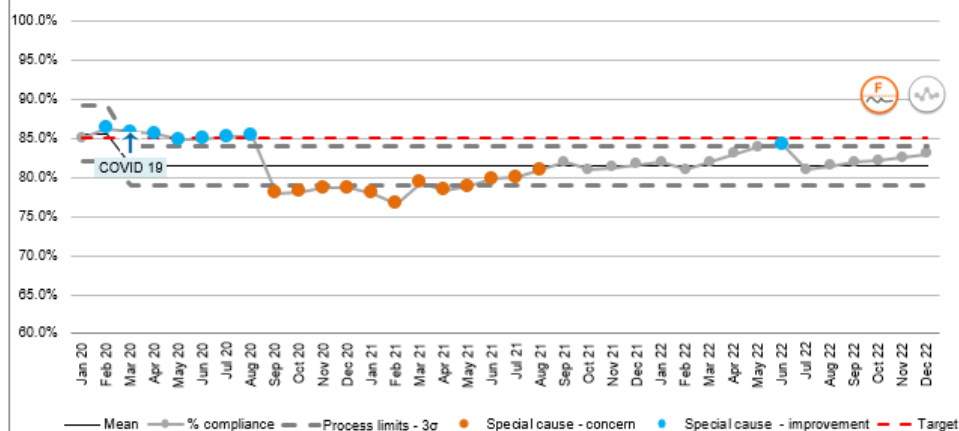
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## Core Skills Mandatory Training

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 <sup>nd</sup> (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

Performance in December is reported improved at 83%, this remains common cause variation but has steadily improved for the last 6 months.

Patterson Liz  
28/02/2023 13:28:40

## Issues

- 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.

## Actions

- 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.

## Mitigations

- Services have been asked to prioritise staff groups to undertake essential training relevant to role.



# Quadruple Aim 3

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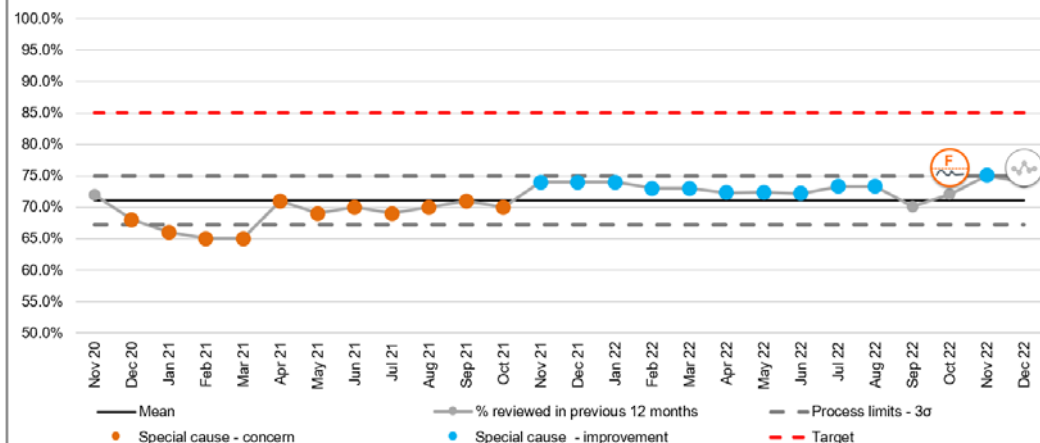
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## PADR Compliance

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

PTHB PADR performance reported at 74% for December, which is below the 85% target and reports common cause variance.

## Issues

- Staff absence and vacancies has caused challenges in delivery of PADRs since the beginning of the pandemic. This continues to be a challenge post pandemic with increase service demand and inability to recruit.
- Pay progression policy reinstated from October 22. Systems have been introduced during the transitions phase to ensure that PADRs are undertaken for staff who are due for consideration of pay progression.

## Actions

- WOD HR Business Partners are discussing PADR compliance at senior management groups within services.
- Services have been asked to establish trajectories for improvement, to be agreed by their Exec Directors, for areas performing below the national target.
- Monthly detailed analysis of compliance is shared via Assistant Directors.
- Ongoing performance relating to PADR compliance will be addressed with directorates via directorate performance review meetings once these are reinstated.
- FAQs for managers and staff developed by WOD and circulated.

## Mitigations

- Regular updates are highlighted and discussed by Workforce Business Partners being undertaken and supported within services.

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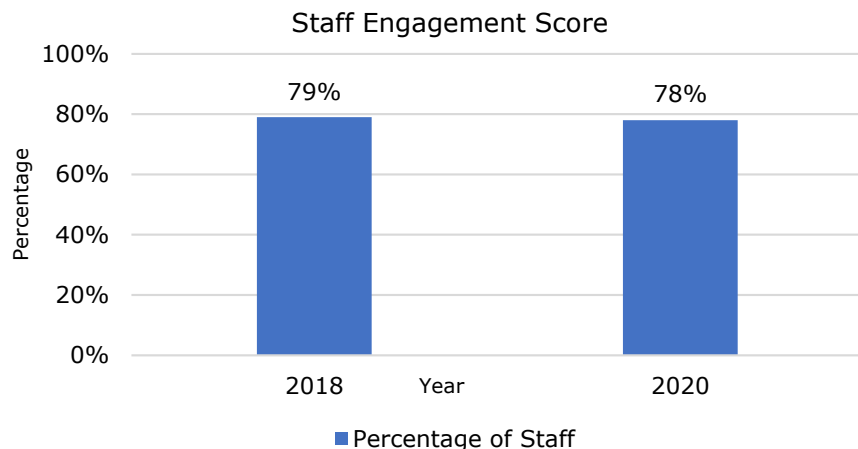
# Quadruple Aim 3

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 <sup>st</sup> (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

Performance is good when compared to the All Wales benchmark, the health board ranks 1<sup>st</sup> in Wales. However, PTHB has not met the improvement target when compared to the 2018 data point.

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### Issues

The engagement index score is provided out of the national staff survey and the next iteration is not due to be undertaken until 2023.

### Actions

### Mitigations



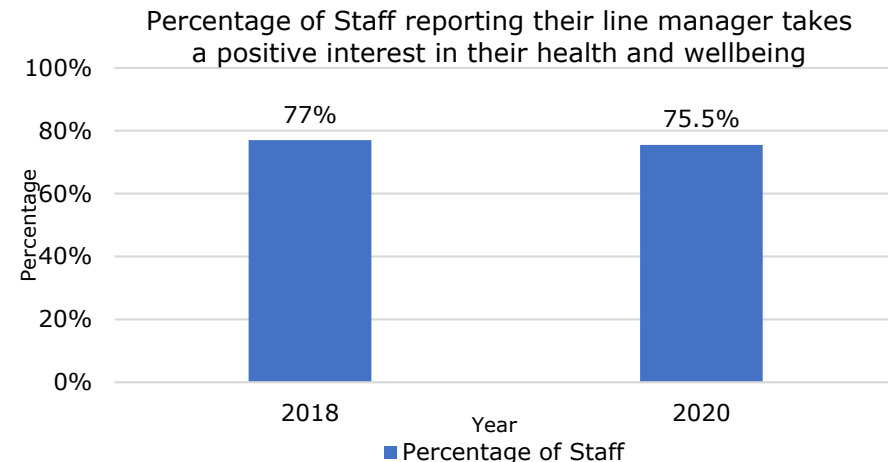
# Quadruple Aim 3

No.	73
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The health and social care workforce in Wales is motivated and sustainable

## Line Management

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



2020 Performance	
Local Performance	All Wales Benchmark
75.5%	2 <sup>nd</sup> (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 2<sup>nd</sup> in Wales. However, PTHB has not met the improvement target when compared to the 2018 data point.</p> <p>Patterson, Liz 28/02/2023 13:28:40</p>	<p>Sense of wellbeing overall in local survey was 4.15 out of 6. However, there is a difference between those working at home with an average score of 4.94, and those in the workplace (mainly clinicians) who scored 3.84.</p>	<p>All-Wales wellbeing conversation tool has been introduced and advertised. Wellbeing action plan being implemented.</p>	<p>Updated agile working policy. Continued focus on PADR.</p>



# Quadruple Aim 4

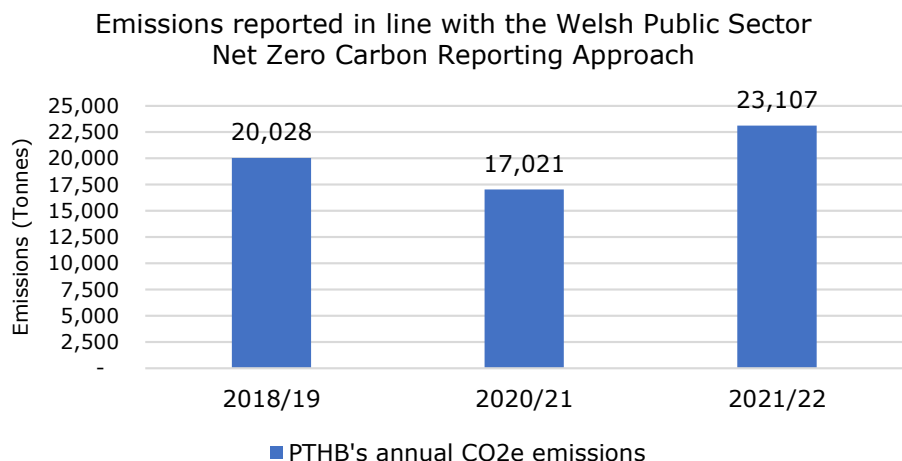
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74

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

## Decarbonisation

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



Performance 2020/21	
Local Performance	All Wales Benchmark
23,107	2 <sup>nd</sup> (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 us

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.

### Issues

Data reporting and sources of emissions nationally remain in a state of developing maturity. Data collection methods will need to be developed for particular measures.

This increased data collection will likely lead to an increase in reported carbon output.

### Actions

Annual quantitative carbon emissions report submitted to Welsh Government in September.

### Mitigations

One must be mindful of the impact on carbon during the Covid-19 pandemic. Restrictions affected nearly all healthcare services, with expected impact on building, travel, waste and procurement emissions.

Data mining reveals that scope 3 emissions have been negatively impacted by RPI increase, major capital investment and increased commissioned inpatient care.

Data accuracy is being reported and discussed within meetings and Programme Boards with WG and other public sector bodies.

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# Quadruple Aim 4

No.

75

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

**Qualitative** report detailing the progress of NHS Wales contribution to decarbonisation as outlined in the organisation's plan - **Powys as a provider**

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

*Rationale – "Wales has legally binding targets to deliver the goal of Net Zero emissions by 2050, this target is underpinned by an ambition for the Public Sector to be collectively Net Zero by 2030. Action is needed not only because NHS Wales is the biggest public sector emitter, but also because the health and social care system are at the forefront of responding to the impact of climate and nature emergency on health outcomes. NHS organisations are required to embed the climate agenda in their strategic decision making, planning and allocation of resources and provide robust reporting to demonstrate collective progress is being made."*

## August Submission 2022 (Bi-annual submissions)

Powys provider awarded RAG status

Amber

Target

Evidence Improvement

### Reason for RAG status

(Welsh Government policy lead narrative)

- PTHB report that a high percentage of their initiatives are 'on track' and their overall delivery confidence for reducing emissions by 2025 is higher than other NHS organisations. The information provided suggests there are several initiatives awaiting surveys or reports to be completed and so it is currently difficult to fully assure progress.

### Areas done well

(Welsh Government policy lead narrative)

- PTHB has an established Environment and Sustainability Team which has meant they are well-placed to move this agenda forward and to drive Board level engagement. Monthly and quarterly review processes should mean they have a grip of progress and any risks to delivery.
- New staff car park at Brecon War Memorial Hospital has been designed with a new electrical feed, which can support current 10% provision, plus over 100% charge point growth, including WAST requirements. Expansion is possible further through smart array technology and load sharing amongst charge points.
- The Health Board has created and maintains a tree nursery which supports their Biodiversity Action Plan promise to plant 2 trees for any felled across their estate and has planted over 100 saplings around Bronllys Hospital this year with staff and volunteers.

### Areas for improvement

(Welsh Government policy lead narrative)

- Report provides a lot of information but evidence on actual progress is difficult to assure.

### PTHB comments

Granularity on decarbonisation tracking has been enhanced with decarbonisation progress on track with current progress at 58% against 2030 target progress of 63%.

Many decarbonisation initiatives are intertwined, which is why our Re:fit programme is intrinsically valuable for reducing our operational emissions. Have an extant Invitation to Tender on the Re:fit framework and actively working with six major energy contractors to visualise what efficiency savings can be met through the scheme.

Have designed improved exception reporting to the Environment & Sustainability Group, which will see extra detail on 'At Risk' and 'Work Req'd' initiatives. Improvements will be monitored.



# Quadruple Aim 4

No.

77

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

**Qualitative** Report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision making processes - **Powys as a provider**

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 it 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

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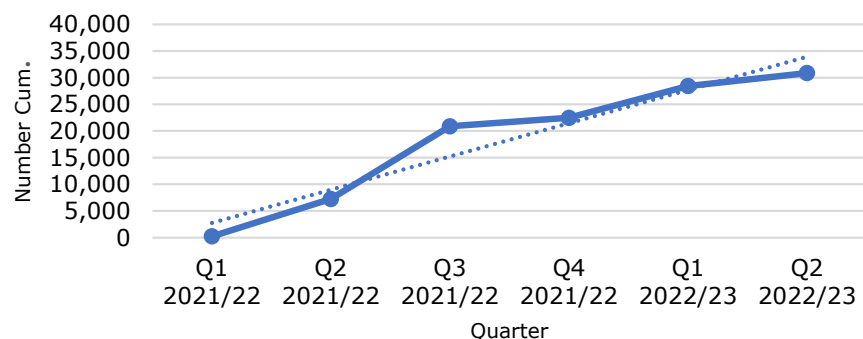
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## Welsh Nursing Clinical Record

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

Number of risk assessments completed on the WNCR



### Performance Q2 2022/23

Provider Performance	All Wales Benchmark
30,865	5 <sup>th</sup> (584,676)

### Variance Type

N/A

### Target

4 quarter improvement trend

### Data Quality & Source

Welsh Government Scorecard

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

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

### What the data tells us

Usage of the Welsh Nursing Clinical Record in Powys has increased to 30,865 assessments in Q2 2022/23, performance is target compliant.

### Issues

- No issues identified

### Actions

### Mitigations

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# Quadruple Aim 4

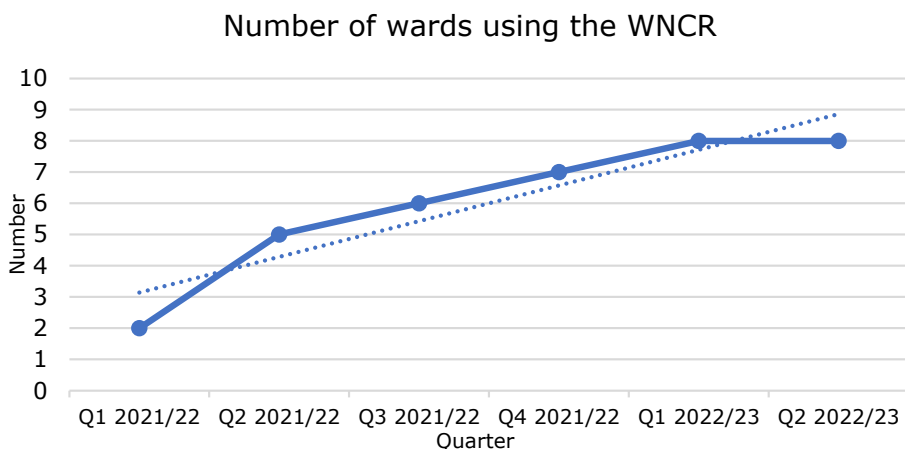
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## Welsh Nursing Clinical Record

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 <sup>th</sup> (149)

### Variance Type

N/A

### Target

4 quarter improvement trend

### Data Quality & Source

Welsh Government Scorecard

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

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

### What the data tells us

The number of wards using the Welsh Nursing Clinical Record in Powys remains at 8 in Q2 2022/23, this meets the target of 4 quarter improvement trend.

### Issues

- Pre-Go Live Wi-Fi survey at Bronllys completed 17/11/2021 identified the following issues:
  - Coverage was patchy and ranged from 0%-45%
  - FSEs were unable to find any Access Points
  - Potential asbestos in attic space limited investigations
- Clinical Decision: Determined not clinically safe to Go Live with WNCR on Llewellyn ward (Bronllys) until Wi-Fi improvements completed
- Jan 2022, IT investigated using additional access points - unsuccessful
- April 2022 external suppliers reviewed infrastructure as part of wider survey to determine cabling improvement requirements across health board sites

### Actions

- Project Manager appointed October 2022 to Digital Transformation Team to lead on Wi-Fi infrastructure improvements

### Mitigations

- Infrastructure improvements required to deliver Wi-Fi solution that is 'fit for purpose'
- Ward continue to use standardised All Wales documentation and risk assessments in paper format

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# Quadruple Aim 4

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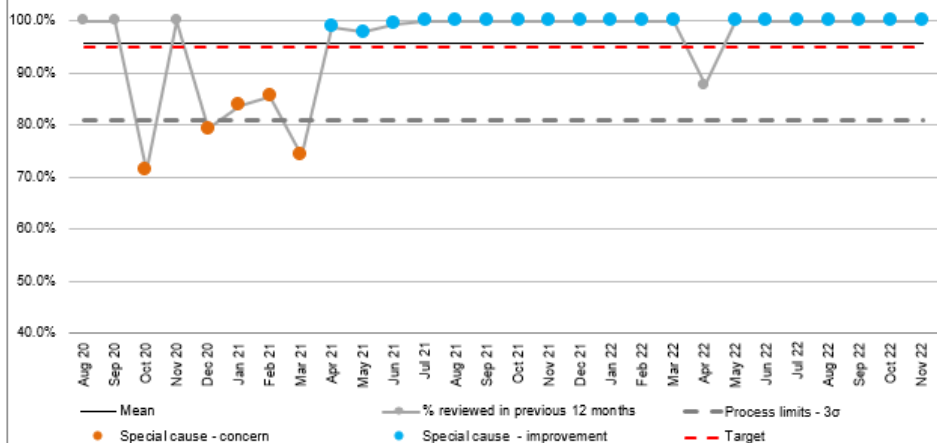
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## Clinical Coding

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 <sup>st</sup> (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

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 1<sup>st</sup> in Wales.

### Issues

### Actions

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

### Mitigations

- Use of management reports allows senior coder to liaise with wards/departments to chase for outstanding records if not submitted



# Quadruple Aim 4

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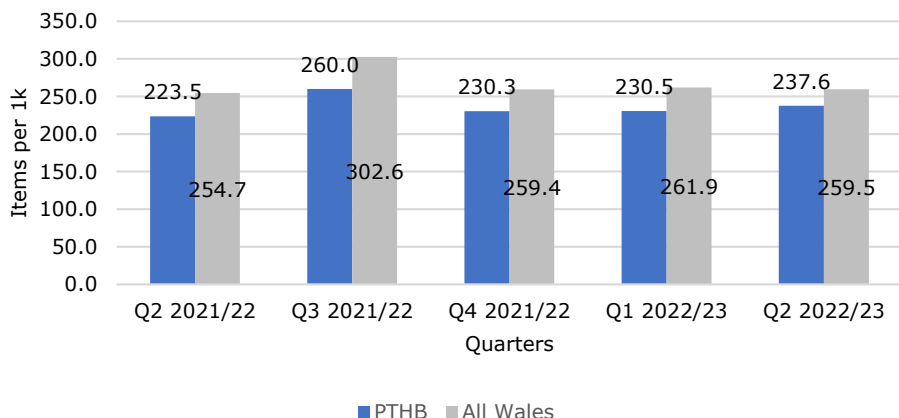
81

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## Total Antibacterial Items per 1,000 STAR-PU

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



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

PTHB performance for Q2 2022/23 reported 237.59, this does not meet the set target of under 206 per 1,000 STAR-PU

No health boards in Wales are meeting the target of ≤206 items per 1,000 STAR-PU

Powys is currently showing the second best performance against this indicator in Wales.

Although PTHB has below average prescribing in Wales, when compared to English NHS organisations, prescribing is above the English average.

There is considerable scope for improvement.

## Issues

- 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

## Actions

- 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

## Mitigations

See actions.

Further mitigations not possible due to workforce challenges.



# Quadruple Aim 4

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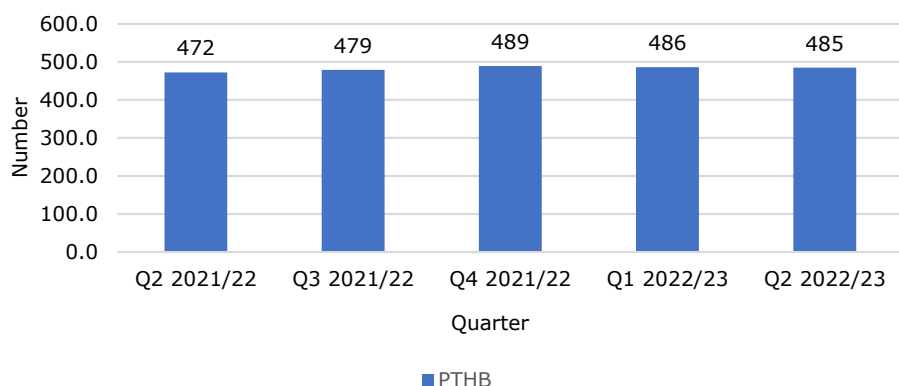
83

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## 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

PTHB has met the target of reduction for Q2 2022/23 - 485 patients aged 65 years or over were prescribed an antipsychotic (1.25%).

PTHB has the lowest percentage of people aged 65 and over who are prescribed an antipsychotic (range 1.25%-1.74%)

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).

### Issues

### Actions

- Patients aged  $\geq 65$  prescribed an antipsychotic as a percentage of all patients aged  $\geq 65$  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.

### Mitigations

- 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

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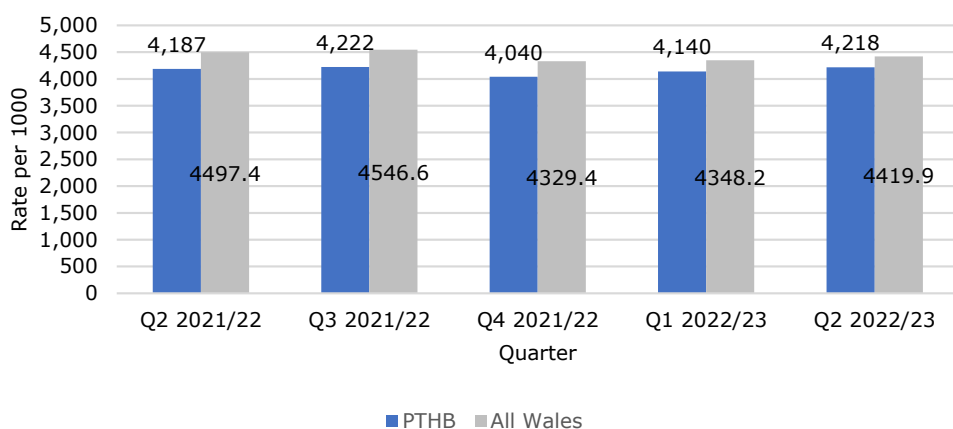
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Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

## 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 <sup>nd</sup> (4,419.89)

### Variance Type

N/A

### Target

4 Quarter reduction trend

### Data Quality & Source

PTHB Pharmacy and Medicines Management

Executive Lead Medical Director

Officer Lead Chief Pharmacist

Strategic Priority 24

*"Between 2007 and 2017 the number of prescriptions for opioid analgesic dispensed across Wales increased by 50% whilst the number of opioid related deaths increased by 59.4%. ...*

*The aim of this measure is to encourage health professionals to adopt a prudent approach to prescribing opioid analgesics, taking into account the risks and the benefits."*

### What the data tells us

PTHB has seen an increase in opioid prescribing volume since Q4 2021/22.

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### Issues

There has been an increase in the overall prescribing of opioids, although there has been a slight reduction in the use of high strength opioids.

### Actions

- Raising awareness of the issues associated with opioid prescribing and the variation in prescribing practice across the health board with clinicians and health board executives.
- Raising awareness of opioids aware resource for clinicians and patients.
- Regular monitoring through the national indicators.
- Regularly discussed during practice visits.
- Regular provision of prescribing data to primary care (monthly)
- Introduction of prescribing analysis to identify 'excessive' prescribing
- Inclusion of opioid prescribing in the Medicines Management Incentive Scheme (MMIS)
- Access to the PrescQIPP training module on opioid prescribing commissioned and requirement to complete included in MMIS

### Mitigations

See actions



# Operational Measures

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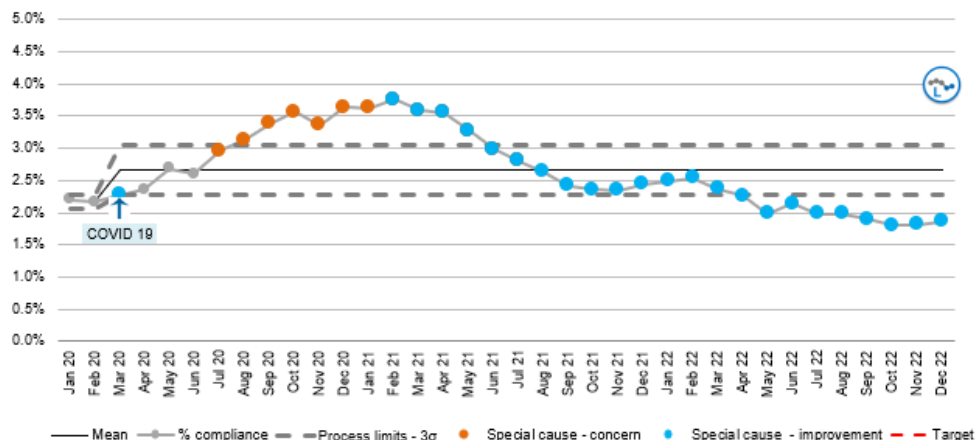
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Operational Measures are not routinely reported nationally

## Crude Hospital Mortality Rate (R12)

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

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



### 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

Executive Lead Medical Director

Officer Lead TBC

Strategic Priority 24

### What the data tells us

The crude mortality rate in Powys has continued to show a special cause improvement predominately due to the increase in the denominator of admissions into provider services. It should be noted that Powys normally has a higher than All Wales average crude mortality as a non acute care provider who also supports end of life within inpatient wards.

### Issues

No issues actual monthly deaths within expected values.

### Actions

### Mitigations

No mitigations are considered needed at this time.

COVID mitigations are in place.

Renewal work is exploring reinstating care pathways that have been disrupted due to COVID.





# Operational Measures

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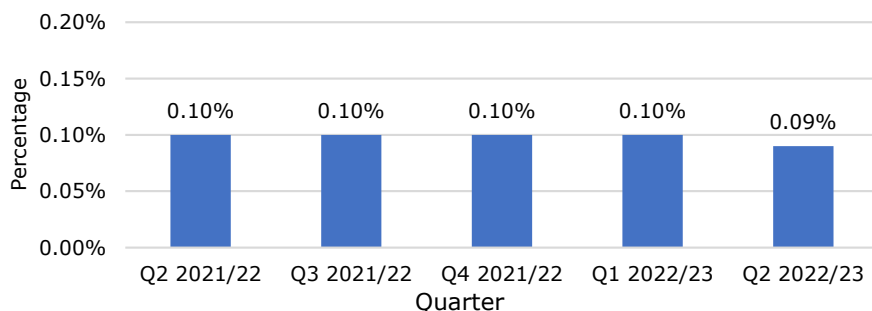
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Operational Measures are not routinely reported nationally

## Valproate Usage

Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age - **Powys as a provider**

Percentage of women of child bearing age prescribed valproate



Q2 2022/23 Performance	
Provider Performance	All Wales Benchmark
0.09%	0.13%
Variance Type	
N/A	
Target	
Quarter on Quarter Reduction	
Data Quality & Source	
PTHB Pharmacy and Medicines Management	

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
Strategic Priority	24

What the data tells us	Issues	Actions	Mitigations
<p>0.09% of female patients aged 14-45 were prescribed valproate in Q2 2022/23.</p> <p>Powys continues to have the lowest prescribing rate of valproate in women of child bearing age in the whole of Wales.</p>	<p>Nationally Q2 2022/23 – 805 female patients aged 14-45 were issued with a prescription for sodium valproate in Wales = 0.13% of female patients aged 14-45.</p> <p>Powys = 0.09% (lowest % of all LHBs)</p>	<ul style="list-style-type: none"><li>Regularly monitored through national medicines safety dashboard.</li><li>Regular reminders about prescribing valproate in women of child bearing age.</li><li>Reminder about Pregnancy Prevention Plan (PPP)</li><li>Cascade of patient information to primary care and community pharmacy.</li></ul>	<p>See actions</p> <p>Plan to provide regular reports to primary care as soon as resource allows.</p>



# Operational Measures

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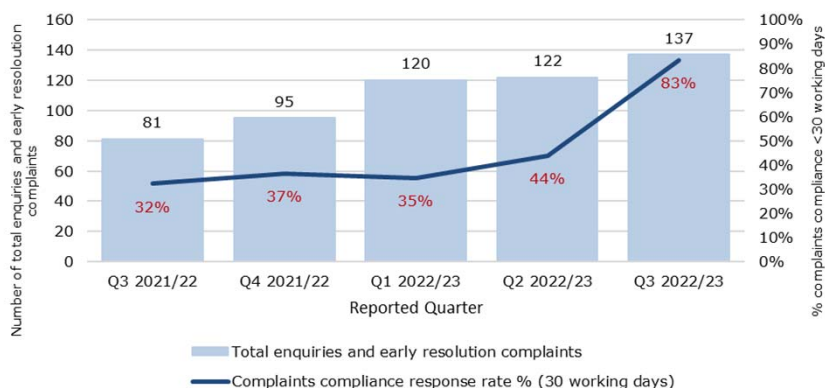
Operational Measures are not routinely reported nationally

## 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

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

### Actions

- Review of the concerns management process
- Implementation of a robust escalation process to meet 30 working day (WD) response timescale
- Review improvement plan
- Implement clear process for learning and improvement from concerns
- Continued proactive management of concerns and increase in numbers of enquiries/Early resolution resolved quickly.
- Implementation of a concerns feedback process 'How was the process for the complainant' with the use of Civica

### Mitigations

- Robust review of end to end process to ensure compliance with PTR regulations
- Improvements being data led
- Robust escalation process to meet 30WD response timescale
- Refreshed improvement plan
- Implement clear process for learning and improvement from concerns
- Further work required to cleanse and quality assure data

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## Next Steps

### Next Steps

- With the Integrated Performance Framework scope agreed the health board is implementing the required process to provide effective challenge, support, and scrutiny of both provider and commissioned services with the aim to improve patient outcomes.
- Further work and development with national and regional workgroups on topics such as Outpatient modernisation, My Planned Care, National Endoscopy, and Cancer.
- Ongoing work to tackle COVID backlog and capacity challenges remains the single largest risk for Powys residents and their required health care, solutions being scoped include the use of private providers to treat repatriated patients where their treatment can be carried out in Powys provider facilities.
- The Performance team is working with commissioned service providers to obtain understanding of referral demand, demand and capacity gaps, waiting list profiles at specialty level and convert outputs into indicative activity plans (IAP). This includes work to model robust performance trajectories in line with the NHS Wales Planning Framework targets 2023/24 for Powys provider, English and Welsh commissioned services.

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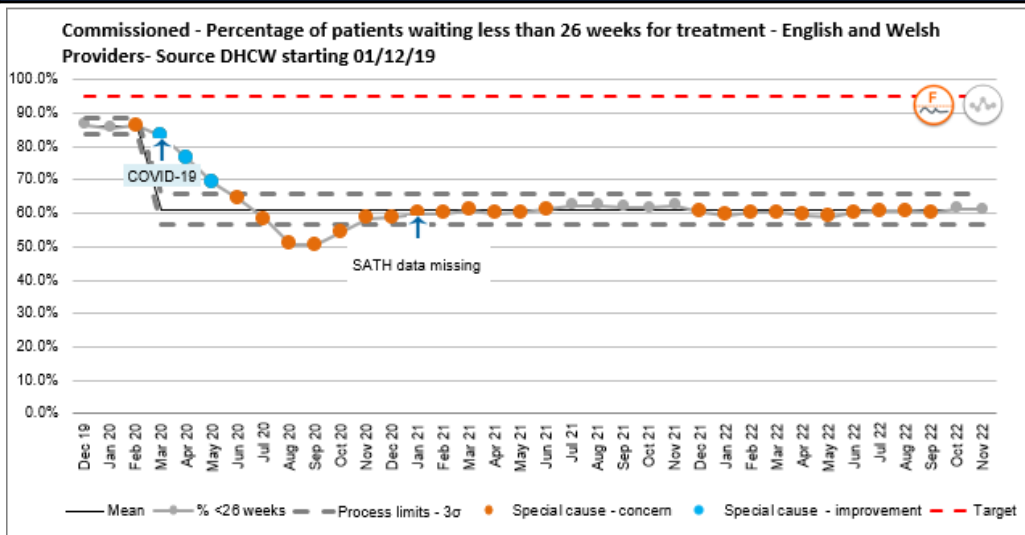


# Appendix 1

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

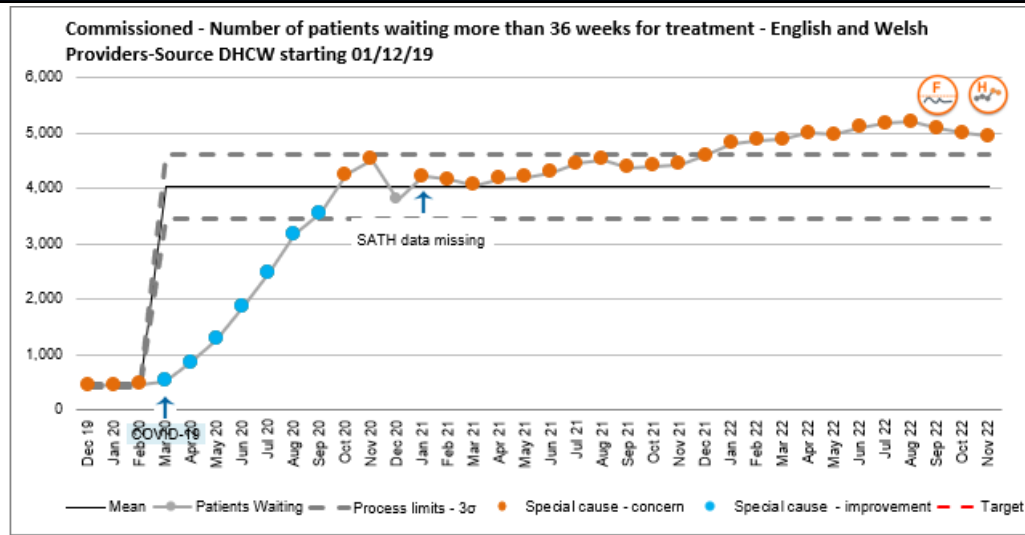
Combined Welsh and English Health Boards

## Percentage of RTT pathways <26 weeks



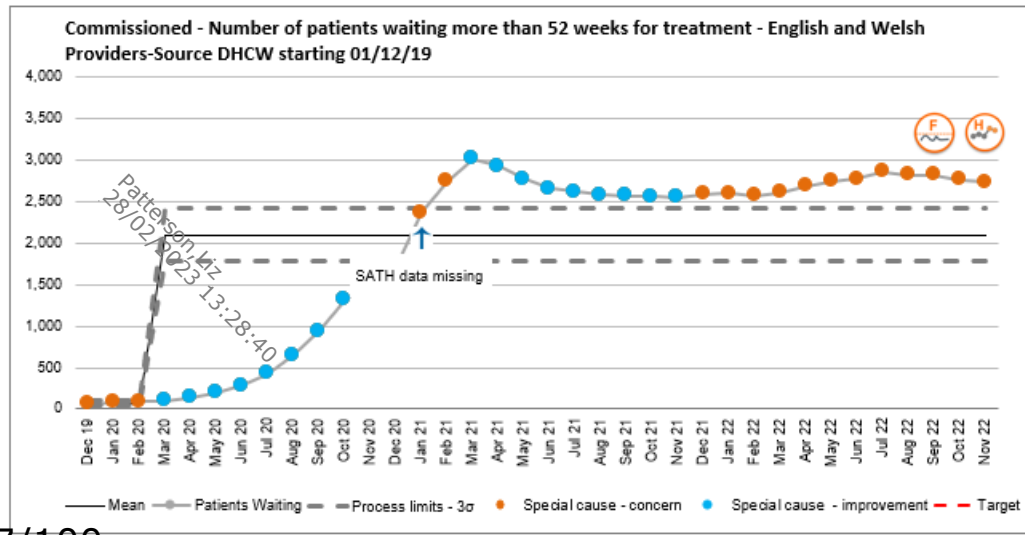
## Number of RTT pathways 36+ weeks

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

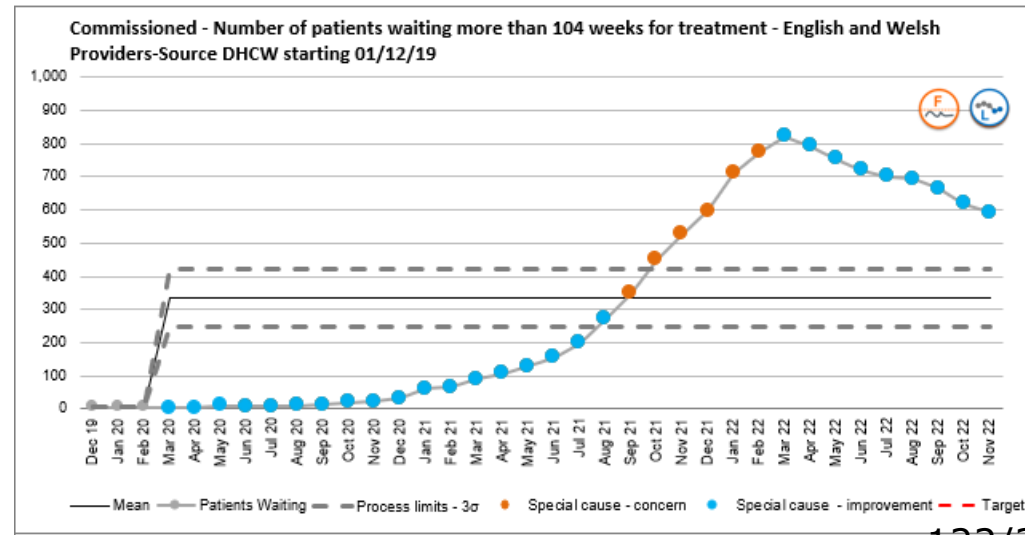


## Number of RTT pathways over 52 weeks

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



## Number of RTT pathways over 104 weeks



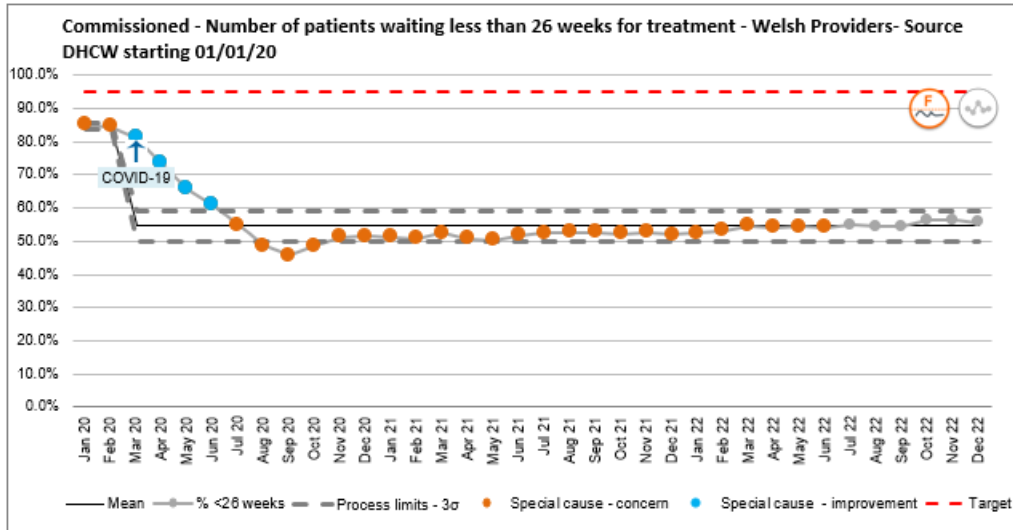


# Appendix 1

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

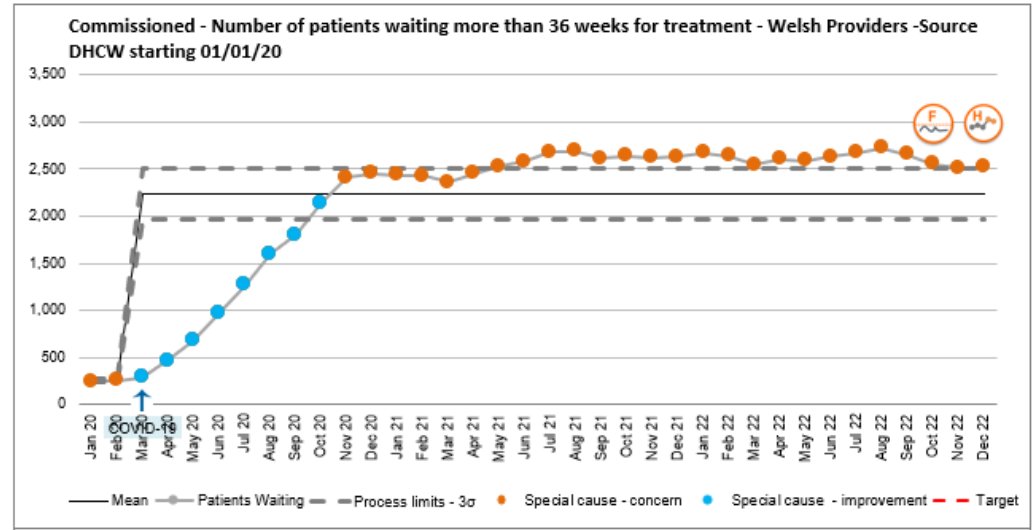
Combined Welsh Health Boards

## Percentage of RTT pathways <26 weeks

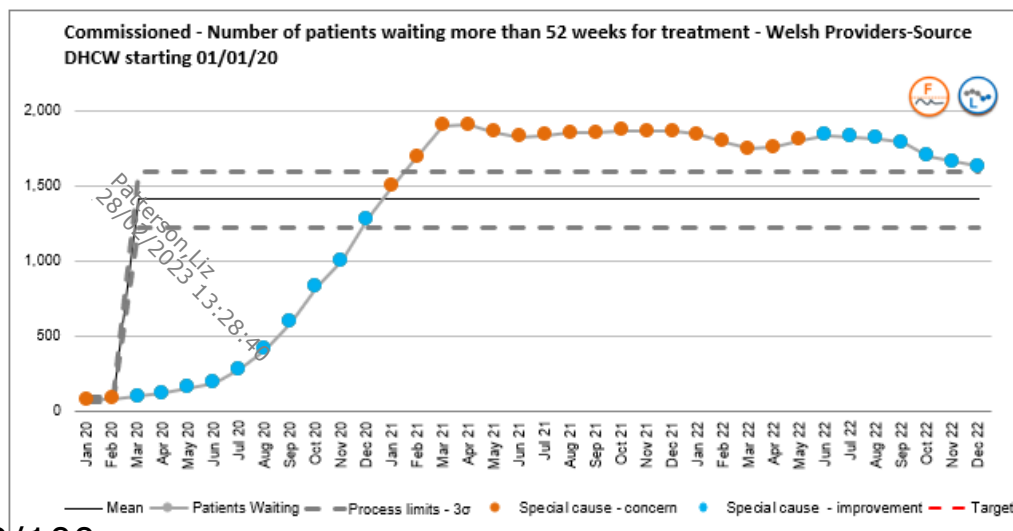


## Number of RTT pathways 36+ weeks

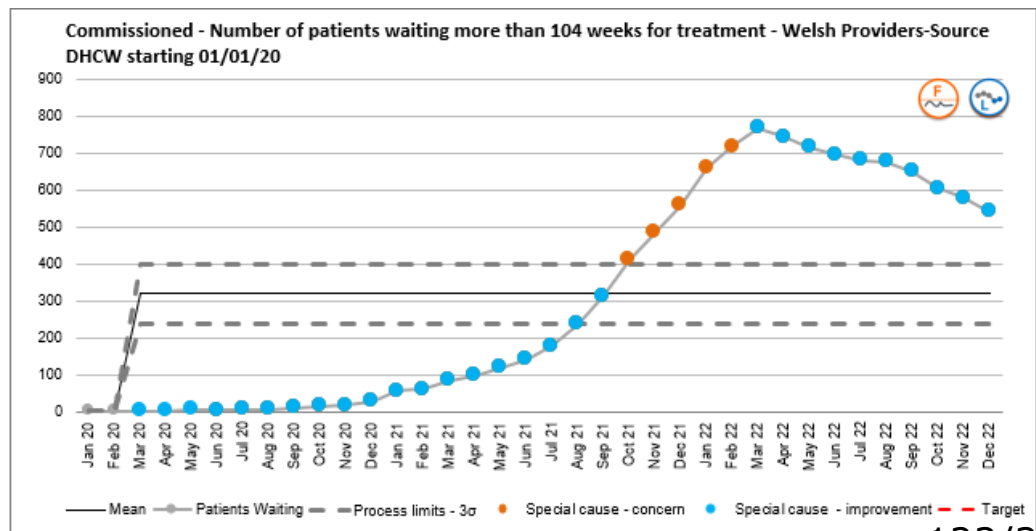
(inclusive of those patients waiting in the over 52 & over 104 week band)



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



## Number of RTT pathways over 104 weeks

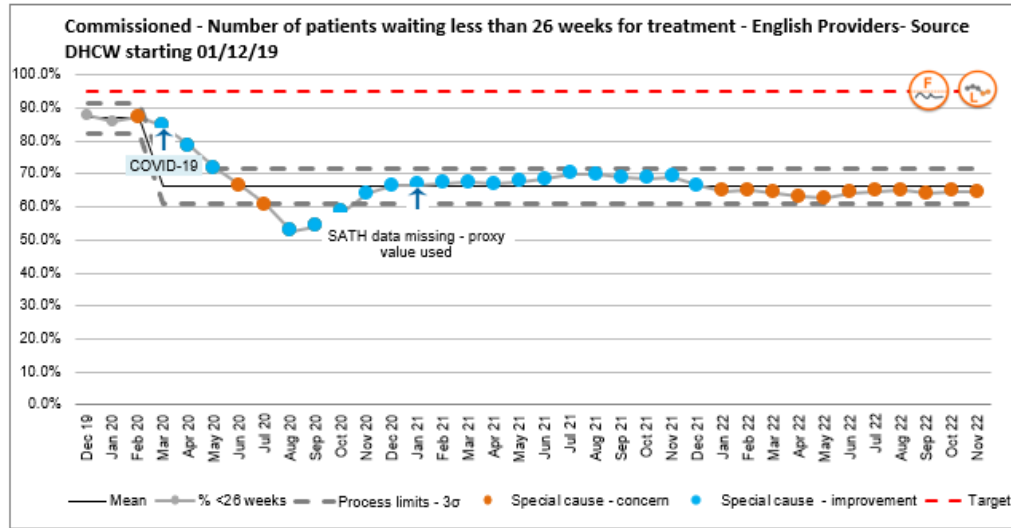




# Appendix 1

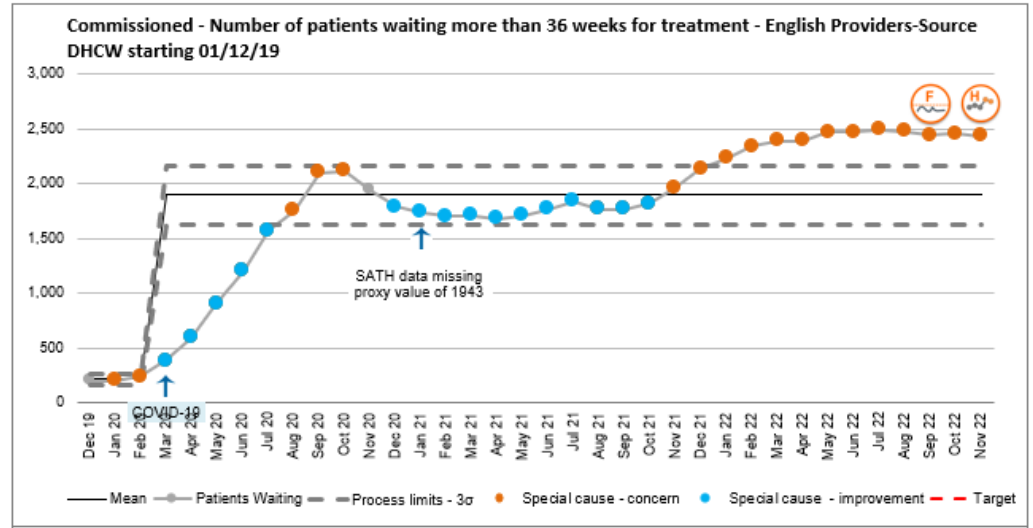
## Referral to Treatment – Powys Teaching health board as a Commissioner Combined English Health Boards

### Percentage of RTT pathways <26 weeks

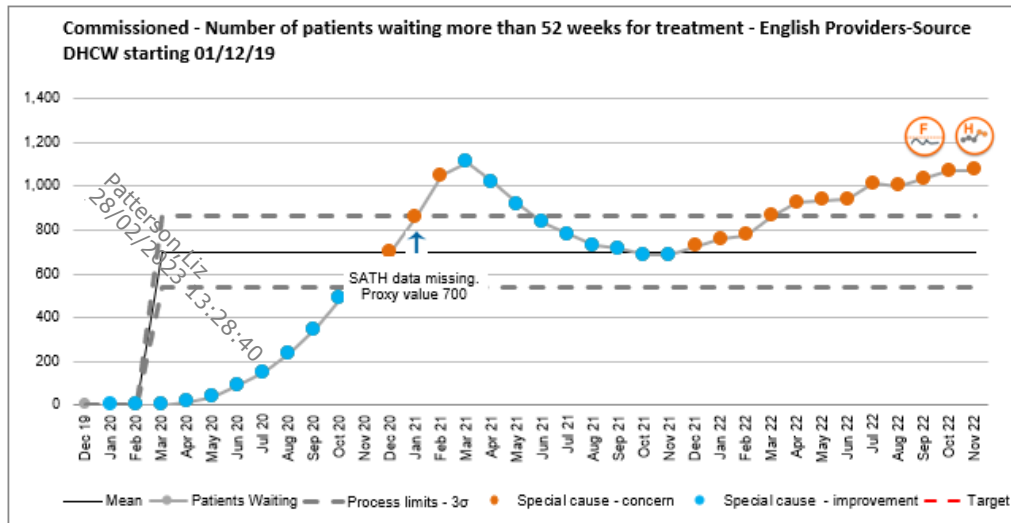


### Number of RTT pathways 36+ weeks

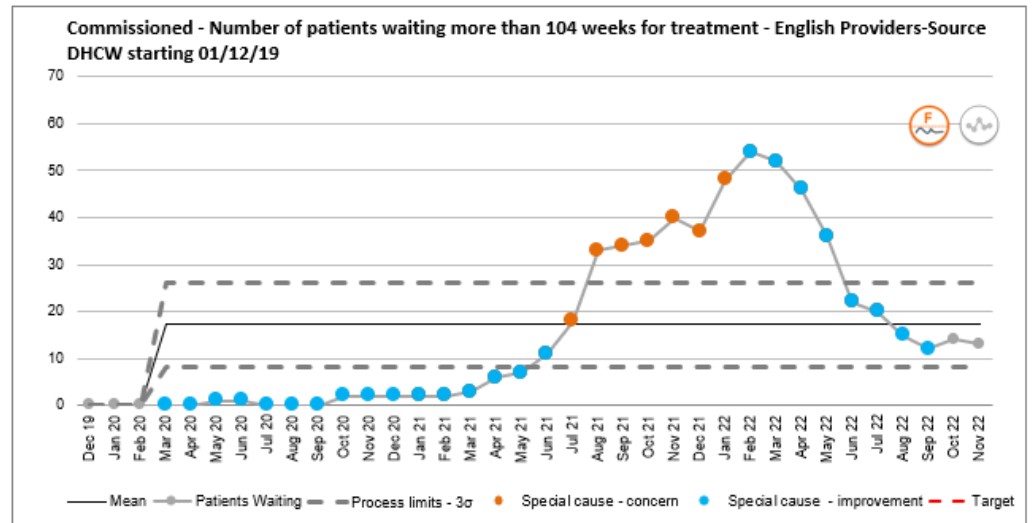
(inclusive of those patients waiting in the over 52 & over 104 week band)



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



### Number of RTT pathways over 104 weeks



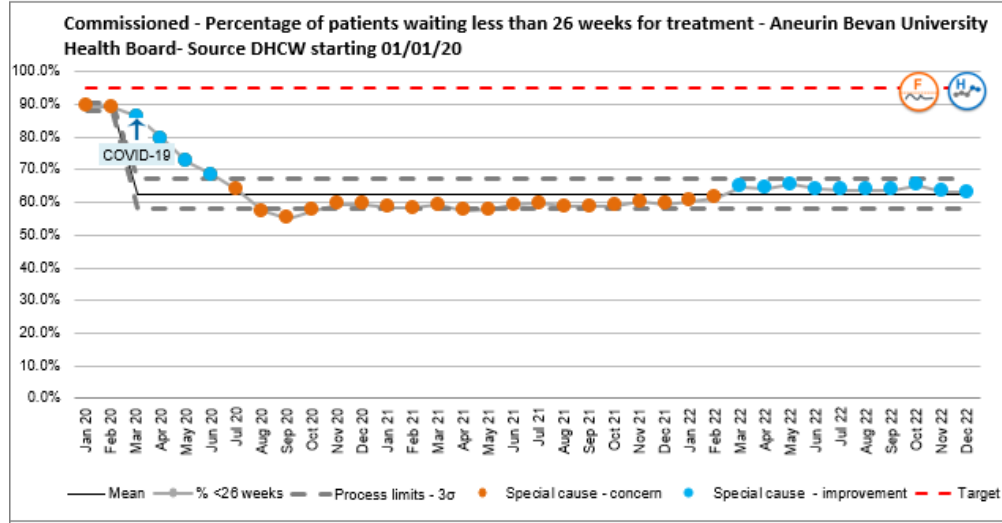




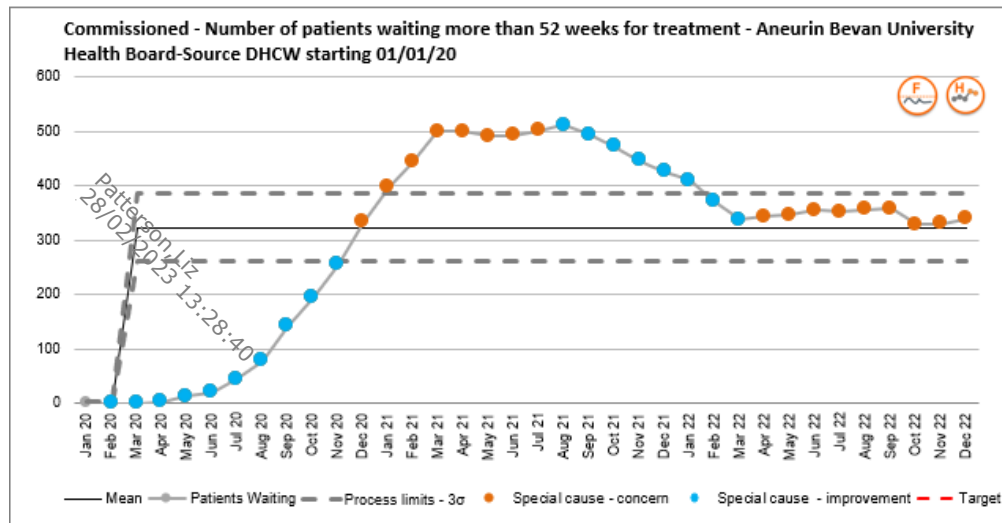
# Appendix 1

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

### Percentage of RTT pathways <26 weeks

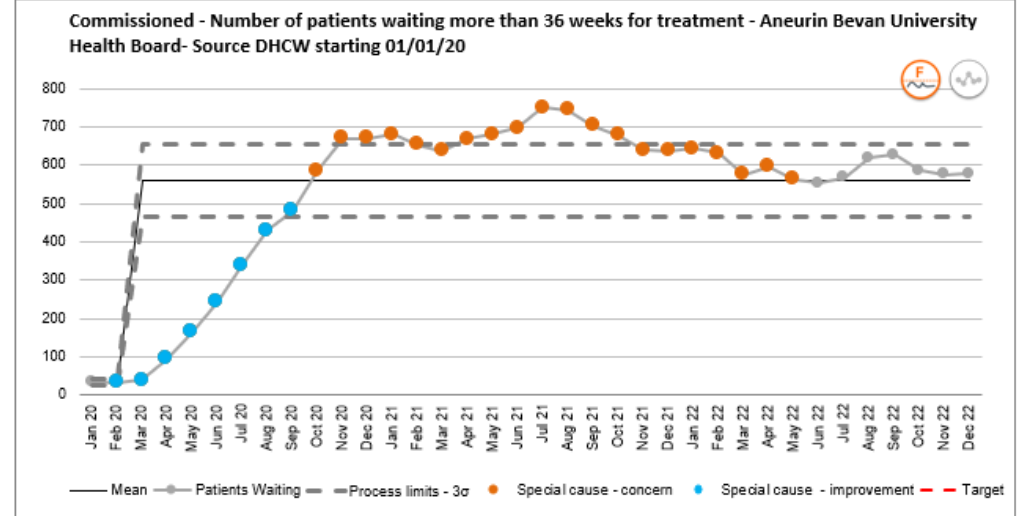


### Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)

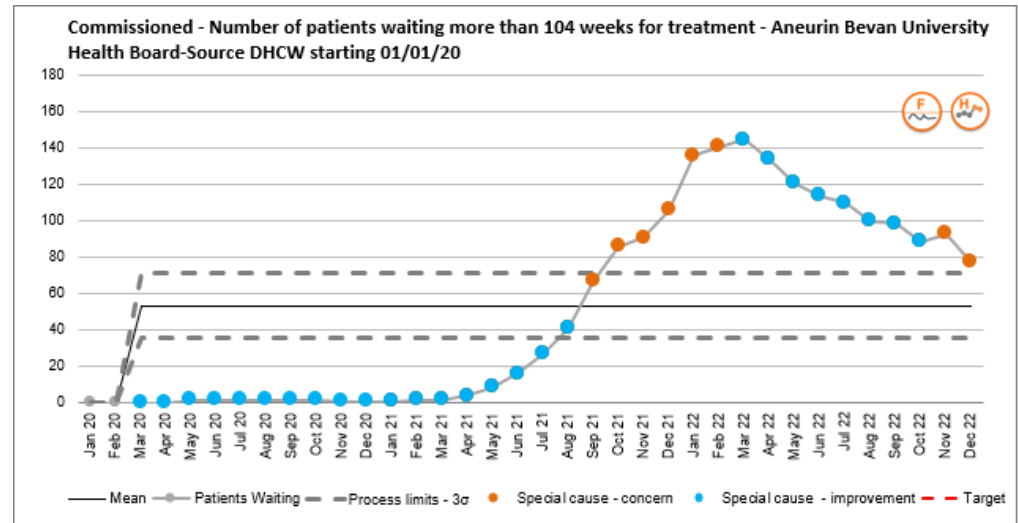


ABUHB December 2022 Data source for profile and commissioned actual from WG scorecard	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	62%	28,500	8,900	9,300
Their actual for all patients (inc. Powys)	60%	35,343	4,839	9,662
Powys resident performance	63%	578	78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

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



### Number of RTT pathways over 104 weeks



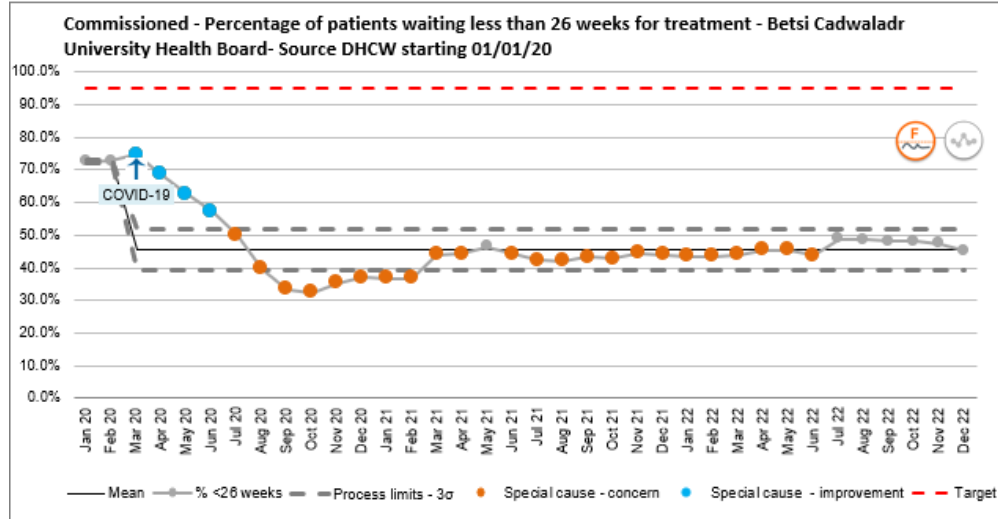




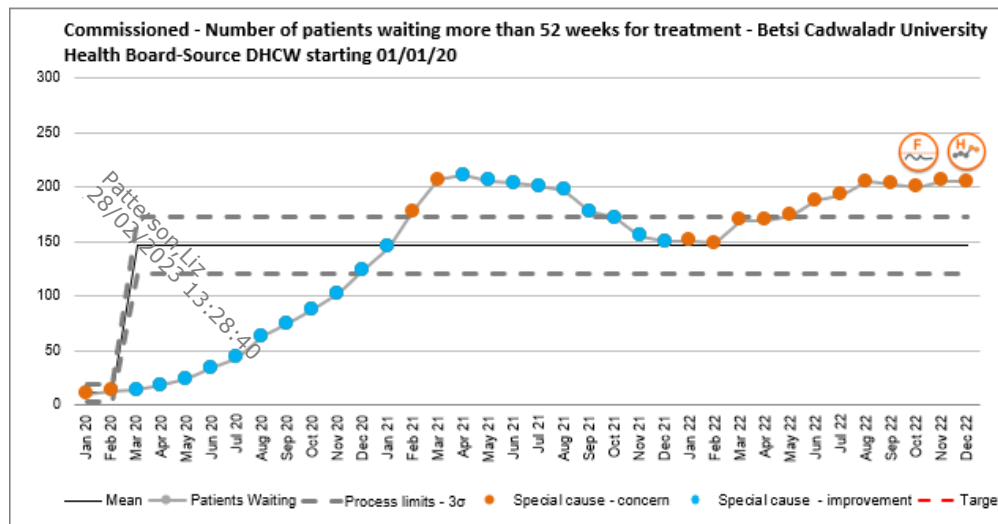
# Appendix 1

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

### Percentage of RTT pathways <26 weeks

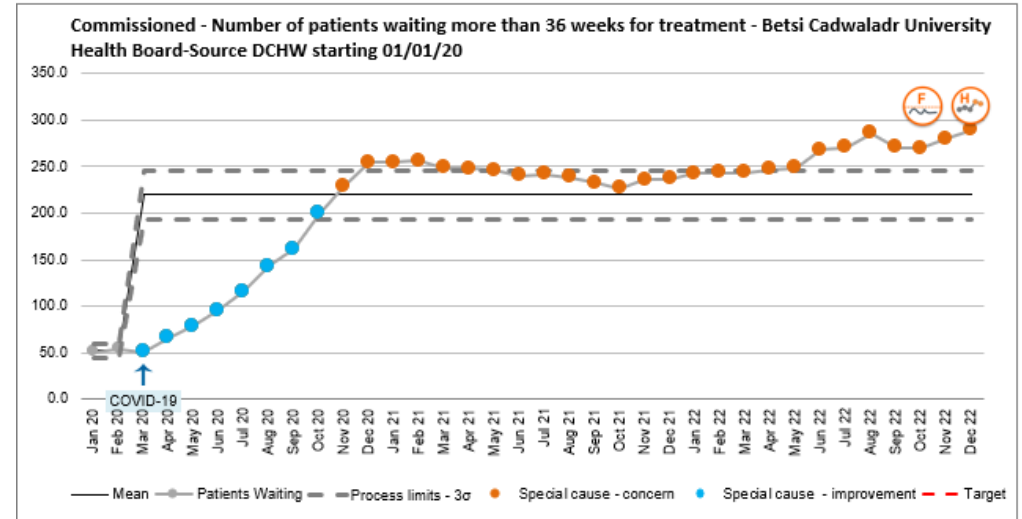


### Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)

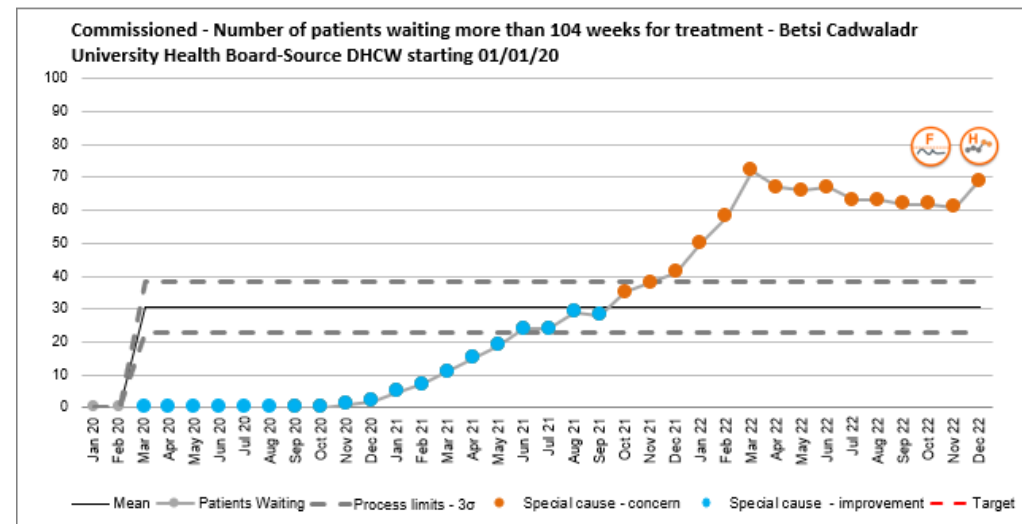


BCUHB December 2022 Data source for profile and commissioned actual from WG scorecard	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	25.5%	17,029	5,699	1,730
Their actual for all patients (inc. Powys)	53%	62,019	12,351	21,606
Powys resident performance	45.3%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

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



### Number of RTT pathways over 104 weeks

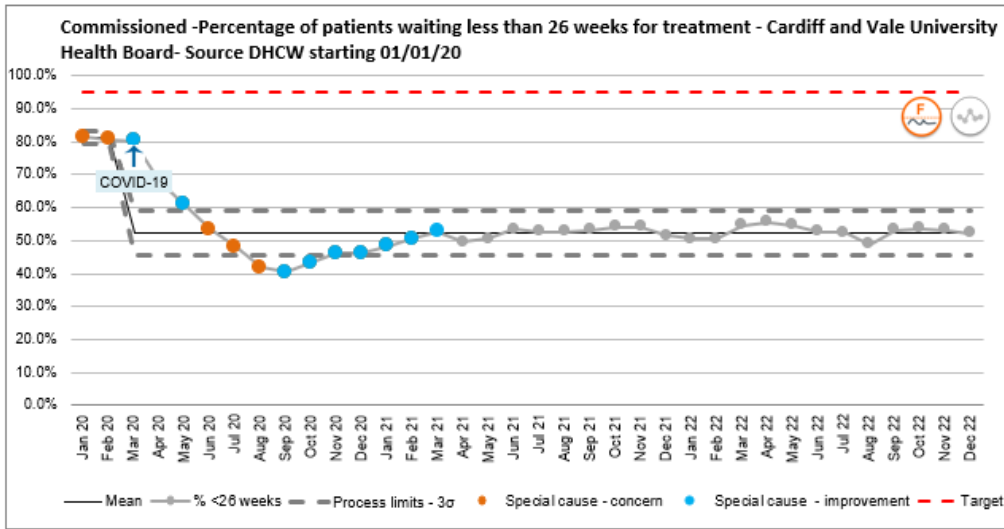




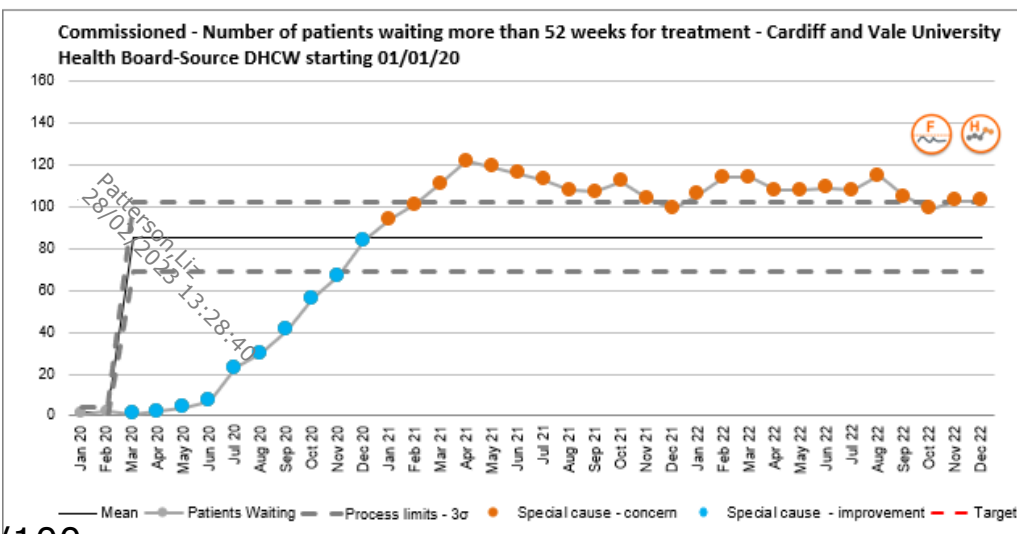
# Appendix 1

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

### Percentage of RTT pathways <26 weeks

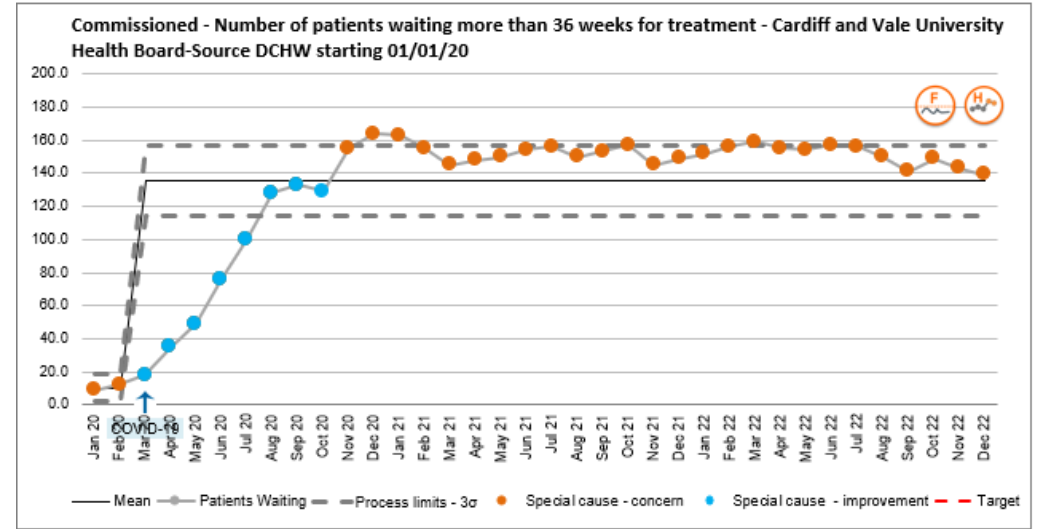


### Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)

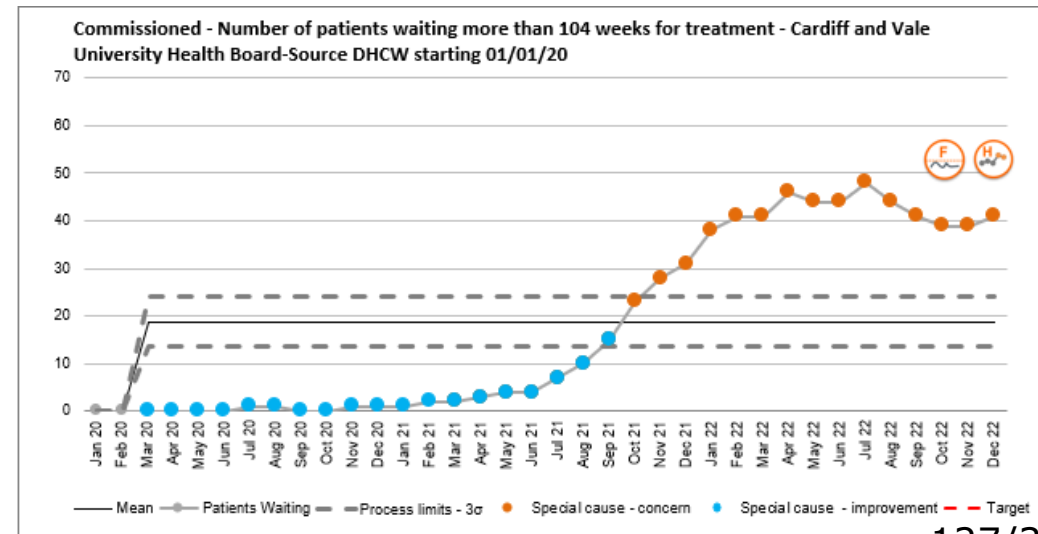


C&V December 2022 Data source for profile and commissioned actual from WG scorecard	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	55%	45,983	3,412	20,235
Their actual for all patients (inc. Powys)	47%	49,015	10,218	18,822
Powys resident performance	52.2%	139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

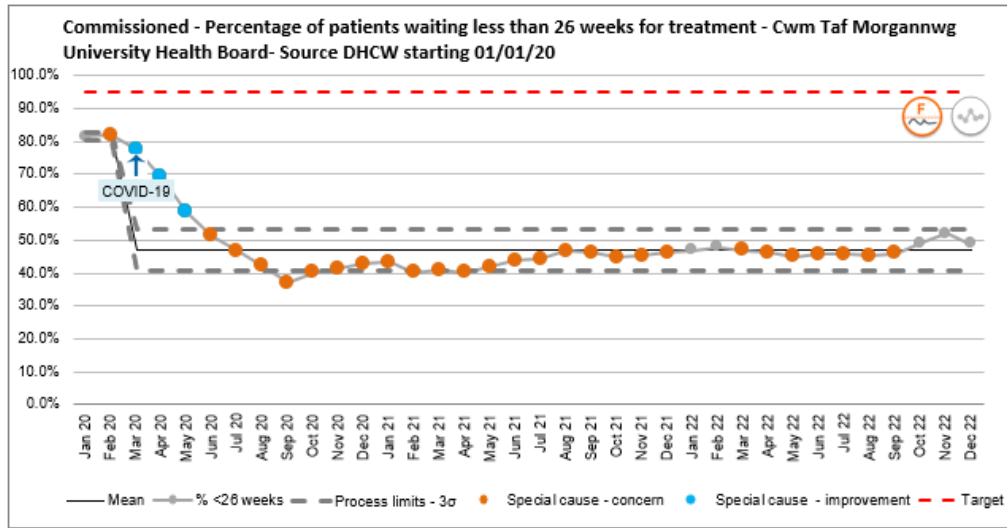




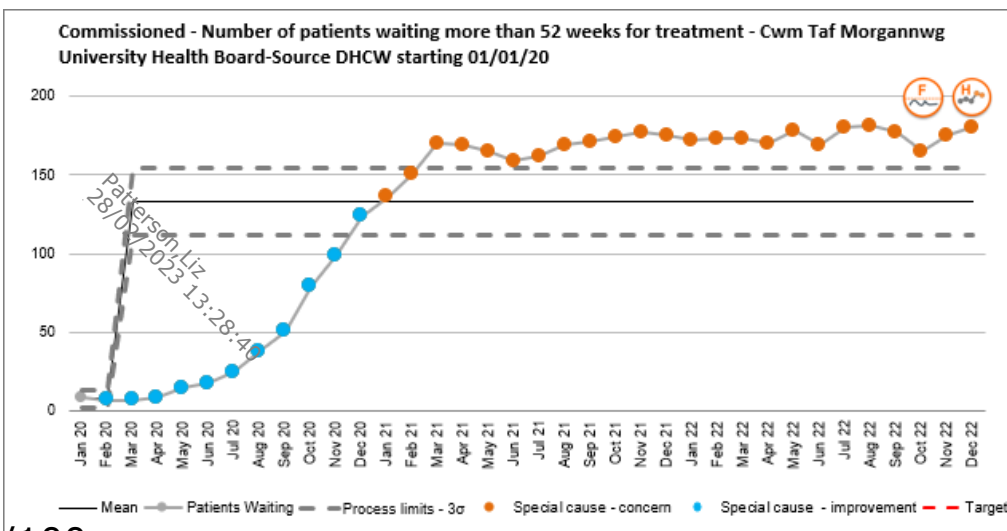
# Appendix 1

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

### Percentage of RTT pathways <26 weeks

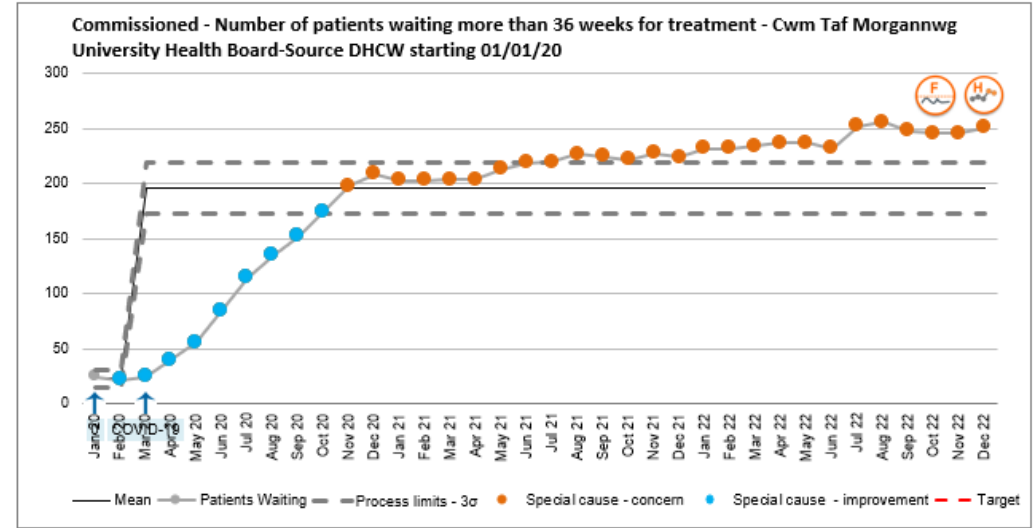


### Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)

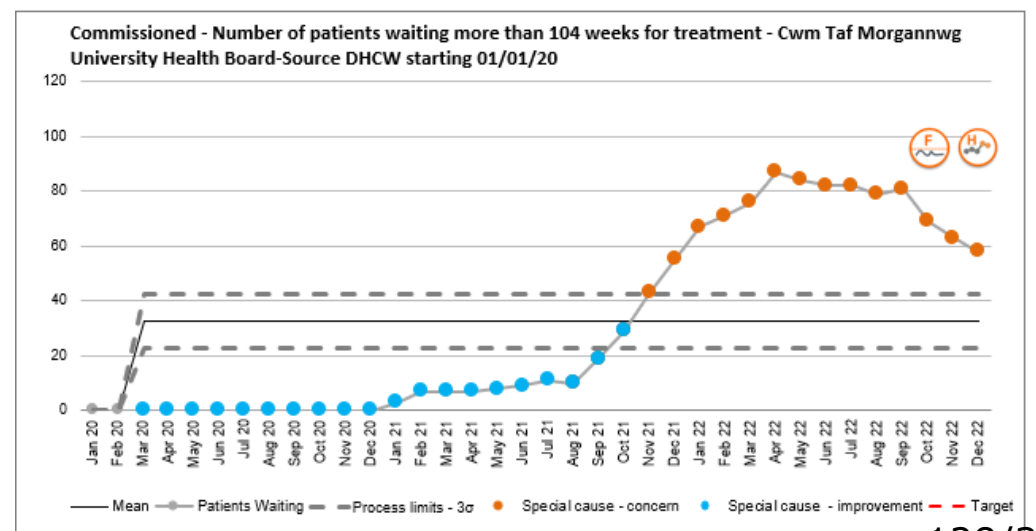


CTM December 2022 Data source for profile and commissioned actual from WG scorecard	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	45%	51,541	13,866	14,496
Their actual for all patients (inc. Powys)	56%	40,272	5,044	11,733
Powys resident performance	48.9%	251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

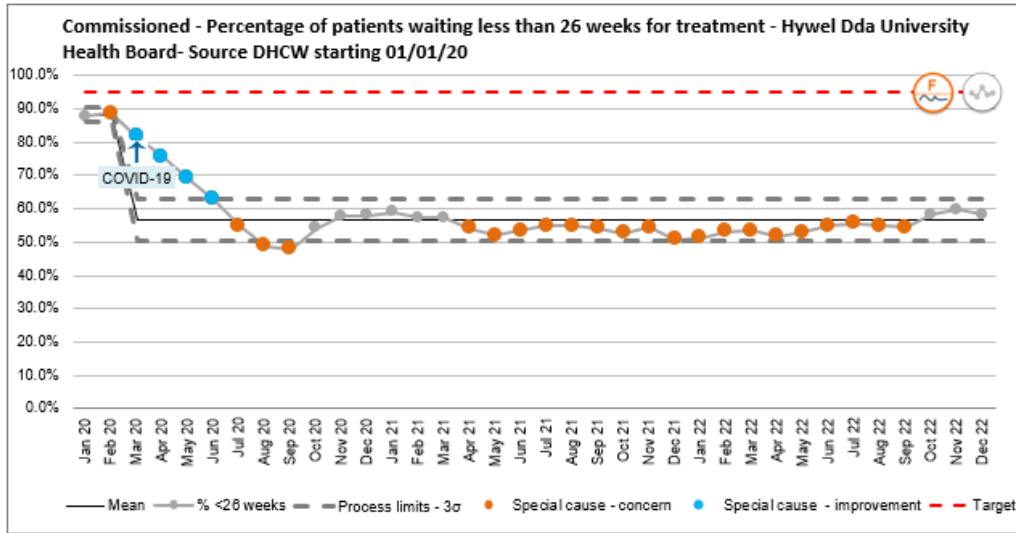




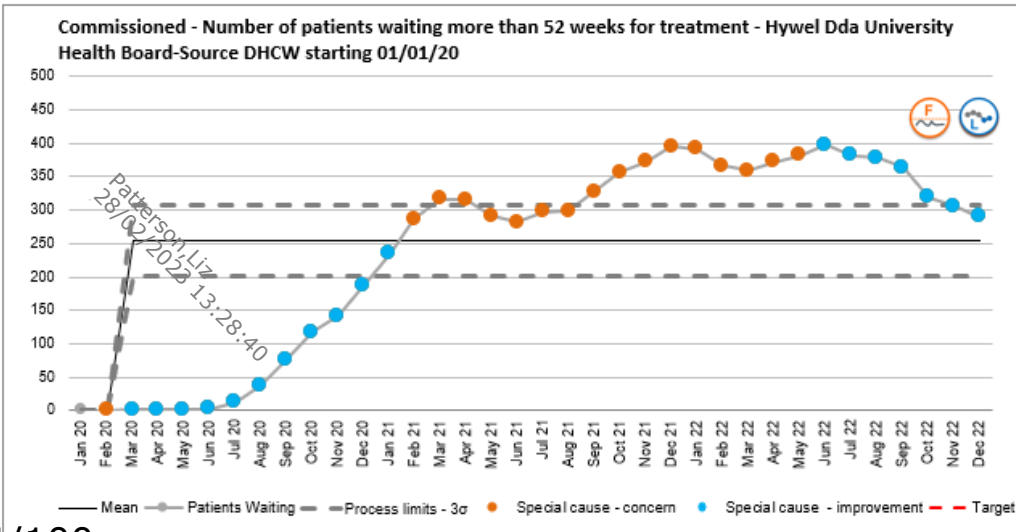
# Appendix 1

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

### Percentage of RTT pathways <26 weeks

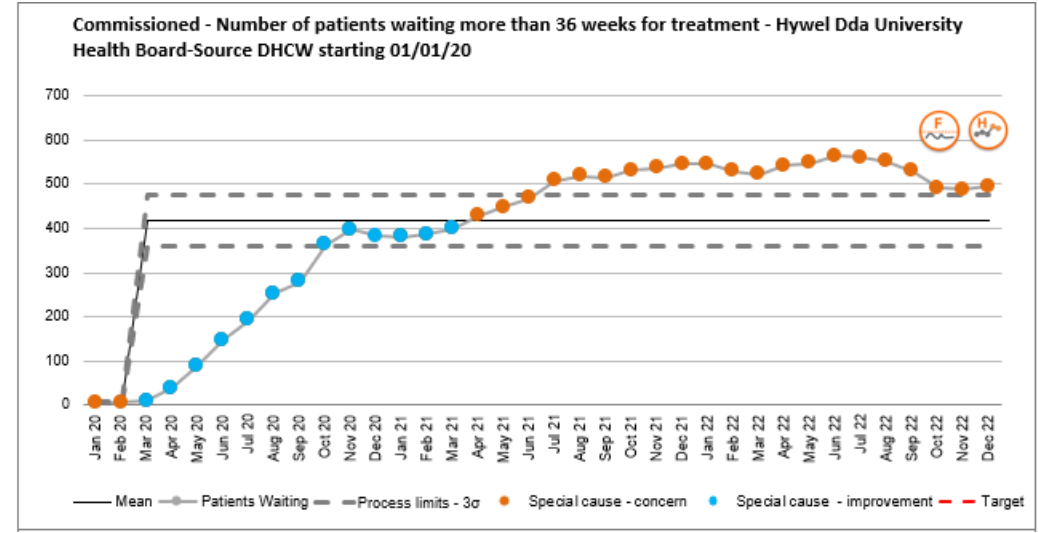


### Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)

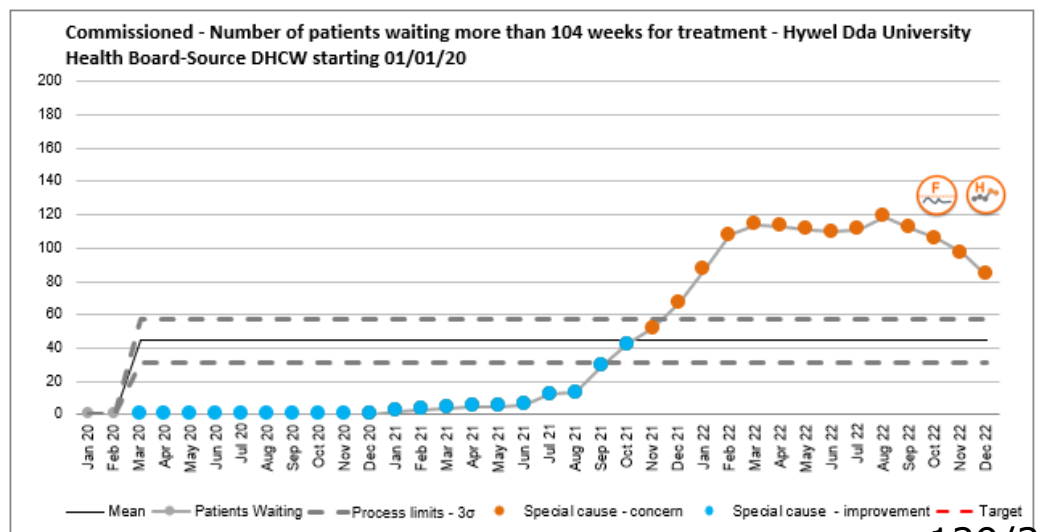


HDUHB December 2022 Data source for profile and commissioned actual from WG scorecard	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	54%	22,533	5,326	4,632
Their actual for all patients (inc. Powys)	59%	28,334	4,907	5,452
Powys resident performance	58.3%	495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

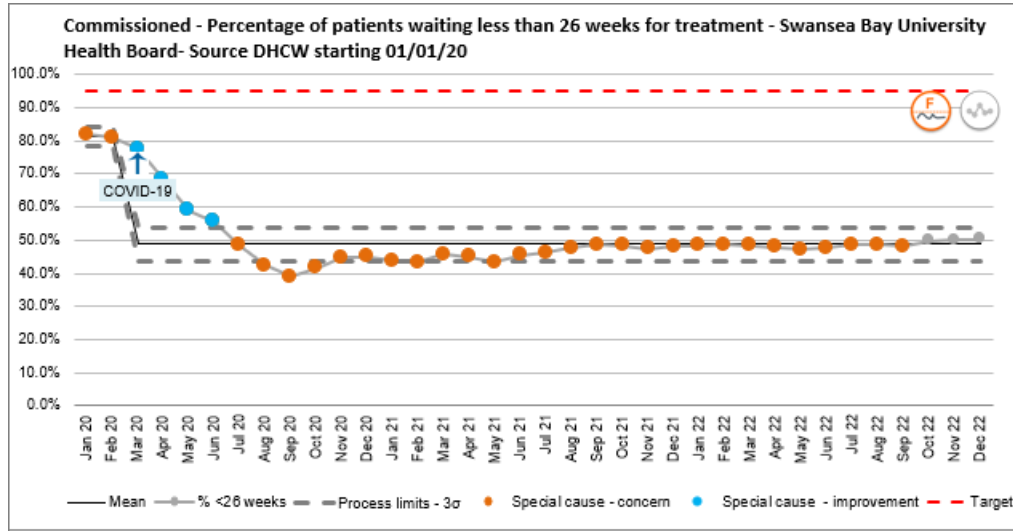




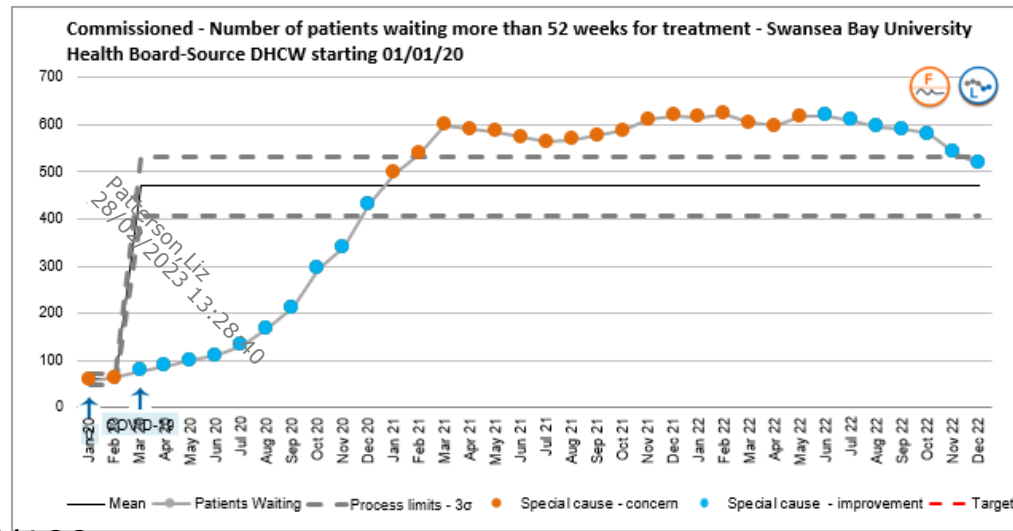
# Appendix 1

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

### Percentage of RTT pathways <26 weeks

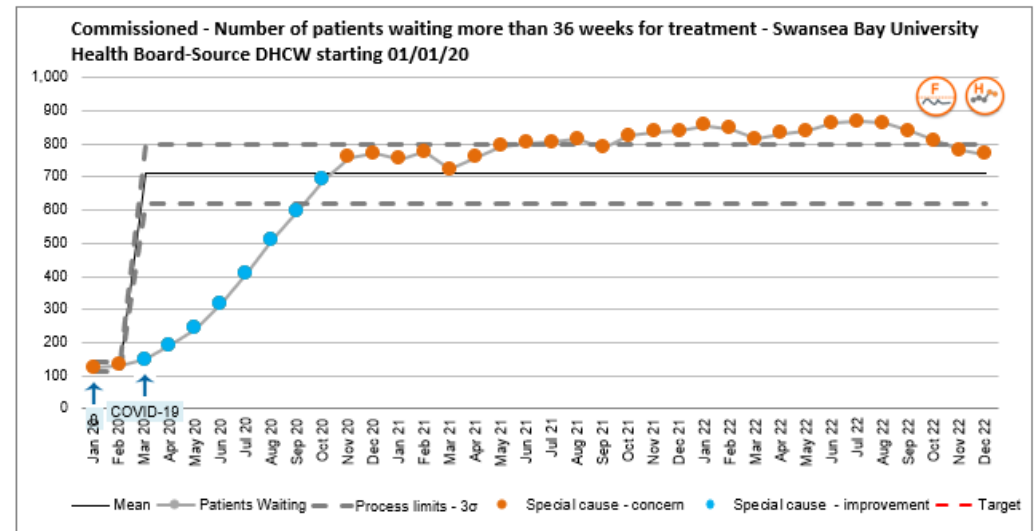


### Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)

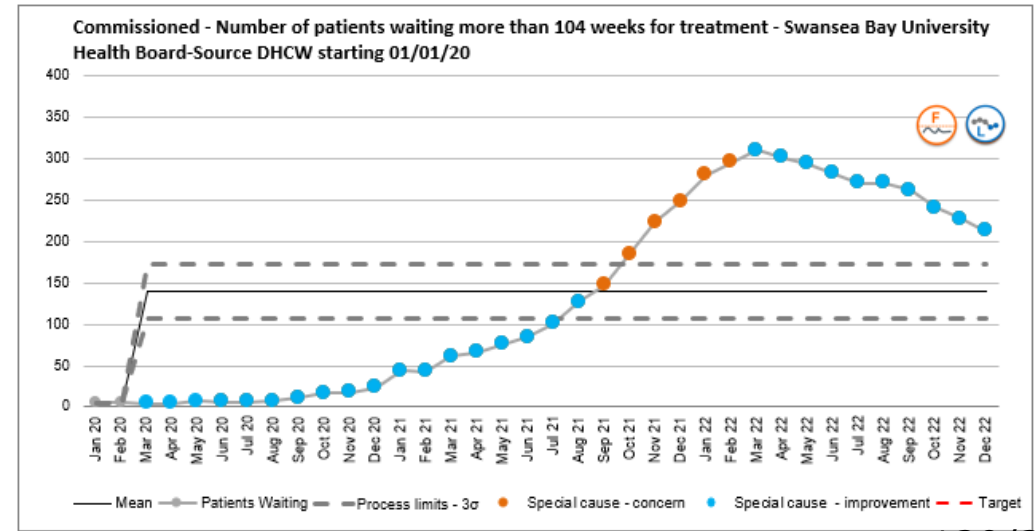


SBUHB December 2022 Data source for profile and commissioned actual from WG scorecard	<26 week %	+36 weeks	Over 104 weeks	New OP over 52 weeks
Their Profile (for all patients)	47.4%	43,048	6,820	7,355
Their actual for all patients (inc. Powys)	54%	32,991	8,027	7,701
Powys resident performance	58.3%	495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

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



### Number of RTT pathways over 104 weeks





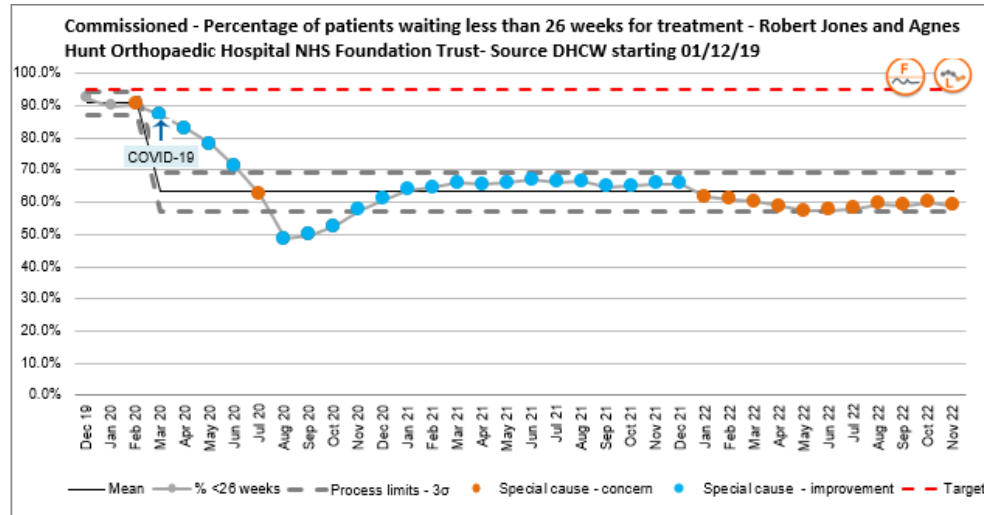


# Appendix 1

## The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

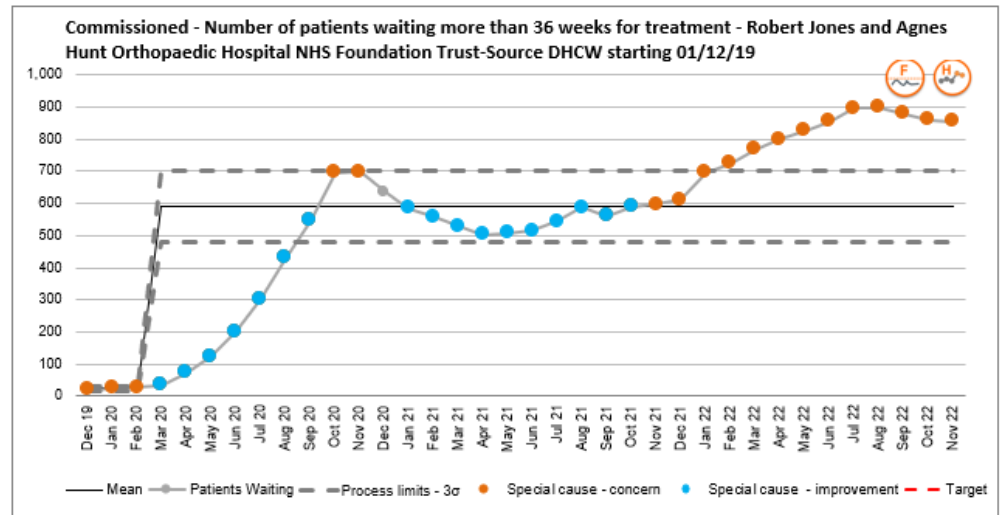
### Referral to Treatment – Powys Teaching health board as a Commissioner

#### Percentage of RTT pathways <26 weeks



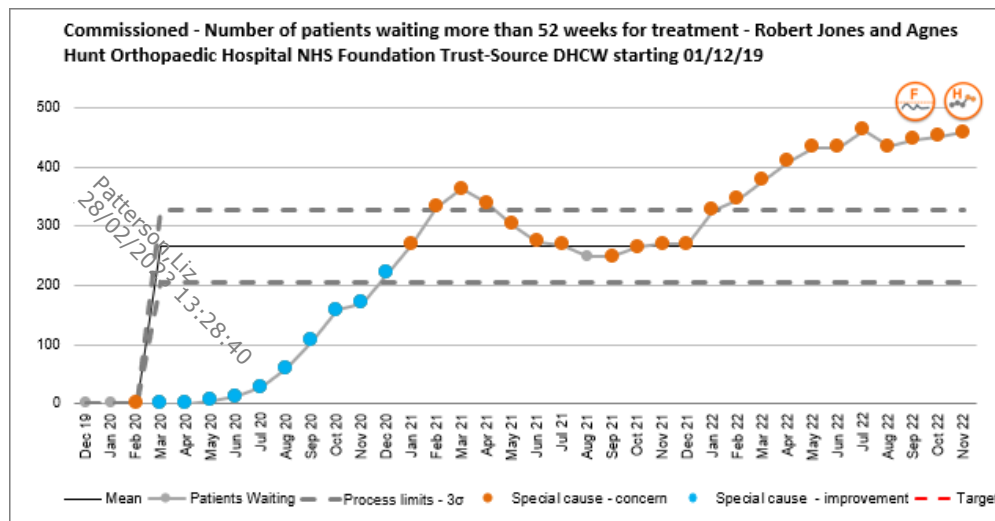
#### Number of RTT pathways 36+ weeks

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

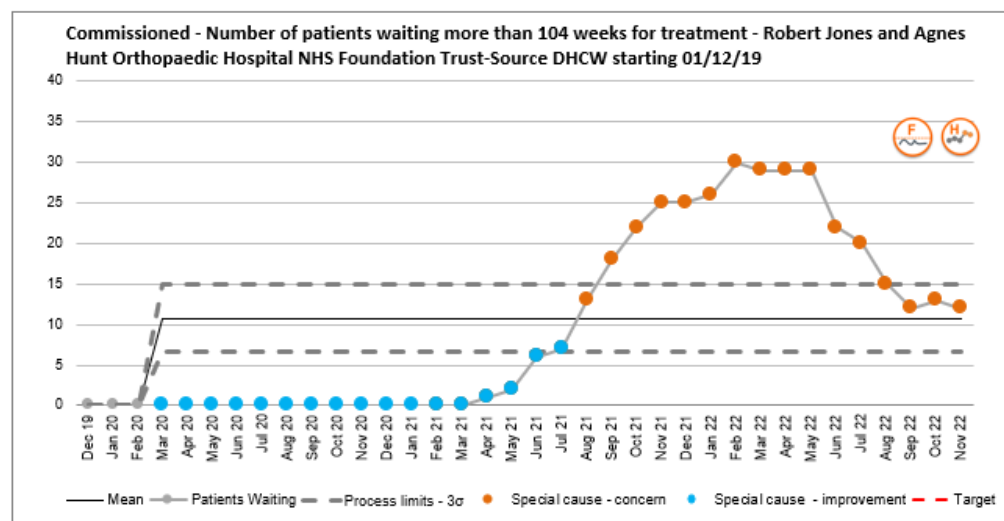


#### Number of RTT pathways over 52 weeks

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



#### Number of RTT pathways over 104 weeks



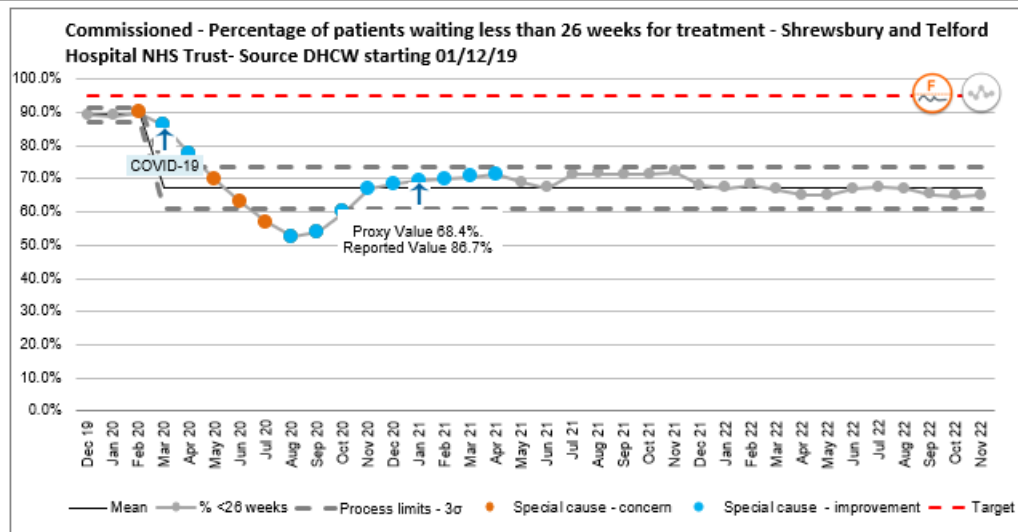


# Appendix 1

## Shrewsbury and Telford Hospital NHS Trust

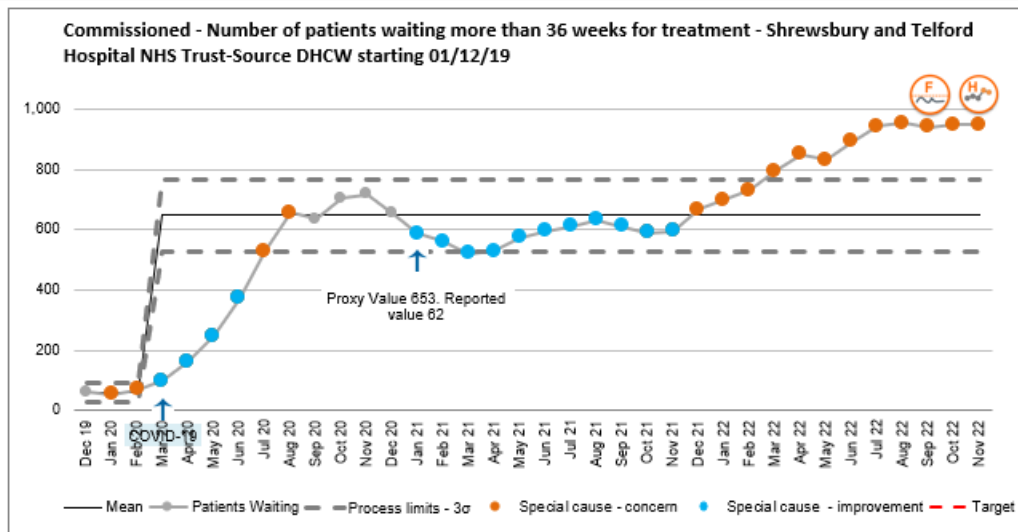
### Referral to Treatment – Powys Teaching health board as a Commissioner

#### Percentage of RTT pathways <26 weeks

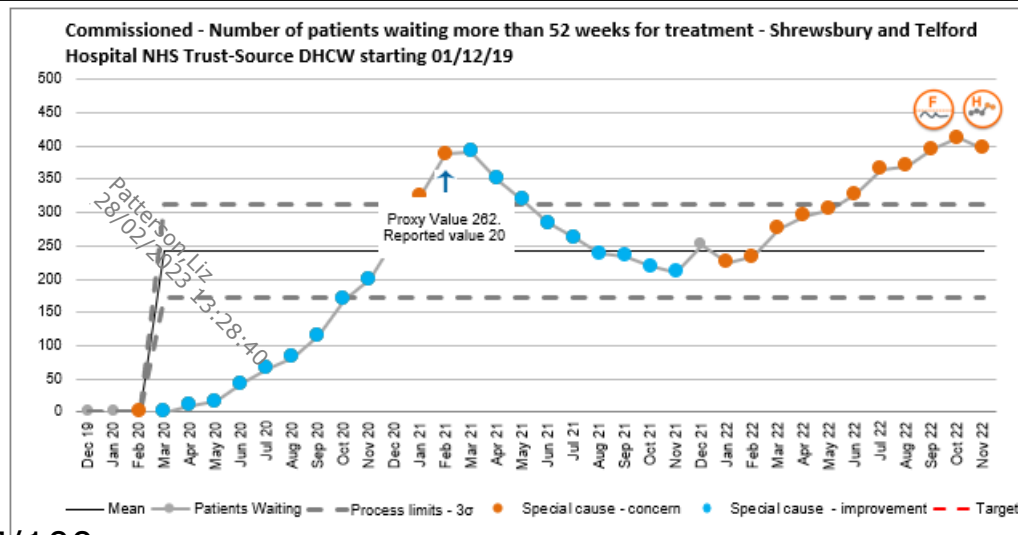


#### Number of RTT pathways 36+ weeks

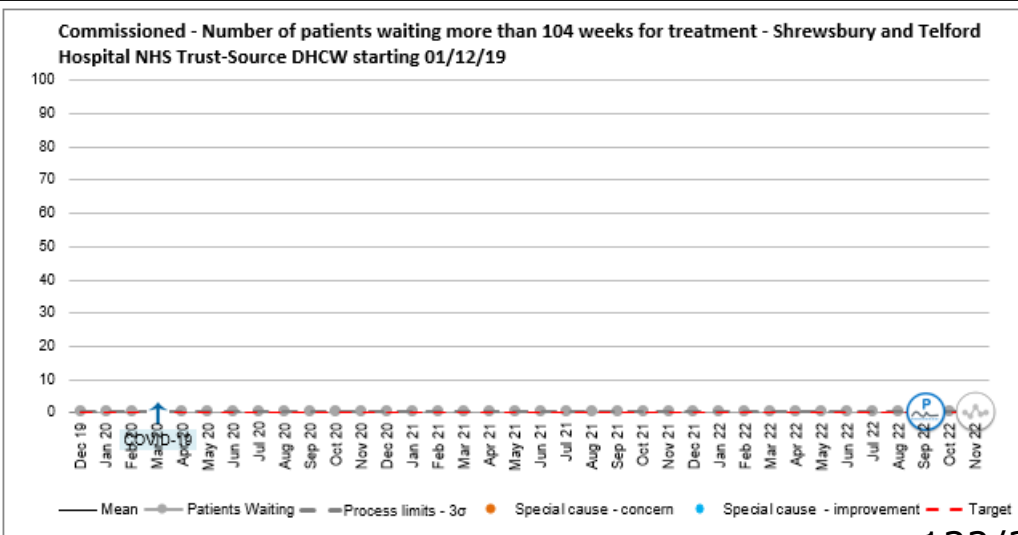
(inclusive of those patients waiting in the over 52 & over 104 week band)



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



#### Number of RTT pathways over 104 weeks





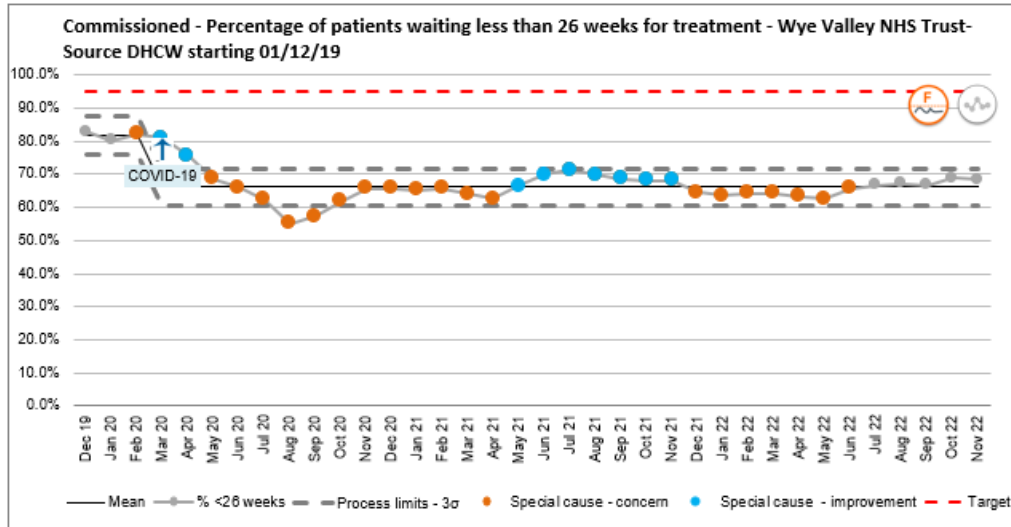


# Appendix 1

## Wye Valley NHS Trust

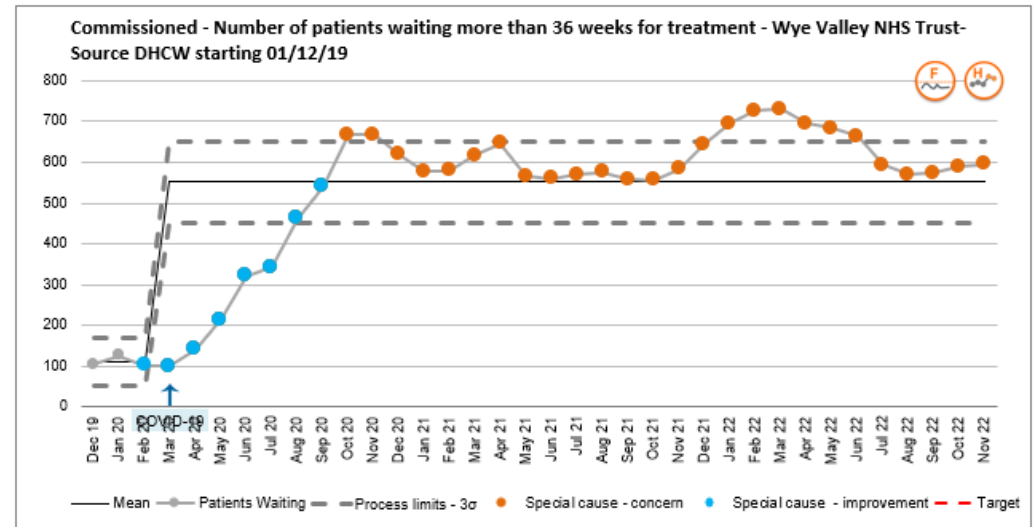
### Referral to Treatment – Powys Teaching health board as a Commissioner

#### Percentage of RTT pathways <26 weeks

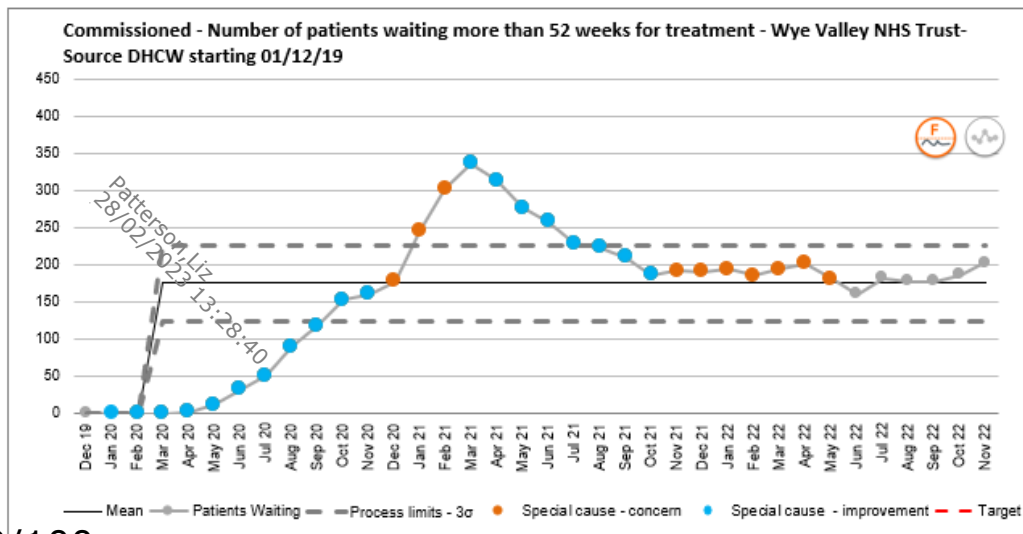


#### Number of RTT pathways 36+ weeks

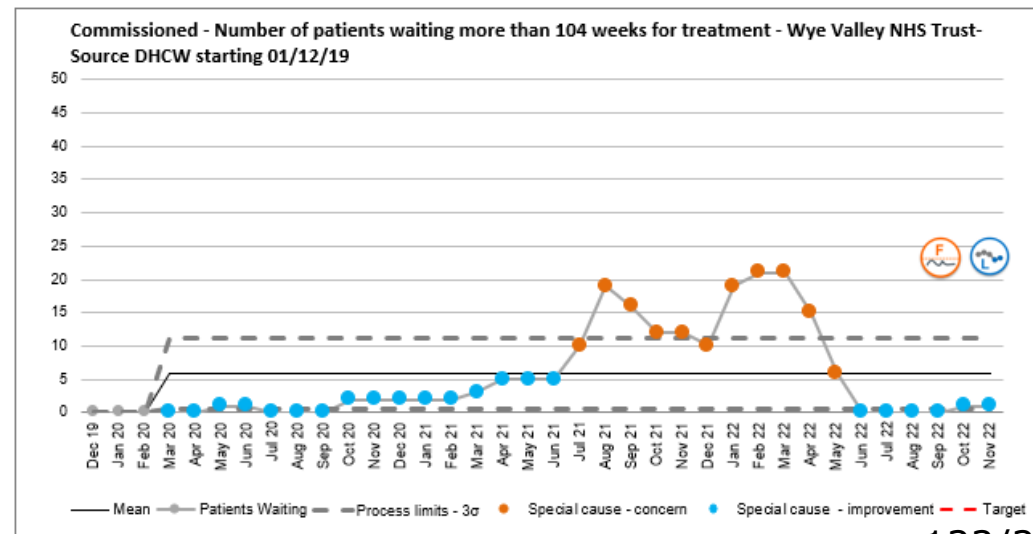
(inclusive of those patients waiting in the over 52 & over 104 week band)



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



#### Number of RTT pathways over 104 weeks



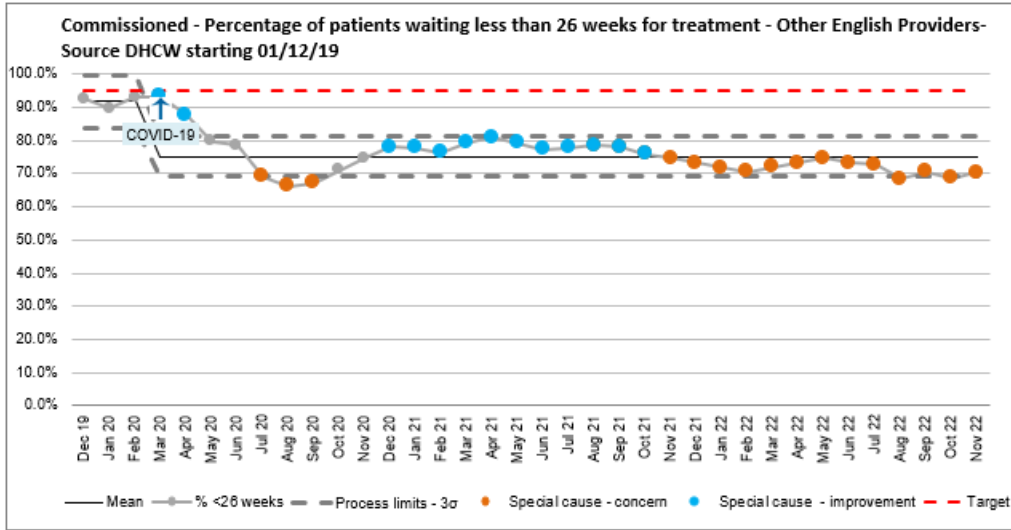


# Appendix 1

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

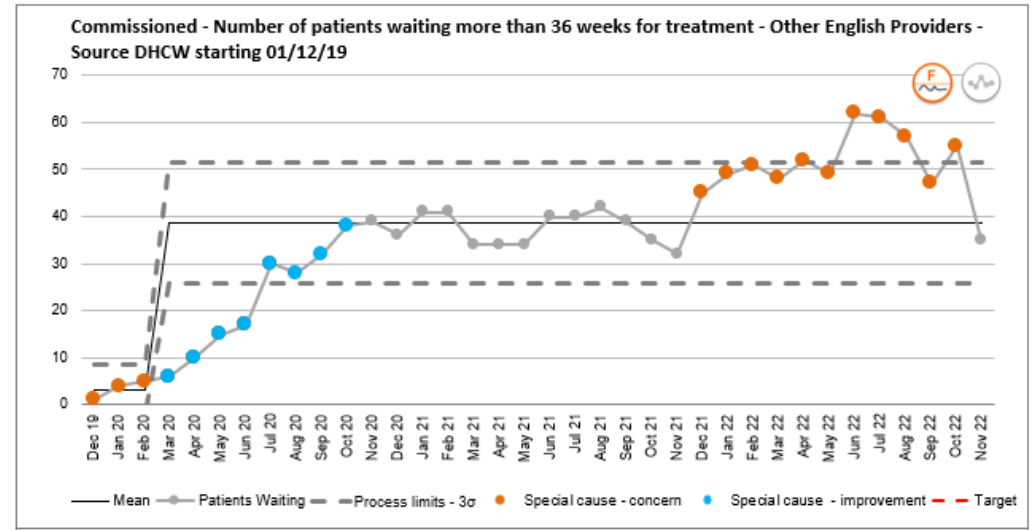
### Referral to Treatment – Powys Teaching health board as a Commissioner

#### Percentage of RTT pathways <26 weeks

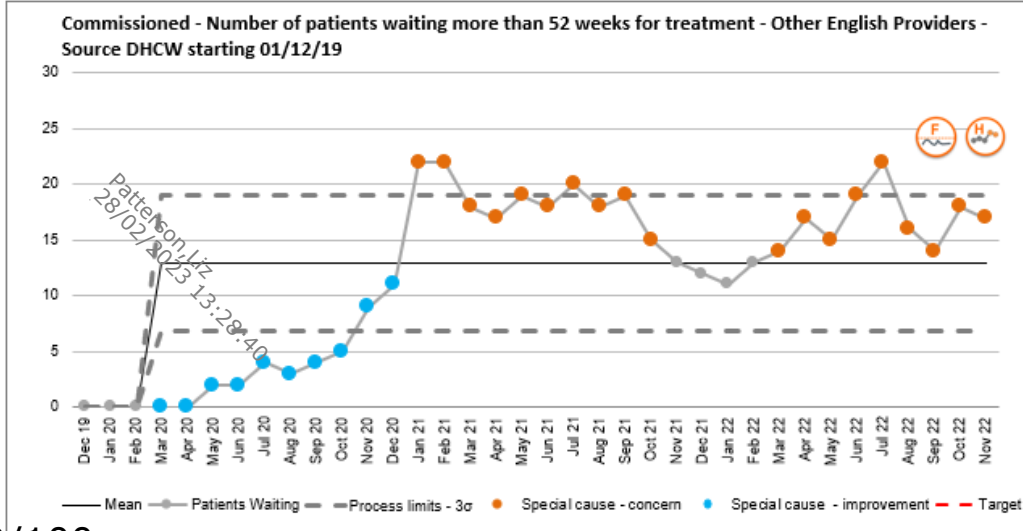


#### Number of RTT pathways 36+ weeks

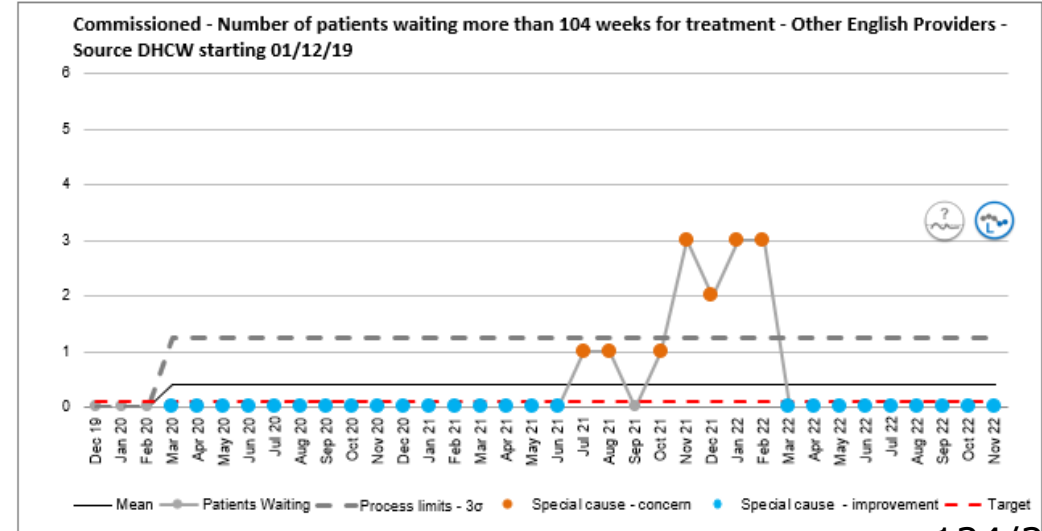
(inclusive of those patients waiting in the over 52 & over 104 week band)



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



#### Number of RTT pathways over 104 weeks





## Appendix 2

All Wales screening performance metrics November 2022 – Powys responsible population are treated within the reported cohort below

### All Wales - LTA monitoring report: 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/003J	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



**Agenda item: 2.1b**

**Delivery and Performance  
Committee**

**Date of Meeting:  
28 February 2023**

**Subject :**

**Progress Against the Integrated  
Medium Term Plan 2022 – 2025,  
for the Quarter 3 Period October  
to December 2022**

**Approved and Presented by:**

**Interim Director of Planning and  
Performance**

**Prepared by:**

**Assistant Director of Planning**

**Other Committees and  
meetings considered at:**

**Executive Committee, Finance  
and Performance Committee**

**PURPOSE:**

This report provides the Delivery and Performance Committee with an update of the progress made against the Integrated Medium Term Plan (IMTP) for the Quarter 3 period (October 2022 to December 2022).

As in Quarter 2, this includes a number of change requests which pending acceptance by this Committee and subsequent approval by PTHB Board, will be transacted into a revised version of the IMTP Delivery Plan, effective from Quarter 4 onwards.

This report is provided for assurance to the Committee prior to submission to PTHB Board on 29 March 2023.

It will then be submitted to Welsh Government as a formal report of Progress against Plan for the Quarter 3 Period, noting the changes being made to the deliverables in the IMTP from the Quarter 4 Period.

**RECOMMENDATION(S):**

The Delivery and Performance Committee are asked to consider the report, **take assurance** against the organisations delivery against



the IMTP and agree any **comments** to be made to the Board ahead of the report being considered by the report on the 29 March 2023.

Approval/Ratification/Decision <sup>1</sup>	Discussion	Information
	✓	

## EXECUTIVE SUMMARY:

This report provides the Delivery and Performance Committee with an update of the progress made against the Integrated Medium Term Plan (IMTP) for the Quarter 3 period (October 2022 to December 2022).

This is the output of the reviews carried out by each Executive lead on their respective areas and collective moderation at Executive Committee (Finance and Performance Group).

This report includes 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.

Executive leads have also provided reflections and learning arising from the review of progress against plan and this will inform the development of the Integrated Plan 2023 – 2026.

This report is being provided for assurance to Delivery and Performance Committee and will subsequently be submitted to PTHB Board in March.

It will then be submitted to Welsh Government as a formal report of Progress against Plan for the Quarter 3 Period.

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

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

## DETAILED BACKGROUND AND ASSESSMENT:

This report provides the Delivery and Performance Committee with an update of the progress made against the Integrated Medium Term Plan (IMTP) for the Quarter 3 period (October 2022 to December 2022).

This is in the context of the Escalation and Intervention status of the health board being routine monitoring status.

These quarterly reports of progress against plan fulfil the routine monitoring of the Plan related requirement in this respect (with other returns fulfilling the performance and finance related requirements).

A commitment was made at the Board meeting on 27 July 2022 to make improvements to the process and content of this monitoring report, following feedback from Board members.

Improvements have been made to the process and supporting guidance to produce a more consistent and meaningful overview across a complex and multi-dimensional plan.

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

### Changes to IMTP Deliverables

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

Pending acceptance by this Committee and subsequently approval by PTHB Board, these will be transacted into a revised version of the IMTP Delivery Plan, effective from Quarter 4 onwards.

All changes being recommended have been considered at Executive Committee on 8 February 2023 and the Finance and Performance Group on 15 February 2023.

This included collective moderation of the RAG ratings and supporting commentaries (also set out in the table at the end of this report).

As noted in the Quarter 2 report, it is recognised that there are a significant number of changes being recommended to the deliverables within the IMTP for this year, reflecting the challenging environment and system pressures which have been considered in other fora in recent months including two Board Development sessions themed on strategic planning.

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### Reflection and Learning

Executive Leads have provided reflections and learning arising from the progress against plan, which are included in the attached report and have also been reflected at recent Directorate Performance Reviews.

This is also providing useful intelligence to inform the development of the Integrated Plan 2023 – 2026.

### Assurance and Submission to PTHB Board and Welsh Government

This report is provided for assurance to the Committee before submission to PTHB Board on 29 March 2023.

It will then be submitted to Welsh Government as a formal report of Progress against Plan for the Quarter 3 Period, noting the changes being made to the deliverables within the IMTP for the Quarter 4 Period.

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

### **NEXT STEPS:**

The Delivery and Performance Committee are asked to consider the report, highlighting any final amendments that may be required, to make the final submission to PTHB Board.

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

Pending acceptance by this Committee and subsequently approval by PTHB Board, the proposed changes in this paper will be transacted into a revised version of the IMTP Delivery Plan, effective from Quarter 4 onwards.

It will also be submitted to Welsh Government as a formal report of Progress against Plan for the Quarter 3 Period and the changes being made to the deliverables within the IMTP from the Quarter 4 Period.

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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	✓

**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	<b>Statement</b> <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					
<b>Risk Assessment:</b>					
	<b>Level of risk identified</b>				<p align="center"><b>Statement</b></p> <p align="center"><i><b>Please provide supporting narrative for any risks identified that may occur if a decision is taken</b></i></p> <p>Refer to the Corporate Risk Register for a fuller description of key strategic risks and mitigations in place</p>
	<b>None</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	
<b>Clinical</b>			X		
<b>Financial</b>			X		
<b>Corporate</b>		X			
<b>Operational</b>			X		
<b>Reputational</b>		X			

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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 – <b>agreed during Q2 will not be delivered in year</b>	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		
<b>10.2.0 1</b>	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	✓
<b>11.1.0 1</b>	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	✓
<b>11.1.0 2</b>	– 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	✓
<b>11.1.0 4</b>	– 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	✓
<b>11.1.0 5</b>	– 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).		
<b>11.1.0 7</b>		Complex Geriatric Assessment Development, Implement	Timescale	Delivery in 2023/24 once medical model implemented.	MD & DPCCMH	✓
<b>11.1.0 9</b>		Confirm cross-cutting approach for end of life within model	Timescale	Delivery in 2023/24 once Accelerated Sustainable Model design completed.	MD & DPCCMH	✓
<b>11.2.0 3</b>	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	✓
<b>13.3.0 1</b>	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	✓
<b>22.1.0 4</b>	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	✓
<b>22.1.0 6</b>	Deliver the Clinical Quality Framework with a focus on key priority areas including Maternity and Neonatal;	Agree clinical policy review plan	Timescale	Request the Executive Director oversight is changed to the Director of	DoN	✓

	Care Home sector and provider assurance			Corporate Governance. (Supported by all clinical directors) and the timescales revised to Q4		
<b>25.1.0 6</b>	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	✓
<b>25.2.0 2</b>	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
<b>1.4.01</b>	Deliver Equalities and Welsh Language Work Plans	Delivery of Equalities and Welsh Language Work Plan	RAG moderation	RAG changed from green to amber	DoTh	✓
<b>2.2</b>	Integrate specialist stop smoking service and re-engage with community pharmacies stop	2.2.03 Review pharmacy delivery model and coverage / options in primary care; develop proposals	RAG moderation	RAG changed from green to blue	DPH	✓

	smoking services and explore options for delivering in primary care	2.2.04 Implement agreed changes				
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 change proposals for Stroke (Wales and England)	Improve access to diagnostics in line with national programmes	RAG moderation	RAG changed from green to blue	DPH	✓



<b>13.3.01</b>	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	✓
<b>13.4.01</b>	Widen apprenticeship offer	Widen the apprenticeship offer	RAG moderation	RAG changed from green to blue	DWOD	✓
<b>13.5.01</b>	Progress international recruitment	Progress international recruitment, in line with a 'Once for Wales' approach	RAG moderation	RAG changed from green to blue	DWOD	✓
<b>15.2.05</b>	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	✓
<b>20.1.02</b>	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	✓
<b>21.2.03</b>	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	✓
<b>22.1.04</b>	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	✓
<b>22.1.06</b>	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	✓
<b>23.5.01</b>	Delivery of programme of Communications, with continuous and targeted engagement	Communications Plan implementation	RAG moderation	RAG changed from green to blue	BS	✓
<b>24.2.02</b>	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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Delivery and Performance Committee

28 February 2023

Item 2.1bi



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

# Integrated Medium Term Plan (IMTP) 2022 – 2025

## Progress Report – Quarter 3 Period

### October to December 2022

#### RAG Key

Red - Behind schedule

Amber - At risk/issues present

Green - On track

Blue - Complete

Grey - Not set yet

# SUMMARY OVERVIEW

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

- Behind Schedule
- At risk
- On track
- Complete
- Not due yet

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
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

## Early Help and Support

- Behind Schedule
- Behind Schedule
- At risk
- On track
- Complete
- Not due yet

## Joined Up Care

- Behind Schedule
- At risk
- On track
- Complete
- Not due yet

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
		2	2	3	0	0

## Focus on Wellbeing

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

- Behind Schedule
- At risk
- On track
- Complete
- Not due yet



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

## Digital First

- Behind Schedule
- At risk
- On track
- Complete
- Not due yet



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

## Innovative Environments

- Behind Schedule
- At risk
- On track



## Transforming in Partnership

- Behind Schedule
- At risk
- On track
- Complete
- Not due yet



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

### Executive Lead – DPH & DoTH

#### Quarter 3 Progress:

- Work to transfer the local public health team and function from PHW 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 PSB Board and as appropriate to PSB workshops (although note that recent PSB workshops have been stood down, next planned meeting 26<sup>th</sup> 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:

- Equality Training for Managers has been developed and updated to consider some elements of the Anti-Racist Wales action plan.
- Mandatory ESR training module on Welsh Language Awareness has been introduced.
- Welsh Language Standards Audit identified necessary actions to strengthen governance and compliance Welsh language and Equality SharePoint pages continues to be developed, including new EIA repository. Pages in other parts of the organisation have been made available in Welsh in accordance with the Welsh Language Standards.
- The team will be participating in the Staff Wellbeing roadshows Welsh translation levels have remained higher than capacity. As a cost saving measure the translation of Job Descriptions has ceased, with a corresponding risk.
- 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
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Provide expert advice, leadership and action on public and population health and inequalities (including the five harms)	1.1.01	Provide expert advice and leadership on final stage of the Wellbeing and Population Assessments, including identification of key implications for strategy and planning	DPH	Q1
	1.1.02	Manage transfer of Public Health team and implement actions in accordance with Public Health Wales transfer timetable	DPH	Q1 – Q4
	1.1.03	Work with staff as part of the transfer to develop the public health function as a wellbeing service offer for Powys (1)	DPH	Q1 – Q4
Explore and respond to impact of COVID on population health outcomes	1.2.01	Provide expert analysis of emerging evidence base to identify implications for strategy, planning and delivery	DPH	Q1 – Q4
	1.2.02	Quarterly horizon scanning	DPH	Q1 – Q4
Support the revision to the Public Service Board Wellbeing Plan to ensure population health priorities are recognised	1.3.01	PTHB active leadership and participation in PSB Board business and PSB Wellbeing Plan workshops	DPH	Q1 – Q4
Deliver Equalities and Welsh Language Work Plans	1.4.01	Delivery of Equalities and Welsh Language Work Plan	DoTH	Q1 – Q4

**Formal change request 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 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 WG 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 Q4.
- Needs Assessment for Smoking Cessation Service in Powys is in the process of being finalised.
- Stop Smoking Service model agreed and paper approved by PPPH Committee in Quarter 3. RA 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. A business case has been developed and taken to IBG for investment in CYPF (Children, Young People and Families Service) pathway. No further funding available to implement pathway.

#### Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
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
	2.1.02	Review progress as part of annual priority setting		Q4
	2.1.03a	Implement weight management pathway for adults		Q2
	2.1.03b	Implement weight management pathway for children, young people and families		Q2



	2.1.04	Further develop and refine all age weight management pathways in Powys	Q3 – Q4
Integrate specialist stop smoking service and re-engage with community pharmacies stop smoking services and explore options for delivering in primary care	2.2.01	Develop plan to better integrate into wellbeing service offer;	Q1
	2.2.02	Implementation of plan	Q2 – Q4
	2.2.03	Review pharmacy delivery model and coverage / options in primary care; develop proposals	Q1
	2.2.04	Implement agreed changes;	Q2
	2.2.05	Review learning	Q3 – Q4
Invest <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
Continue to deliver Healthy Schools and Healthy Pre-schools/Bach a Iach schemes, focusing on healthy weight, emotional and mental health and wellbeing and RSE (relationships and sex education)	2.4.01	2022 targets agreed with PHW;	Q1
	2.4.02	Implement scheme	Q2 – Q3
	2.4.03	Scheme monitoring reports submitted to PHW	Q4
Manage the transfer of Powys Local Public Health Team staff from PHW into PTHB	2.5.01	Establish Project team and implement project plan/actions in accordance with agreed HB/PHW transfer timetable	Q1 – Q4
<b>Formal change request N/A</b>			
<b>Learning and Reflections to inform INTEGRATED PLAN 2023 - 2026</b>			
Insufficient funding continues to be a risk for the local delivery of weight management pathways that meet WG expectations, particularly for the CYPF pathway. Unless sufficient funding can be identified, an alternative approach is likely to be required next year.			
<b>Executive Director Sign Off</b>			
Sign off received from Mererid Bowley – DPH			
<b>Strategic Priority 3 – Deliver Covid-19 Prevention and Response and Integrated, Comprehensive Vaccination</b>			
<b>Executive Lead - DPH</b>			
<b>Quarter 3 Progress:</b>			
<b>Test Trace Protect</b>			

The Test Trace Protect Service is continuing to deliver testing, as per the WG TCAP Autumn/ Winter testing plan (Oct 22), consequent contact tracing as per WG 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 PHW 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 WG guidance and funding. Information received to date suggests further modelling required, in partnership with PCC. Planning is underway with a WG workshop planned in January 2023.

### **Covid-19 Vaccination**

#### **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 WG COVID / Winter Respiratory Vaccination Strategy and JCVI guidance.

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

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

<b>Any Other Dose</b>	19	32	32	83
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### Commentary on red rated actions:

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

### Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
Implement the COVID-19 Prevention and Response transition plan "Together For A Safer Future"	3.1.01	Implement Annual Planning cycle in line with extant WG policy/guidance	DPH	Q1
	3.1.02	Phased transition of TTP arrangements subject to public health conditions		Q1
	3.1.03	Implement 'Covid Stable' model with contingencies for 'Covid Urgent'		Q2
	3.1.04	Continue transition of TTP arrangements to 'business as usual' model		Q4
	3.1.05	Fully integrate approach to COVID-19 prevention and response		Q4
Offer anti-viral treatments and other therapeutic options based on the latest available evidence	3.2.01	Develop a Responsive Plan to meet emerging requirements for anti-viral treatments and other therapeutic options based on latest available evidence		Q1 – Q4
Deliver the COVID-19 Vaccination Strategy for 2022 and implement the National Immunisation Framework for Wales	3.3.01	Deliver the COVID-19 Vaccination Strategy for 2022 and implement the National Immunisation Framework for Wales		Q1 – Q4
	3.3.02	Q1 Spring Booster campaign delivery		Q1
	3.3.03	Q2 Develop and test models for future delivery		Q2
	3.3.04	Q3 Autumn Booster campaign Delivery		Q3
	3.3.05	Q4 Transition to future model aligned with National Immunisation Framework		Q4

### Formal change request 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 22/23 for GMS, GDS and Optometry implemented. Practices/profession working towards meeting the contractual requirements. GMS contract moving towards a new Unified Contract as of 01/04/24; 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 Oct 22.
- 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). M. 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
General Practice: General Medical Service renewal and recovery, contract reform, sustainability, integrated working, out of hours	4.1.01	Strengthen GMS renewal and recovery, Review Q1; implement Contract Reform changes	DPCCMH	Q1 – Q4
	4.1.02	Expand MDT role to support sustainability: recruit First Contact Practitioners (Acute MSK); Mental Health Practitioners; Physician Associates internship scheme and development programme		Q1
	4.1.03	Relaunch Practice in Powys website, followed by content expansion		Q2 – Q3
	4.1.04	Annual CPD programme for medical, wider clinical and non-clinical staff; establish Careers workshops (Q2)		Q1; Q2
	4.1.05	Finalise service specification and award Out of Hours contract		Q1 – Q4
	4.1.06	Implementation revised contract for OOHs		Q1
	4.1.07	Tele-Dermatology Diagnostic Project – agree and implement plan		Q2 – Q4
Dental Services: Recovery, additional access for mid Powys, Directed Enhanced Service, oral surgery, training offer, paediatric dental support, mobile unit, Community Dental Service	4.2.01	Reassess GDS access to inform recovery & renewal plans in conjunction with contract reform initiatives		Q1
	4.2.02	Scope appropriate models to further improve GDS delivery across Powys		Q1 – Q2
	4.2.03	Implement contract reform		Q1 – Q4
	4.2.04	Implement new contract for additional dental access in Mid Powys following recruitment – <b>agreed during Q2 will not be delivered in year</b>		N/A
	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 *

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	4.2.06	Implement approach in team, including training additional CDS Nurses in extended duties (Q1-Q3)	Q3
	4.2.07	Scope/model local oral surgery offer, specification (Q1), recruitment and implementation	Q2 – Q4
	4.2.08	Scope & develop paediatric dental specialist support, agree Service Level Agreement and Implementation	Q2 – Q3
	4.2.09	Scope paediatric sedation services and investment / implementation	Q2 – Q4
	4.2.10	Increase use of mobile dental unit for residential and care home sector – <b>agreed during Q2 will not be delivered in year</b>	N/A
	4.2.11	Additional specialist /DES in special care dentistry including domiciliary care – investment scope / case, implementation	Q2 – Q3
	4.2.12	Develop undergraduate dental therapy placement programme with Cardiff Dental School	Q2 – Q3
Optometry: Implementation of contract reform, development of clinical role, delivery against national eye care recovery plan	4.3.01	Implement contract reform with associated training plan / progression of higher qualifications and clinical roles	Q1 – Q4
	4.3.02	Review eye care access to inform recovery and renewal plans in conjunction with contract reform	Q1
	4.3.03	Refine business case and pathway for school vision screening, implement enhanced service (mid cluster pilot) Q1, evaluate to inform future model (Q4)	Q1 – Q4
	4.3.04	Scope and develop health board led domiciliary service	Q1 – Q4
	4.3.05	Agree and implement 'The Eyes Open' communication campaign	Q1 – Q4
Pharmacy: Implementation of contract reform, training and role development, Independent Prescribing & Common Ailments	4.4.01	Implement contract reform	Q1 – Q4
Delivery of Cluster Plans 2022 – 2023	4.5.01	Delivery of Cluster Plans Q1 – Q4 (refer to separate Cluster Plans for detail)	Q1 – Q4
<b>Formal change request</b> 4.1.03 Relaunch of Practice in Powys website – completion/go live date request to be changed from Q2-Q3 to Q4 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.			
<b>Learning and Reflections to inform INTEGRATED PLAN 2023 – 2026</b>			



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 ACD 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 develop 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:**

- 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 etc is underway however, there was a view that the alignment to the Accelerated Model needed to be clear so a formal approval of the phased plan would need to be confirmed in Q4.
  - PTHB has participated in a range of GIRFT reviews including Orthopaedic, Gynaecology and General Surgery where is has been identified that there are opportunities for Powys to repatriated low complexity day case activity. Patient level waiting list data for Powys patients who are waiting across Wales has been received and reviewed, looking at 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 now up and running in Powys through a local interim solution.
  - A Primary Care led group has been developing an Implementation Plan in relation to Dermatology Diagnostics and a Business Case has been drafted. However, it is not possible to submit the Business Case until it is known what the revised contracting arrangements will be in Wales for 23/24 as this affects the financial viability of the plan.
- 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

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 however, there was a view that the alignment to the Accelerated Model needed to be clear so a formal approval of the phased plan would need to be confirmed in Q4

#### Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
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
	5.1.02	Secure access to medical speciality advice	DoPP	Q1 – Q4
Mobilisation of Planned Care improvements	5.2.01	Agree phased implementation for the Diagnostic Strategic Plan	DoPP	Q1 – Q3
	5.2.02	Ensure clarity of opportunity for outpatient repatriation - implement phased plan	DoPP	Q2 – Q4
Implement sustainable medical and wider clinical and non-clinical workforce model	5.3.01	Develop phased, creative workforce model, develop ability of workforce	DoPP	Q2 – Q4
	5.3.02	Implementation of Eye Care Plan	DoPP	Q1 – Q4
	5.3.03	Implementation of Dermatology Plan	DoPP	Q1 – Q4
	5.3.04	Work with other health boards on regional diagnostic and planned care regional solutions including orthopaedics, cataracts, and endoscopy	DoPP	Q1 – Q4
	5.3.05	Implement plan to maximise theatre and endoscopy utilisation	DoPP	Q1 – Q4
	5.3.06	Develop the Ambulatory Care Strategic Plan and Model	DoPP	Q2 – Q4
	5.3.07	Ensure robust improvement trajectories are in place and are being monitored	DoPP	Q1 – Q4

#### 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 boarder 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 31<sup>st</sup> 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
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
	6.1.02	Delivery of Multi Agency Plan for Additional Learning Needs (ALN) and Education Tribunal (Wales) Act (2018)		Q1 – Q4
Implementation of Maternity and Neonatal pathways <i>Taking into account NHS Wales Maternity &amp; Neonatal Safety Improvement Plan and Ockenden Report in NHS England</i>	6.2.01	Further develop the Powys Maternity Assurance Framework to include Neonatal Services		Q1 – Q4
	6.2.02	Implementation of South Powys pathways, reassert plans for safe pathway changes Q1, monitoring and service change subject to Board decision Q1 – Q4		Q1 – Q4
	6.2.03	Powys Project Board to consider WG Digital Maternity Cymru recommendations for implementation, including potential for funding and recruitment for implementation		Q2
	6.2.04	Develop a plan and timeline to implement Birth Rate plus recommendations		Q1 – Q4
	6.2.05	Implement HIW recommendations including birth centre environments; (including CAD designs and programme of works for Llanidloes Q1 / Knighton Q2)		Q1 – Q4
Deliver the Children and Young People Renewal Programme	6.3.01	Design and delivery of sustainable model of paediatrics including Allied Health Professional framework in paediatric, transition and Learning Disability therapies - <b>agreed during Q2 will not be delivered in year</b>	DPCCMH	N/A

Remodelling of key services for women and children <i>Including the Neurodevelopment service, sexual health services, gender identity and paediatric therapies.</i>	6.3.02	Implement Healthy Growth and Development Plan including Universal Screening	DoN	Q1 – Q4 BAU at 31/03/22
	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
	6.3.04	Develop and implement plan for Neurodevelopment Service Remodel including evaluation and review	DoN	Q1 – Q4
	6.3.05	Develop and implement plan for Childrens Complex Care	DoN	Q1 – Q4 BAU at 31/03/22
	6.3.06	Deliver Sexual Health Plan including Case Management Project; sustainable model and investment for STI testing service Q1; Confirm sustainable service and investment for Long Acting Reversible Contraception (LARC) provision Q1 with recruitment/competency development Q3 and implementation Q4 <i>NB Not Renewal. Formal change request approved Oct22.</i>	DPCCMH	Q1 – Q4
	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
	6.3.08	Scale up Endometriosis & Menopause pilots, based on evaluation outcomes <i>NB Not Renewal. Formal change request approved Oct22.</i>	DPCCMH	Q4

**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 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. Work is being undertaken to agree the approach for making access to FIT 'business as usual' as opposed to a Renewal Transformation Programme priority.
- **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 receptive to receiving additional referrals from mid Powys for Wrexham RDC. ABUHB is unable to accept additional referrals at present as their service has just restarted.
- **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 to be discussed at Cancer Renewal Programme Board 17/1/23, next stage to move to implementation.
- **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 indicated that it is likely to 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 is currently being 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 harm reviews undertaken in other health boards and trusts treating Powys patients. 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 Executive team will consider the way forward following the cancer tracking pilot in quarter 4.

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
Deliver Cancer Programme – Renewal Programme  Improve access to testing and diagnostics	7.1.01	Progress plan to improve access to FIT testing	MD	Q1 - Q4
	7.1.02	Improve access for Powys residents to rapid diagnostic centres for vague symptoms		Q1 - Q4
	7.1.03	Develop a plan for cytosponge implementation with BCUHB		Q3
	7.1.04	Develop a plan for the development of transnasal endoscopy		Q3
	7.1.05	Develop an approach for scoping community diagnostics		Q2 (Note below recognised that outcome will be Q1 23/24)
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
Progress suspected cancer pathway tracking & harm review approach	7.3.01	Finalise suspected cancer pathway tracking & harm review approach		Q1 - Q4

### 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:

**8.2.01 & 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. Premises and promotions are in place. Close liaison continuing with the Wales Cardiac Network. Proposals drafted for the roll out of a pan Powys Community Cardiology service but subject to the outcome of the pilot at the end of March 2023.

**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.

#### Commentary on red rated actions:

**8.1.01** Circulatory gap analysis was prepared including Diabetes, Stroke and Cardiac and considered by a small group of the Executive Director, Public Health Consultant and other officers, but unfortunately the November Circulatory Programme Board had to be stood down to a clash with another meeting. The development of the phased plan was affected by the Community Cardiology implementation work as the Transformation Programme Manager had to cover the vacancy of an Implementation Manager. The analysis and phased plan will go to the Programme Board in the next quarter.

Risks over 15:

1. Unable to recruit to new posts thus inability to provide a viable community cardiology service, mitigations are that if the Service is rolled out posts will be permanent not temporary, consideration of alternative skill mix and roles, continued attempts to recruit including agency or to secure capacity from other health board and NHS trusts in relation to pharmacy and physiology vacancies.
2. Delay in finalising clinical governance arrangements due to consultants in WVT not able to access images of echocardiograms. Issue being explored by IT colleagues in PTHB and WVT.

Ensuring continuity of care for patients currently accessing the community cardiology service if the service is not continued / rolled out in April 2023 and north .

### Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG
Deliver Circulatory Programme – Renewal Portfolio	<b>8.1.01</b>	Gap analysis and Phased Plan *Partially delayed	<b>DPH</b>	Q1 – Q3
Develop and progress phased plan including service and workforce development	<b>8.2.01</b>	Cardiac workforce development	<b>DPH</b>	Q1 – Q4
Improve access to diagnostics	<b>8.3.01</b>	Community Cardiac Service development	<b>DPH</b>	Q1 – Q4
Progress primary and secondary stroke prevention; assess and manage strategic change proposals for Stroke (Wales and England)	<b>8.4.01</b>	Improve access to diagnostics in line with national programmes *not fully delivered in Q1 however progress made therefore scored green	<b>DPH</b>	Q1 *
	<b>8.4.02</b>	Impact assessment / management of strategic change proposals for Stroke	<b>DoPP</b>	Q1 – Q4
	<b>8.4.03</b>	Evidence based primary and secondary stroke prevention	<b>DPH</b>	Q1 – Q4
Improve equitable access to cardiac rehabilitation for all pathways	<b>8.5.01</b>	Equitable access to cardiac rehabilitation for all pathways	<b>DPH</b>	Q2 – Q4

### 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 30/11/22. Due to the support required for the Accelerated Sustainable Model programme, the Breathe Well Programme Team and Breathe Well Programme Board have not met since the publication of the Quality Statement. 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.

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
Deliver the Breathe Well Programme – Renewal Portfolio	9.1.01	Develop & implement plan to meet Respiratory Quality Statement	DoTH	Q1 – Q4

Develop and implement medical model	<b>9.2.01</b>	Undertake next stage of outpatient activity redesign and repatriation through options appraisal and implementation of medical model		Q1 – Q4
Deliver plan for Children and Young People	<b>9.3.01</b>	Extension approved to Q4 for this milestone by the lead executive in Q1 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
Improve access to diagnostics closer to home	<b>9.4.01</b>	Phased approach to respiratory diagnostics closer to home, embedding spirometry model and sleep clinics, scoping fractionised exhaled nitric oxide and full lung function testing		Q1 – Q4

#### Formal change request

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 in 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 February and recruitment is underway for staff, now that a solution has been identified for the IT information sharing systems between 111 and the Powys service. The schools' based emotional resilience and mental health service is now operational across all Powys schools. There will be some 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 23-24.

#### Progress against key actions and milestones

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

#### 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 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 engagement is required to develop the Powys solution.

11.1.04 Community hospital focus – future community hospital model reliant on outcome of 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 31<sup>st</sup> 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 are progressing alongside the broader 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 – elements of the work are progressing alongside 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.

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 –

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
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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>	<b>11.1.01</b>	Complete work on overarching model following Gap Analysis (community hospitals and community services) – high level model approved by Programme Board in Q1/2	<b>MD &amp; DPCCMH</b>	Q1
	<b>11.1.02</b>	Frailty Scoring Project		Q1 – Q4
	<b>11.1.03</b>	Culture and change – joint work with Improvement Cymru <b>paused – alternative approach to be considered</b>		N/A
	<b>11.1.04</b>	Community hospital focus		Q2 – Q3
	<b>11.1.05</b>	Development of workforce model		Q1 – Q4
	<b>11.1.06</b>	Treatment Escalation Plan – confirmation of approach		Q1
	<b>11.1.07</b>	Complex Geriatric Assessment Development, Implement		Q1 – Q4
	<b>11.1.08</b>	Revise Falls pathway to ensure integrated		Q1 – Q3
	<b>11.1.09</b>	Confirm cross-cutting approach for end of life within model		Q1
	<b>11.1.10</b>	Feedback loop from improved intelligence		Q1 – Q4
Develop a place-based care approach in East Radnorshire, building on the expertise and resources in Knighton and District specifically	<b>11.2.01</b>	Establish a formal project of work to involve key stakeholders		Q1
	<b>11.2.02</b>	Undertake an assessment of current provision including key priorities for development, e.g. end of life care		Q1 – Q2
	<b>11.2.03</b>	Develop and assess key options for implementing a more joined-up, place-based, multiagency care model		Q2 – Q4
	<b>11.2.04</b>	Progress implementation		Q3 – Q4
Deliver an Urgent and Emergency Care 'Six Goals' model	<b>11.3.01</b>	Build on cluster led risk stratification and virtual wards		Q1 – Q2
Goal 1 - Coordination, planning and support for people at greater risk of needing Unscheduled Emergency Care (UEC)				
Goal 2 - Signposting, information and assistance	<b>11.4.01</b>	Deliver 24/7 Urgent Care Model, work with partners to review utilisation of NHS 111 Wales & Enhanced Directory of Services		Q1 – Q4



	<b>11.4.02</b>	Test potential for Urgent Primary Care Centres (UPCCs)	Q1 – Q4
Goal 3 - Clinically safe alternatives to admission	<b>11.5.01</b>	Review Same day emergency care pathways	Q1 – Q2
	<b>11.5.02</b>	Review Intermediate care (step up) pathways	Q1 – Q2
	<b>11.5.03</b>	Assess Specialty advice and guidance lines	Q1
Goal 4 - Rapid response in crisis	<b>11.6.01</b>	Work with WAST to deliver optimal 999 pathways	Q1 – Q2
	<b>11.6.02</b>	Work with commissioned partners to ensure quality, safe and timely care in Emergency Departments – annual cycle	Q1-Q4
Goal 5 - Optimal hospital care and discharge practice from the point of admission	<b>11.7.01</b>	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
	<b>11.7.02</b>	Implement SAFER patient flow guidance	Q1 – Q2
Goal 6 - Home first approach and reduce the risk of readmission	<b>11.8.01</b>	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
	<b>11.8.02</b>	Work with the care sector to improve resilience in domiciliary and residential / nursing care and processes	Q1 – Q4
	<b>11.8.03</b>	Partnership work with Welsh Ambulance Services; transformation ambitions as set out in the Emergency Ambulance Services Committee IMTP	Q1-4
	<b>11.8.04</b>	Learning from the System Resilience / Winter Plan; identification of further high impact changes across the Regional Partnership Board	Q1-Q4

#### 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.

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

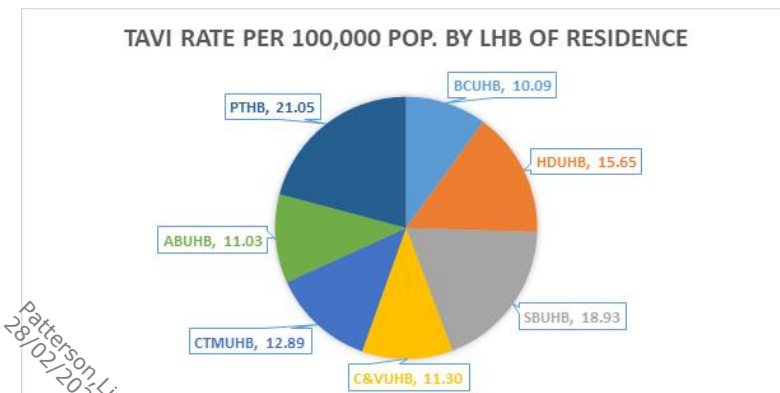
*Including specialist mental health services, specialist paediatrics, major trauma, neonates, PET, as well as recovery planning for bariatric surgery, cardiac surgery, plastic surgery, neurosurgery, paediatric surgery*

### 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 adjusts 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.

**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 9 forecast in the published WHSSC papers is that there will be a £170k underspend for PTHB against the planned figure. Whilst an underspend has been achieved, it is 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
Work with the Welsh Health Specialised Services Committee to implement Integrated Commissioning Plan	<b>12.1.01</b>	Participate in Management Group and Joint Committee	<b>DoPP</b>	Q1 – Q4
	<b>12.1.02</b>	Appoint to specialised pathway lead		Q1

Ensure equitable access and outcomes for the Powys population and work in partnership to address variation	<b>12.1.03</b>	Use MAIR data to identify opportunities for VBHC pathway improvement	Q2 – Q4
	<b>12.1.04</b>	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
	<b>12.1.05</b>	Align ICP and IMTP development	Q3 – Q4
	<b>12.1.06</b>	Work with WHSS team on improved outcome measures	Q1 – Q4
	<b>12.1.07</b>	Achieve agreed efficiency savings	Q1 – Q4

**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

## **Workforce Futures**

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

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

### **Executive Lead - DWOD**

#### **Quarter 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 31<sup>st</sup> 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 23<sup>rd</sup> 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
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Review and develop sustainable workforce model (including Covid Response, staffing/medical model)	<b>13.1.01</b>	Support services to review and develop sustainable workforce model	<b>DWOD</b>	Q1 – Q4
Implement All Wales Workforce Planning Toolkit	<b>13.2.01</b>	Begin implementation of the Toolkit, focusing on the Renewal Priorities		Q1 – Q4
Develop Workforce Plan for North Powys Wellbeing Programme	<b>13.3.01</b>	NPWP Scoping exercise; Support workforce planning		Q1 – Q4
Widen apprenticeship offer	<b>13.4.01</b>	Widen the apprenticeship offer		Q1 – Q2
Progress international recruitment	<b>13.5.01</b>	Progress international recruitment, in line with a 'Once for Wales' approach		Q1 – Q2
Promote Health and Care Careers	<b>13.6.01</b>	Deliver Schools Pilot Project		Q3 – Q4
Progress Health and Care Support Worker / Nursing Degree	<b>13.6.02</b>	Review further opportunities for part-time pre-registration Nursing degree / Health Care Support Worker route		Q1
Enhance Student Streamlining offer for Powys	<b>13.6.03</b>	Work with HEIW and Shared Services to enhance Student Streamlining offer – <b>noted in Q2 that HEIW Student Streamlining being stood down</b>		<b>N/A</b>

### Formal change request

**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
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
Launch Intensive Learning Academy	14.2.01	Launch the Intensive Learning Academy in Leading Digital Transformation		Q1

**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
Redesign the Occupational Health Service	<b>15.1.01</b>	Review and redesign the Occupational Health Service	<b>DWOD</b>	Q1 – Q4
Implement mechanisms to understand, support and track the wellbeing of the workforce	<b>15.2.01</b>	Launch Mental First Aid Training in Clinical areas; Co-lead Programme in Mental Health		Q4
	<b>15.2.02</b>	Refresh Wellbeing at Work Group		Q4
	<b>15.2.03</b>	Promote use of the national tool for Wellbeing Conversations		Q1
	<b>15.2.04</b>	Scope and progress wellbeing survey, subject to the timing of a national survey		Q4
	<b>15.2.05</b>	Develop model and implement approach to financial wellbeing support		Q2

**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
Develop Grow Our Own Model working with HEIW	<b>16.1.01</b>	Explore opportunities to develop innovative approaches to role and service development working with HEIW with an emphasis on the 'grow our own' model	<b>DWOD</b>	Q3 – Q4
Implement Nursing, Therapies and Healthcare Science Framework	<b>16.2.01</b>	Support relaunch of Advanced Practitioner Framework and associated forum across Nursing, Therapies and Healthcare science aligned to the national workstream		Q4
Enhance Continuous Professional Development for clinicians	<b>16.3.01</b>	Enhance CPD offer to Clinical Staff through scenario based Clinical Simulation		Q3 – Q4

**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**

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### 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
Implement Health and Care Induction Framework	17.1.01	Pilot the joint Health and Care Induction Framework	DWOD	Q4
Support and Develop Volunteers	17.2.01	Complete Needs Analysis to identify the Wellbeing requirements of unpaid Carers and Volunteers		Q1
	17.2.02	Develop Volunteer skills matrix as part of the School of Volunteers and Carers		Q4
	17.2.03	As part of the comprehensive workforce planning approach, systematically examine opportunities for volunteers		Q1 – Q4

#### 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 WPAS in November, however timelines have slipped with DHCW and awaiting revised planned dates.

#### Progress against key actions and milestones

Key Actions	No.	Key Milestones	Exec Lead	RAG			
Implement key programmes to deliver Digital Care	18.1.01	Range of milestones for each project area <i>including health records, WMCR, Phase 2 OfWCMS, Eye Digitisation, Electronic prescribing and bed management</i>	DoF	Q1			
		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	Planned care live with SMS text reminders

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		<table><tr><td></td><td></td><td>appointment reminders.</td><td></td></tr><tr><td>Eyecare Digitisation</td><td>Commence implementation on a phased approach</td><td>Digital eye care record and electronic referral capability</td><td>Go live delayed due to Cyber and IG concerns</td></tr></table>			appointment 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														
		appointment 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	<p>Deliver Cross Border programme including sign off, recruitment Q1, design / build and implementation with user acceptance testing and integration</p> <table><tr><th>Milestone</th><th>Outcome</th><th>Progress</th></tr><tr><td>Establish project board</td><td>Governance and reporting measures including stakeholder engagement</td><td>Complete</td></tr><tr><td>Recruitment</td><td>Project to support implementation</td><td>PTHB resource complete. 1 role outstanding with DHCW</td></tr><tr><td>User requirements</td><td>Stakeholder requirements will form the scope of the project</td><td>Workshops held with PTHB staff and NHS England</td></tr><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>	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	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	Q2 – Q4
Milestone	Outcome	Progress																						
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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																						
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><tr><th>Project</th><th>Milestone</th><th>Outcome</th><th>Progress</th></tr><tr><td>Canisc</td><td>Decommission in November</td><td>Replaced with WPAS</td><td>Ongoing</td></tr></table>	Project	Milestone	Outcome	Progress	Canisc	Decommission in November	Replaced with WPAS	Ongoing	Q2 – Q4													
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 WCP	Ongoing		
Delivery of Telehealth and Telemedicine programmes	18.4.01	Range of milestones for each project area (detailed Directorate Plan)					Q2 – Q4
		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.		
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							

## 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 DPIF 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
Enhance business intelligence capability and systems	<b>19.1.01</b>	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	<b>DoF</b>	Range of milestones with specific project plans
Improve key platforms to enhance access / implement role-based training	<b>19.2.01</b>	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.		
Support North Powys Wellbeing Programme	<b>19.3.01</b>	In line with North Powys Wellbeing Programme timescale Community Training education Platform Data analytical modelling Digital blueprint		
Develop and implement Artificial Intelligence in robotics, machine learning and support for out of hours	<b>19.4.01</b>	Range of milestones for each project area (detailed Directorate Plan) Supplier engagement and learning from neighbouring HBs.		
Delivery of phased infrastructure development	<b>19.5.01</b>	Range of milestones within specific project plans for Managed print, Telephony replacement, Cyber security improvement, UPS replacement, Cabling upgrade, Firewall implementation, Wi-Fi upgrade, Migration to cloud, Data centre & comms rooms environment review		

**Formal change request 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 EV 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
Implement Decarbonisation and Biodiversity Delivery Plans: <ul style="list-style-type: none"> <li>ISO14001 Environmental Management System including biodiversity and ecosystem impact</li> <li>Assess impact including COSHH to consider less harmful materials wherever practical</li> <li>Maintain tree surveys and for every tree felled on PTHB land, at least 2 native trees planted</li> <li>Waste reduction and management including recycling and reuse of waste products, pharmaceutical waste and medical gases, inhaler promotion/disposal and recycling, plastics</li> </ul>	<b>20.1.01</b>	Detailed Decarbonisation and Biodiversity Delivery Plans in place and reported separately via Environment and Sustainability Group / Committee and Board	<b>DoE</b>	Q1 – Q4
	<b>20.1.02</b>	Commission self-audit Q4, audit activity Q1, address actions arising Q2, preparation for re-audit Q3		Q1
	<b>20.1.03</b>	Re-commission tree survey for Pan-Powys estate in Q2, subsequently implement actions arising		Q2 – Q4
	<b>20.1.04</b>	Contracts for waste and recycling compliant with NHS Financial Standing Orders and Welsh Government sustainability targets. Roll out of waste segregation training.		Q2 – Q4

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<ul style="list-style-type: none"> <li>– 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</li> <li>– 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)</li> <li>– Procurement and purchasing including life cycle approach and weighting of sustainable services</li> <li>– Buildings Management Control System by 2023; BREAM standards for new build and refurbishments; enhanced biodiversity protections, future developments in line with net zero / Modern Methods of Construction</li> <li>– Proactive communication and engagement to ensure leadership and promote low carbon behaviours/ best practice and initiatives</li> </ul>	<b>20.1.05</b>	Annual Estates, Facilities Performance Management System data submission Q1		Q1 – Q4
	<b>20.1.06</b>	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
	<b>20.1.07</b>	Introduction of environmental weighting into procurement questions with Contractor Workshop Q2		Q1 – Q4
	<b>20.1.08</b>	Develop next steps in investment programme to upgrade BMS systems. Embed biodiversity protection and enhancement into all business cases. Develop MMC and Net Zero build principles into future new developments.		Q1 – Q4
	<b>20.1.09</b>	Award of Bronze Carbon Literacy Organisation		Q1 – Q4
	<b>20.1.10</b>	Develop accredited All Wales Carbon Literacy training package Q1 and implement training delivery plan		Q1 – Q4

**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 WG 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; MIU 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 75<sup>th</sup> 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.
- BJC 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 LPF and D&P 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
Deliver Discretionary & Major Capital Programme <i>Including developments at Machynlleth; Brecon Car Park, Llandrindod Wells Phase 2; Llanfair Caereinion Primary Care Centre</i>	<b>21.1.01</b>	Deliver agreed programme of Discretionary Capital projects	<b>DoE</b>	Q1 – Q4
	<b>21.1.02</b>	Completion of works at Machynlleth		Q4
	<b>21.1.03</b>	Completion of works at Brecon Car Park		Q3
	<b>21.1.04</b>	Phase 2 Llandrindod Wells scheduled for start with Business Justification Case 2022/23 for infrastructure, subsequent clinical focused reconfiguration 3-5 years		Q3
	<b>21.1.05</b>	Llanfair Caereinion; Third Party Primary Care development works scheduled for 14 month construction phase, commence work Q2		Q2 – Q4
Deliver Facilities & Estates Compliance & Improvements  <i>Stores &amp; Distribution, Health &amp; Safety, Catering &amp; Food Hygiene, Support Services, Estates Compliance</i>	<b>21.2.01</b>	Deliver Estates programme for fire, environment and infrastructure as agreed at Estates Funding Advisory Board		Q1 – Q4
	<b>21.2.02</b>	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
	<b>21.2.03</b>	Development of protocols to support agile working		Q1 – Q3
Delivery of Multi Agency Campus Development Programme (component of North Powys Wellbeing Programme)	<b>21.3.01</b>	As per North Powys Well-being Programme plan which is reported in detail separately via Partnership arrangements		Q1 – Q4

**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 off 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 PTR Regulations, with compliance in Q3 at 83%. RL 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
Deliver the Clinical Quality Framework with a focus on key priority areas including Maternity and Neonatal; Care Home sector and provider assurance	<b>22.1.01</b>	Implement clinical quality framework, including:	<b>DoN</b>	Q1 – Q4
	<b>22.1.02</b>	Consolidate Putting Things Right approach and oversight, complete PTR improvement plan Q1, ensure compliance with PTR cycle Q2, annual review Q4		Q1 – Q4
	<b>22.1.03</b>	Finalise delivery of patient safety approach		Q1
	<b>22.1.04</b>	Patient experience approach re-launch, re-establish Executive and Independent Member engagement visits/opportunities *partially delayed		Q1 – Q2
	<b>22.1.05</b>	Undertake exercise to secure and implement a Patient Experience digital system		Q2
	<b>22.1.06</b>	Agree clinical policy review plan		Q2

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Delivery of the Research and Development programme	<b>22.1.07</b>	Deliver Clinical Audit Plan		Q1 – Q4
	<b>22.1.08</b>	Complete implementation of Once for Wales Concerns Management system		Q3
	<b>22.1.09</b>	Plan for implementation of Duty of Candour		Q2 – Q4
	<b>22.2.01</b>	Deliver 'I&I Portal' database	<b>MD</b>	Q1
	<b>22.2.02</b>	Explore the creation of a Research, Innovation and Improvement fund		Q1
	<b>22.2.03</b>	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
	<b>22.2.04</b>	Deliver Clinical Audit and assessment (aligned to Clinical Quality Framework)		Q1 – Q4
	<b>22.2.05</b>	Increase research participation and develop Powys led studies		Q1 – Q4

#### 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 RPB Area Plan underway, based on mid-term review of Health Care Strategy, on track for required timescale.  
Development of PSB 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 OBC 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 WG 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 WAST.

#### **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
Delivery of Regional Partnership Board priorities, with mid-year review of Health and Care Strategy	<b>23.1.01</b>	Deliver agreed RPB priorities	<b>DoPP</b>	Q1 – Q4
	<b>23.1.02</b>	Contribute to RPB mid-year review of the Health and Care Strategy		Q2
Delivery of the North Powys Well-being Programme	<b>23.2.01</b>	As per North Powys Well-being Programme plan which is reported in detail separately via Partnership arrangements		Q1 – Q4
Management of Strategic Change with targeted action for live programmes with an impact on the Powys population	<b>23.3.01</b>	Strategic Change Stocktake process re-established Q1, with quarterly review and update Q2 – Q4; Targeted action on live programmes as required		Q1 – Q4
Development of Section 33 arrangements for care homes	<b>23.4.01</b>	Development and delivery of Section 33 arrangements – agreement in place Q1, annual cycle of delivery and monitoring		Q1 – Q4
Delivery of programme of Communications, with continuous and targeted engagement	<b>23.5.01</b>	Communications Plan implementation	<b>BS</b>	Q1

## 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 INNU 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.

**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 9<sup>th</sup> 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 29<sup>th</sup> 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 29<sup>th</sup> 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 WG 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 PSPP 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
Delivery of the value-based healthcare programme <i>Renewal Portfolio</i>	<b>24.1.01</b>	Further strengthen the Transformation and Value team, including research assistants, Masters and PHD Students	<b>DoF &amp; MD</b>	Q1 – Q3
	<b>24.1.02</b>	Analysis of low value interventions Q1, Review with BCUHB Q2, update Interventions Not Normally Undertaken (INNU) Policy Q3		Q1 – Q4
	<b>24.1.03</b>	Develop and implement consistent approach to PROMs and PREMs		Q1 – Q4
	<b>24.1.04</b>	Linking with OD Framework, implement a range of engagement activity that helps embed Value Based Healthcare		Q1 – Q4
Delivery of Financial Strategy and Financial Plan	<b>24.2.01</b>	Annual cycle of delivery and monitoring in place	<b>DoF</b>	Q1 – Q4
	<b>24.2.02</b>	WG/ FDU quarterly touch point sessions		Q1
	<b>24.2.03</b>	Finalise development of recurrent savings plan (1)		Q1 – Q4
	<b>24.2.04</b>	Impact assessment of English contracting position (2)		Q1 – Q4
	<b>24.2.05</b>	Devise/Implement exit strategy for all non-recurrent COVID costs (3)		Q1

	<b>24.2.06</b>	Focused PSPP target improvement >95%	<b>Q1 – Q4</b>
<b>Formal change request N/A</b>			
<b>Learning and Reflections to inform INTEGRATED PLAN 2023 – 2026</b> 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.			
<b>Executive Director Sign Off</b> Sign off received from Pete Hopgood – DoF & Kate Wright – MD			
<b>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</b> <b>Executive Lead – DoPP, BS</b>			
<b>Quarter 3 Progress:</b> <ul style="list-style-type: none"> <li>Managers training redesigned for this years IMTP and delivered all sessions to date.</li> <li>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.</li> <li>Revised Integrated Performance Framework approved by Board in September 2022 and will:               <ul style="list-style-type: none"> <li>Apply to all activities in all parts of the THB.</li> <li>Include all services that the THB provides and those commissioned in and out of county.</li> <li>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:                   <ul style="list-style-type: none"> <li>Access (assurance on timely and appropriate access)</li> <li>Quality (safety, effectiveness, patient experience)</li> <li>Finance (assurance on cost and value)</li> <li>Workforce</li> </ul> </li> <li>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'.</li> <li>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)</li> </ul> </li> </ul>			

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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
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))	<b>25.1.01</b>	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	<b>DoPP</b>	Q1 – Q4
	<b>25.1.02</b>	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
	<b>25.1.03</b>	Design and Delivery of Manager Training (Planning and Performance)		Q2
	<b>25.1.04</b>	Delivery of Annual Report		Q1
	<b>25.1.05</b>	IMTP Development – commencement Q3, submission date tbc by Welsh Government		Q3

	<b>25.1.06</b>	Third sector review and agreement/phased implementation Q1 – Q4		Q1 – Q4
Delivery of Governance Work Programme	<b>25.2.01</b>	As per Governance Work Plan, Initial focus on establishing Board and committee cycle for the year in Q1	<b>BS</b>	Q1
	<b>25.2.02</b>	Review of Board Assurance Framework		Q3
	<b>25.2.03</b>	Review Risk Management Arrangements also in Q1 to support delivery of IMTP objectives		Q1
	<b>25.2.04</b>	Review of Scheme of Delegation		Q1
	<b>25.2.05</b>	Remaining elements of Governance Work Programme scheduled for Q2 – Q4 building on cornerstone arrangements noted above in Q1		Q2 – Q4
Deliver the priorities of the Organisational Development Framework	<b>25.3.01</b>	As per Organisational Development Implementation Plan	<b>DWOD</b>	Q1 – Q4

### 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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## Agenda Item 2.2a

### PTHB Delivery & Performance Executive Committee

**Date of Meeting:**  
**28<sup>th</sup> February 2023**

<b>Subject :</b>	<b>Commissioning Assurance Framework – Primary Care General Medical Services 2021/22</b>
<b>Approved and Presented by:</b>	<b>Director of Primary and Community Care &amp; Mental Health</b>
<b>Prepared by:</b>	<b>Assistant Director of Primary Care</b>
<b>Other Committees and meetings considered at:</b>	<b>Executive Committee 8 February 2023</b>

### PURPOSE:

The purpose of this paper is to provide assurance to the Delivery and Performance Executive Committee regarding the General Medical Services Commissioning Assurance Framework process applied to the 2021/2022 contract year. This paper was presented to the PTHB Executive Committee on 8 February 2023.

### RECOMMENDATION(S):

The Committee is requested to

1. Note the update provided.
2. Note that the General Medical Services Commissioning Assurance Framework monitoring process is providing assurance to PTHB on general practice contract management.

Approval/Ratification/Decision <sup>1</sup>	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):

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

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 General Medical Services (GMS) Commissioning Assurance Framework (CAF) was developed following an internal audit recommendation.

GMS CAF reporting includes a framework on Quality & Safety, Finance, Access and Patient Experience. GMS CAF reporting is updated on a quarterly basis and internal assurance is 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 assurance on the delivery of GMS is summative and takes place throughout the year as ongoing data is reviewed and regular dialogue takes place with the contractors as necessary. If a problem is found, the Primary Care Department and/or the General Medical Services Contract Management Group is clear on the consequences and actions that need to be taken.

Part of the assurance process includes practice achievement against the Quality Assurance Improvement Framework (QAIF) and the QAIF year does not run in line with a usual financial year and covers the period from 1<sup>st</sup> October to the 30<sup>th</sup> September. Therefore, Practice evidence submission, health board checking and payment takes place in Quarter 3, which delays the completion of the CAF within a usual financial year i.e. QAIF 2021/22 concludes at 30<sup>th</sup> September 2022 and is available for review by 30<sup>th</sup> November 2022 and this forms part of the 2021/22 Commissioning Assurance Framework. The QAIF timeline delays the completion of the CAF.

During 2021/22, due to covid pandemic recovery and the late publication of the 2021/22 national contract changes around various aspects of the delivery of general medical services, the monitoring of the GMS contract in 2021/22 has been complex. Therefore, all monitoring elements within the CAF has not been possible, however a range of monitoring has still been undertaken to provide assurance on general medical services during the 2021/22 period.

As per the GMS CAF 'Escalation Process' levels and in line with contractual and regulation requirements there has been no requirement to formally escalate concerns to Executive level as no contractual/regulation breach took place in Powys practices during 2021/22 and all practices remained on Level 1 monitoring.

Level and assurance monitoring	No: of practices
Level 1 - Routine monitoring	16

Outside of the GMS contractual obligations, quality and service delivery was monitored throughout the year using the CAF RAG rating process to give assurance on the CAF indicators.

The general theme of non-compliance relates to achievement of national influenza immunisation target ambitions, childhood immunisation targets and compliance with the national prescribing indicators. These areas are monitored and considered by the PTHB Influenza Vaccination Oversight Group, PTHB Healthy Child Wales Programme and the Medicines Management Team. Further support to practices is offered through the relevant PTHB departments and discussed at Practice Review Visits.

New additions to the CAF monitoring process during this reporting period has included the Healthy Child Wales Programme 6-8 week physical examination and also the changes to the national contract.

## DETAILED BACKGROUND AND ASSESSMENT:

The General Medical Services (GMS) Commissioning Assurance Framework (CAF) has been in place since 2019/2020 and has been developed, adapted and improved over the years to ensure it captures the appropriate assurance.

General Medical Service contracts between health boards and general medical service providers are delivered within the National Health Service (General medical services Contracts) (Wales) Regulations 2004. These Regulations set out, for Wales, the framework for general medical services contracts under section 28k of the National Health Service Act 1977. The regulations are enforceable. Parameters not covered within the regulations are not enforceable and this is an important element when considering CAF assurance.

To support the CAF dashboard, set tolerance levels inform the process along with an overarching Framework. These supporting documents are detailed in:

**Appendix 1: Commissioning Assurance Framework Primary Care Services: General Medical Services.**

**Appendix 2: General Medical Services CAF tolerance levels**

The CAF is updated on a quarterly basis and internal assurance is delivered through the General Medical Services Contract Management Group. Group membership includes.

- Assistant Director of Primary Care (Chair)
- Assistant Medical Director
- Head of Primary Care (Vice Chair)
- Primary Care Contracts Manager
- Medicines Management Pharmacist
- Finance Management Accountant
- Primary Care Development Officer
- Public Health Wales representative

In addition to this the Primary Care Department monitors the CAF on monthly basis.

This report is based around the year end GMS performance for 2021/2022 noting

- CAF dashboards are in place for all GMS contracts (including PTHB Presteigne Manged practice).
- A multitude of data and supporting documentation from a variety of sources informs the CAF dashboard.
- The CAF data displays a high level summary, taken from more detailed reports.
- Exceptions linking to the agreed CAF RAG rating are actioned appropriately.
- The Primary Care Department and/or the GMS Contract Management Group identifies areas of concern and whether to 'step up' or 'step down' escalation to Executive level.
- The CAF incorporates both contractual and non-contractual requirements against the delivery of GMS. Contractual levers linked to the regulations can enable contract sanctions to be progressed should the need arise. Other measures within the CAF provide assurance on the delivery of services, as opposed to contract levers.
- Only CAF indicators linked to the regulations are enforceable and parameters within the CAF not covered within the regulations are not enforceable.

During 2021/22, the new national contract changes, for example changes to the QAIF criteria were included, along with the monitoring of the Heathy Child Wales Programme 6-8 week physical examination.

Due to post covid recovery and the late publication of the national GMS contract changes some national routine data has not been available. This has included COPD and CKD National Audits and the National Patient Experience Survey. Rather than removing these elements out of the CAF they have been 'greyed' out for this reporting period.

### **Appendix 3 details the end of year 2021/22 GMS CAF dashboard.**

#### **Annual Return:**

The National Health Service (General Medical Services Contracts) (Wales) Regulations 2004, part 5, paragraph 79, requires all general medical practices to submit an annual return relating to the contract that they hold with the Health Board. The Annual Return template provides a consistent framework of information required annually from Powys general medical practices, including a declaration by the practitioners/partners in the practice that they have met their statutory and mandatory responsibilities under their contract. The Annual Return information required from a practice is reviewed and updated on an annual basis to ensure all relevant indicators are captured. The wealth of information obtained from the Annual Return forms a pivotal part of the governance and assurance programme for general practice. Individual practice Annual Returns are analysed by the Primary Care Department and any areas of non-compliance or areas requiring support are followed up.

#### **Practice Review Visits**

Tri annual practice review visits take place with all practices. The visit covers a wealth of areas including, the Annual Return, Prescribing Indicators, Enhanced Service Audit reviews, Vaccination & Immunisation uptake, Patient Engagement and Access and Primary Care Development issues. The Assistant Director of Primary Care is supported by the Assistant Medical Director and representatives from the Medicines Management team and Public Health who also attend the visits. In addition, the Executive Director of Primary and Community Care and Mental Health Services also attends the visits when possible. During 2021/22, four General Practice Review Visits were undertaken which included Llanidloes, Rhayader, Builth and Brecon.

#### **GMS CAF Assurance 2021/22**

As per the CAF 'Escalation Process' levels and in line with contractual and regulation requirements there was no requirement to formally escalate to Executive level as no contractual/regulation breach took place in Powys practices during 2020/21.

Level and assurance monitoring	No: of practices
Level 1 - Routine monitoring	16

A high-level summary of the GMS CAF details:



### Contractual Compliance:

- 100% compliance with National Health Service (General medical services Contracts) (Wales) Regulations 2004.
- 100% Performer List Compliance.
- 100% of practices maintained the required opening hours.
- 100% completed the GMS Annual Contract Return.
- 88% completed Enhanced Service Audits (Diabetes, Near Patient Testing, DOAC). Due to sustainability challenges Presteigne and Dyfi Valley Health Practice did not complete the audits during 2021/22. Both practices will complete the audits as part of the 2022/23 cycle.
- 100% completed the National Diabetes Audit.

### Non-Contractual Compliance:

- 100% completed the Clinical Governance Assessment
- 100% completed the Information Governance Assessment
- 100% practices achieved the > 65s QAIF flu target. This is an improvement from the 2020/21 position of 81% achievement.
- 100% practices achieved the < 65s at risk QAIF flu target. This is an improvement from the 2020/21 position of 69% achievement.
- 100% participated in an agreed Quality Improvement Programme
- 100% engaged in Cluster Development
- 100% participated in the Access Standards and achieved full compliance.
- Areas of non compliance are detailed in the table below:

Practice	QAIF Dementia Reviews	National flu			Childhood Immunisations				6-8 week physical exam.	Nat. Prescrib ind.	Emergency Inpatient Admissions (20/21 data)
		>65 years	< 65 years	2-3 years	1 year	2 years	4 years	5 years			
Brecon											
Ystradgynlais											
Crickhowell											
Haygarth											
Builth Wells											
Llandrindod Wells											
Rhayader											
Knighton											
Presteigne											
Llanidloes											
Dyfi Valley											
Welshpool											
Newtown											
Montgomery											

Llanfair Caereinion											
Llanfyllin											

In terms of assurance monitoring and required action for ongoing improvement:

- Flu targets are monitored by PTHB Influenza Vaccination Oversight Group. The following points need to be noted.
  - The national flu targets and QAIF flu targets are different; therefore, this adds a further challenge around practice incentives
  - National comparative data is reviewed against the Powys data
  - Practices are often cautious around their flu vaccine orders as unused vaccine is a potential financial risk to them
  - Future delivery of the national flu programme and options are being led on a nationally basis.
- Childhood immunisation targets are monitored by the Healthy Child Wales Programme (HCWP). The following points need to be noted.
  - It is important to note the majority of children not vaccinated are small numbers in each age cohort which impact on the % target achieved.
  - The reporting period has an impact on the data. When reviewed by the public health team children who are outside of the immunisation target timescale are vaccinated relatively quickly. For example, delays can be due to illness, practice appointment availability. However, this is not reflected in the target compliance/achievement.
- 6 – 8 week physical examination process has been newly introduced into the CAF for 2021/22. A jointly agreed SOP between Practices and the Health Board has been introduced for 2022/23 to work towards improving the completion of the examination within the required time period.
- National Prescribing Indicators are monitored by the Medicines Management Team and Prescribing Review meetings are held annually with all Practices on an individual basis.

Currently, nationally General Practice is experiencing significant workload challenges to meet patient demand. General practice sustainability and ongoing resilience during this current winter continues to be a concern. Currently PTHB is liaising closely with

- Llanfyllin – sustainability support package in place
- Rhayader – sustainability discussions ongoing
- Crickhowell – branch surgery closure being considered as per the PTHB Branch Surgery Closure Process

As at mid January 2023, 9 practices are reporting Level 4, and 4 practices are reporting Level 3 on the national Primary Care Escalation portal. Common themes for escalation levels include

- Continuing increased demand for 'on the day', triage and face to face appointments.
- Covid Positive and flu like infections are increasing across both practices teams the population.

- Team absences continue across the team in all areas, (reasons include, annual leave, exhaustion, carer responsibilities, other).
- Continued increase in challenging and abusive behaviour from patients, impacting negatively on support teams, and team moral.
- Practices having to work longer hours, over and above core hours, to meet patient need/demand.
- Healthcare strikes having an impact on demand.

Managing patient demand along with practice staff sickness is an increasing challenge for practices. Across some disciplines, Powys Practice absences continue to be higher than the all Wales average.

	16-Jan-23
Absences	
GP	6.74%
<i>All Wales</i>	<i>10.56%</i>
MDT	14.50%
<i>All Wales</i>	<i>11.61%</i>
Admin	11.98%
<i>All Wales</i>	<i>9.22%</i>

### NEXT STEPS:

- 1) To continue to revise and align the PTHB GMS Commissioning Assurance Framework for 2022/2023.

### Appendix 1 - Commissioning Assurance Framework – Primary Care General Medical Services

### Appendix 2 - General Medical Services CAF Tolerance Levels

### Appendix 3 - GMS CAF dashboard 2021/22

**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	<p align="center"><b>Statement</b></p> <p align="center"><i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i></p>
Age	X				
Disability	X				
Gender reassignment	X				
Pregnancy and maternity	X				
Race	X				
Religion/ Belief	X				
Sex	X				
Sexual Orientation	X				
Marriage and civil partnership	X				
Welsh Language	X				
Risk Assessment:					
	Level of risk identified				<p align="center"><b>Statement</b></p> <p 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		X			
Financial		X			
Corporate	X				
Operational		X			
Reputational		X			

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# POWYS TEACHING HEALTH BOARD COMMISSIONING ASSURANCE FRAMEWORK

## Primary Care - General Medical Services

This framework describes a continuous assurance process that aims to provide confidence to internal and external stakeholders and the wider public that PTHB are operating effectively to commission safe, high-quality and sustainable services within their resources, delivering on their statutory duties and driving continuous improvement in the quality of services and outcomes achieved for patients.

Version 1

Approved Executive  
Committee 09.05.19

Revised: May 2021,  
GMS Contract  
Monitoring Group

Revised: January 2023

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## 1. Introduction

This Commissioning Assurance Framework for Primary Care General Medical Services describes a continuous assurance process that aims to provide confidence to internal and external stakeholders and the wider public that PTHB is operating effectively to commission safe, high-quality and sustainable services within the resources available, delivering on statutory duties and driving continuous improvement in the quality of services and outcomes achieved for patients. Once agreed, this framework will be subject to a 12 month review.

PTHB aims to commission services that improve the health and wellbeing of the people of Powys. Commissioning is simply how we plan, agree and monitor the health services needed. We will do this by securing sustainable care that enables patients to receive modern, responsive, high quality yet cost effective care and services that are effectively commissioned within PTHB's financial resource limits.

Powys Teaching Health Board is primarily a commissioning organisation. The largest proportion of its budget is devoted to securing health care services including unscheduled and planned care from neighbouring health boards and NHS Trusts. A significant proportion of the budget is devoted to primary care services to secure health care provision for general medical services, general dental services, general optometric services and community pharmacy services. PTHB, along with patients, the public and fellow commissioners, needs to be assured that we are able to demonstrate the effective use of public funds in commissioning safe, high quality and sustainable services within available resources.

Quality in Powys is everybody's business with ownership and understanding of both the challenges and the solutions shared across all organisations, professions and with the public. Our approach places quality at the heart of our work, ensuring we monitor, and make efforts to improve, the quality of healthcare we commission. Our aim is to ensure that together we drive up the quality of care and treatment of services provided for the people of Powys, and that there continues to be a culture of continuous quality improvement.

As a Health Board we need to ensure that we are delivering services that meet patient needs, and performance management gives us a way of making decisions about where to focus resources depending on needs at any one time. Over time, performance management allows relative measurement to be made so that we can see if improvements are being made and if extra efforts need to be made in particular areas to achieve those improvements. We also need to ensure that we provide effective and robust monitoring arrangements to ensure performance, quality and efficiency of all services delivered on our behalf. This framework describes PTHB's approach to commissioning assurance. It provides an overview of:

- The principles and behaviours which will underpin the approach to assurance;
- The contents of the assurance framework;
- How the assurance process will operate; and,
- PTHB's potential responses to the assurance process.

## 2. Background

Within Powys we have had to respond to more challenging performance and financial positions, as well as changes within the commissioning landscape. The lessons for future commissioning from The Francis Report 2013 are that commissioners have a critical role in driving quality. We will need to agree standards above those set by the Healthcare Inspectorate Wales (HIW), with the aim of driving improvement, and setting out longer term goals with all providers by way of



developmental standards and focus on improvements in effectiveness ensuring that our patients are the first and foremost consideration, and to ensure services commissioned by PTHB secure a consistent culture of care with patient's interest at the very heart.

This quality assurance framework will set out how we monitor and performance manage the quality of care we commission - including the crucial ability to recognise early and act on any systematic deterioration in care within a provider organisation.

### 3. Scope of the Commissioning Assurance Framework

The assurance process is a more risk-based approach which differentiates high performing Providers, those whose performance gives cause for concern, and those in between. It provides a robust, supportive and structured framework for those in more challenged circumstances, with a lighter touch approach for the best performers.

A continuous assurance approach helps to identify emerging patterns of poor performance or any areas of potential risk, with less reliance on fixed points. The process uses information derived from a variety of sources including, where necessary, face-to-face visits. The nature of the oversight, including the expected frequency of assurance meetings is dependent on the circumstances, the range of risks identified, and on the leadership response. The assurance framework recognises that assurance is a continuous process that considers the breadth of a Health Board's responsibilities.

It consists of the following five key areas:

- ✓ **Access to Care** - the timely access to health services to achieve the best health outcomes for patients
- ✓ **Quality and Safety** - ensure that services being commissioned are safe, personal, effective and continuously improving;
- ✓ **Finance & Activity** – patterns and variation from the planned level of activity or a variation in cost that indicates higher/lower target performance;
- ✓ **Patient Experience** - use patient and carer feedback, along with complaints and concerns raised with the THB, to strengthen our ability to detect early warning signs of deterioration in quality, as well as evidence of excellence that should be adopted and spread;
- ✓ **Governance and strategic change** – covers the degree of government or regulator intervention and sustainability (planned and unplanned service changes).

A set of broad principles has been identified, which should underpin how our commissioning assurance is undertaken:

- Assurance should be transparent and demonstrate to internal and external stakeholders and the wider public the effective use of public funds to commission safe and sustainable services.
- Assurance is primarily about providing confidence.
- Assurance should build on what we are already doing to hold ourselves accountable locally to communities and stakeholders, for both statutory requirements and for national and local priorities.
- Assurance should minimise bureaucracy and additional reporting requirements by drawing on available data and aligning with other regulatory and planning processes – there should be minimal additional paperwork.
- Assurance should be proportionate and respect the time and priorities of PTHB and our Providers.
- Assurance should be summative and take place over the year as on-going conversations.

- Assurance processes should be able to swiftly identify performance outside pre-set tolerances.
- The tone, process and outcomes need to focus on development as well as performance.
- Accountability, learning and development will be integral to the process.
- Whilst uncompromising on the facts which describe the quality of services patients are receiving, we will be open minded in understanding the reasons for variation and, where a problem is found, clear on the consequences and actions we will need to take.

#### **4. Components of the Commissioning Assurance Framework**

General Medical Service contracts between health boards and general medical service providers are delivered within the National Health Service (General medical services Contracts) (Wales) Regulations 2004. These Regulations set out, for Wales, the framework for general medical services contracts under section 28K of the National Health Service Act 1977. The regulations are enforceable. Parameters not covered within the regulations are not enforceable.

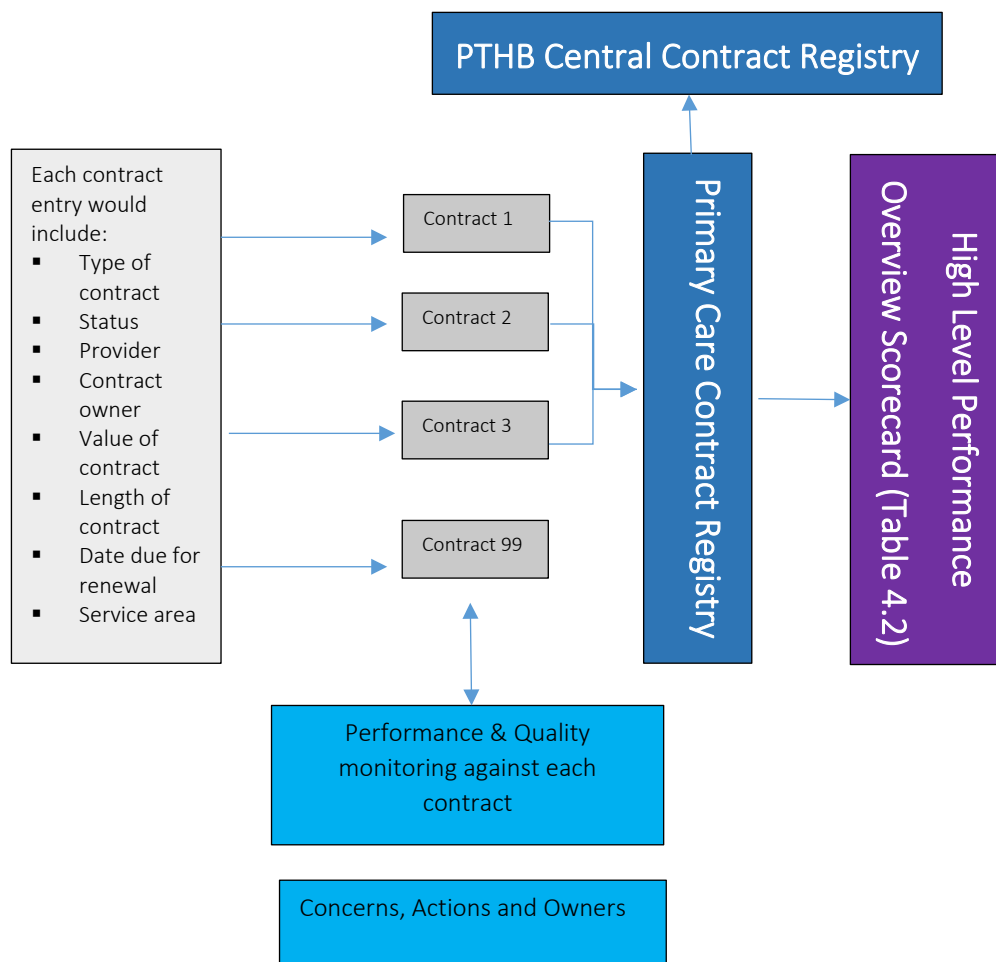
##### **4.1 Register of Providers**

Where PTHB is the commissioner the principles of good contract management remain an important part of the wider commissioning process. It is about more than ensuring providers meet their agreed obligations. It can help PTHB to identify and manage its own and provider risks, demonstrate value for money, potentially achieve savings and continuous improvement.

It means understanding what the contract contains, who has responsibility for managing it, and whether performance and costs are on track. The best results are achieved when those who are involved in commissioning and running the service work together to manage the agreement and have clear agreed processes and procedures in place to help them do so.

A “register” of primary care general medical contracts will be held within the Primary Care Team and will include all general medical contracts and agreements issued for primary care general medical services within PTHB. This “register” will feed into the central “register”.

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## 4.2 Levels of Assurance

The prioritisation mechanisms for quality assurance that we will utilise are as follows:

Green	On target. The number of milestones met greater than number of milestones not yet met (with no significant outliers)	Routine Monitoring - Evidence and data will be provided through the Quality Schedules and/or information from national assessments and usual data sources
Amber	Risk to delivery (number of milestones met equals milestones not met) Missing objective/target but on agreed performance improvement trajectory	Enhanced monitoring via an exception report and associated remedial actions and trajectory for improvement
Red	Not on target Number of milestones not met is greater than those met Persistently not meeting threshold (3 months); and highly unlikely to achieve recovery within specified period	Escalated performance monitoring requiring detailed action plan and agreed as minimum monthly (in some cases fortnightly) reviews where commissioners have serious concerns about contract delivery, quality and patient safety

Table 4.2 Levels of Assurance

The Health Board's Performance Management Framework uses a red / amber / green system to facilitate the appropriate prioritisation and escalation of performance issues. The rating system for providers will utilise the same level of assurance.

Tolerances may be agreed by the Executive Committee, for example, in relation to financial performance.

4.3 Developing and Implementing a Rating System for Providers

As a Health Board we need to provide effective and robust monitoring arrangements to ensure performance, quality and efficiency of all services delivered on our behalf. We will have in place systems and processes for anticipating and responding to performance trajectories and risk assessments include measures of safety, effectiveness and user experience. There is strong evidence to suggest a rating should be based on a combination of indicators compiled from routinely available data, and information from inspections and patient experience and not just data alone.

Each provider will be rated to help PTHB compare services and to highlight where care is good or outstanding and expose where care is inadequate or requires improvement. We will use the following categories for assessment; Access – Scheduled and Unscheduled Care, Quality & Safety, Patients Experience and Finance (Activity & Cost). Information is also collected in relation to Governance and Strategic change. The PTHB scoring system is used in addition to help provide assurance within the Health Board in relation to the services provided to its residents. This will be displayed in a high level dashboard to show at a glance the provider rating. (Arrows will be used to indicate the direction of monthly changes.) Absence of required information will be recorded and the score will reflect whether there is an agreed development plan to provide such information.

Provider	Date	G Y A1 A2 R Performance Framework Rating Assessment				
		Access	Finance & Activity	Quality & Safety	Patient Experience	Overall Rating
1	Sep 18					Level 1
2	Sep 18					Level 1
2	Sep 18					Level 2
3	Sep 18					Level 3R
4	Sep 18					Level 4
5	Sep 18					level 4+

Table 4.3 High Level Performance Overview Scorecard

4.4 Internal Commissioning Assurance incorporated as part of the General Medical services Contract Monitoring Group

Internal Commissioning Assurance is delivered through the General Medical Services Contract Monitoring Meetings which provide the opportunity for key people to meet on a bi-monthly basis to look at general practice data. The meeting will usually comprise representatives from primary care and finance who consider and review key information relating to each of the general practice providers within Powys.

The data and discussion enables PTHB to form conclusions on whether there are any areas of concern and whether to ‘step up’ or ‘step down’ **Escalation Process** (see Section 4.6). This provides us with a mechanism for monitoring and follow-up which can then be used to strengthen our assurance and enables us to show how we are using the data to improve patient outcomes.

Key data is captured on one A3 sheet on each GP contractor and records exceptions and key trends drawn from for example:

*Quality & Safety	Finance (Cost & Activity)	Access	Patient Experience
<ul style="list-style-type: none"> <li>Compliance with NHS Wales General medical services Regulations 2004</li> <li>Compliance with GP Performer Regulations</li> <li>Clinical governance self-assessment</li> <li>Serious incidents (including themes)</li> <li>Complaints and claims</li> <li>Internal / External Audit</li> <li>Health Inspectorate Wales (HIW) reports</li> <li>Enhanced Service audits</li> <li>National audits (Diabetes/ COPD/CKD)</li> <li>GMS annual contract returns</li> <li>Information Governance self-assessment</li> <li>Childhood immunisations targets</li> <li>Flu immunisations targets</li> <li>Quality Assurance Improvement Framework achievement</li> <li>National Prescribing indicators (linked to finance)</li> <li>Outpatient referral rates(linked to finance)</li> <li>Inpatient Admission rates(linked to finance)</li> <li>6-8 Weeks Baby Checks</li> </ul>	<ul style="list-style-type: none"> <li>Post payment verification reports</li> </ul>	<ul style="list-style-type: none"> <li>Access Standards</li> <li>Opening hours</li> <li>Appointment availability</li> <li>Open lists</li> <li>Unscheduled care hospital admission rates</li> </ul>	<ul style="list-style-type: none"> <li>Public service ombudsman responses</li> <li>Health Inspectorate Wales (HIW) reports</li> <li>Community Health Council Reports</li> <li>Concerns and compliments from any source</li> <li>Patient Experience performance, e.g. survey</li> </ul>
<b>Sustainability Status</b>			

\*A development plan will be necessary to achieve the full collection of indicators identified above.

The A3 sheet includes commentary highlighting to the meeting participants where further investigation may be needed or where further consideration may be given.

#### 4.5 Contract Quality Review & Performance Management

The annual GMS returns as detailed in the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004 (Part 5, records, information, notifications and rights of entry, paragraph 79) and practice review visits will support the contract review and performance management process. The expected frequency of the GMS return will be annual and the practice review visits will be undertaken through a tri-annual visit programme, however more frequent meetings maybe undertaken dependent on the circumstances, the range of risks identified, and on the leadership response, for example HIW action plans.

Assurance on compliance will be sought and information reviewed in line with the contract requirements as determined by the NHS Wales General Medical Services Regulations. These processes will be led and co-ordinated by the Primary Care Team and General Medical Services Monitoring Group.

A critical gap in the system of oversight of quality and safety was identified in the Francis report, which arose from the inability of commissioners to collect information on provider quality and to understand and make use of the contractual mechanisms that were available to them. PTHB recognises the importance of information and an understanding of how to act on it, and will use contractual mechanisms such as audit, inspection and investigation to understand quality in general medical services. Where possible the triangulation of data relating to patient safety and quality of care will be undertaken. In addition, analysis of the concerns process and patient experience mechanisms will be utilised to evaluate impact on quality and patient safety.

A regular assessment of the provider escalation level will take place during the General Medical Services Contract Monitoring Meeting in line with the escalation process set out below. The retention of contract monitoring records will be kept within the PTHB Primary Care Department.

#### 4.6 Escalation Process for Providers

This Framework sets clear thresholds for intervention in underperforming providers and a rules-based process for escalation. Provider performance is assessed against a series of indicators using the most current data available, and the results will trigger intervention by commissioners in the case of performance concerns, where the escalation process will be a 'step-up, step-down' process. There will be a proportionate approach which takes into account the degree of risk for Powys residents.

	Level of Monitoring	Escalation	GMS monitoring Meeting Frequency
Level 1			
Green	Routine Monitoring - Evidence and data will be provided through the Quality Schedules and/or information from national assessments and usual data sources	None - Routine monitoring	Continuous process Quarterly formal Routine Monitoring,
Level 2			
Amber	Enhanced monitoring via exception and associated remedial actions and trajectory for improvement includes GMS monitoring Meeting	Enhanced monitoring	Bi- monthly – Enhanced Monitoring
Level 3			
Red	One Red area Escalated performance monitoring requiring detailed action plans for exceptions	If Contractual/regulation breach, escalated to DPCCMH <i>Reported to Delivery &amp; Performance Group</i>	quarterly – Escalated Monitoring  DPCCMH to receive papers and attend and if appropriate attend Contractor Review Meeting if required
Level 4			
Red +	Two or more Red areas Chief Exec made aware – Provider meeting may be arranged Escalated performance monitoring requiring detailed action plan for exceptions and agreed as minimum monthly (in some cases fortnightly) reviews where commissioners have serious concerns about quality and patient safety	If Contractual/regulation breach, escalated and <i>Reported to Finance &amp; Performance Committee</i>	quarterly – Escalated Monitoring  CEO/ DPCCMH led escalated meetings if there are significant and persistent concerns (supported

Table 4.6 Escalation Table

Reasons for Escalation include:

- Any issues that present an immediate challenge to service continuity, which may affect the reputation of the commissioner and/or the provider and could result in any closure or partial closure of a service;
- Alarms or concerns arising from the examination of qualitative and quantitative data.
- Alternatively a worrying set of workforce metrics or credible soft intelligence which is not readily accounted for by the provider;

- When a concern about quality has been identified and acknowledged by the provider and commissioner but where the mitigating actions to improve the situation are showing little signs of having an impact and patients continue to be at risk, or potentially at risk;
- Repeated failure to deliver agreed improvement plans;
- Evident or suspected poor leadership and/ or governance, particularly clinical governance;
- Serious media exposure / covert reporting;
- Increase of the number and type of minor concerns that begin to raise more fundamental questions of governance or competence of the provider to deliver a safe service;
- Highly critical independent service review reports which identify repetitive serious failures;
- Serious concerns raised by HIW, CHC, and WG Intervention process or professional bodies.

An example of how the escalation process would be applied against the high level dashboard is set out below:

Provider	Date	G Y A1 A2 R Performance Framework Rating Assessment					Escalation Level
		Access	Finance & Activity	Quality & Safety	Patient Experience	Overall Rating	
1	Sep 18					Level 1	<b>Level 1</b> – routine monitoring
2	Sep 18					Level 1	
2	Sep 18					Level 2	<b>Level 2</b> - Enhanced monitoring
3	Sep 18					Level 3	<b>Level 3</b> Escalated to DPCCMH monitoring
4	Sep 18					Level 4	<b>Level 4</b> Escalated to DPCCMH/ intervention Chief Exec informed
5	Sep 18					level 4+	<b>Level 4</b> Escalated to DPCCMH/ potential Chief Exec intervention

*Table 4.6a Example of escalation level against high level performance overview*

Dependent on the level of escalation, the following people would be required to attend the GMS Contract Monitoring Group or Review meetings. A table of Lead Executives for escalated providers will be kept updated. Other Executives will also provide cover where needed.

Level	Attendance at GMS Monitoring Group meetings	GMS Monitoring Group Meeting Frequency
Level 1 - Routine monitoring	<ul style="list-style-type: none"> <li>▪ Deputy/Assistant Director of Primary Care</li> <li>▪ Assistant Medical Director</li> <li>▪ Head of Primary Care - Contracting</li> </ul>	Continuous process Quarterly formal Routine Monitoring,



	<ul style="list-style-type: none"> <li>Primary Care Manager</li> <li>Medicines Management rep</li> <li>Finance Business Partner</li> </ul>	
Level 2 Enhanced monitoring	<ul style="list-style-type: none"> <li>Deputy/Assistant Director of Primary Care</li> <li>Assistant Medical Director</li> <li>Head of Primary Care - Contracting</li> <li>Primary Care Manager</li> <li>Medicines Management rep</li> <li>Finance Business Partner</li> </ul>	Bi monthly – Enhanced Monitoring
Level 3 Escalated to Exec Director	<ul style="list-style-type: none"> <li>DPCCMH</li> <li>Deputy/Assistant Director of Primary Care</li> <li>Assistant Medical Director</li> <li>Head of Primary Care</li> <li>Primary Care Manager</li> <li>Medicines Management rep</li> <li>Finance Business Partner</li> <li>Quality &amp; Safety representative</li> </ul>	quarterly – Escalated Monitoring including DPCCMH
Level 4 Escalated to Exec Director Intervention  Chief Exec informed.	<ul style="list-style-type: none"> <li>Executive Director/s</li> <li>Deputy/Assistant Director of Primary Care</li> <li>Medical Director Assistant Medical Director</li> <li>Head of Primary Care</li> <li>Primary Care Manager</li> <li>Medicines Management rep</li> <li>Finance Business Partner</li> <li>Quality &amp; Safety representative</li> </ul>	2 weekly /4 weekly Escalated Monitoring  CEO/DPCCMH led escalated meetings if there are significant and persistent concerns

*Table 4.6b. Escalations Levels - Attendance required at GMS Contract Monitoring Group Meetings*

#### **4.7 Chief Executive Level Escalation and Provider Meetings**

Where PTHB has persistent and significant concerns that actions are not reducing risks at Level 4 the Chief Executive Officer/DPCCMH will seek a series of focused meetings with relevant executives and the contract holder. A plan focusing on the major risks will be agreed and monitored via an improvement plan.

#### **4.8 De-escalation Process**

As the performance improves and risk assessments indicate a reduction in level of intervention required, de-escalation will be discussed and agreed with the DPCCMH/CEO.

Patterson, Liz  
28/02/2023 13:28:40

## PTHB Commissioning Assurance Framework – Primary Care, General Medical Services Tolerance levels April 2021-March 2022

This document supports the PTHB Commissioning Assurance Framework - Primary Care, General Medical Services and details the threshold levels that support and inform the framework.

### 1.Practice Information

#### 1.1 Registered Address of Practice & Branch Surgery Details

This can include the main site and branch surgeries.

“practice premise” means an address specified in the contract as one at which services are to be provided under the contract.

#### 1.2 Opening Hours (Contractual)

Background:

GMS regulations define that core hours are 8am to 6.30pm, Monday to Friday (excluding bank holidays) to deliver essential and additional services as detailed; some practices may use margin cover provided by the out of hours provider for the 1<sup>st</sup> and last 30 mins of the day – this is a private arrangement with the practice and the OOH provider.

“core hours” means the period beginning at 8am and ending at 6.30pm on any day from Monday to Friday except Good Friday, Christmas Day or bank holidays.

Tolerance level:

Compliant	
Non-Compliant	

#### 1.3 Practice List Size

This is managed by Shared Services Partnership and reported to the Health Board quarterly: -

“contractors list of patients” means the list prepared and maintained by the Local Health Board.

#### 1.4 Dispensing List Size

The proportion of the Practice List Size that accesses Dispensing Services from the practice pharmacy: -

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“dispensing services” means the provision of drugs, medicines or appliances that maybe provided as pharmaceutical services by a medical practitioner in accordance with arrangements made under regulation 20 of the Pharmaceutical Regulations.

### 1.5 National Sustainability Assessment Framework Risk Score

A framework for assessing the sustainability of GP practices has been in place since April 2015. It prioritises a criteria for assessment to include practices at risk of closure within 12 months and/or those at risk of a reduction in the range of services provided through external factors which may impinge on the sustainability of the practice

High Risk	= or >80
Medium Risk	>55 -<79
Low Risk	<55

### 1.6 Compliance with NHS Wales General services regulations 2004 (Contractual)

Background:

The Health Board and the Contractor enter into a general medical services contract under which the Contractor is to provide primary medical services and other services in accordance with the provisions of this Contract.

Any serious incident that, in the reasonable opinion of the Contractor, affects or is likely to affect the Contractor's performance of its obligations under the Contract; must be reported to the Health Board in a timely manner.

Compliance with Legislation and Guidance 485

The Contractor shall comply with all relevant legislation and have regard to all relevant guidance issued by LHB, Assembly or the Assembly

Tolerance level:

Compliant	
Non-compliant	

## 2. Quality and Safety

### 2.1 Performer compliance with All Wales Performer Regulations 2004 (Contractual)

Background:

The National Health Service (Performers Lists) (Wales) Regulations 2004 require a Local Health Board to prepare and publish a Medical Performers List (MPL) of all general medical practitioners approved by the Local Health Board for the purposes of assisting

in the provision of primary medical services. A general medical practitioner is not eligible to assist in the provision of primary medical services, unless his or her name is included in a medical performers list.

**Medical Performer Lists** - All health boards must maintain a list of general medical practitioners registered to provide NHS primary care medical services as outlined in The National Health Service (Performers Lists) (Wales) Regulations 2004 and subsequent amendment. Inclusion and removal of GPs onto and off the Medical Performers Lists is undertaken by NHS Wales Shared Services Partnership (NWSSP).

In order to be included on a Medical Performers List, practitioners must have an Enhanced Disclosing and Barring Service Disclosure and two recent clinical references. Health boards should work with each other, NWSSP and equivalent organisations nationally and internationally to share concerns and information regarding medical professionalism.

***Tolerance level:***

This tolerance will be applied against each medical performer delivering general medical services.

Tolerance level:

Included	
Conditionally suspended/conditionally included	
Conditionally removed/suspended	

## 2.2 GMS Annual Contract Return (Contractual)

**Background:**

The National Health Service (General Medical Services Contracts) (Wales) Regulations 2004 requires all general medical practices to submit an annual return relating to the contract that they hold with the Health Board.

Part 5, records, information, notifications and rights of entry, paragraph 79, annual return and review states:

***79.-(1) The contractor shall submit an annual return relating to the contract to the Local Health Board which shall require the same categories of information from all persons who hold contracts with that Local Health Board.***

- (2) *Following receipt of the return referred to in sub-paragraph (1), the Local Health Board shall arrange with the contractor an annual review of its performance in relation to the contract.*
- (3) *Either the contractor or the Local Health Board may, if it wishes to do so, invite the Local Medical Committee for the area of the Local Health Board to participate in the annual review.*
- (4) *The Local Health Board shall prepare a draft record of the review referred to in sub-paragraph (2) for comment by the contractor and, having regard to such comments, shall produce a final written record of the review.*
- (5) *A copy of the final record referred to in sub-paragraph (4) shall be sent to the contractor.*

This template provides a consistent framework for information required annually from Powys general medical practices, including declaration by the practitioners/partners in the practice that they have met their statutory and other mandatory responsibilities under their contract.

The annual return information required from a practice will be reviewed and updated on an annual basis. Following first year of completion the previous year's return will be used as a baseline for the review/update.

Practices are required to complete the return by the 30<sup>th</sup> April, each calendar year.

Powys Teaching Health Board (PTHB) will review the information included in the annual return as part of its governance programme for general practice.

Completed - YES	
Non-completed - NO	

Follow up Action:

No action required	
Remedial action required	
Immediate action required	

### 3. Quality Assurance Improvement Framework

The Quality Assurance and Improvement Framework (QAIF) has been introduced as part of the contract reform in 2019, it replaces the Quality and Outcome Framework (QOF), which was originally introduced as part of the new GMS contract in 2004.

### 3.1 Clinical Governance Toolkit

#### Background:

The All Wales Clinical Governance Practice Self-Assessment Tool (CGPSAT) encourages practices to bridge the gap between understanding and thinking about their governance systems and completing the actions needed to improve them. Practices are asked to consider how mature their systems are by means of a matrix with levels from 0-5.

Commissioning Assurance Framework is set at acceptable if score is 2 or above as stipulated in previous QOF guidance.

#### Tolerance level:

Completed - YES	
Not completed – NO	

### 3.2 Information Governance Toolkit

#### Background:

The Welsh Information Governance Toolkit is a self-assessment tool to enable organisations to measure their level of compliance against National Information Governance Standards and ascertain whether information is handled and protected appropriately.

The assessment will help identify those areas, which require improvement and assist in informing the IG improvement plan. It may also provide reassurance to staff and patients that their information is processed securely and appropriately and provide assurance to other organisations when establishing joint working arrangements to provide care.

The IG toolkit consists of simple to follow assessments, comprising of a range of rudimentary questions requiring tick box answers, one line statements and the facility to upload or link to documents as evidence.

#### Tolerance level:

Completed - YES	
Not completed - NO	

Monitoring criteria is as follows:

Attainment Level	Summary Requirement
------------------	---------------------

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<b>1</b>	Responsibility for driving improved information governance has been assigned to appropriate individuals within the organisation. This forms part of their job description and daily duties
<b>2</b>	Responsible individuals have received appropriate training to take ownership of the information governance agenda and identified improvements from previous IG Toolkit submissions. These have formally been documented to form an IG Improvement/Action Plan
<b>3</b>	The IG arrangements and progress against the IG Improvement/Action Plan are reviewed by the IG Lead and DPO, and is reported to the relevant forum on a regular basis

### 3.3 QAIF Flu Targets 21/22

Background:

FLU001W

The % of the registered population aged 65 years or more who have had influenza immunisation in the preceding 1 August to 31 March 21

Tolerance level:

55 – 75%	
Under 55%	

FLU002W

The % of patients aged under 65 years included in (any of) the registers for CHD, COPD, Diabetes or Stroke who have had influenza immunisation in the preceding 1 August to 31 March 21

Tolerance level:

45 – 65%	
Under 45%	

### 3.4 National Dementia Targets in QAIF 21/22

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DEM002 (As from 1 October 2020). The percentage of patients diagnosed with dementia whose care has been reviewed in person or if clinically appropriate via telephone or remote video consultation in a face to face review in the preceding 15 months. Tolerance level 55 – 75%

Tolerance level:

> 75%	
55 – 74%	
Under 55%	

### 3.5 Quality Improvement Covid Learning/Patient Safety/ Optional QI Project

These are set annually by the in year GMS contract changes .

Tolerance level:

Achieved	
Not achieved	

### 3.6 Cluster Network Engagement

The Cluster Network domain was previously established under the Quality Outcomes Framework (QOF). From 2021-2022 onwards there is a shift in relation to cluster membership with 'mandatory membership of GP cluster network' a core contractual requirement.

The points (200) remains in the new Quality Assurance & Improvement Framework as part of the Quality Assurance domain but will be broken down to link more clearly with output on a network/cluster basis. This brings greater focus around planning for population needs and workforce capacity, with improved alignment to IMTP cycles. This would align with the aims of *A Healthier Wales* in enhancing cluster maturity.

The Primary Care Model for Wales, which supports the vision in *A Healthier Wales*, is predicated on effective collaboration at cluster level to assess population need and to both plan and deliver seamless care and support to meet that assessed need.

Cluster working can be described as: *"A cluster brings together all local services involved in health and care across a geographical area, typically serving a population between 25,000 and 100,000. Working as a cluster ensures care is better coordinated to promote the wellbeing of individuals and communities."*

The Primary Care Model for Wales is predicated on a social model of health and wellbeing and critical to this is the need to work across organisational boundaries in order to maximise all the assets in a community. As well as local health boards and local authorities who have a statutory duty to plan and provide care and support to meet the health and wellbeing needs of their populations, cluster working is also about a range of delivery partners of which GMS contractors are a fundamental component. Other delivery

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partners include other primary care contractors, local authorities, the third/voluntary sector, care homes.

Achieved	<div></div>
Not achieved	<div></div>

#### CND014W –.

The GP Cluster Network will meet on 5 occasions during the year; the timing of meetings should be agreed around the planning of the HB and ideally, to avoid the period of winter pressure. For 2021/22 automatic achievement.

Achieved	<div></div>
Not achieved	<div></div>

#### CND015W

Contributing relevant cluster information to the Primary Care Cluster IMTP which will include information on the demand and capacity tool and also the workforce development plan. For 2021-22 the practices had to complete the demand and capacity tool and also the workforce development plan.

Achieved	<div></div>
Not achieved	<div></div>

#### CND016W

Delivering specific cluster determined outcomes which includes

- engagement in planning of local initiatives,
- Completion of the 2 Quality Improvement initiatives at a cluster level where agreed by the GMS practices (as per section 4).

Active participation as evidence of operating an effective system of clinical governance (quality assurance) in the practice e.g. through completion of CGSAT and IG toolkit. The requirement for 2021-21 was the completion of the CGSAT and IG toolkit.

Achieved	<div></div>
Not achieved	<div></div>

### 3.8 Access standards GMS Access Standards

On 20 March 2019, the Minister for Health and Social Services announced the Access to In-Hours GMS Services Standards. Underpinned by clear measurables, expected achievements by March 2021 and supported by a delivery milestone under the Primary Care Model for Wales, the Standards set clear requirements on practices in terms of minimum expectations relating to access, including an increased digital offering. It is also important to recognise the role of the public in making the right choice when seeking help and advice. A cultural shift is also required to recognise that a GP, or the GP surgery, is not always the most appropriate professional or location for the issue. Health boards have supported practices in adopting the principles of the Primary Care

Model for Wales based around triage and signposting to ensure patients are seen by the right person at the right time in the right place.

### 3.8.1 GMS Group 1 Infrastructure and Systems

#### Background:

To support practices in securing and implementing the necessary infrastructure in order to achieve the standards within Group 1 with a particular focus on telephony; appointment systems in Wales with telephone, face to face, online and 'drop in' all being options.

#### Tolerance level:

All standards achieved	Green
4+ standards achieved	Green
3+ standards achieved	Yellow
Less than 3 standards achieved	Red

### 3.8.2 GMS Access Standards – Group 2 – Understanding patient needs

#### Background:

For patients to be able to access information on the different ways of requesting a consultation with a GP and other healthcare professionals as well as the level of service they can expect from their practice.

#### Tolerance level:

All standards achieved	Green
4+ standards achieved	Green
3+ standards achieved	Yellow
Less than 3 standards achieved	Red

## 4. Immunisations

### 4.1 National Flu Targets

% of the registered population aged 65 years or more who have had influenza immunisation in the preceding flu season

#### Tolerance level:

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80%	
<80%	

% of patients aged under 65 years at risk (risk category as per latest WHC guidance)

Tolerance level:

= > 75%	
<75%	

% of 2 -3 year olds

Tolerance level:

= > 75%	
<75%	

## 4.2 Childhood Immunisations Targets

Background:

The contractor shall —

(a)offer to provide to children all vaccinations and immunisations of a type and in the circumstances for which a fee was provided for under the 2003-04 Statement of Fees and Allowances made under regulation 34 of the National Health Service (General Medical Services) Regulations 1992;

(b)provide appropriate information and advice to patients and, where appropriate, their parents, about such vaccinations and immunisations;

(c)record in the patient's record kept in accordance with paragraph 72 of Schedule 6 any refusal of the offer referred to in paragraph (a);

(d)where the offer is accepted, administer the vaccinations and immunisations and include in the patient's record kept in accordance with paragraph 72 of Schedule 6

(i)the name of the person who gave consent to the vaccination or immunisation and that person's relationship to the patient;

(ii)the batch numbers, expiry date and title of the vaccine;

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(iii)the date of administration;

(iv)in a case where two vaccines are administered in close succession, the route of administration and the injection site of each vaccine;

(v)any contra-indications to the vaccination or immunisation; and

(vi)any adverse reactions to the vaccination or immunisation.

(3) The contractor shall ensure that all staff involved in administering vaccines are trained in the recognition and initial treatment of anaphylaxis.

Tolerance levels set as per the Healthy Child Wales Programme.

Tolerance level:

Over 95%	
90% - 95%	
Less than 90%	

To include:-

1 year
2 years
4 years
5 years

### 4.3 Child Health Surveillance (6-8 Physical Examination)

Background

The Contractor shall:-

(1) A contractor whose contract includes the provision of child health surveillance services shall, in respect of any child under the age of five for whom it has responsibility under the contract –

(a) provide all the services described in sub-paragraph

(2), other than any examination so described which the parent refuses to allow the child to undergo, until the date upon which the child attains the age of five years; and (b) maintain such records as are specified in sub- paragraph(3).

(2) The services referred to in sub-paragraph

(1)(a) the monitoring –

(i) by the consideration of any information concerning the child received by or on behalf of the contractor, and

(ii) on any occasion when the child is examined or observed by or on behalf of the contractor (whether pursuant to paragraph

(b) or otherwise), of the health, well-being and physical, mental and social development (all of which characteristics are referred to in this paragraph as

"development") of the child while under the age of 5 years with a view to detecting any deviations from normal development;

(b) the examination of the child at a frequency that has been agreed with the Local Health Board in accordance with the nationally agreed evidence based programme set out in the fourth edition of "Health for all Children"(a).

(3) The records mentioned in sub-paragraph (1)(b) are an accurate record of - (a) the development of the child while under the age of 5 years, compiled as soon as is reasonably practicable following the first examination of that child and, where appropriate, amended following each subsequent examination; and (b) the responses (if any) to offers made to the child's parent for the child to undergo any examination referred to in sub- paragraph (2)(b)

Tolerance levels set as per the Healthy Child Wales Programme.

100% achievement	
Non Achievement	

## 5. Audit

### 5.1 Post Payment Verification reporting

Background: NHS Wales Shared Services Partnership (NWSSP), Primary Care Services (PCS) are responsible for undertaking Post Payment Verification (PPV) duties on behalf of Health Boards (HBs) across Wales. PPV teams undertake PPV checks within General Medical Services, General Ophthalmic Services and Community Pharmacy.

The purpose of the PPV process is to provide assurance to HBs that the claims for payment made by primary care contractors are appropriate and that the delivery of the service is as defined by NHS service specification and relevant legislation.

Tolerance level:

File Closed/No revisit required	
Revisit within 3 years	
Revisit within 12 months	

### 5.2 Enhanced Service Audits (Contractual)

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## Background:

Within all the enhanced services there is a requirement for regular review and audit by General Practice on an annual basis.

On an annual basis PTHB selects 3 out of the total of Powys enhanced services and requests practices submit details of their audit.

The audits for submission are agreed the Medical Director and the Quality & Safety Department and form part of the PTHB Annual Audit Plan. The audits are to provide the Health Board with assurance on the service being delivered in the practice. The findings of the audits are discussed as part of the Practice Review Visits and/or on an individual practice basis if there are areas of concern.

## Tolerance level:

Completed	
Issues of concern/actions needed	
Not completed	

## AUDIT 1 – (Diabetes)

No action required	
Partial action required	
Immediate action required	

## AUDIT 2 - (Near Patient Testing)

No action required	
Partial action required	
Immediate action required	

## AUDIT 3 - (DOAC)

No action required	
Partial action required	
Immediate action required	

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### 5.3 National Diabetes(contractual)/COPD/CKD audits

Background:

The audit programme has been commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP) and currently covers England, Scotland and Wales.

The programme is led by the Royal College of Physicians (RCP), works closely with a broad range of organisations including Asthma UK, the British Thoracic Society, British Lung Foundation, Primary Care Respiratory Society UK, Royal College of General Practitioners and the Royal College of Paediatrics and Child Health.

*The results of the audit on portal and shared with relevant SN teams*

Tolerance:

Completed	
Not completed	

## 6. Patient Experience

### 6.1 Annual Survey

Practices participate in an annual national survey – the findings are then reviewed and shared to discuss at the Practice Review Visits. The Primary Care Department produce a report based on the findings for the Executive Director. If findings in the survey highlight any areas of concern, these concerns would be escalated via the CAF reporting process.

Tolerance level:

Complete – no recommendations identified	
Non-urgent recommendations identified	
Urgent requiring immediate action	

**\*\*\*\*SURVEY NOT UNDERTAKEN DURING 2021/22**

### 6.2 Public Service Ombudsman enquiry/ Investigation

Background:

The Public Services Ombudsman for Wales has legal powers to look into complaints about public services and independent care providers in Wales. They are independent of all government bodies and provide a free and independent service.

Tolerance level:

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Ombudsman process not invoked	
Ombudsman process invoked	

### 6.3 Community Health Council Reports

#### Background:

Community Health Councils are an independent voice of people in Wales who use the NHS services. CHCs visit practices and their findings are produced in a report with an action plan of requirements to be met. Practices are required to share this with the Health Board to allow monitoring and escalation of any immediate necessary actions.

#### Tolerance level:

Complete – no recommendations identified	
Non urgent recommendations identified	
Urgent requiring immediate action	

### 6.4 Health Inspectorate Wales Reports

#### Background:

Health Inspectorate Wales regulate and inspect NHS services and independent healthcare providers in Wales against a range of standards, policies, guidance and regulations to highlight areas requiring improvement. Regulations and standards to make judgements about the quality, safety and effectiveness of healthcare services.

Inspections monitor and review Quality of Patient experience; Delivery of safe & effective care and Quality of Management & Leadership. Reports are then published online alongside improvement and action plans for the healthcare provider to follow to bring specific areas up to a standard of acceptable quality.

#### Tolerance level:

Complete – no recommendations identified	
Non urgent recommendations identified	
Urgent requiring immediate action	

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## 7. National Prescribing Indicators (PAR)

The PAR report summarises the costs incurred by practices and health boards in a given month. A more detailed analysis of National Prescribing Indicators is provided at the end of each quarter, giving an indication of both cost and frequency of prescribing. The individual practice's budget for expenditure on prescribed drugs and appliances in a year, as determined by the health board. The indicators is calculated against the National indicators for the medication.

Tolerance level:

Achieving national indicator	Green
Nearly achieving indicator	Yellow
Not achieving indicator	Red

## 8. Commissioning/Finance

The commissioning information is based on secondary care activity showing the numbers based on 1000 registered per practice patients for 2021/22. The areas looked at are:

A) Outpatient Activity per 1000 registered patients

The numbers represent the outpatient activity generated by each practice

B) Emergency Inpatients per 1000 registered patients

The numbers represent the emergency inpatient by practice.

Patterson, Liz  
28/02/2023 13:28:42

Last updated 28/01/23

Powys Teaching Health Board - Summary of General Medical Services Commissioning Assurance Framework 2021/22																	
Practice	Contractual	Brecon	Ystradgynlais	Crickhowell	Haygarth	Builth Wells	Llandrindod Wells	Rhayader	Knighton	Presteigne	Llanidloes	Dyfi Valley	Welshpool	Newtown	Montgomery	Llanfair Caereinion	Llanfyllin
General Information																	
Address		Ty Henry Vaughan, Bridge Street, Brecon, LD3 8AH	Meddygfa Pengorof, Ystradgynlais, SA9 1DS	War Memorial Health Centre, Crickhowell, NP8 1AG	The Health Centre, Forest Road, Hay on Wye, HR3 5DS	Maes y Coed, Glandwr Parc, Builth Wells, LD2 3DZ	Spa Road East, Llandrindod Wells, LD1 5ES	The Surgery, Caerherbert Lane, Rhayader, LD6 5ED	The Surgery, Wylowm Street, Knighton, LD7 1AD	Lugg View, Presteigne, LD8 2RJ	Arwystli Medical Practice, Mount Lane, Llanidloes, SY18 6EZ	The Health Centre, Forge Road, Machyllieith, SY20 8EQ	Salop Road, Welshpool, SY21 7ER	The Surgery, Park Street, Newtown, SY16 1EF	Well Street, Montgomery, SY15 6PF	Caeffwrdd Medical Practice, The Health Centre, Llanfair Caereinion, SY21 0AT	Llanfyllin Medical Centre, High Street, Llanfyllin, SY22 5DG
No of GP partners/salaried GPs																	
Branch surgery 1		Sennybridge	Ystalyfera	Gilwern	Talgarth	Llanwrtyd					Caersws		Guisfield		Ladywell House, Newtown		Four Crosses Llanrhaedr
Branch surgery 2			Abercave														
Opening Hours (8am/6.30pm)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Main surgery owned/rented		Owned	Owned	Rented	Rented	Owned	Owned	Rented	Owned	Rented	Owned	Rented	Owned	Owned	Rented	Owned	Owned
Branch surgery 1 owned/rented		Owned	Owned	Owned	Rented	Rented					Owned				Rented		Owned
Branch surgery 2 owned/rented			Owned														Owned
Practice list size		15584	12351	9279	8642	7563	10573	3348	4860	3587	8968	6746	11264	13296	7793	5949	11027
Dispensing patients		6073	1739	2043	5166						5793	4359	5273	2829			
Sustainability risk score		24	34	24	35	29	33	42	46	49	62	24	33	35	78	35	55
Community Hospital SLA		Yes	Yes	No	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes
Name of hospital		Brecon War Memorial	Ystradgynlais		Bronllys		Llandrindod	Llandrindod	Knighton		Llanidloes	Machynlleth	Welshpool	Newtown		Newtown	Newtown
Compliance with NHS Wales GMS Regs 2004	Yes	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
Quality and safety																	
GP performer compliance	Yes																
GMS annual contract return completed 2021/2	Yes																
QAIF (Quality Assurance Improvement Framework)																	
Clinical Governance toolkit completed 21/22		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Information Governance toolkit completed 21/22		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
QAIF flu targets 21/22																	
FLU001W over 65 years		78.0%	95.0%	80.0%	78.0%	82.0%	82.0%	78.0%	79.0%	99.0%	72.0%	74.0%	78.0%	92.0%	91.0%	83.0%	74.0%
FLU002W under 65 years		76.5%	83.0%	76.0%	83.0%	89.0%	88.0%	78.0%	69.0%	89.0%	53.0%	56.0%	76.0%	74.0%	84.0%	81.0%	45.0%
National Dementia Targets in QAIF 20/21																	
Dementia DEM002 percentage		87%	78%	92%	87%	90%	78%	20.59%	62%	89%	73.68	93%	92%	97%	89%	79%	68.57
Quality Improvement																	
GP Activity/Appointment Data Project																	
Patient Safety Clinical Data Project																	
Optional QI project																	
Cluster Network Engagement CND014W/015W/16W																	
CND 14W																	
CND15W																	
CND16W																	
GMS new Access Standards Qtr 4 21/22																	
Group 1 Achieved																	
Group 2 Achieved																	
IMMUNISATIONS																	
National flu targets 21/22																	
Over 65 years		74.0%	79.0%	79%	74.0%	75.0%	74.0%	74.0%	72.0%	82.0%	71.0%	70.0%	74.0%	77.0%	81.0%	78.0%	71.0%
Clinical risk under 65		60.0%	51.0%	50.0%	49.0%	50.0%	50.0%	52.0%	48.0%	69.0%	41.0%	46.0%	49.0%	51.0%	62.0%	57.0%	39.0%
2-3 year olds		63.2%	39.6%	69.4%	50.7%	69.0%	71.6%	76.5%	51.1%	75.9%	58.8%	60.5%	55.1%	46.5%	75.7%	55.0%	60.9%
Childhood Immunisation targets																	
1 year																	
5 in 1 Primary		(88/91) 96.7%	(92/94) 97.9%	(48/52) 92.3%	(56/62) 90.3%	(40/41) 97.6%	(72/76) 94.7%	(28/30) 93.3%	(37/38) 97.4%	(22/24) 91.7%	(76/80) 95%	(56/58) 96.6%	(95/100) 95%	(125/130) 96.2%	(68/73) 93.2%	(35/38) 92.1%	(73/77) 94.8%
Rotavirus		(85/91) 93.4%	(92/94) 97.9%	(48/52) 92.3%	(57/62) 91.9%	(41/41) 100%	(72/76) 94%	(28/30) 93.3%	(36/38) 94.7%	(22/24) 91.7%	(74/80) 92.5%	(54/58) 93.1%	(94/100) 94%	(126/130) 96.9%	(68/73) 93.2%	(35/38) 92.1%	(73/77) 94.8%
PCV Primary		(89/91) 97.8%	(93/94) 98.9%	(49/52) 94.2%	(50/61) 96.8%	(41/41) 100%	(73/76) 96.1%	(29/30) 96.7%	(38/38) 100%	(23/24) 95.8%	(57/58) 98.3%	(57/58) 98.3%	(96/100) 96%	(128/130) 98.5%	(69/73) 94.5%	(36/38) 94.7%	(73/77) 94.8%
Men B		(88/91) 96.7%	(92/94) 97.9%	(48/52) 92.3%	(58/62) 93.5%	(40/41) 97.6%	(72/76) 94.7%	(28/30) 93.3%	(37/38) 97.4%	(23/24) 95.8%	(76/80) 95%	(56/58) 96.6%	(97/100) 97%	(125/130) 96.2%	(69/73) 94.5%	(36/38) 94.7%	(71/77) 92.2%
2 years																	
MMR		(100/108) 92.6%	(113/115) 98.3%	(65/66) 98.5%	(55/56) 98.2%	(49/50) 98%	(65/69) 94.2%	(20/20) 100%	(24/26) 85.7%	(28/29) 96.6%	(71/75) 93.3%	(50/55) 90.9%	(79/86) 91.9%	(124/130) 95.4%	(67/70) 95.7%	(46/51) 90.2%	(70/74) 94.6%
PCV Final		(101/108) 93.5%	(113/115) 98.3%	(65/66) 98.5%	(55/56) 98.2%	(49/50) 98%	(65/69) 94.2%	(20/20) 100%	(24/26) 85.7%	(28/29) 96.6%	(71/75) 93.3%	(51/55) 92.7%	(80/86) 93%	(124/130) 95.4%	(69/70) 98.6%	(47/51) 92.2%	(70/74) 94.6%
Hib/Men C Booster		(89/108) 91.7%	(112/115) 97.4%	(63/66) 95.5%	(55/56) 98.2%	(49/50) 98%	(65/69) 94.2%	(20/20) 100%	(24/26) 85.7%	(28/29) 96.6%	(70/75) 93.3%	(51/55) 92.7%	(80/86) 93%	(122/130) 93.8%	(68/70) 97.1%	(47/51) 92.2%	(70/74) 94.6%
Men B Complete Course		(101/108) 93.5%	(113/115) 98.3%	(65/66) 98.5%	(55/56) 98.2%	(49/50) 98%	(65/69) 94.2%	(20/20) 100%	(25/26) 89.3%	(28/29) 96.6%	(71/75) 93.3%	(51/55) 92.7%	(80/86) 93%	(123/120) 94.6%	(68/70) 97.1%	(47/51) 92.2%	(70/74) 94.6%
4 years																	
4-in-1 pre-school booster		(118/137) 86.1%	(92/94) 97.9%	(56/63) 88.9%	(68/71) 95.8%	(64/69) 94.2%	(82/86) 95.3%	(17/19) 89.5%	(39/45) 86.7%	(20/24) 83.3%	(86/88) 97.7%	(46/53) 86.8%	(100/109) 91.7%	(129/143) 90.2%	(50/53) 94.3%	(44/48) 91.7%	(88/98) 89.8%
Hib/Men C booster		(135/137) 98.5%	(92/92) 97.9%	(62/63) 98.4%	(69/71) 97.2%	(65/69) 94.2%	(83/86) 96.5%	(18/19) 94.7%	(45/45) 100%	(20/24) 83.3%	(85/88) 96.6%	(52/53) 98.1%	(105/108) 96.3%	(138/143) 96.5%	(51/53) 96.2%	(46/48) 95.8%	(95/98) 96.9%
MMR 2 doses		(118/137) 86.1%	(93/94) 98.9%	(58/63) 92.1%	(68/71) 95.8%	(64/69) 92.8%	(82/86) 95.3%	(18/19) 94.7%	(39/45) 86.7%	(20/24) 83.3%	(85/88) 96.6%	(46/53) 86.8%	(100/109) 91.7%	(129/143) 90.2%	(50/53) 94.3%	(43/48) 89.6%	(90/98) 91.8%
5 years																	
MMR 2 doses		(129/143) 91.6%	(92/92) 97.9%	(55/57) 96.5%	(58/61) 95.1%	(67/71) 94.4%	(101/105) 96.2%	(43/44) 97.7%	(21/23) 91.3%	(18/21) 85.7%	(61/66) 92.4%	(55/60) 91.7%	(98/104) 94.2%	(132/136) 97.1%	(62/69) 89.9%	(53/54) 98.1%	(80/90) 88.9%
4-in-1 pre-school booster		(131/143) 91.6%	(113/115) 98.3%	(55/57) 96.5%	(58/61) 95.1%	(66/71) 93%	(101/105) 96.2%	(42/44) 95.5%	(21/21) 91.3%	(19/21) 90.5%	(61/66) 92.4%	(55/60) 91.7%	(100/104) 96.2%	(132/136) 97.1%	(63/69) 91.3%	(54/54) 100%	(75/90) 83.3%
6-8 week physical examinations																	
Outstanding for Births Between 01/04/2021 and 31/03/2022			2	3					10	1		2			0	2	
AUDIT																	
PPV reporting - 2021/2022																	
Date complete			17/01/22				08/07/2021	19/20 Jan 2022	13.1.22					4.11.20	28.10.21		21/09/2021
Reclaim value percentage			15.14%				2.03%	14.81%	5.21%					4.85%	5.52%		2.30%
Reclaim value			£1,089.36				£287.44	£6,252.65	£100.08					£3,169.35	£905.85		£430.39
Outcome			file closed				file closed	file closed	file closed					file closed	file closed		file closed
Enhanced Services audit results 2021/22																	
Completed																	
AUDIT 1 - NPT	Yes																
AUDIT 2 - NOAC	Yes																
AUDIT 3 - DIABETES	Yes																
National ES audit completed 21/22																	
Diabetes	Yes																
COPD -Not Mandatory																	
CKD -Not Mandatory																	
PATIENT EXPERIENCE																	
National Survey																	
Public service ombudsman enquiry /investigation																	
Community Health Council report																	
Health Inspectorate Wales report																	
Date completed																	
National Prescribing Indicators (period ending March 2022)																	
National indicators																	
4C Antibacterials Items per 1000 patients		4.74	13.02	13.99	8.32	10.55	11.97	9.77	8.05	12.21	9.19	13.05	19.25	11.90	10.82	10.87	12.19
Antibacterial Items Per 1000 STAR-PU(13)		239.64	342.72	264.31	204.91	228.88	216.27	237.05	228.38	266.03	212.18	241.30	311.20	309.00	203.34	175.62	223.60
Gabapentin and Pregabalin DDOs Per 1000 Patients		746.02	2,052.54	1,108.70	1,337.96	877.77	920.13	1,296.02	1,322.27	1,170.78	1,405.42	1,356.27	1,695.21	1,407.19	1,149.24	1,315.73	1,256.58
Hypnotics and Anesthetics (UDO) ADO Quantity per 1000 STAR-PU(13)		553.81	2,406.29	2,010.94	1,157.83	1,637.27	2,831.09	1,637.27	1,402.07	1,891.89	1,357.37	1,136.00	2,455.11	2,524.63	1,936.28	567.70	476.97
Reclaim Long-acting Analgesics as % of Long- and Intermediate-acting Insulin		44.44	44.44	45.95	46.46	46.46	46.46	46.46	46.46	46.46	46.46	46.46	46.46	46.46	46.46	46.46	46.46
Low Value for Prescribing 6 per 1000 Patients		101.37	93.62	455.15	69.85	167.17	196.89	91.28	203.16	257.08	397.37	122.52	111.31	214.04	259.08	40.53	84.18
Opioid Burden (UDS) ADOs per 1000 Patients		3,284.70	6,629.23	4,216.31	3,291.78	2,927											

## Agenda item: 2.1b

Delivery and Performance Committee		Date of Meeting: 28 February 2023
<b>Subject :</b>	Community Pharmacy Performance Report 2022/2023	
<b>Approved by:</b> <b>Presented by:</b>	Kate Wright – Medical Director Emlyn Pritchard - Head of Primary Care Medicines Management	
<b>Prepared by:</b>	Emlyn Pritchard - Head of Primary Care Medicines Management Jacqui Seaton – Chief Pharmacist	
<b>Other Committees and meetings considered at:</b>	Executive Committee 22 February 2023	

### PURPOSE:

The Community Pharmacy Performance Report provides an account of Powys' community pharmacy activities undertaken during 2022/23. It is intended to update the Delivery and Performance Committee on community pharmacy contractual framework and the health board's involvement with contract monitoring. The report outlines progress to date, areas of concern and plans for the next 12 months.

### RECOMMENDATION(S):

The committee is asked to take **assurance** that PTHB is fulfilling its requirements/role in the context of the community pharmacy contractual framework.

Approval/Ratification/Decision <sup>1</sup>	Discussion	Information
✓		

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

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

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

**EXECUTIVE SUMMARY:**

Managing the community pharmacy contract is one of the responsibilities of the Chief Pharmacist. This is managed on a day-to-day basis by the Head of Primary Care Medicines Management.

There are 23 community pharmacies located within the geography of Powys, 8 in the north, 7 in the mid and 8 in the south.

In September 2021 the health board published its first Pharmaceutical Needs Assessment (PNA) setting out the needs and gaps in pharmaceutical services within the health board area.

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 across our geography (e.g. clinical services)

Significant progress has been made with monitoring community pharmacy activities and this information is being used to evaluate and challenge current service provision to ensure that our population is obtaining the greatest benefit from this valuable resource.

Given the financial pressures facing the health board, monitoring the spend against the monies allocated to community pharmacy is a priority. The team is focussed on evaluating and optimising services provided through community pharmacy.

Over the next 12 months the Medicines Management Team will work closely with contractors to ensure that the limited community pharmacy budget is used to the greatest benefit of our population. Monitoring current service provision will be strengthened and, where appropriate, investment will be reviewed to ensure that it is directed at services that will maximise the benefit to patients and the wider health economy (i.e. maximising the use of the skills of our community pharmacy teams).

Community pharmacy contract visits will be reinstated during 2023/24 and a 'Contract Assurance Framework' for community pharmacy will be developed.

The Medicines Management Team will work closely with Welsh Government to help address some of the challenges that are unique to Powys (e.g. the implementation of 56-day prescribing).

## **DETAILED BACKGROUND AND ASSESSMENT:**

### **Pharmaceutical Needs Assessment (PNA)**

Powys Teaching Health Board published its first PNA in September 2021.

A PNA is a legal document that all Health Boards were mandated to produce and publish by 1<sup>st</sup> October 2021. The requirement to produce a PNA was directed in The National Health Service (Pharmaceutical Services) (Wales) Regulations 2020. The Regulations require that a PNA must be undertaken at least every 5 years (or sooner if a Health Board identifies changes to the need for pharmaceutical services which are of a significant extent).

Our [PNA](#) is published on the health board's website and it describes:

- The current health needs of the population
- The current provision of pharmaceutical services by pharmacies, dispensing appliance contractors and dispensing doctors both within and outside of the health board's area,
- Any changes that may arise during the lifetime of the document such as demographic changes, housing developments, regeneration projects, and changes to the location of other NHS service providers
- Any current gaps in service provision or any that will arise during the lifetime of the document.

The only gap in pharmaceutical services identified in the PNA was in Llanwrtyd Wells, due to the absence of access to the following pharmaceutical services in that area:

- Emergency Hormonal Contraception
- Smoking Cessation Service level 3
- Influenza Vaccination
- Common Ailments Service
- Emergency Medicines Supply



Following a change of ownership of the pharmacy (February 2022), all of these services are now provided, filling the gap identified in the PNA. A [supplementary statement](#), to sit alongside the PNA, was published on the health board's website in May 2022.

**Distribution**

Powys health board currently has 23 community pharmacies, distributed as follows:

**North Cluster – 8 pharmacies**

- Danby's – Llanfyllin
- Boots - Welshpool
- Rowlands - Welshpool
- Rowlands – Machynlleth
- Morrisons - Newtown
- Boots - Newtown
- Lloyds - Newtown
- Llanidloes Pharmacy

**Mid Cluster – 7 pharmacies**

- Boots – Knighton
- Rowlands – Rhayader
- Lakeside Pharmacy
- Boots – Llandrindod Wells
- Presteigne Pharmacy
- Boots – Builth Wells
- Llanwrtyd Pharmacy

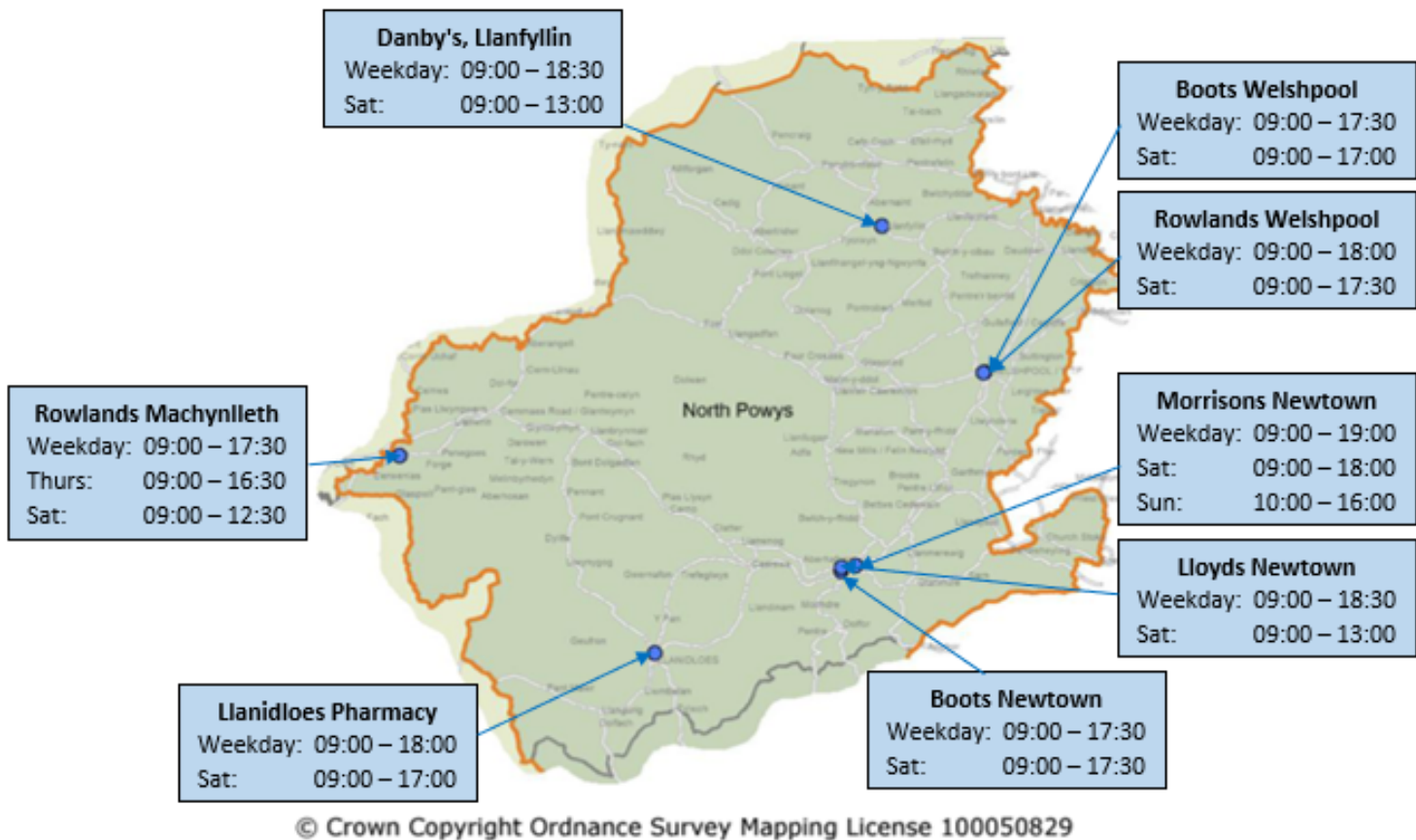
**South Cluster – 8 pharmacies**

- RM Jones - Hay
- Primrose Pharmacy – Talgarth
- Well - Brecon
- Boots - Brecon
- Boots - Crickhowell
- RJ Davies - Lower Cwmtwrch
- EW Richards - Ystradgynlais
- JG & RJ Davies - Ystradgynlais



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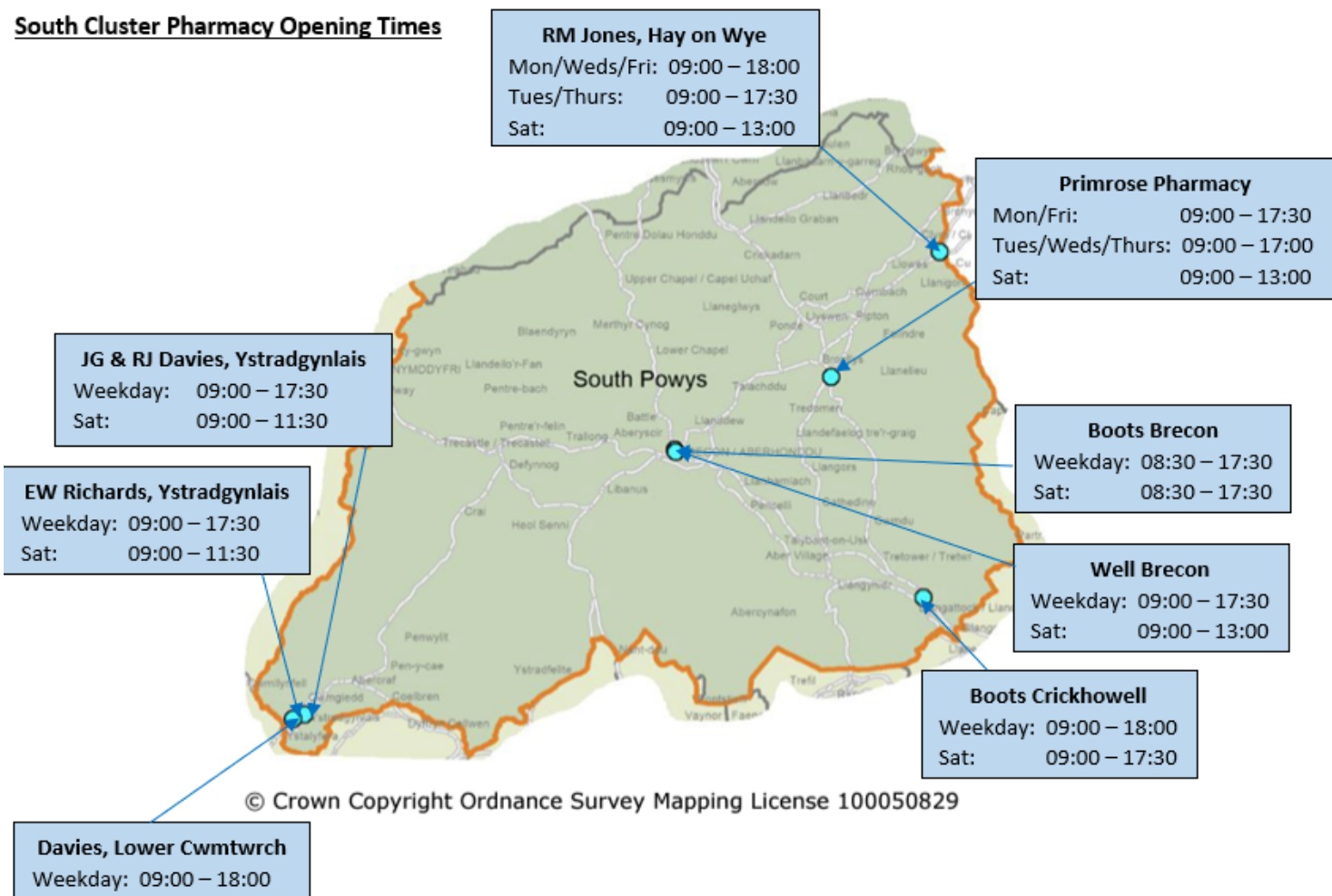
North Cluster Pharmacy Opening Times



Mid Cluster Pharmacy Opening Times



## South Cluster Pharmacy Opening Times



## Opening Times

With the exception of the pharmacy in Llanwrtyd Wells (which has reduced opening hours), pharmacies typically open from 09:00 to 17:30, Monday – Friday.

21 of our 23 pharmacies open on Saturdays, 12 of which cover the hours of 09:00 to 17:00. Saturday services are not provided by the pharmacy in Llanwrtyd Wells nor by Davies Chemist Ltd, Ystradgynlais.

Morrisons (Newtown) opens from 10:00 to 16:00 on Sundays.

## Commissioned Rota Services

In addition to 'normal opening hours' the health board commissions a number of pharmacy rota services on weekday evenings and on Sundays. See Table 1 below.

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**Table 1: Regularly Commissioned Rota Agreements**

Pharmacy	Commissioned Rota		Comments
JG & RJ Davies, Ystradgynlais, Davies Chemist Ltd, Ystradgynlais, EW Richards, Ystradgynlais <i>Davies Chemist Ltd, Ystalyfera*</i>	11:30 – 12:30	Sunday	Rota is commissioned where each pharmacy opens every fourth Sunday. *Davies Chemist Ltd, Ystalyfera is not a PTHB contractor.
Well, Brecon Boots, Brecon	16:00 – 17:00	Sunday	Rota is commissioned where each pharmacy opens alternate Sundays.
Lakeside, Llandrindod Wells Boots, Llandrindod Wells	17:30 – 18:30	Mon - Fri	Rota is commissioned where each pharmacy covers the additional hours on alternate weeks.
Boots, Knighton	17:30 – 18:30	Mon - Fri	Every week.
Boots, Builth Wells	17:30 – 18:00	Mon - Fri	Every week.
Presteigne Pharmacy	17:45 – 18:00	Mon - Fri	Every week.
Llanidloes Pharmacy	17:30 – 18:00	Mon - Fri	Every week.
Boots, Welshpool	17:30 – 18:00	Mon - Fri	Every week.
Danby's Llanfyllin	17:30 – 18:15	Mon - Fri	Every week.

Community pharmacy rota services cost the health board approximately £10,000 a month. The extent to which the rota services are used is currently unknown. There are also concerns about the sustainability of rota services due to the workforce challenges facing community pharmacy contractors. This is an area that has been identified as a priority for evaluated and review during 2023/24

### **Temporary Closures**

Community pharmacy contractors have a contractual obligation to notify the health board, at the earliest opportunity, when they are unable to open for their full contracted hours, providing details of the reason for closure and assurance that all actions have been taken to ensure that patients can access the medicines that they need and that GP surgeries and other care providers have been informed.

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.



Escalation Status

Community pharmacy contractors are encouraged to update their escalation status on the Primary Care Information Portal whenever their status changes. The Medicines Management Team is automatically notified when a status is updated, this allows work to be undertaken to understand the rationale for escalation and to support contractors to mitigate the impact on patients and members of the public.

**Table 3** summarises the status categories and the status of our community pharmacies as of 20/11/2022 (last submission date in 2022)

Table 2: Pharmacy Escalation Status

Escalation Status	No. Pharmacies (06/10/22)	Summary
5	0	Closed in normal business hours
4	0	Business continuity issues (interruption to utilities / adverse weather) Reduced staffing levels or increased demand is having a significant impact on the provision of services.
3	1	Business continuity issues (interruption to utilities / adverse weather) Reduced staffing levels or increased demand is having an impact on the provision of services
2	8	Open as usual and either reduced staffing levels or increased demand on services. Sufficient capacity to meet demand.
1	13	Open and delivering services as usual
0	1	Status has not been updated

New Community Pharmacy Contractual Framework

A new, more clinically focussed, community pharmacy contract was introduced on 1st April 2022, bringing in a wide range of reforms under four key themes:

- A commitment to quality, collaboration, and integration within primary care
- A workforce with the skills needed to deliver outstanding pharmaceutical care
- Expanding the clinical role of community pharmacists
- Valuing the contribution community pharmacies make to the NHS

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## **Clinical Community Pharmacy Service**

Under the new contract, there is a new national directed service: Clinical Community Pharmacy Service (CCPS) which all pharmacies in Powys have committed to provide. There are four components to the CCPS service:

- Emergency Contraception
- Common Ailments Service
- Emergency Medicines Supply
- Seasonal Influenza Vaccination

Pharmacies are required to 'offer' all four of these services in order to receive the associated payments. The Medicines Management Team is working with contractors and closely analysing service claim data to ensure that the services are offered across Powys in line with the commitment.

Although outside the new contractual framework, pharmacies are also commissioned to provide some 'additional pharmacy services' including smoking cessation support, waste reduction scheme, respiratory rescue medicines service, supervised administration, palliative care medicines, receipt of patient sharps, needle and syringe exchange service, inhaler review service, medicines administration record (MAR) provision etc. These are commissioned locally. Details of which pharmacies provide these services can be accessed via the health board's [website](#). Not all of these services are provided by all Powys community pharmacies. This can be confusing for our population and therefore our ambition is to ensure a consistent service offer from all pharmacies in the future.

## **Pharmacist Independent Prescribing Service**

There is a national drive to increase the number of community pharmacists that are trained and working as independent prescribers. To support this, a new national directed service: Pharmacist Independent Prescribing Service (PIPS) has been included in the new contract. This service allows the provision of a national extended minor illness service and/or national contraception service, or other health board commissioned services, depending on local priorities.

There are now four community pharmacy sites actively prescribing for patients in Powys:

- Llanidloes Pharmacy
- Davies Chemist, Lower Cwmtwrch
- RM Jones, Hay on Wye
- Primrose Pharmacy, Talgarth

Llanidloes pharmacy has an established service focussed on an extended common ailments formulary and respiratory and urinary tract infections. The other three services are focussing on an extended minor ailments formulary and Davies Chemist, Lower Cwmtwrch is also providing contraceptive services.

It is anticipated that two further sites, Llanwrtyd Wells Pharmacy and Boots Knighton, will be commissioned to provide the prescribing service before the end of the financial year.

The main challenge faced by pharmacists who wish to train as independent prescribers is the ability to identify a Designated Prescribing Practitioner (DPP) to provide supervision, support and practical experience in a clinical area during training. There is currently a limited pot of money to reimburse DPPs for their time, although this funding is not guaranteed beyond 2022/23.

### **Monitoring the Community Pharmacy Contract and Pharmacy Service Provision**

Community pharmacy contractors are asked to complete three checklists annually which are used to inform priority of contract monitoring visits:

- Clinical Governance Checklist
- Information and Security Management System (ISMS) Checklist
- Controlled Drugs Checklist

These checklists will be updated nationally (to include changes to the terms of service) and, once updated, they will be sent to contractors for completion January–March 2023.

Community pharmacy contract monitoring visits were suspended in 2020 due to the COVID-19 pandemic. The Medicines Management Team had originally intended to resume contract monitoring visits during 2022-23, however due to the imminent changes to the terms of service, contract monitoring visits will now resume during 2023-24.

#### Community Pharmacy Finances and Clinical Services Evaluation

Each year the health board receives a financial allocation for community pharmacy.

Allocation for 2022/23 = £5.047 million split as:

- Clinical services funding (£534k)
- Independent prescribing service funding (£166k)
- Independent prescribing set up costs (£10k)
- Primary care cluster lead funding (£6k)
- Quality, collaborative working and continuity schemes (£288k)
- Workforce incentive (£138k)
- Other contractual elements (£3.9 million)

The Medicines Management Team, in collaboration with finance colleagues, has strengthened its financial governance of the community pharmacy allocation.

Historically, the health board has overspent on its clinical services allocation and the Medicines Management Team is working to ensure the limited budget is spent on services that will offer the greatest benefit to our population.

Robust monitoring of all community pharmacy commissioned services is now in place, allowing evaluation of service provision and identification of areas for improvement, investment and disinvestment such as:

- Pharmacies providing emergency supplies of medicines to patients during normal GP surgery opening hours
- Pharmacies regularly providing services to non-Welsh residents
- Pharmacies commissioned, but not actively providing services

The monitoring tools that have been developed also allow the medicines management team to identify changes in service provision over time and highlight contractors who are consistently offering valuable services to Powys residents. The medicines management team will recognise these successes and plan to issue certificates in April / May 2023.

## **Information for the Public and Contractors**

The Medicines Management Team is committed to making information easily accessible to the clinicians and members of the public. The Medicines Management pages of the PTHB website include a section on community pharmacy. These pages are regularly updated and contains information on:

- Community pharmacy contact details
- Services provided by each community pharmacy
- Bank holiday rota arrangements
- Pharmaceutical Needs Assessment

Contractors can also access the Community Pharmacy Repository (password-protected) via the same area of the website. The page hosts information, service level agreements, Patient Group Directives (PGDs) and other forms for all services currently provided by community pharmacies in Powys.

The Medicines Management Team plans to develop the website further to ensure that patients and clinicians can easily access information relating to pharmacy services.

## **Challenges/opportunities for improvement**

### **56 Day Prescribing**

There is a national drive to move from 28 to 56-day prescribing. This will bring Wales in line with other UK nations and offer benefits to patients, the environment, GP practices and community pharmacy.

However, this is significant challenge for Powys as 38% of our registered population access their medicines from GP practice dispensaries rather than community pharmacies. No other health board faces a challenge of this scale.

In April 2022 the Medicines Management Team conducted an audit to understand the financial impact that switching from 28 to 56-day prescribing would have on dispensing practices. The results showed that the 11 dispensing practices in Powys would collectively lose in the region of £900,000 per annum from the reduced dispensing fees.

If 28-day prescribing remains in place, patients in Powys will have to make more trips to collect their prescriptions, GP practices will spend more time generating and signing prescriptions and community pharmacists will spend more time dispensing prescriptions rather than focussing on more clinically focussed tasks. There is also the environmental impact of increased travel and paper generation if 28-day prescribing remains in place.

Builth Wells Medical Practice is not a dispensing practice and has requested support from the Medicines Management Team to move appropriate patients to 56-day prescriptions. It



is anticipated that other non-dispensing practices will follow Builth's lead. Access to 56-day prescriptions will be dependent on whether a patient is registered with a dispensing or a non-dispensing practice. It is anticipated that this position may be challenged by patient groups.

The Medicines Management Team is working closely with Welsh Government to find a solution to this challenge and has also taken steps to ensure that Powys has a voice when guidance like this is being considered (the Chief Pharmacist will sit of the All Wales Prescribing Advisory Group (AWPAG)).

**Accelerated Cluster Development (ACD) and Community Pharmacy Collaborative Leads (CPCLs)**

A CPCL is a nominated pharmacist or technician who leads a community pharmacy collaborative within a cluster. Roles are appointed following a nomination and voting process undertaken by the pharmacies within each cluster.

The CPCL plays a critical role in shaping engagement and providing leadership and representation for pharmacies within the primary care cluster.

CPCLs are funded from the 'Primary Care Cluster Lead' allocation in the community pharmacy budget.

All pharmacies are able to participate in the collaborative working incentive that is built into the contract; pharmacies are able to claim for 5 meetings, three of which must be as part of their professional collaborative, the other two should be meetings with other health care professionals.

Neither the mid-cluster nor the south-cluster have CPCLs in place. The vacancy has existed in the mid-cluster since April and in the south-cluster since September.

- Contractors have provided feedback about why they are not keen to take on the CPCL role:
- Insufficient remuneration
  - Meetings too frequent
  - Meetings held at times that are not convenient for community pharmacy businesses
  - Increased workload associated with the role.

Without a CPCL, all contractors in the cluster will be affected as they will be unable to claim for 3/5 collaborative working payments.

The Medicines Management Team is working closely with Welsh Government to identify ways of attracting pharmacists and technicians into these posts.

**NEXT STEPS:**

Over the next 12 months the Medicines Management Team will build on the progress that has been made to date.

Contract monitoring visits will be reintroduced during 2023/24 and all contractors will receive a contract visit during 2023/24.

A 'Contract Assurance Framework' for community pharmacy will be developed. This will be updated quarterly.

A 'Contract Breach Process' will be introduced to strengthen contract management.

The Pharmaceutical Needs Assessment (PNA) will be reviewed in light of the new contractual framework.

The provision of Clinical Community Pharmacy Services (CCPS) will be closely monitored to ensure access across the whole county.

The provision of 'rota services' and 'additional pharmacy services' will be reviewed to ensure that they are of value to our population and providing value for money.

The Medicines Management Team will work closely with Welsh Government to address some of the challenges that are unique to Powys (e.g. 56-day prescribing)

**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	✓			
This report is intended as an update on progress made and does not require approval, ratification or decision.				

Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical	✓			
Financial	✓			
Corporate	✓			
Operational	✓			
Reputational	✓			

This report is intended as an update on progress made and does not require approval, ratification or decision.

Patterson Liz  
28/02/2023 13:28:40

# Powys THB Finance Department Financial Performance Report Delivery & Performance Committee

**Period 10 (January 2023)  
FY 2022/23**

**Delivery and Performance Committee  
Date Meeting: 28 February 2023  
Item 2.3**

Patterson Liz  
28/02/2023 13:28:40



# Introduction

Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 10 OF FY 2022/23
Approved & Presented by:	Pete Hopgood, Director of Finance
Prepared by:	Christian Thomas, Assistant Director of Finance
Other Committees and meetings considered at:	Delivery & Performance Group Board
PURPOSE:	
This paper provides the Board with an update on the January 2023 (Month 10) Financial Position including Financial Recovery Plan (FRP) delivery and Covid.	
RECOMMENDATION:	
It is recommended that the Board/Committee: <ul style="list-style-type: none"><li>• DISCUSS and NOTE the Month 10 2022/23 financial position.</li><li>• DISCUSS and NOTE the 2022/23 financial forecast deficit position</li><li>• DISCUSS and NOTE the 2023/24 financial outlook</li></ul>	

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

Approval/Ratification/Decision	Discussion	Information
	✓	

Patterson, Liz  
28/02/2023 11:28:40

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)
		<b>3.945</b>
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)
		<b>5.955</b>
Delivery Unmet Savings & Assumed Recurrent Benefits	b/f 20/21 and 21/22	(3.687)
Recurrent Commitment Recovery Allocation 22/23		(1.297)
		<b>0.971</b>
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)
		<b>4.057</b>
Locally Determine Growth & Pressures	General Inflation Uplift 2%	3.943
	Primary Care Prescribing	0.400
	CHC Growth Volume	1.747
	New Investments	0.198
		<b>10.345</b>
Standard National Pressures / Growth	Microsoft Licence additional contribution	0.280
	WRP additional contribution	0.419
		<b>11.044</b>
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		<b>0.000</b>

### Core Financial Plan Principles:

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

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

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

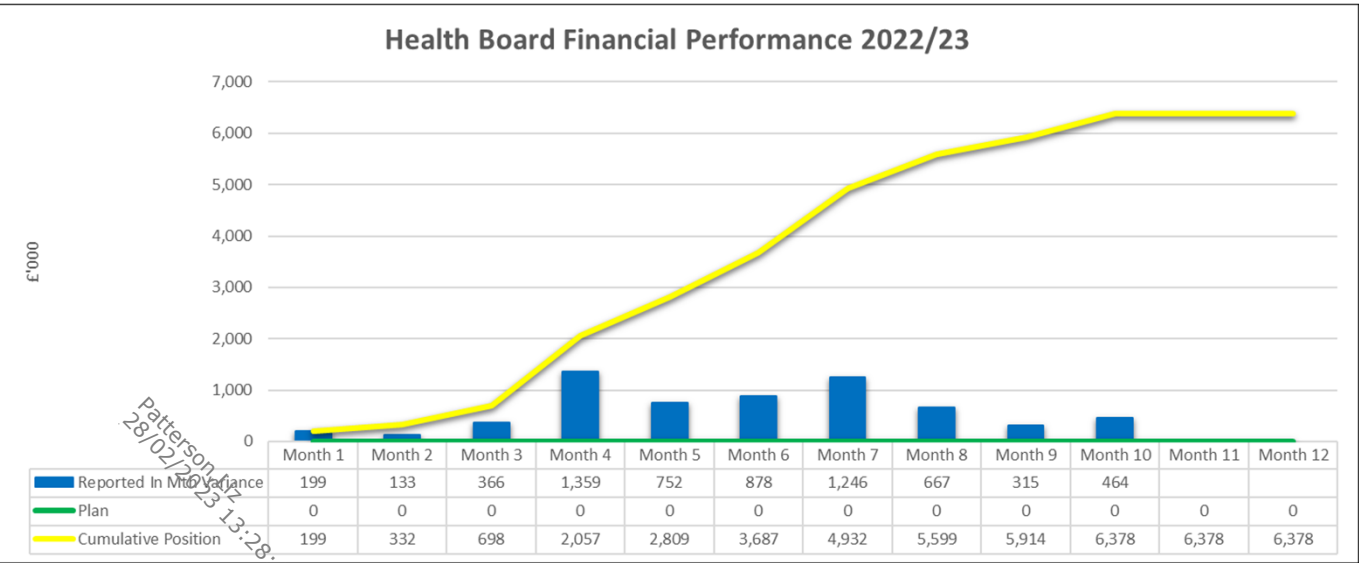
Revenue			Capital		
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by Welsh Government	Value £'000	Trend		Value £'000	Trend
Reported in-month financial position – deficit/(surplus) – Red	-464	↓	Capital Resource Limit	11,236	→
Reported Year To Date financial position – deficit/(surplus) – Red	-6,378	↓	Reported Year to Date expenditure	6,355	→
Year end – deficit/(surplus) – Red	-7,500	→	Reported year end – deficit/(surplus) – Forecast Green	0	→

Powys THB 2022/23 Plan was approved by the Board and submitted to WG on 31<sup>st</sup> 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 £6.355m over spend at Month 10.

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	(318,921)	(318,921)	0
02 - Capital Donations	(567)	(567)	0
03 - Other Income	(5,265)	(6,346)	(1,081)
<b>Total Income</b>	<b>(324,752)</b>	<b>(325,833)</b>	<b>(1,081)</b>
05 - Primary Care - (excluding Drugs)	36,258	36,260	2
06 - Primary care - Drugs & Appliances	25,499	27,192	1,693
07 - Provided services -Pay	80,305	79,479	(826)
08 - Provided Services - Non Pay	18,815	16,737	(2,078)
09 - Secondary care - Drugs	822	1,184	363
10 - Healthcare Services - Other NHS Bodies	122,806	128,329	5,523
12 - Continuing Care and FNC	18,129	21,536	3,407
13 - Other Private & Voluntary Sector	2,857	2,725	(132)
14 - Joint Financing & Other	12,039	11,543	(497)
15 - DEL Depreciation etc	3,815	3,819	4
16 - AME Depreciation etc	3,406	3,406	0
18 - Profit\Loss Disposal of Assets	0	0	0
<b>Total Costs</b>	<b>324,752</b>	<b>332,211</b>	<b>7,459</b>
<b>Reported Position</b>			<b>6,378</b>

It should be noted that £5.4m of non recurrent corporate opportunities have been released into the position at month 10.

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 £4.6m.

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

8/9 months of activity data has been received for the majority of Welsh or English providers. There is a forecast deficit for Commissioning of £8.0m.

Progress against planned £4.649m Savings Target

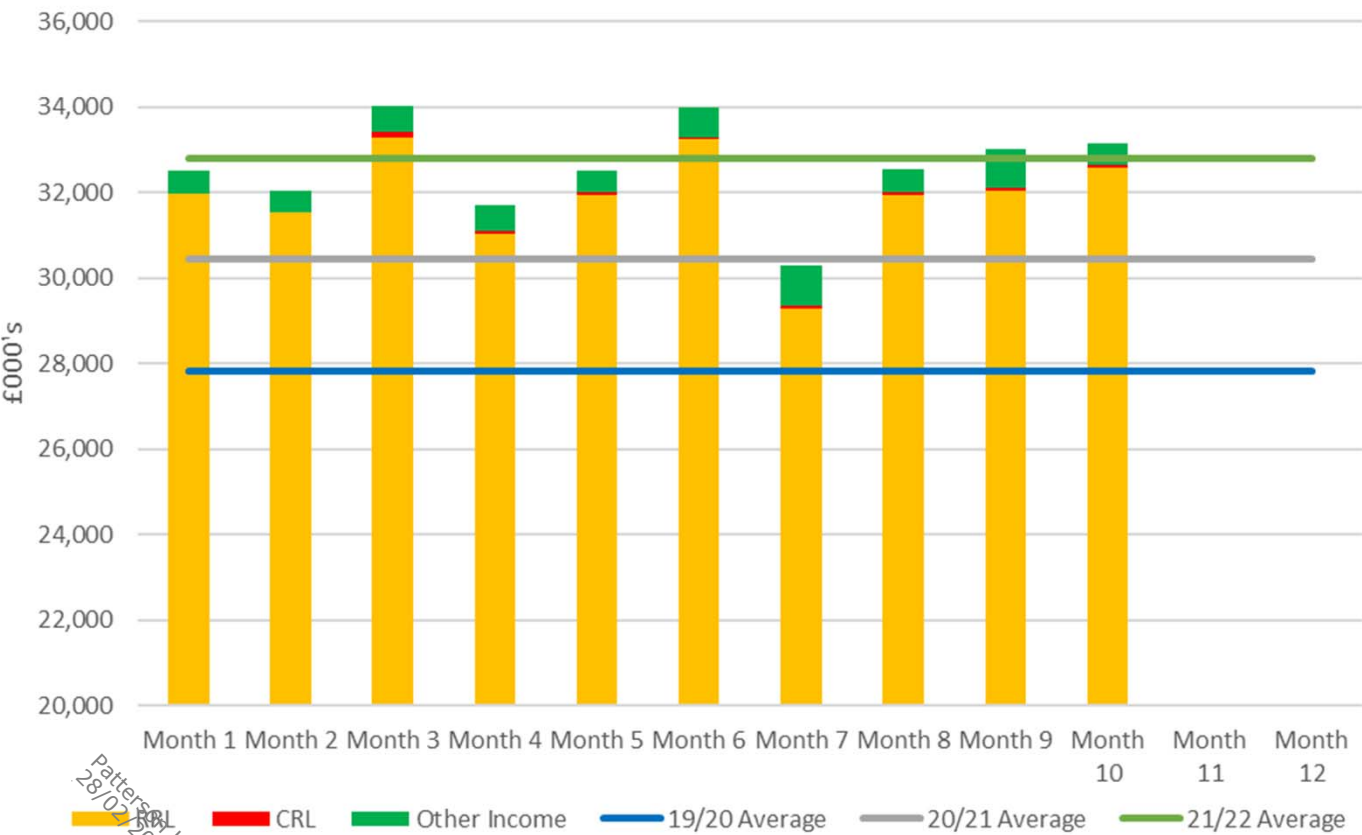
	22-23 Target 1.3%	2022/23 £000'					2023/24 (Recurrent) £000'				
		Green	Amber	Total Green & Amber	Pipeline Red	Shortfall against Target	Green	Amber	Total Green & Amber	Pipeline Red	Shortfall against Target
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Medicines Management			548	548	900			548	548	900	
Provider Non Pay			34	34				64	64		
Accountancy gains		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

Area	2022/23 £000'		F&P Recovery				2023/24 (Recurrent) £000'			
	Month 10	Forecast	2022/23 £000'							
			Green	Amber	Red	Total	Green	Amber	Red	Total
Community Services	1,539	1,863							2,886	2,886
CHC	3,699	4,413								
Primary Care	(22)	(23)	49	94	227	370		313	568	881
Mental Health	(1,146)	(1,245)	142		105	247	244		358	602
Women & Children	(250)	(307)								0
Environment : Estates / Facilities	520	569	95	63	21	179			56	56
Finance / Digital	(346)	(667)	110			110	16			16
Medical Director	3	6			25	25			60	60
Prescribing	2,036	2,444								0
Nursing Director	(601)	(699)			74	74				0
Commissioning	6,696	8,035		135	315	450		300	671	971
CEO	109	151								
Planning	(417)	(500)								
Therapies	(293)	(371)		40		40				0
Public Health	(146)	(101)								
WOD	(322)	(280)							297	297
COVID response/AL/ non recurrent opps	(4,681)	(5,780)								
Total	6,378	7,510	396	332	768	1,495	374	619	5,415	6,407

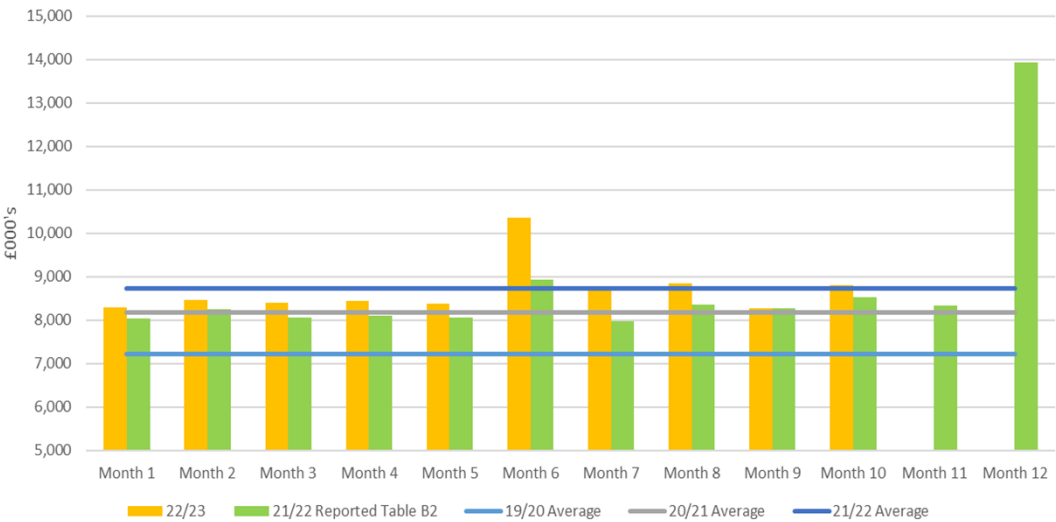
- In order to achieve breakeven as set out in the 2022-23 Financial Plan, a recurrent savings target totalling £4.649m (1.3%) needs to be delivered.
- Savings identification and delivery profiles are not where they need to be through month 9.
- There is an in-year forecast shortfall of £1.790m against the savings requirement and a recurrent shortfall of £4m.
- £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

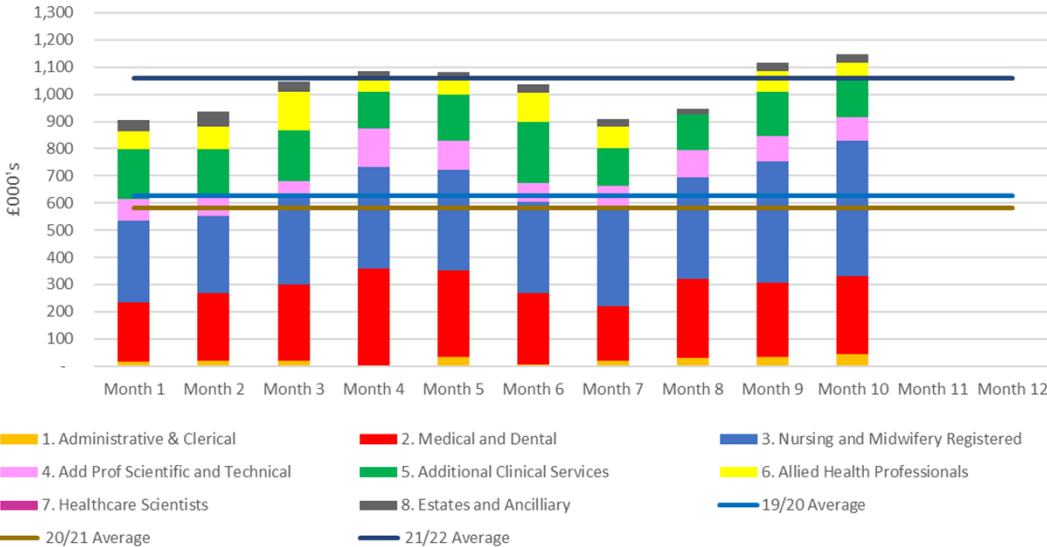


- The total income received in 2020/21 is significantly higher than the average for 2019/20 due to the £31M of covid funding received from WG and reported in detail in Note 34.2 on the 2020/21 Annual Accounts.
- For 2022/23 the total anticipated funding for Covid as part of the RRL is £13.276M, and an element of this has been included in each month.
- For 2022/23 the total anticipated funding for Exceptional Pressures is £2.300M, and an element of this has been included in each month.

Total Actual Pay 2022/23 vs Previous Years



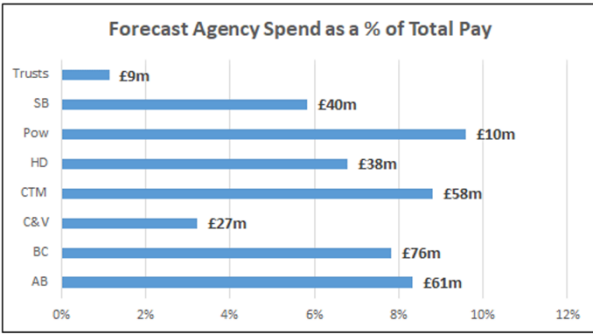
Total Actual Variable Pay 2022/23 vs Previous Years



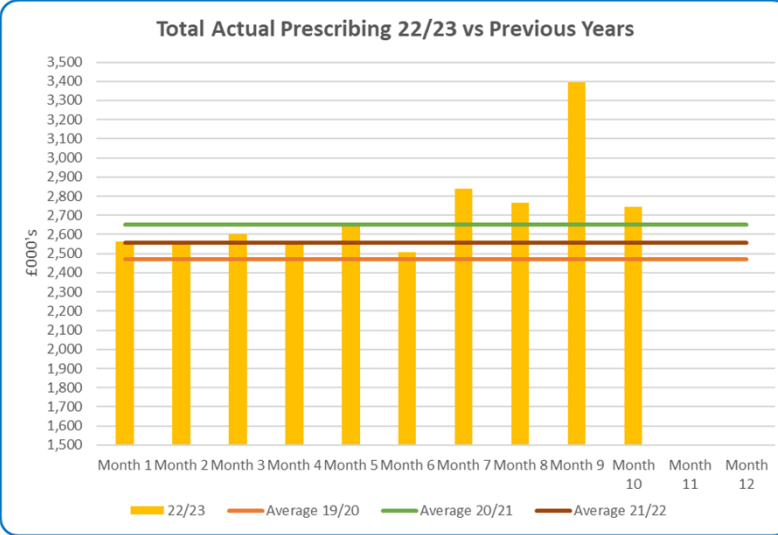
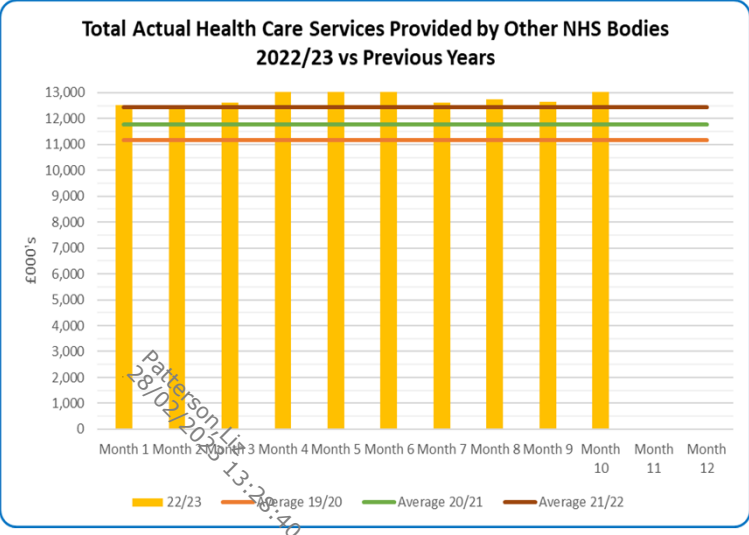
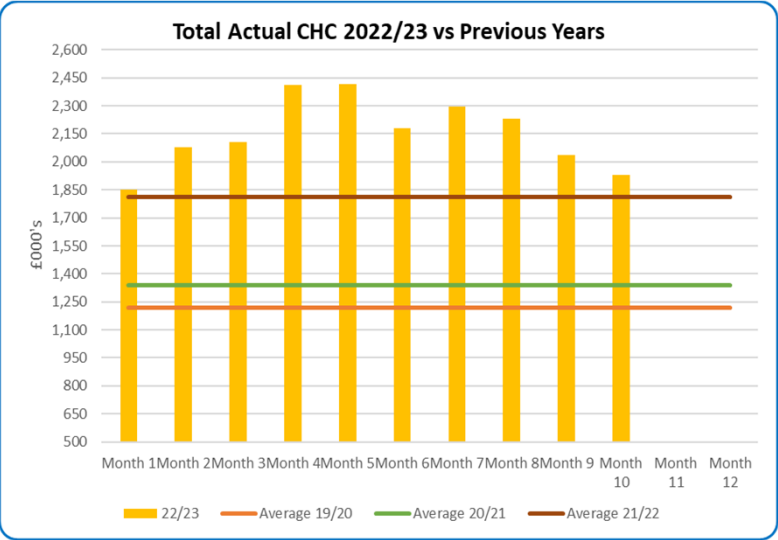
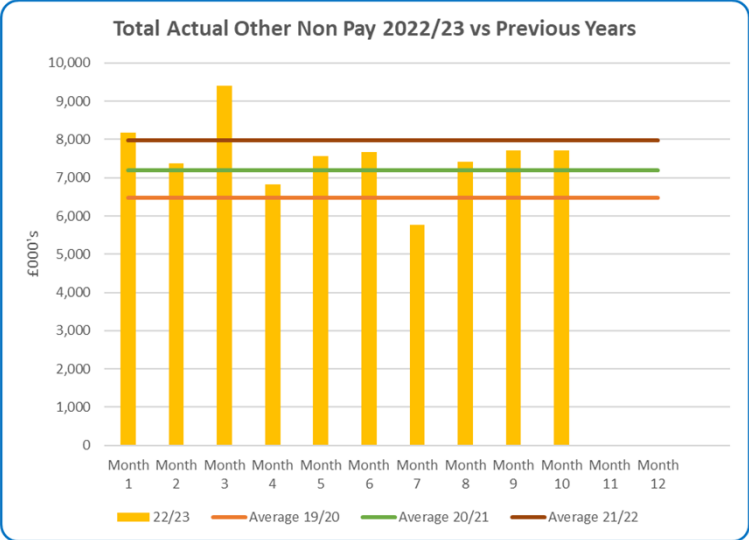
- The Month 10 YTD pay is showing an overspend of £0.826M against the year-to-date plan.
- Chart 1 is comparing that the total pay position for 2022/23 with data from previous financial years. The green bars represent the total pay as per the MMR report (Table B2) in 2021/22 and the yellow bars the position 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.

Forecast position on Agency Spend -

All Wales position = at the time of writing this report only the Mth 8 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:



# Health Board Actual 2022/23 vs Trend Previous Financial Years



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

There are 3 key areas of focus:

- Commissioning – currently the LTAs are moving away from the Block arrangement as per the guidance from the DoH and WG as a consequence of C-19. These figures will also contain the growth in WHSSC and EASC. Please see Page 8 for more details.
- CHC – 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.

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

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

### Commissioning Forecast 2022/23

		Month 9	Month 10
Commissioning	2021-22 Outturn (£'000)	2022-23 Forecast (£'000)	2022-23 Forecast (£'000)
Welsh Providers	38,536	38,718	38,870
English Providers	61,013	63,698	63,653
WHSSC / EASC	44,608	46,602	47,256
Other NHS Providers	4,374	4,097	4,626
Mental Health	1,130	1,306	1,332
Private Providers	701	633	606
<b>Total</b>	<b>150,362</b>	<b>155,054</b>	<b>156,343</b>

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	Forecast £'000
<b>Covid National Programmes:</b>											
Test Trace & Protect	518	369	422	173	130	144	122	126	192	141	2,700
PPE	3	5	4	11	9	11	6	5	5	0	54
Mass Vaccination Programme	283	291	348	125	228	301	269	346	332	202	3,552
<b>Total</b>	<b>804</b>	<b>665</b>	<b>775</b>	<b>309</b>	<b>367</b>	<b>456</b>	<b>397</b>	<b>477</b>	<b>529</b>	<b>343</b>	<b>6,306</b>
<b>Covid response:</b>											
Covid Response - Cleaning Standards	47	47	47	47	47	48	47	47	47	47	564
Covid Response - Prescribing	143	61	102	102	102	102	(310)	43	43	43	513
Covid Response - Workforce (sickness and IPC measures) - Core	203	278	200	200	175	175	150	150	150	125	2,056
D2RA	118	76	39	118	7	123	28	91	91	91	963
Commissioned Services	94	94	94	94	94	94	70	70	70	70	985
Other Capacity & facilities costs - Stores	9	9	9	9	9	9	9	9	9	9	105
Other covid costs	18	71	39	31	32	464	163	211	161	124	1,783
Fixed term covid appointments	32	14	42	25	10	1	25	22	(3)	0	0
<b>Total</b>	<b>663</b>	<b>650</b>	<b>572</b>	<b>624</b>	<b>475</b>	<b>1,015</b>	<b>182</b>	<b>643</b>	<b>567</b>	<b>509</b>	<b>6,970</b>
<b>Exceptional Items:</b>											
National Cost Pressures - Direct Energy and Fuel	127	70	98	837	707	368	(1,158)	134	22	135	1,608
National Cost Pressures - Real Living Wage	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	369
<b>Total</b>	<b>223</b>	<b>166</b>	<b>194</b>	<b>933</b>	<b>803</b>	<b>494</b>	<b>(1,056)</b>	<b>191</b>	<b>72</b>	<b>184</b>	<b>2,569</b>

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)
<b>Total</b>	<b>15.112</b>	<b>(7.602)</b>	<b>7.510</b>

Delivering the position is not without further financial risk:

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

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

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

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

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

A number of key areas will require further clarity:

- Additional costs linked to COVID funded at risk non recurrently in 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 10 for FY 2022/23 of £6.378M
- PTHB has formally reported a £7.5m forecast deficit FY 2022/23. Letters have gone out to all Executive Directors escalating the organisation into Financial Recovery status with a Finance & performance sub-group being established.
- The £4.6m savings target is profiled into the position. Limited recurrent savings have been identified to date.
- Recovery actions totalling £0.7m have been identified to support and stabilise the financial position. Further progress needs to be made.
- Operational pressures needing to be addressed including CHC, Underlying commissioning pressures and nursing variable pay as run rates continue to increase.

### Key Actions:

#### Management of all operational Pressures:

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

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

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

**Identify exit strategies for current COVID response cost drivers**

# Powys THB Finance Department

## Financial Performance Report - Appendices

Patterson, Liz  
28/02/2023 13:28:40



Embedded below are extracts from the Monthly Monitoring Return submitted to Welsh Government on 13<sup>th</sup> January 2023.

MMR Narrative



<https://s365.sharepoint.co>

MMR Tables



<https://s365.sharepoint.co>

Ring Fenced Table



<https://s365.sharepoint.co>

Mass Vac Tables



<https://s365.sharepoint.co>

TTP Tables



<https://s365.sharepoint.co>

C19 & Exceptional  
Items Table



<https://s365.sharepoint.co>

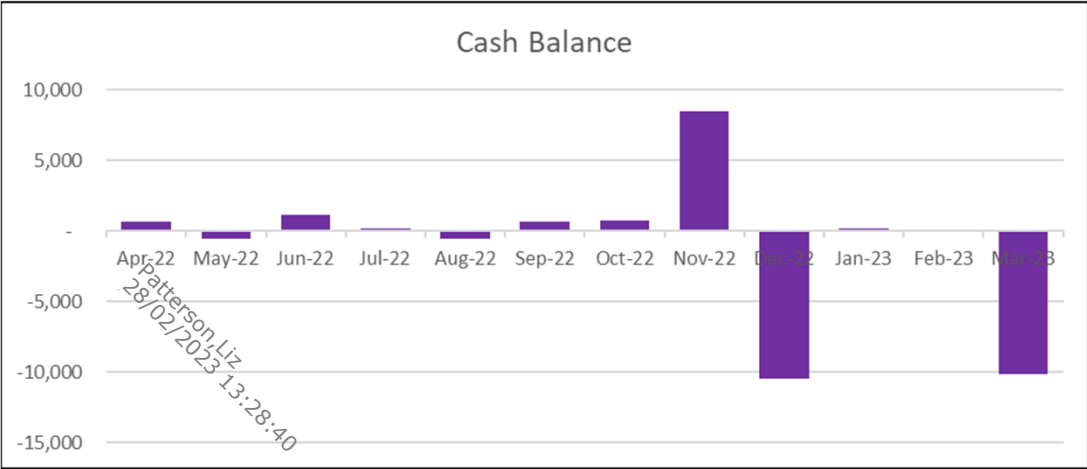
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Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st January 2023
<b>WG CRL FUNDING</b>	<b>£M</b>	<b>£M</b>	<b>£M</b>
Discretionary Capital	1.089	1.412	0.286
Machynlleth	7.733	7.460	5.160
Breconshire War Memorial Hospital - development of Car Parking Facilities	0.825	0.775	0.775
Lift replacement at Llandrindod Wells Memorial Hospital	0.291	0.291	0.111
DPIF - Digital Medicines Transformation Portfolio	0.022	0.022	0.000
End of Year Funding - November 2022	1.177	1.177	0.309
Eye Care Transfer from C&V	0.068	0.068	0.000
Donated assets - Purchase	0.680	0.680	0.248
Donated assets (receipt)	(0.680)	(0.680)	0.000
<b>TOTAL APPROVED FUNDING</b>	<b>11.205</b>	<b>11.205</b>	<b>6.889</b>

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# Cash Flow 2022/23

	Mth 1	Mth 2	Mth 3	Mth 4	Mth 5	Mth 6	Mth 7	Mth 8	Mth 9	Mth 10	Mth 11	Mth 12
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
OPENING CASH BALANCE	2,658	-	-	-	-	-	-	-	-	-	-	-
<b>Receipts</b>												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	33,620	29,495	30,495	31,970	31,093	33,205	32,899	39,728	26,414	33,221	31,631	20,558
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	(120)	(120)	(120)	(120)	(143)	(155)	(147)	(119)	(124)	(146)	(120)	(120)
WG Revenue Funding - Other (e.g. invoices)	3,981	2,893	6	39	21	10	62	5	21	150	40	1,210
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	0	2,000	2,000	0	1,000	1,000	1,000	1,000	1,447	2,321
Income from other Welsh NHS Organisations	808	337	585	637	679	870	378	739	279	400	400	400
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	534	520	260	966	1,084	565	406	561	480	550	550	550
Total Receipts	38,823	33,125	31,226	35,492	34,734	34,495	34,598	41,914	28,070	35,175	33,948	24,919
<b>Payments</b>												
Primary Care Services : General Medical Services	2,584	3,016	2,878	2,497	2,366	2,407	2,433	3,075	3,469	3,100	2,200	2,250
Primary Care Services : Pharmacy Services	288	352	393	297	440	450	399	477	538	400	400	400
Primary Care Services : Prescribed Drugs & Appliances	1,475	1,359	1,276	1,341	1,292	1,375	1,412	1,424	1,409	1,500	1,500	1,500
Primary Care Services : General Dental Services	507	457	461	459	423	440	461	456	686	500	500	500
Non Cash Limited Payments	88	63	71	82	74	70	79	72	113	80	80	80
Salaries and Wages	6,084	7,732	7,734	7,657	7,558	8,411	8,868	8,077	8,018	7,950	7,950	7,950
Non Pay Expenditure	29,796	20,216	16,272	22,280	22,487	19,990	19,390	18,830	23,347	19,751	19,763	19,494
Capital Payment	0	478	1,011	692	634	651	832	1,007	1,001	1,692	1,555	2,895
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	40,822	33,673	30,096	35,305	35,274	33,794	33,874	33,418	38,581	34,973	33,948	35,069
NET CASH FLOW IN MONTH	(1,999)	(548)	1,130	187	(540)	701	724	8,496	(10,511)	202	0	(10,150)
Balance c/f	659	(548)	1,130	187	(540)	701	724	8,496	(10,511)	202	0	(10,150)



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 Jan-00	End of Jan-00	End of Jan-00
	£'000	£'000	£'000
Tangible & Intangible Assets	93,331	99,718	99,718
Trade & Other Receivables	28,044	23,005	24,260
Inventories	143	143	143
Cash	2,658	298 -	9,650
<b>Total Assets</b>	<b>124,176</b>	<b>123,164</b>	<b>114,471</b>
Trade and other payables	59,256	37,235	44,310
Provisions	18,386	18,353	18,353
<b>Total Liabilities</b>	<b>77,642</b>	<b>55,588</b>	<b>62,663</b>
<b>Total Assets Employed</b>	<b>46,534</b>	<b>67,576</b>	<b>51,808</b>

<b>Financed By</b>			
General Fund	2,153	23,193	7,425
Revaluation Reserve	44,381	44,383	44,383
<b>Total Taxpayers' Equity</b>	<b>-</b>	<b>-</b>	<b>-</b>

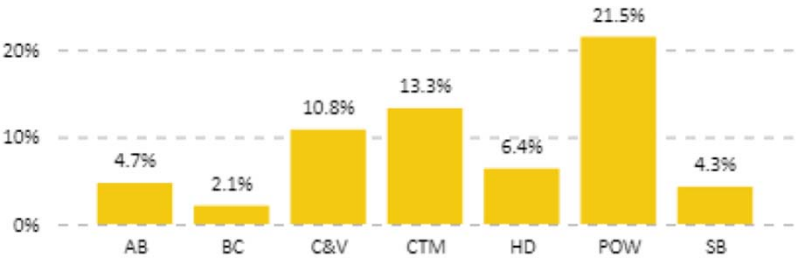
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# CHC Forecast 2022/23 vs 2019/20 & 2020/21 & 2021/22

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	Growth From 2021/22 YE to 2022/23 Actual @ Mth 10
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	£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	£718,352
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	£3,383,121
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	£290,572
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	£411,320
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	£44,634
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	£4,979,132
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	£-23,025
CHC - Real Living Wage				£-591,384	£-591,384	£-591,384	£-591,384	£-591,384	£-591,384	£-591,384	£-591,384	£-591,384	£-591,384	

All Wales position = at the time of writing this report only the Mth 8 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



# Environment Directorate Progress Update

## Delivery and Performance Committee 28 February 2023



Patterson, Liz  
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## Introduction

- In addition to the paper I have done on specific elements of work, this is the second slide deck I am producing as my Directors Report covering my portfolio with specific coverage of Innovative Environments
- Assistant Director Support Services (covers portering, cleaning, catering, transport, security, post rooms, waste management and Health and Safety) Andrew Cresswell retired in December 2022 and his successor Jason Crowl commenced in mid January 2023.

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# Workforce Indicators

Directorate/Locality	Dec-21	Dec-22	Direction
Chief Executive Office	54%	65%	↑
Community Care & Therapies	82%	82%	→
Community Dental Service	83%	83%	→
Corporate Governance	96%	89%	↓
COVID 19 Prevention and Response	83%	86%	↑
Environment Directorate	86%	89%	↑
FID Finance Directorate	93%	93%	→
MED Medical Directorate	59%	62%	↑
Medicines Management	87%	92%	↑
MHD Mental Health	76%	76%	→
NUD Nursing Directorate	86%	92%	↑
PHD Public Health Directorate	81%	92%	↑
PLD Planning Directorate	91%	87%	↓
Primary Care	81%	83%	↑
THD Therapies & Health Sciences Directorate	85%	97%	↑
WOD Directorate	84%	86%	↑
Women and Children Directorate	81%	82%	↑
<b>Grand Total</b>	<b>82%</b>	<b>83%</b>	<b>↑</b>

Statutory & Mandatory

Appraisal

Directorate/Locality	Dec-21	Dec-22	Direction
Chief Executive Office	70%	64%	↓
Community Care & Therapies	76%	71%	↓
Community Dental Service	67%	77%	↑
Corporate Governance	100%	63%	↓
COVID 19 Prevention and Response	54%	73%	↑
Environment Directorate	80%	89%	↑
FID Finance Directorate	86%	86%	→
MED Medical Directorate	13%	100%	↑
Medicines Management	63%	88%	↑
MHD Mental Health	63%	62%	↓
NUD Nursing Directorate	92%	73%	↓
PHD Public Health Directorate	69%	88%	↑
PLD Planning Directorate	84%	81%	↓
Primary Care	71%	68%	↓
THD Therapies & Health Sciences Directorate	100%	81%	↓
WOD Directorate	81%	81%	→
Women and Children Directorate	76%	76%	→
<b>Total</b>	<b>74%</b>	<b>74%</b>	<b>→</b>
<b>Medical &amp; Dental Compliance</b>	<b>75%</b>	<b>52%</b>	<b>↓</b>
<b>Grand Total</b>	<b>74%</b>	<b>74%</b>	<b>→</b>

Sickness Absence

Directorate	Acual Sickness Absence			Rolling Sickness Absence		
	Dec-21	Dec-22	Direction	Dec-21	Dec-22	Direction
Chief Executive Office	2.14%	5.00%	↑	0.78%	5.22%	↑
Community Care & Therapies	5.40%	7.24%	↑	6.05%	6.91%	↑
Community Dental Service	9.43%	4.94%	↓	4.78%	3.39%	↓
Corporate Governance	0.00%	0.00%	↑	0.12%	0.66%	↑
COVID 19 Prevention and Response	1.12%	7.94%	↑	0.00%	4.68%	↑
Environment Directorate	8.42%	8.13%	↓	5.07%	7.87%	↑
FID Finance Directorate	3.20%	1.02%	↓	1.34%	3.28%	↑
MED Medical Directorate	0.00%	13.58%	↑	2.01%	4.94%	↑
Medicines Management	7.41%	2.98%	↓	5.12%	5.64%	↑
MHD Mental Health	6.87%	6.19%	↓	5.26%	5.65%	↑
NUD Nursing Directorate	8.51%	7.98%	↓	4.43%	6.67%	↑
PHD Public Health Directorate	2.16%	6.39%	↑	0.00%	4.91%	↑
PLD Planning Directorate	0.65%	1.28%	↑	0.68%	2.46%	↑
Primary Care	6.57%	4.40%	↓	1.73%	4.09%	↑
THD Therapies & Health Sciences Directorate	3.32%	7.58%	↑	28.00%	4.32%	↓
WOD Directorate	3.08%	4.54%	↑	2.28%	4.38%	↑
Women and Children Directorate	5.06%	6.46%	↑	4.01%	6.13%	↑
<b>Grand Total</b>	<b>5.61%</b>	<b>6.45%</b>	<b>↑</b>	<b>5.04%</b>	<b>6.10%</b>	<b>↑</b>

## Catering Services

- All PTHB hospital kitchens graded '5: Very Good' for food hygiene although recently Bronllys was re-inspected and is now Grade 4. Minor issues reinspection requested post completion of actions. Quality of catering and patient experience audited quarterly through a multidisciplinary approach.
- Local focus on costs and table below (source NWSSP procurement November 2022) shows the progress in seeking to offset inflationary pressures (running at 16.4% for food in October 2022). Focus on waste reduction, tinkering with menus but at all times maintaining nutritional standards

Org	Sum of Invoice Amt 21-22 A Provisions Eclass data	Cost Pressure to date (16/11/2022)	Cash Releasing to Date (16/11/2022)	Position to Date (16/11/2022)	Budget Percentage Increase to Date 16/11/2022
Aneurin Bevan University LHB   7A6	£3,242,611	£514,807	£0	£3,757,418	14%
Betsi Cadwaladr University LHB   7A1	£3,884,280	£433,571	£0	£4,317,851	10%
Cardiff and Vale University LHB   7A4	£2,900,360	£437,219	£0	£3,337,579	13%
Cwm Taf Morgannwg University LHB   7A5	£2,858,085	£522,261	£0	£3,380,345	15%
Digital Health and Care Wales   7B4	£46	£0	£0	£46	0%
Health Education and Improvement Wales   7A9	£1,475	£0	£0	£1,475	0%
Hywel Dda University LHB   7A2	£1,747,414	£230,766	£0	£1,978,181	12%
Powys Teaching LHB   7A7	£470,577	£46,771	-£50	£517,297	9%
Public Health Wales NHS Trust   RYT	£137,367	£4	£0	£137,371	0%
Swansea Bay University LHB   7A3	£2,631,127	£548,928	-£12,887	£3,167,167	17%
Velindre NHS Trust   RQF	£102,446	£17,578	£0	£120,024	15%
Welsh Ambulance Services NHS Trust   RT4	£4,007	£0	£0	£4,007	0%

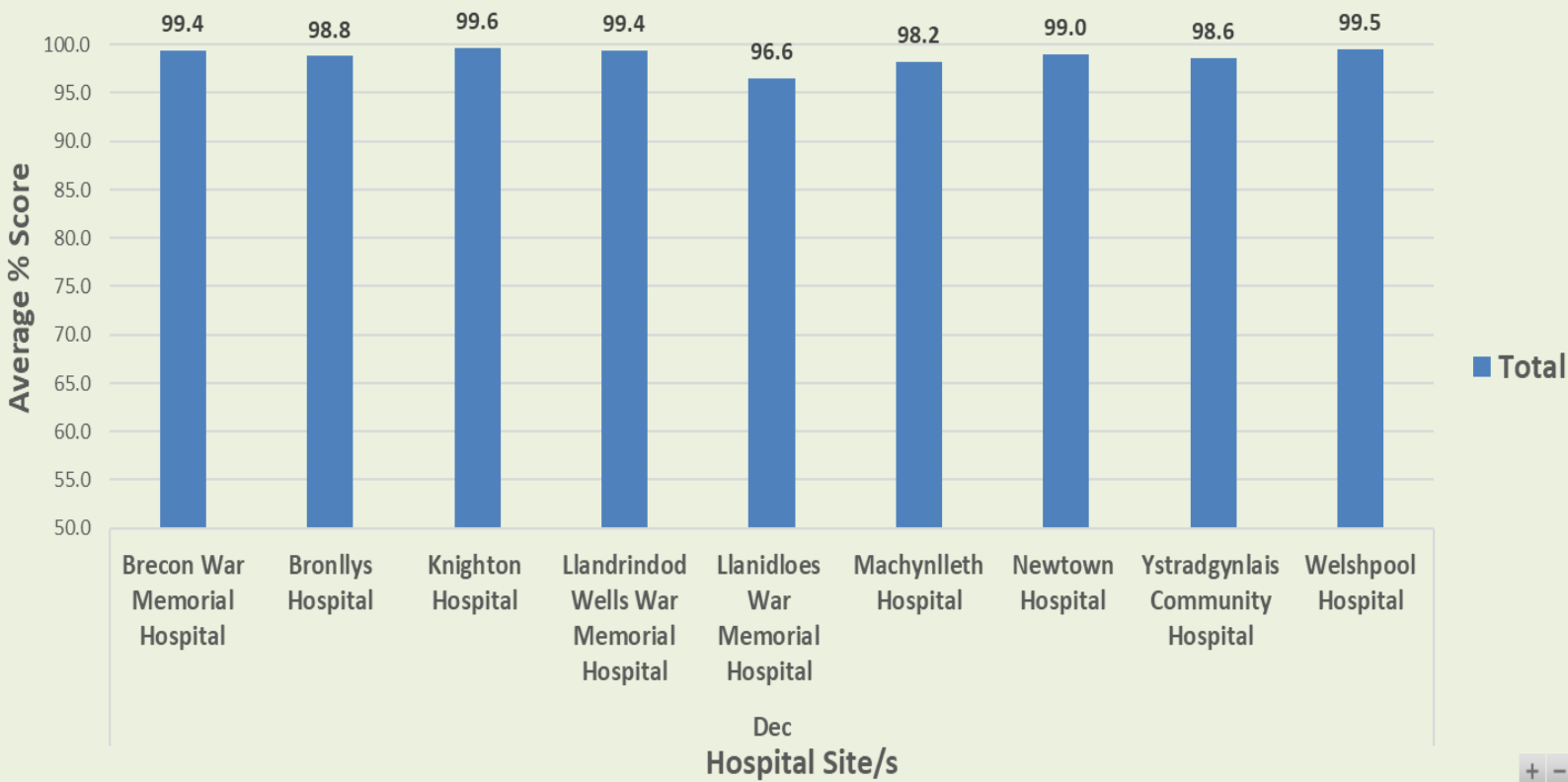




# Environmental Cleanliness

- Monthly audits of cleaning standards. Dashboard reported to management team.
- Quarterly multi-disciplinary audits of environmental cleanliness.
- PTHB continues to contribute to developing the revised National Cleaning Standards for Wales.
- Overall average cleaning scores in December 2022 above 95%.

Chart 1 - Average Cleaning Scores





## Transport

- Previously reported to Committee the intention to work with WAST to novate the NEPTS contract for English providers/contracts to WAST by 31<sup>st</sup> March 2023 namely;
  - Herefordshire and Worcestershire ICB Contract ( E-zec Medical Services Ltd)
  - Shropshire, Telford and Wrekin ICB Contract (E-zec Medical Services Ltd)
- This action was endorsed at IEG in December and action/consideration/due diligence is with WAST
- Currently seems novating will not happen by March 31<sup>st</sup> but PTHB will work with WAST to conclude this at the earliest opportunity in 2023/24
- The inaugural Fleet Policy has been approved and implemented. The Policy outlines the HB commitment to *"...ensuring all vehicles and items of mobile plant under its control are operated in a safe, efficient, and economical manner in accordance with current legislation."*

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# Health Courier Services



NHS Wales Shared Services Partnership  
Supply Chain, Logistics & Transport



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board



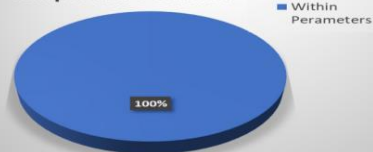
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2022



## Pathology

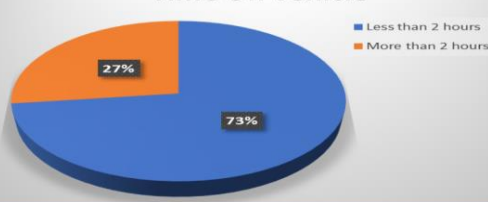
Number of Specimen Journeys = 638

Temperature Control



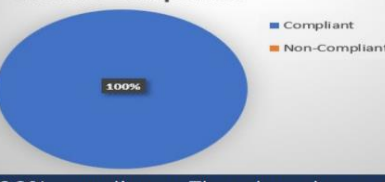
100% compliance in Temperature Control. No reports of incorrect temperatures have been reported.

Time On Vehicle



27% of pathology journeys (174 of 638) did not meet the KPI (2 hours in transit). This is due to the geographic nature of the Health Board and the lack of a nearby pathology. However, if the samples have previously been centrifuged, they may not be subject to the 2 hour KPI. (See below table)

UN3373 Compliance



100% compliance. There have been no reports of incorrectly packaged samples in accordance with UN3373 Packaging Instructions P650.

Minutes in Transit	< 30.00	31 to 60	61 to 90	91 to 120	121 to 150	151 to 180	> 181.00	Total
No of Specimen Journeys	26	142	160	136	94	56	24	638
Cumulative Totals	26	168	328	464	558	614	638	638
% Totals	4.08%	22.26%	25.08%	21.32%	14.73%	8.78%	3.76%	3.76%
Cumulative %	4.08%	26.33%	51.41%	72.73%	87.46%	96.24%	100%	100%

## Decarbonisation



Diesel Miles = 17,463



EV Miles = 856



Carbon  
Footprint  
5,270 g/km

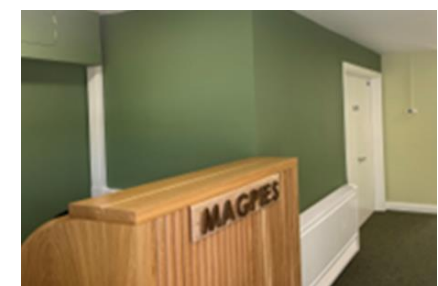
5%

EV v Diesel



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# Capital Programme

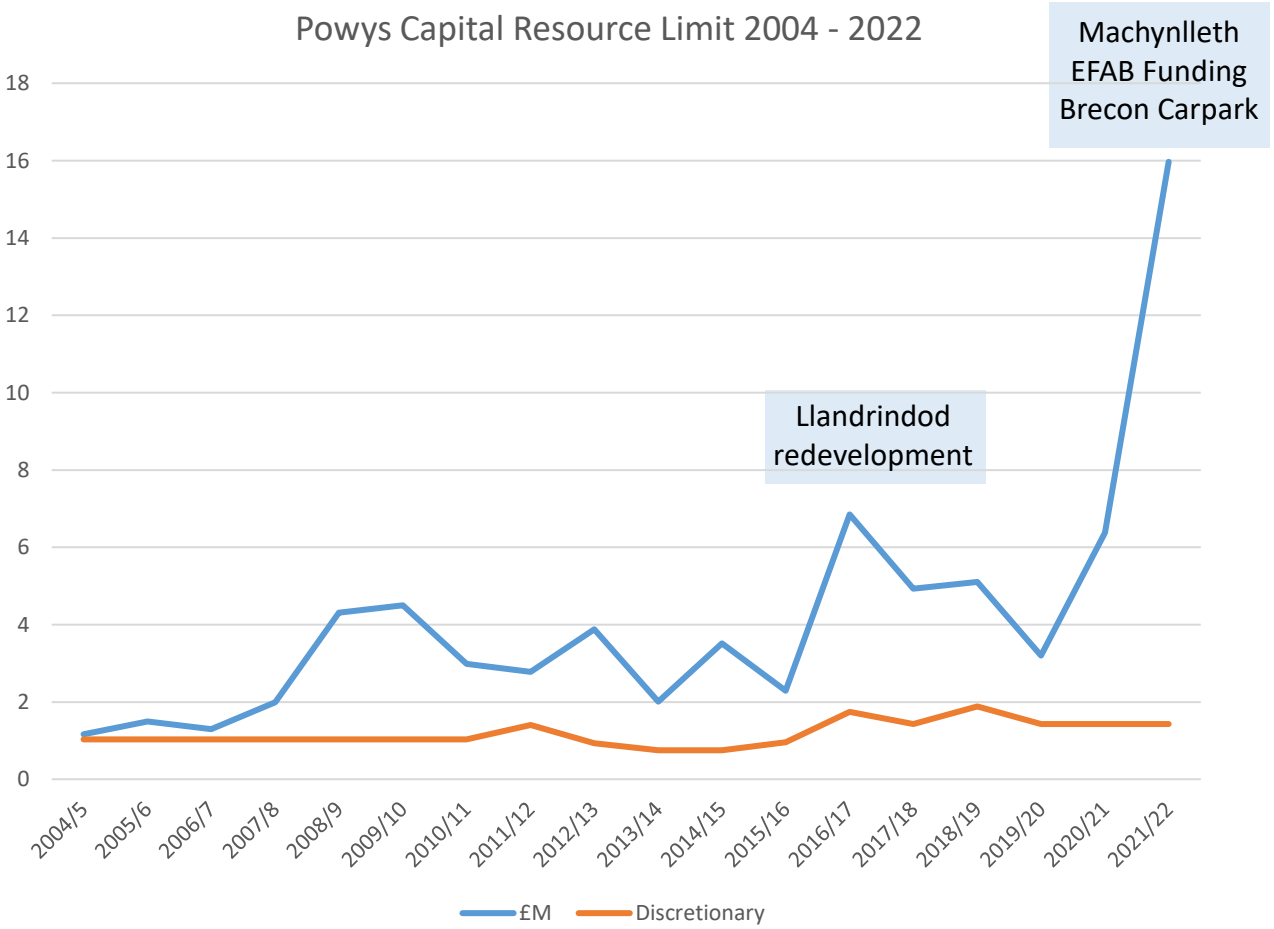






# Capital Programme

- Historic Lack of significant investment in Powys.
- Developing longer term strategies & Business Cases  
Funding in 2021/22 rose to **£16M** representing the largest Capital Resource Limit (CRL) the department has ever delivered.
- 2022/23 was anticipated to be a lean year with the reduction of Discretionary & Compliance funding. However, due to the success of several bids to Welsh government (including slippage schemes the team are currently delivering circa **47 schemes** this year totalling over **£11M**.
- Discretionary & Compliance Capital **£1.089M**
- All Wales Capital Funding (Machynlleth) **£7.733M**
- All Wales Capital Funding (Other) **£2.613M**
- Charitable funds **£0.584M**



# Major Projects - Brecon Car Park



The new staff car park at Brecon Hospital opened on the **12 January 2023**

The availability of suitable and sufficient access arrangements for patients, visitors, staff and contractors is a critical element of delivering healthcare in the hospital environment.

Historically parking at the hospital has been on a 'first come, first served' basis. The stress caused to patients trying to find suitable parking, being late for appointments and affecting the 'patient experience', poor parking practice have also led to instances where ambulances (based in Brecon Hospital) have been unable to respond to emergency calls due to vehicles blocking exit due to poor parking.

The project provides an additional 70 car parking spaces for staff. The investment also includes adaptations to the existing car park including relining and the provision of more disabled bays along with dedicated bays for staff groups who require hospital parking.



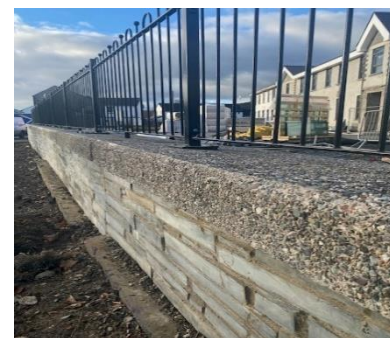


# Major Projects - Machynlleth

The project is due to complete by the end of **March 2023**.

The internal fit out is progressing well with flooring, decoration, M&E installations and fitted furniture being completed. Externally, the car park surfacing is continuing and render to the front façade will shortly be commencing. During the last period the new kitchen servery has been installed along with the new main entrance glazing.

The redevelopment of Bro Ddyfi Community Hospital (BDCH) has been included as a priority scheme for PTHB in order to reconfigure/refurbish the front block of the hospital and support the Health Board's plans to integrate primary care services onto the site and establish BDCH as a health and well-being facility for the local community. The facility will also provide a base for health, local authority and third sector teams, encouraging improved integration and efficiency and create a community 'hub' to improve access to health and social care, wellbeing, prevention and health promotion facilities.



# Major Projects - Business Cases

## Llandrindod Phase 2

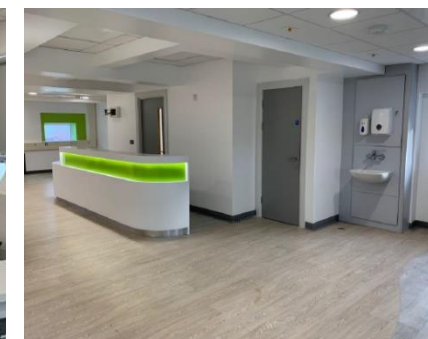
<b>Governance:</b>	Project Board for Phase 2 work reporting to Innovative Environments Group / Performance and Resource Committee
<b>Lead Executive:</b>	Jamie Marchant, Director of Environment
<b>Anticipated Funding:</b>	All Wales Capital Funding – PBC endorsed for £11M to £14M
<b>Business Case Status:</b>	PBC endorsed March 2022, series of BJC's to be submitted to support construction phase
<b>Anticipated Timeframe:</b>	2022 – 2025/2027
<b>Resource Implications:</b>	Project Board with suitable clinical and operational input.

**Details:** The Programme Business Case for phase 2 of the development at Llandrindod was endorsed by Welsh Government in March 2022 and was marked by a visit from Eluned Morgan, Minister for Health and Social Services to Llandrindod Wells.

Work has now commenced on the first Business Justification Case (BJC) in support of this development which will be submitted to WG in spring 2023. The work will include infrastructure upgrades, refurbishment to the rear of the hospital and significant decarbonisation improvements.

Learning from model of care work in North Powys to be incorporated into site development for back of hospital. Purchase of WG Building at Spa Road to be considered as complimentary to business case.

In addition, £290k has been secured through WG funding to address the urgent lift replacement with works due to complete in March 2023







# Major Projects - Business Cases

## North Powys Wellbeing Campus

**Governance:** Regional Partnership Board with joint authority Programme Structure

**Lead Executive/s:** Hayley Thomas/Nigel Brinn

**Anticipated**

**Funding:** All Wales Capital Funding – PBC endorsed, school funded by WG 21st Century Schools programme, other funding to be agreed

**Business Case**

**Status:** PBC endorsed 2022, SOC submitted May 2022, OBC work initiated

**Anticipated**

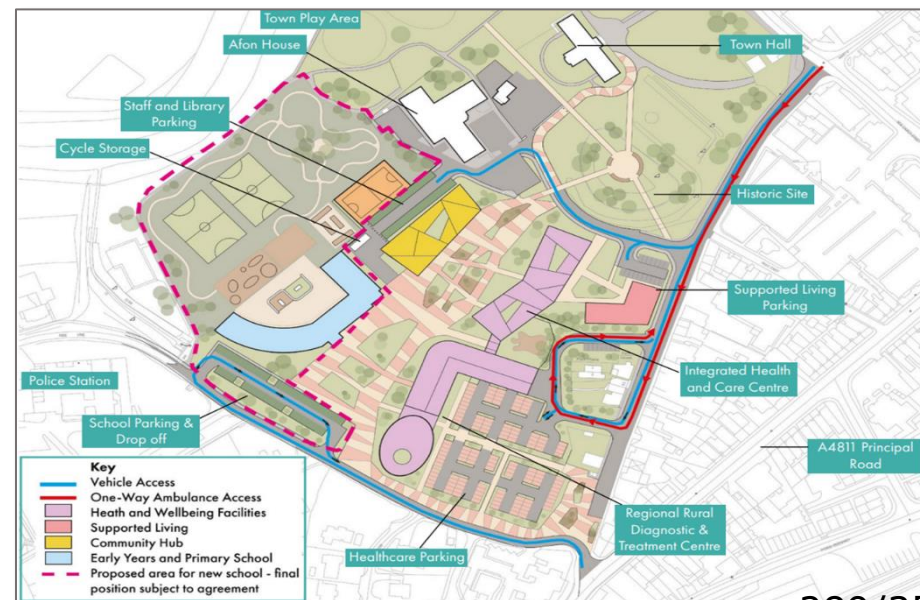
**Timeframe:** 2022 – 2025/2027

**Resource**

**Implications:** Project Board with suitable clinical and operational input with strong links to wider programme

**Details:** the Programme Business Case was endorsed in early 2022, describing an integrated campus incorporating education, health and care, library, Health and Care Academy and housing. The Strategic Outline Case further developed this with an important 'proof of concept' element masterplan to demonstrate 'fit' on the chosen site. The SOC is currently with WG for consideration but early feedback has indicated that the Infrastructure element, including roads and mains services and utilities, needs to be defined separately to reassure WG in respect of 'buildability' and allow separate central funding sources to be considered.

The next stage of work on the Outline Business Case is key as this will involve the development and decision on services to be offered by the campus which in turn will allow detailed design to progress, supported by a Design and Build partner. Important enablers are the constitution of a Project Board, appointment of Client Professional Advisors and dedicated Senior Project Management resource.







# Communication / Newsletters



## Estates, Capital and Property Newsletter: Autumn/Winter 2022



## Capital Developments

**Ministerial Visit to Health & Care Academy (Basil Webb)**

On Thursday 13th October, Powys Health and Care Academy's first Campus was opened by Health and Social Services Minister Eluned Morgan MS. The £1.6 million campus (support by £1.1 million in capital grants from the Welsh Government's Integrated Care Fund (ICF) and around £500,000 in further funding provided by members of the Powys Regional Partnership Board), based in the Basil Webb building at Bronllys Hospital includes a training centre, outdoor learning space, and an adaptable living spaces.

Health and Social Services Minister Eluned Morgan MS said: "I was pleased to see some of the innovative work that is taking place in Powys to improve the skills of the county's health and social care workforce, thanks to our support through the integrated care fund".



## Brecon War Memorial Hospital: NEW CAR PARK



### Construction:

It is clear from the progress images shown below that the car park is nearing it's final stages of construction. During the last period, the pedestrian access has begun construction, and is currently around 40% complete. The tarmac base course has also been installed, and work on this is currently ongoing.

Thanks to the recent rain, the grass seed on the bank areas are beginning to germinate. Topsoil and grass seed work is around 85% complete. The germinating seed is greening up the site, aiding the car park to blend in with it's surroundings.

As we move into the final stages of the project, we are working closely with Brecon Beacon National Parks Authority on finalising elements of the detailed landscape plan. As discussed in previous

### News Update

Work on the hospital's new staff car park continues to progress well, and is taking shape with the majority of the construction work nearing completion. Unfortunately, we have experienced some difficulties with lead in times particularly with regard to electrical items which is representative of the current challenges in the marketplace. This may mean a short extension of time to the anticipated programme, we will continue to update as the completion date and handover timeline becomes clearer.

*"I am Support Services Manager for South and Mid Powys and my office is located at Brecon War Memorial Hospital. The new car park is an exciting and much-needed addition to the Hospital estate and with the support and cooperation of our colleagues will ensure that the existing car park facilities become more accessible, safer and user-friendly for our patients and visitors"*

**John Morgan, Support Services Manager for South and Mid Powys**

newsletters, the scope of works for the car park has been approved with biodiversity being one of the key deliverables from the works.



Progress Images

December 2022

## BRO DDYFI COMMUNITY HOSPITAL

Redevelopment Newsletter



### News Update

Internally the works continue to progress well with the majority of the floors laid, Mechanical and electrical final fix undertaken and internal decoration well under way. Externally, the rebuilding of the site boundary wall has been completed and new railings installed and the block paving to the front of the hospital is being undertaken. Despite some challenges the work to the main car park is continuing and the next area will shortly be commencing. We look forward to having the facility operational in Spring 2023.

### Focus on Art in Health

In September three Art in Health commission opportunities were shared to the public:

1. A large scale art work in the main waiting area
2. A series of illustrated words/phrases/ poems to be displayed in throughout the hospital
3. A sculpture for the main entrance of the hospital

We were extremely pleased to have received such a fantastic response of very strong submissions. A panel of stakeholders including Louise Morris (PTHB Project Manager) Dr. Sara Bradbury Willis (Dyfi Valley Health) and Eleri Jones (District Nurse lead) and Louise Morris supported by Lucinda Bevan (Art in Health coordinator) and the Oriel Gallery, Newtown all gave up their time to undertake the unenviable task of shortlisting the submissions. Shortlisted candidates were then invited to interview and we are pleased to announce that artists for all three commissions have now been appointed (see information overleaf).

This is also a fantastic opportunity to have further engagement with our local community with a number of our artists planning to hold a series of creative workshops. Each workshop will be a chance to be part of the creative process and possibly have your creations incorporated into the final art works. (see details



#### 1. Marbling workshop

Led by artist Erin Hughes, this session will explore a range of different approaches for making marbled papers, inspired by images of the landscape surrounding Machynlleth. The artist will then use the marbled papers made during the workshop within her final artwork that will be displayed at the entrance of Bro Ddyfi Community Hospital.



#### 2. Creative writing workshop

Led by Gemma Green-Hope and Di Ford, this session will explore sense of place, through a few exercises that incorporate illustration, collage and writing. Everything that is created on the day will be scanned or photographed, enabling the participants to take their work home with them. Following the workshops, Gemma and Di will plan out how the images and words will be formed and create a series of visuals with a combination of text and illustration that will be displayed throughout the new facility.

Both of these workshops will be held at The Museum of Modern Art (MOMA) during January and will last approximately 2 hours. Pre-booking is essential to avoid disappointment as numbers are limited. For further information or to register your interest please contact [megan.thomas1@wales.nhs.uk](mailto:megan.thomas1@wales.nhs.uk).



**As part of our 'Art in Health' projects at Bro Ddyfi Community hospital this month a number of open workshops were held with the local community**

## 1. Marbling workshop

Led by artist Erin Hughes, the session explored a range of different approaches for making marbled papers, inspired by images of the landscape surrounding Machynlleth. The artist will then use the marbled papers made during the workshop within her final artwork that will be displayed at the entrance of Bro Ddyfi Community Hospital.

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**Paper marbling workshop with artist Erin Hughes**



**Creative writing workshops with Gemma Green-Hope and Di Ford**



# Learning Culture

## Estates Department Development Day

As part of the departments commitment to promoting a '**learning culture**' we hold Departmental Development Days 3 times a year. These provide an opportunity for all members of the department from different bases across Powys came together to take part in a series of interactive activities and formal learning topics. The days include:

- **Deep Dive** Topics (e.g., Radon, Bats, Tree Management, Maintenance Contracts)
- **Lessons Learnt** sessions (e.g., Covid Response).
- **A Day in the Life** sessions (e.g., Multi-skilled Craftsperson Gas & Mechanical, Estates Helpdesk)
- Communication activities
- External speaker slots (e.g., Welsh Language Team).

### Team Feedback:

*"Really good opportunity to get together as team"*  
*"A Day In The Life was interesting and very good"*  
*"Good presentation topics"*  
*"These days have already helped the team feel closer and get to know one another"*



 **GIG Cymru NHS Wales**  
Bwrdd Iechyd Addysgu Powys  
Powys Teaching Health Board

### Y Gymraeg / The Welsh Language

Sian Jones a Carys Jones – Hydref / October 2022



Patterson-L  
28/02/2023 14:40

**PTHB**  
Maintenance Contract Update October 2022

Presented by  
Gareth Davies

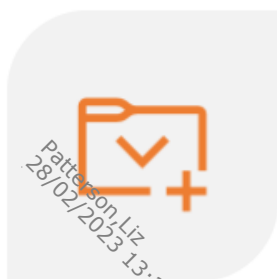




# Learning Culture – Lessons Learned



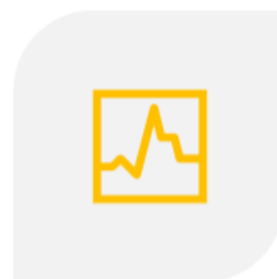
Further lessons learned workshops have taken place including those for Ystradgynlais Roof and Fire Precautions scheme. This collaborative approach has proved beneficial and will be undertaken on all Major Capital schemes. For significant programmes of work – such as those planned at Llandrindod and Newtown regular lessons learned reviews will be held to ensure learning is captured in real time rather than at the end.



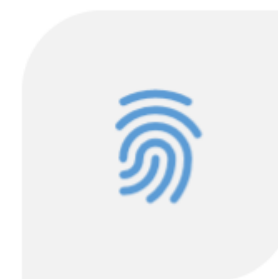
REVIEW PROJECT



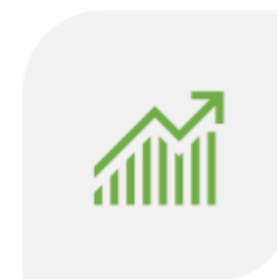
LIST POSITIVES AND  
NEGATIVES



IDENTIFY ROOT  
CAUSE OF  
NEGATIVES



IDENTIFY ANY  
REPEAT  
OCCURRENCES



OBSERVE THE  
POSITIVE  
OUTCOMES



# Learning Culture - Audit

## Recent Audits

- NWSSP-SES: **Ventilation** AE Annual Report - Reasonable Assurance Status
- NWSSP Internal Audit: Triennial Inspection Report of the **Low Voltage** Installation at Brecon War Memorial Hospital
- NWSSP Internal Audit: **Decarbonisation**
- NWSSP Internal Audit: **Machynlleth** Project
- Welsh Government: **Gateway Review**: Machynlleth Project
- NWSSP-SES: Independent Review of **Fire Precautions** at Bronllys Hospital
- Unison: Brecon Hospital **Health & Safety** Inspection/Well Being Visit
- NWSSP Audit & Assurance Service: **Security (reasonable assurance)**

## Ongoing / Upcoming Audits

- Internal Fire Team: **Fire Risk Assessment** programme ongoing Pan-Powys
- NWSSP-SES **Fire** audit, Llandrindod Wells – ongoing

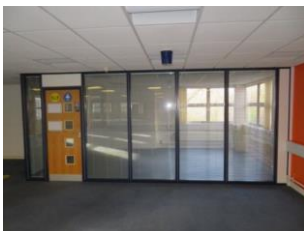
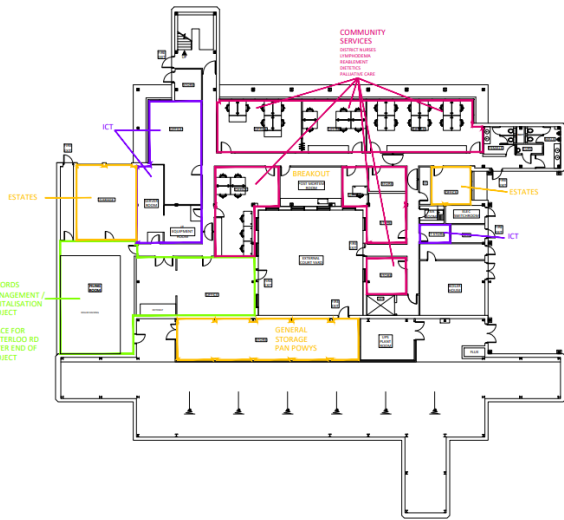
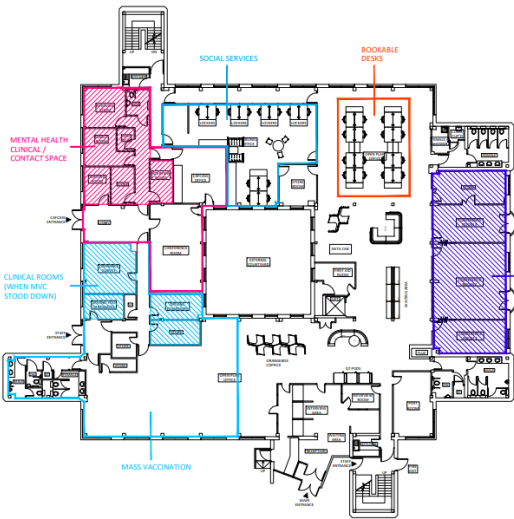
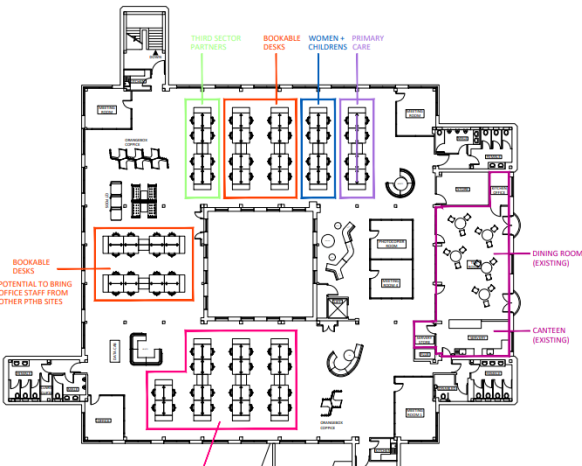
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28/02/2023 13:28:40

## Spa Road building, Llandrindod Wells

Property Department is engaged to complete purchase of freehold. Purchase valuation of £500,000 funded by Welsh Government.

Building is currently base for mid-Powys Mass Vaccination Centre and Health Protection Services.

The plan to buy the Spa Road building freehold accords with the Health Board's Healthy Caring Powys vision by allowing for service repatriation and the opportunity to provide a more diverse quality of care closer to home. The concept calls for a collaboration with other public sector services and third-sector organisations to deliver coordinated care from an integrated care hub in the heart of Llandrindod Wells.





## International Nursing Recruitment Programme

**Background** all-Wales recruitment drive for 400 nurses from India and the Philippines into NHS Wales organisations, supported by ministers, chief executives and CNO to address the nursing vacancy gap of 2,000 registered nurses. Health Boards informed accommodation for the nurses required when they arrive in Wales, for approx. four weeks.

**Property Evaluations** are being completed weekly to identify rental opportunities within Welshpool area. Rental market is changing frequently, with some properties being secured within a week of publication.

**Options** continue to be investigated, with hotels, Airbnb, mobile homes, PCC accommodation and other opportunities being considered.

Next cohort of nurses due in March for Welshpool deployment.

Mid-Powys to be served through renovation of Westdene (one of four terraced houses) adjacent to LLandrindod Hospital entrance.

South Powys being served through bungalows at Bronllys.





## Agile Working

- Three workshops with Staff in Autumn 2022
- Formal paper to Executive Committee in January 2023 outlining a series of allocation principles and priorities;
  - Based on the poor utilisation of Bronllys and a need to vacate a lease in Brecon
  - Redesignation of Glasbury House to include more bookable rooms and break out spaces for all staff will be scoped
  - Agile principles looking at Llanidloes and Welshpool initially due to space pressures on these sites
  - allocation principles for space/rooms agreed as;
    - GREEN – no specific needs for confidentiality (which cannot be met by accessing ad hoc break out/confidential rooms) so can sit in an open plan or shared area
      - Seniority must not be used to justify a desk or office
      - We are all bound by confidentiality rules but this will need to be discussed with Information Governance expertise
    - AMBER – have specific confidentiality needs linked to speaking with patients so need to be in area with similar categorised individuals
    - RED – user needs space to physically see patients (realistically this will be clinical rooms and OPD only)
- Options for space allocation in Bronllys will be discussed with respective teams
- Update provided to Local Partnership Forum 31<sup>st</sup> January 2023



# Agile Working

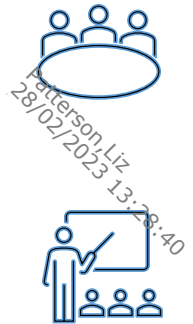
## Agile working



Bronllys is progressing a pilot review of space to determine areas of greatest fit and optimal deployment of agile working concepts, demonstrating the benefits of agile in the workplace.



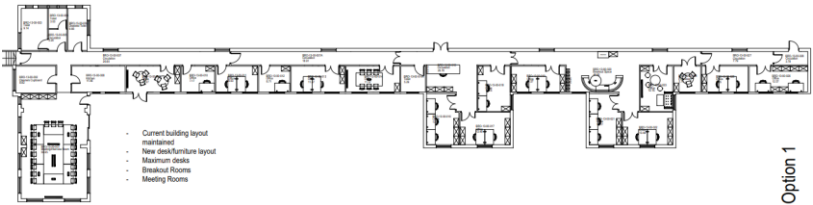
Glasbury House has undergone deep dive on options for deployment of agile working where priority consideration is adaption of current provisions using agile principles rather than refurbishment and capital investment.



The broader concept across Bronllys promotes bringing services into smaller, designated areas of the accommodation that will be underpinned by agile working principles and will see improved team bonding and synergy.

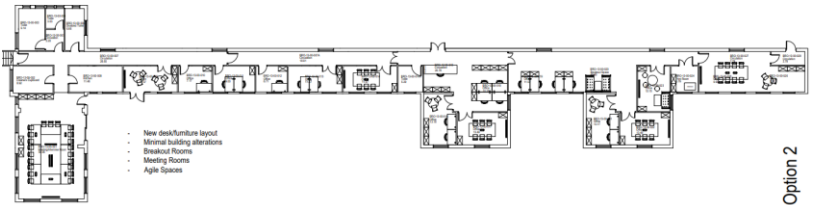


Lessons learned process to be progressed after each phase of the pilot to maximise the improvements for each space and identify bespoke solutions across the estate.



Option 1

Bookable Rooms Corporate Hub



Option 2





## Estates Strategy development

A Planning Consultancy has been appointed to produce **Development Control Plans** for the Health Board estate. These will become 'go-to' documents when considering the fundamentals of any future development, change of use, etc., at any of the owned premises.

The guidance will identify the **opportunities and constraints for development**; this may include aspects such as current development status, covenants, wayleaves, listed building / conservation area status and associated constraints, tree preservation orders, flood risk, etc.

This work **links appropriately with the concurrent Biodiversity review** commissioned by Welsh Government and will ensure environment and ecology have a suitably prominent profile in the organisation's plans for the future





## Decarbonisation, Climate Change and Biodiversity

- Carbon literacy training taking place for Directorate/Service Group representatives on 15<sup>th</sup> February and 9<sup>th</sup> March.
- Training materials developed and approved with HEIW, CTM & PHW collaboration team. Training has been accredited by Carbon Literacy Project as 'Wales Healthcare Toolkit' for bespoke training for PTHB and NHS Wales.
- Expectation is that these leads can then link within directorates to develop local decarbonisation plans to inform HB wide plan. The latter is not due for renewal until later in 2023.
- Expectation that our local Decarbonisation Action Plan be reviewed every two years (Autumn 2023) - there will be a need to increase ambition but this will need to be costed accordingly and will be a local/national challenge
- Decarbonisation Audit completed and reported in December 2022
- Environment Sustainability Group (and sub groups) in place reporting through to Innovative Environments Group

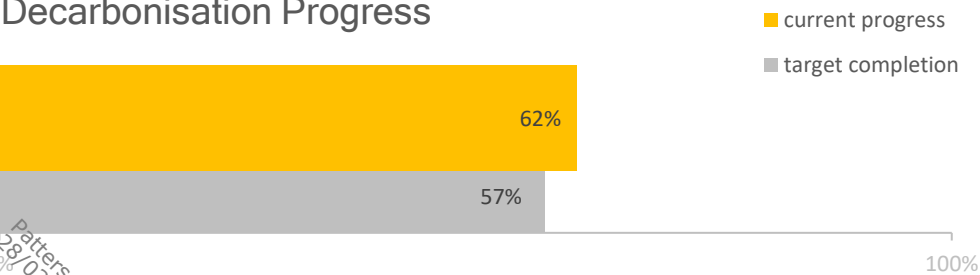


# Decarbonisation Actions

## Delivery Phase

Delivery against our Decarbonisation Action Plan continues, with progress well on track and no 'Red Flags' to escalate

### Decarbonisation Progress



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28/02/2023 13:28:00  
Target Completion

 57%

Current Progress

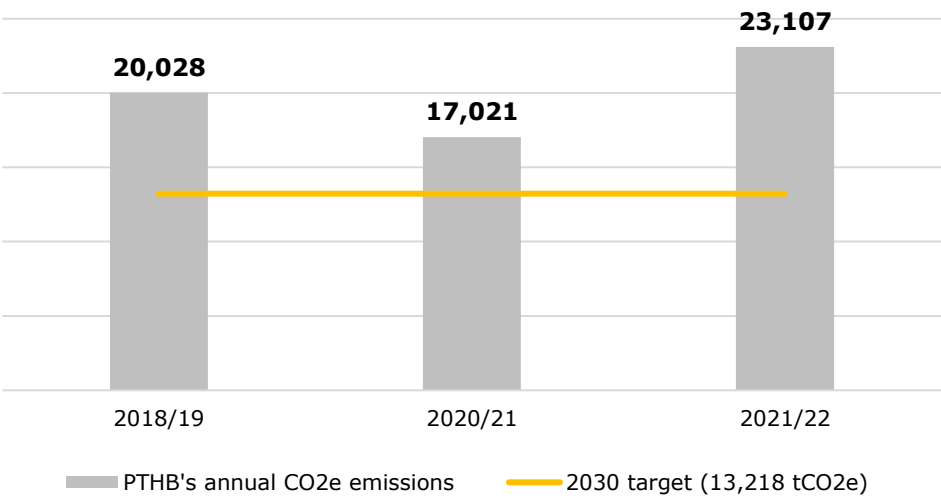
 62%

PTHB Key Actions  
>25% behind  
expected progress

5 (70 On Track/  
Completed)

## Emissions Reporting

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



\*35.76% equivalent carbon emission upturn linked to increased expenditure on capital improvements and inpatient care provisions.

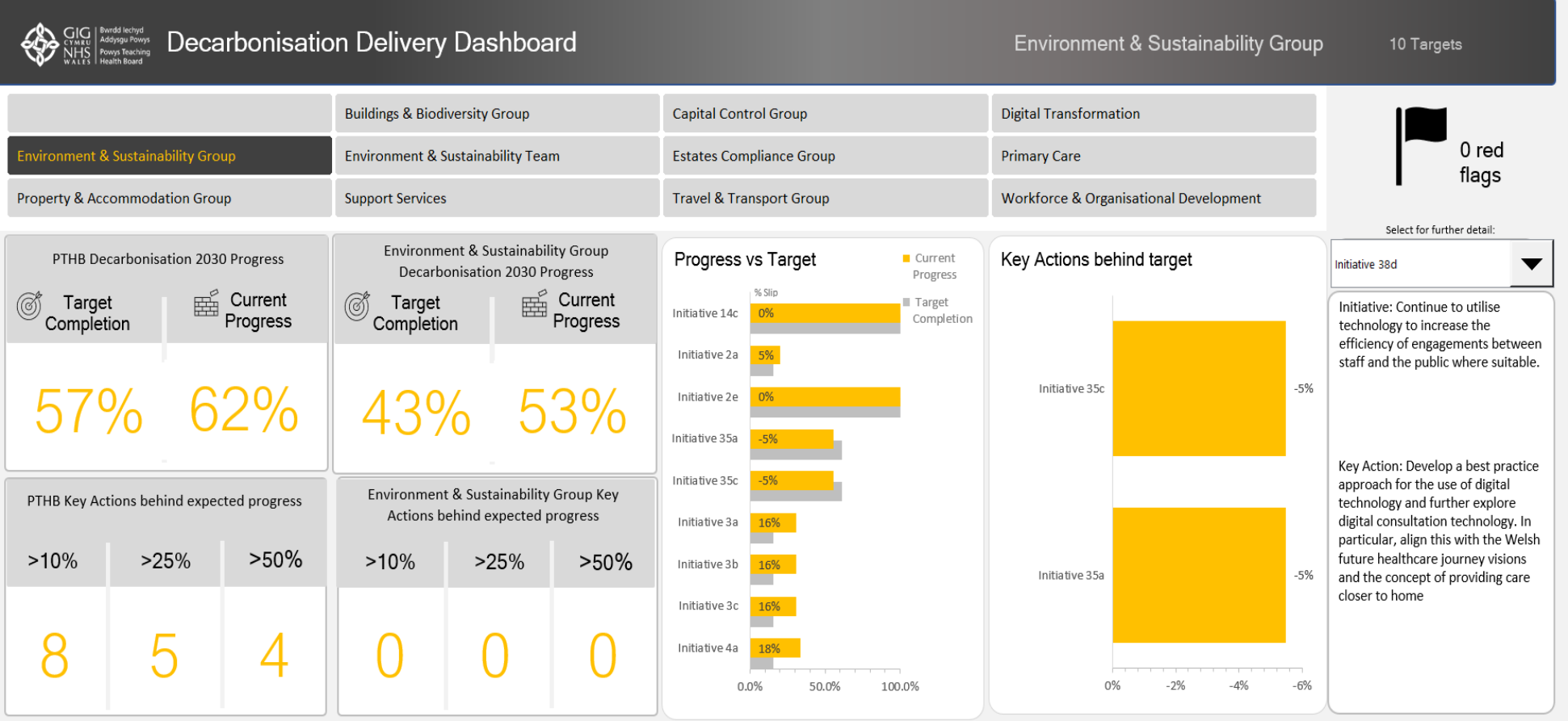
Regular all-Wales meetings being held to discuss progress and enhancements to reporting process. Welsh Government supportive of progress



# Decarbonisation Actions

## Decarbonisation Tracking

Tracking and monitoring of decarbonisation progress and identifying any pinch points being made through new decarbonisation dashboard with Environment & Sustainability Group. The Group can see progress, identify any slippage and respond appropriately.





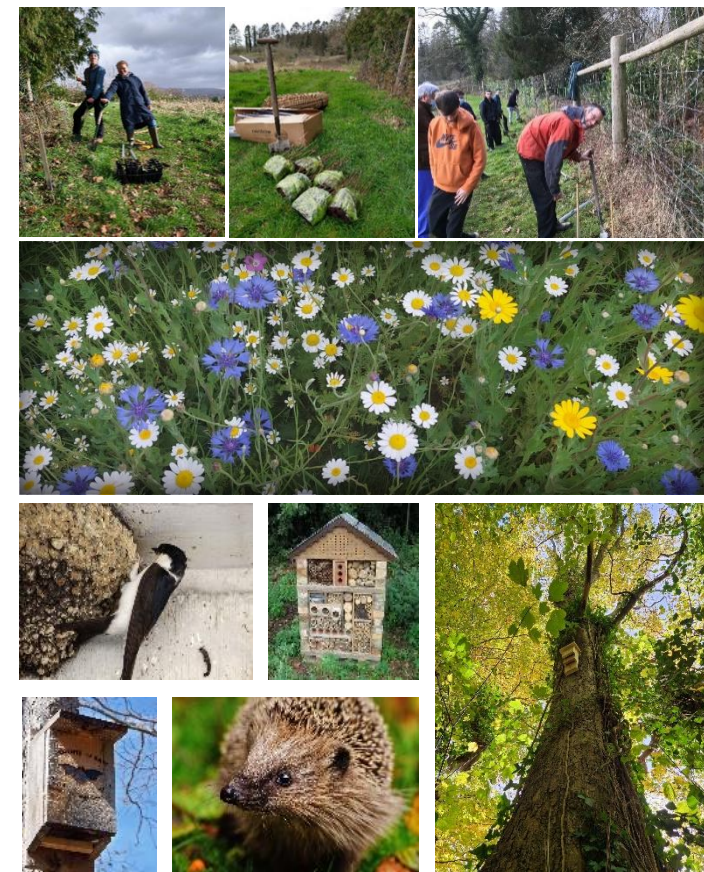
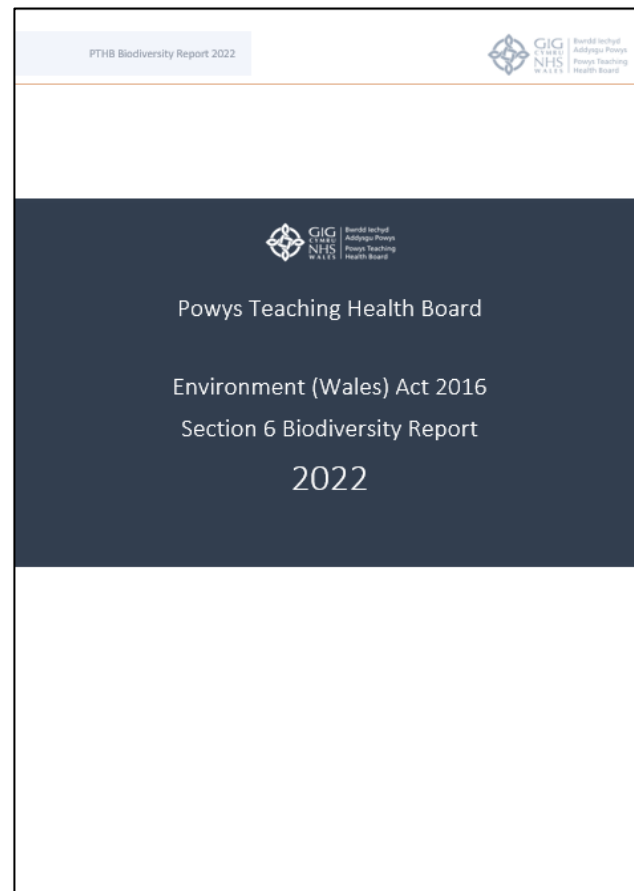


# Environment - Biodiversity

## Biodiversity Report

Under section 6 of the Environment (Wales) Act 2016, public authorities that exercise their functions in relation to Wales have a duty to maintain and enhance biodiversity and promote the resilience of ecosystems. In compliance with the Act, Powys Teaching Health Board (PTHB) maintains a Biodiversity Action Plan which is part of PTHB's environment management system accredited to ISO14001 (2015), which received successful re-certification in 2022 and puts robust environmental management at the core of our business

Under section 6(7) of the Act all public authorities must, before the end of 2019 and before the end of every third year after 2019, publish a report on what they have done to comply with the s6 duty. This report is the Health Board's update report on progress of our actions to lessen the impact and improve biodiversity across our estate and has been published on PTHB website.

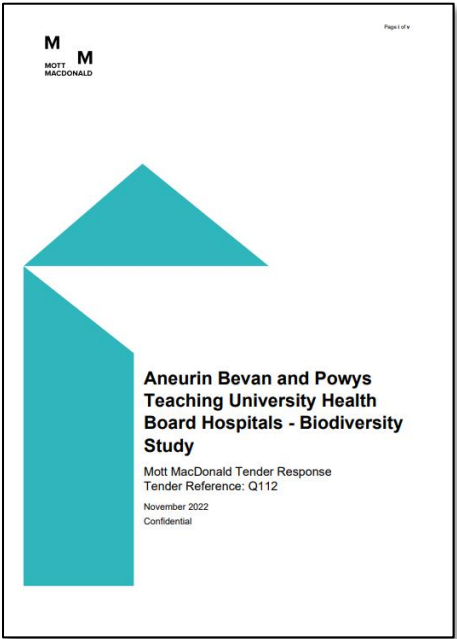




# Environment - Biodiversity

## Biodiversity Enhancement

Bid successfully awarded by Health & Social Care Climate Emergency National Funding Scheme. £25k to engage ecology and biodiversity consultants to review and identify biodiversity net gains, develop biodiversity action plans and best utilisation of grounds maintenance to maximise the biodiversity protection and enhancement across our estate.



Funding provided for collaborative approach by PTHB & ABUHB. Approach and project brief developed between both Health Boards. Joint contract awarded to Mott MacDonald. Quarterly updates being given to H&SC Climate Emergency National Programme Board. Only perceived risk exists from adverse weather conditions or escalation of epidemic or pandemic preventing completion within year-end timeframe.

## Site Development Plans

Site level Development Control Plans (DCP) are required for the estate which will capture the future planning use and needs for each site and enable dialogue with partners in PCC, Third Sector, wider public sector and others around collaborative opportunities on PTHB sites.

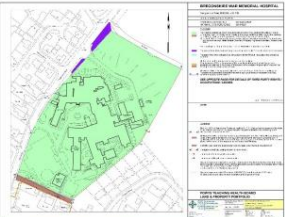
Identify the opportunities and constraints for development of the nine community hospital sites across Powys; this may include aspects such as current development status, covenants, wayleaves, listed building / conservation area status and associated constraints, tree preservation orders, flood risk, etc.

To promote best practice and quality environmental outcomes for the built estate, both commissions to run in parallel provide a sense of how the PTHB external space could be most appropriately utilised, for example, the biodiversity output will identify areas which could be set-aside as wildflower meadow whilst more visitor facing areas can be more highly maintained. It is intended that in addition to the reports from both commissions, separate funding has been identified for the production of CAD drawings to provide a visual and user-friendly representation of the outputs in terms of external space.

### PTHB Site details

Brecon War Memorial Hospital LD3 7NS

Site land area	Hectare	2.5300
Site footprint	m <sup>2</sup>	5,778
Gross internal site floor area	m <sup>2</sup>	5,943



# Electric Vehicle Charging

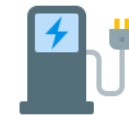


## EV charging infrastructure

PodPoint electric vehicle charge points installed at public and new staff car park at Brecon War Memorial Hospital. Capacity for electric vehicle charge points part of Machynlleth major refurbishment.

Electrical infrastructure augmentation at Llandrindod and Welshpool will release capacity to install EV charge points as part of a capital investment.

Ystradgynlais electrical supply being evaluated for roll-out of charge points at hospital.



## EV charging operation

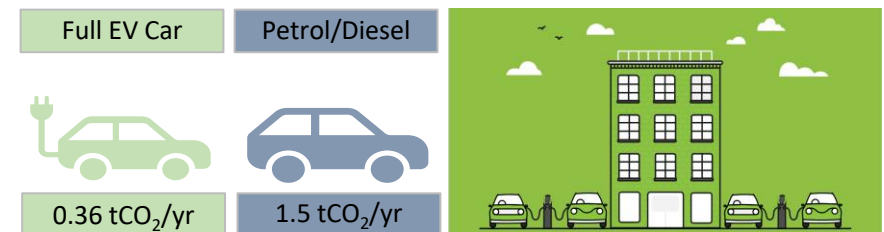
Operational management approval being progressed prior to charge points 'going live'.

Pricing tariff to cover price of electricity plus incurred costs for operation and maintenance of system.

Proposed 'green levy' to support growth within low carbon travel and decarbonisation.

Systems will have 24/7 support through PodPoint.

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28/02/2023 13:28:40







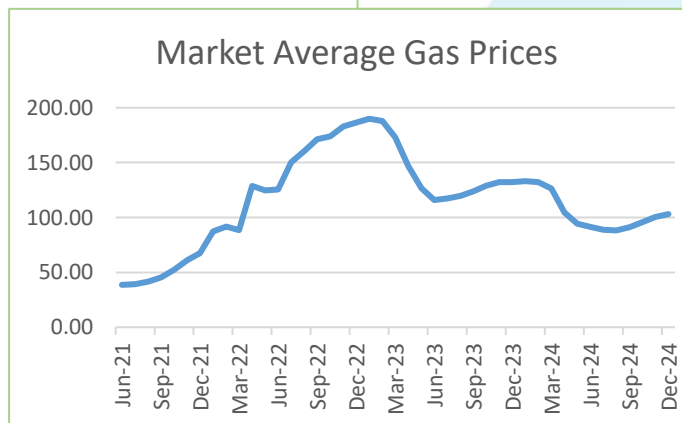
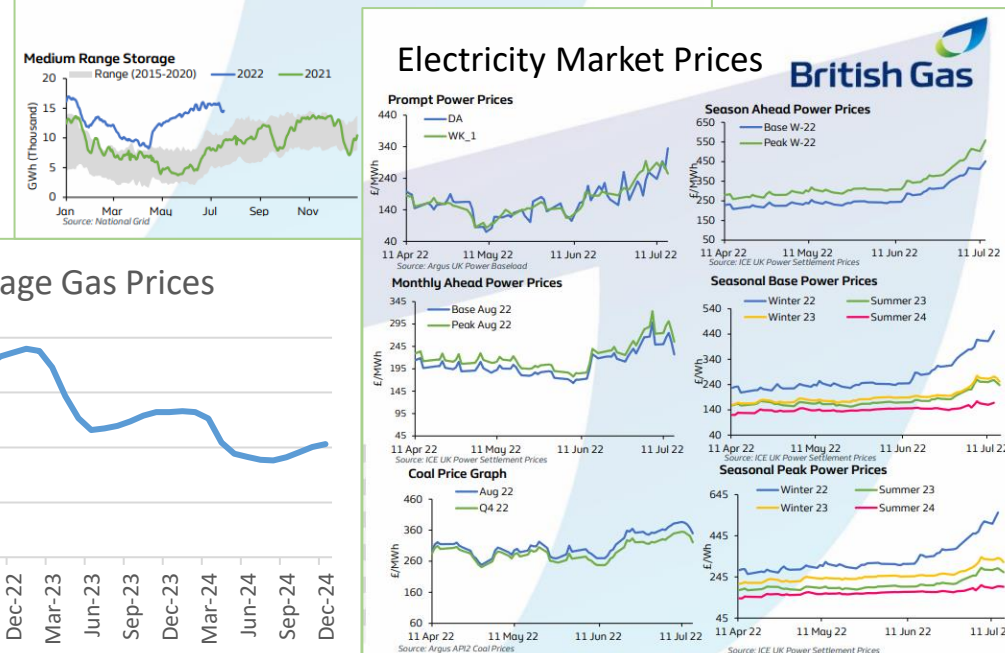
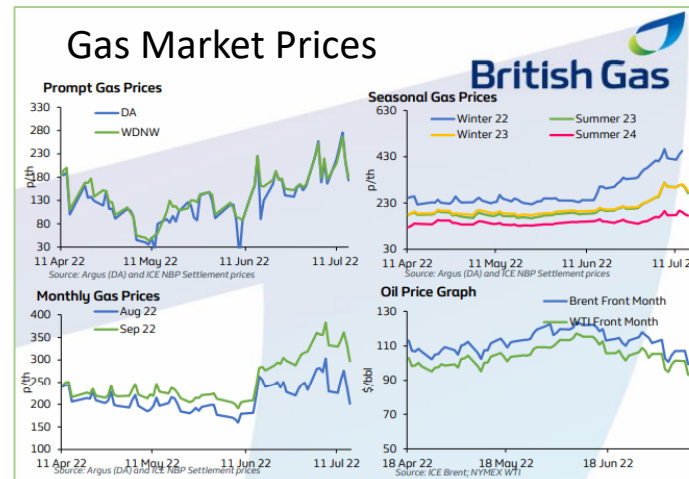
## Market Forecasting

Government funded Energy Bill Relief Scheme (EBRS) in operation from 1<sup>st</sup> October, providing a discount on wholesale gas and electricity prices.

The government has been clear that such levels of support were time-limited and intended as a bridge to allow businesses to adapt. The latest data shows wholesale gas prices have now fallen to levels just before Putin's invasion of Ukraine and have almost halved since the current scheme was announced.

The EBRS will end in March 2023 and be replaced with Energy Bills Discount Scheme (EBDS) from 1<sup>st</sup> April.

As per the current scheme the government will provide a discount on gas and electricity unit prices calculated as the difference between the wholesale price associated with an energy contract and the price threshold.





# Energy Programme



## Re:fit Process Update



07 Dec 22

06 Jan 23

14 Feb 23

27 Feb 23

06 Apr 23

16 Nov 23

ITT published  
28/02/2023 13:28:40  


Tenderers meeting and initial site visits  


Deadline for tender response  


Tenderer presentation and clarification meetings

Selection of Service Provider Partner

On-site energy efficiency improvement works commence



# Estates Compliance

## Estates Maintenance Contracts



Programme of letting new, strengthened maintenance contracts with KPI's ongoing

18

3-5 year maintenance contracts in place: gas boilers, lifts, automatic doors, lightning protection, PAT testing, etc.

8

Annual contracts which will be strengthened and let as 3-5 contracts: fire suppression systems, etc.

5

Contracts to be created which have only been let on an ad hoc basis to date, e.g., radon monitoring, tree maintenance

£

Cost of core Estates Compliance contracts £504K with circa £531K of resultant remedial works identified

## Estates Challenges

Over 12,000 planned and reactive maintenance jobs per annum with circa 1,000 out of hours call outs



## Estates Workload Prioritisation

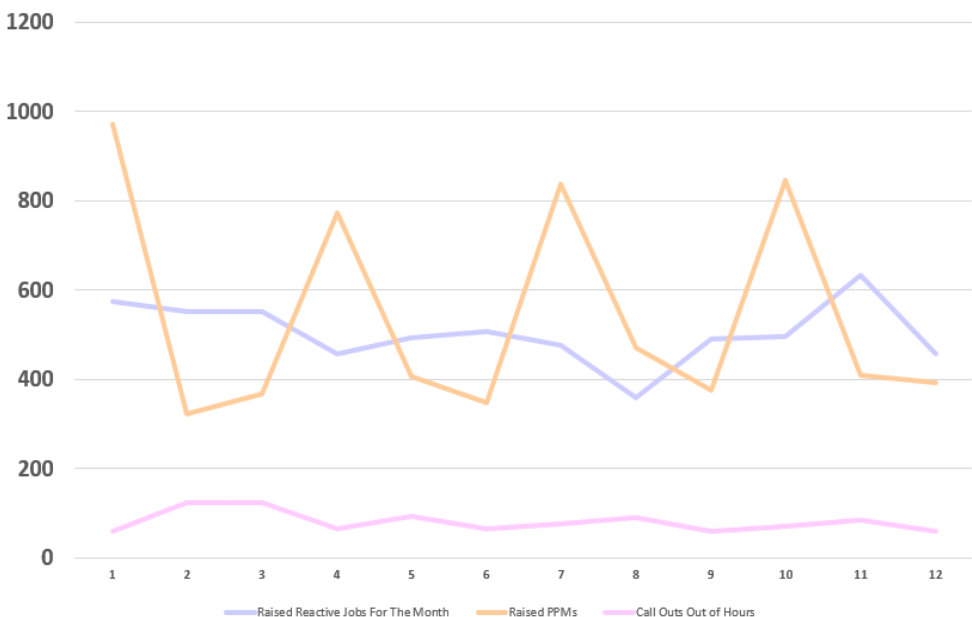
### Volume of work

**Planned Preventative Maintenance: 6,532 per annum** (peaks equate to quarterly tasks)

**Reactive Maintenance: 6,047 jobs per annum**

**Out of hours call outs: 976 per annum**

Numbers of Reactive Jobs / PPMs / Call Outs per month





# PTHB ECOLOGY COMPLIANCE: BAT SPECIES

Estates Development Day

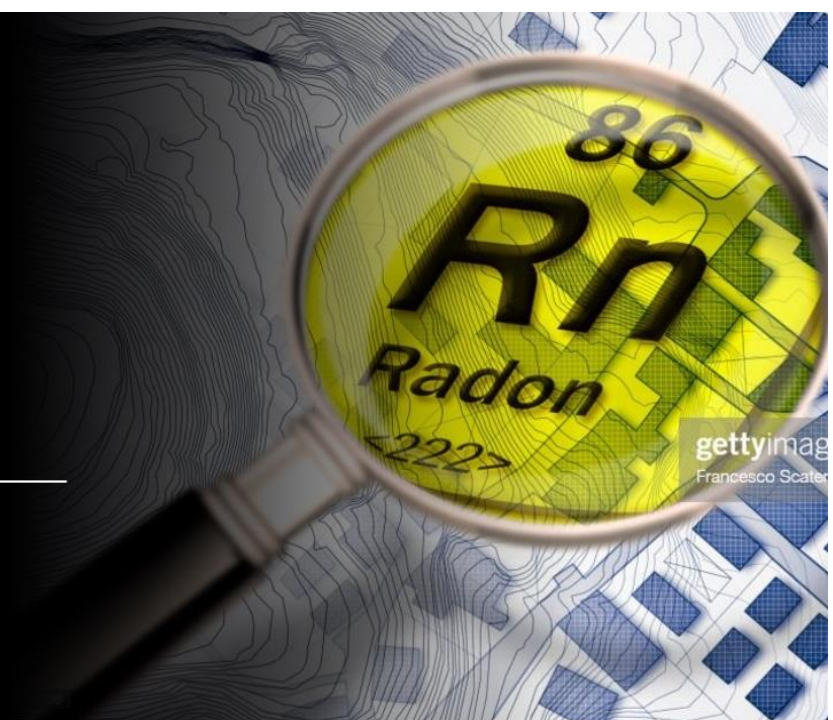
October 2022



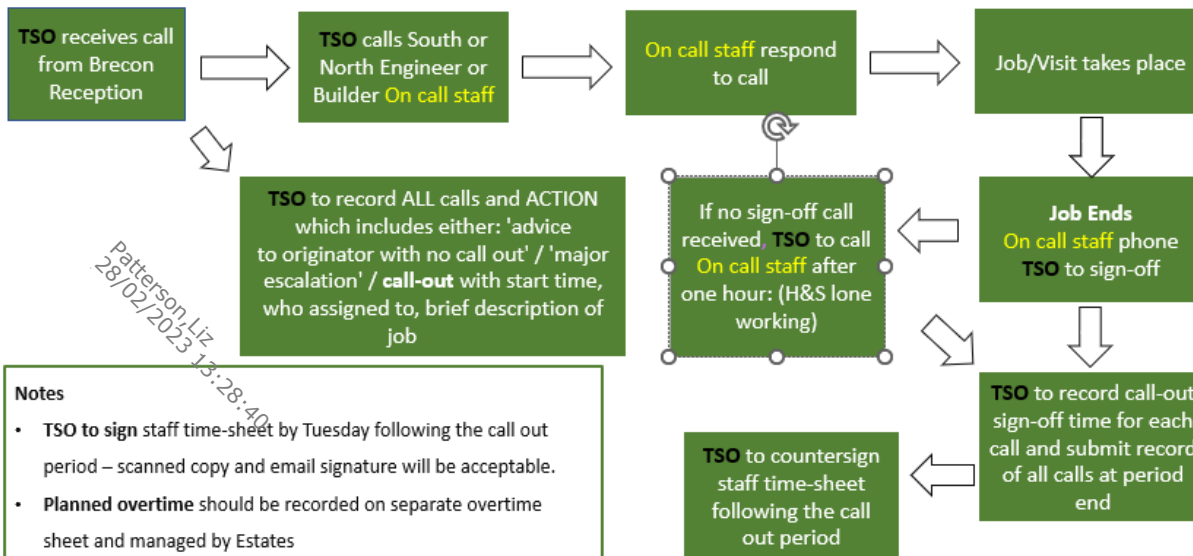
## PTHB Estates Compliance Group

RADON Briefing Note

July 2022



### ESTATES ON CALL PROCESS REVIEW



### Estates Workload Prioritisation



Presentation aims to highlight the workload volume, challenges and risks associated with the current workload and resource status for the Estates team



February 2023

# Fire Performance Tracking

## Fire Programme Delivery



Staff engagement and awareness is very good

942

staff trained

Mandatory fire training completed in 2022

30%

Due

Annual Fire Risk Assessment process impacted by resource but within compliance

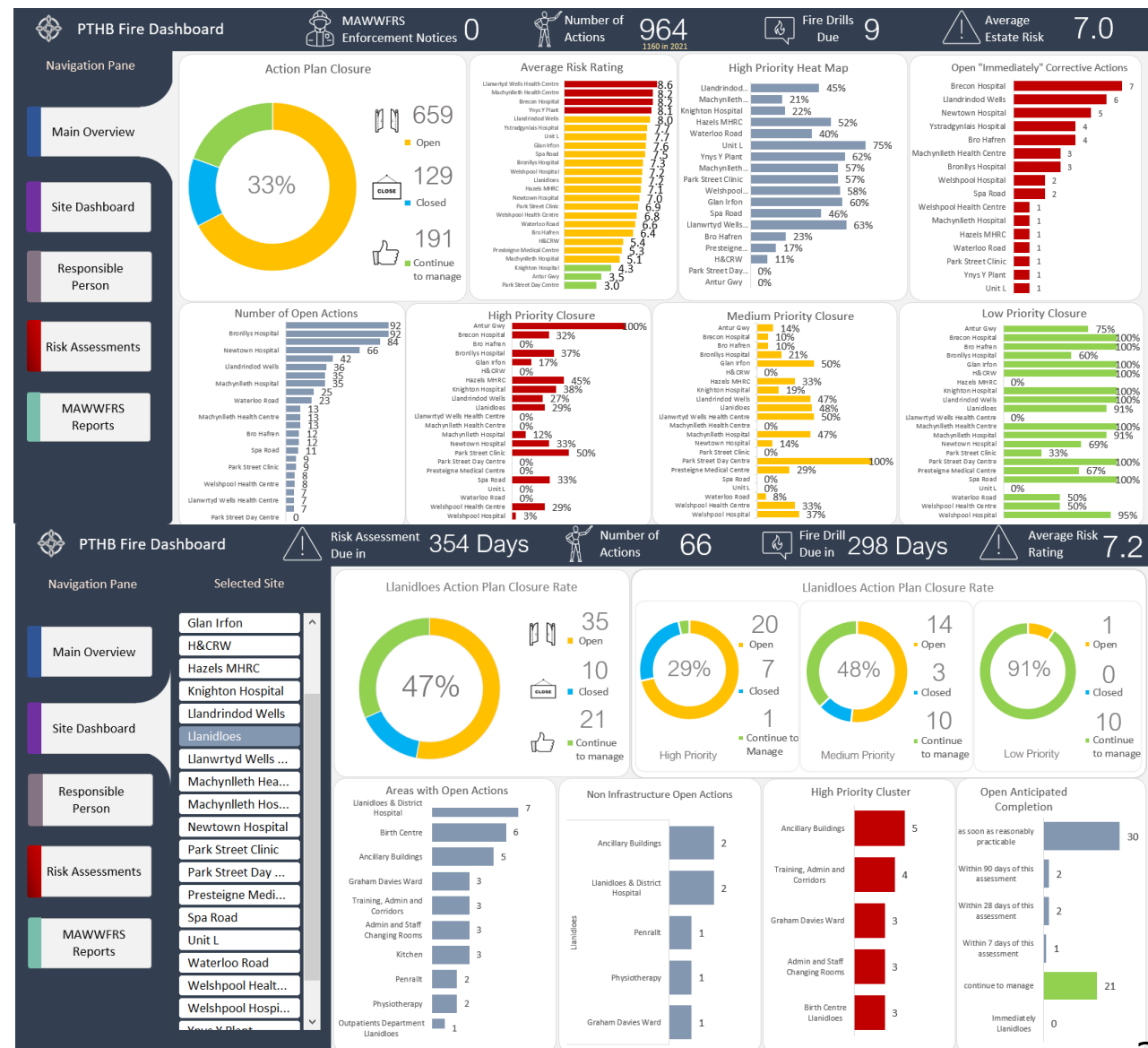
17%

fall in actions

Less hazards observed during fire risk assessments. Excellent response from ADs

0

Fire Service enforcement notices





## Estates Workload

### Emergency works – 3 days mid-December 2022...

**Brecon Theatre:** leak to external pipe with operational impact

**Llandrindod Theatre:** low temperatures (below -8) seeing plant close down but now back up and running. May need to consider future enhancements heating/frost coils which seems to have addressed this issue in Brecon

**Epynt Ward, Brecon:** known issue with AHU and project to be initiated – patients cold when system is on and clinician led permit system to close down in operation to raise temperatures with corresponding loss of air change capacity

**Brecon Body Store:** body fridge issue with high temperatures recorded. Bodies relocated and ARE called out to fix

**Llan'dod Ambulance Station:** boiler failed which also serves mortuary – new boiler on order

**Courtyard, Bronllys:** significant flood following burst pipe and will affect Dieticians, Public Health, Capital and Estates Admin for some time until space can be reinstated, electricity and fire alarms isolated

**UPS Contract:** ongoing checks identifying failure of 2 of 3 batteries for Llan'dod Theatre and Maternity at Llan'dod

**False Fire Alarms:** multiple incidents at Bronllys with Fire Service attending – maintenance contractor investigating

**Basil Webb heating:** issues with air source heat pump being able to meet requirements in extremes of cold weather – options being investigated

**Welshpool Health Centre:** hot water system failed – looking to replace calorifier next week

**Hazels Llan'dod Heating:** boilers failing

**Machynlleth OPD:** water pipe burst – has been addressed

**Gritting:** some issues with PCC attendance being addressed with new Provider being mobilised for 1 January

**Claerwen Ward:** responding to calls for Patients feeling cold

**Heating:** multiple calls across the estate





**Agenda item: 3.1b**

**DELIVERY AND  
PERFORMANCE COMMITTEE**

**Date of Meeting:  
28 FEBRUARY 2023**

<b>Subject :</b>	<b>Report on the work of the Corporate Health and Safety Group and the specific issue of Hand Arm Vibration Syndrome (HAVS)</b>
<b>Approved and Presented by:</b>	JAMIE MARCHANT, DIRECTOR OF ENVIRONMENT
<b>Prepared by:</b>	JAMIE MARCHANT, DIRECTOR OF ENVIRONMENT
<b>Other Committees and meetings considered at:</b>	Executive Committee, 8 February 2023

**PURPOSE:**

To provide the Delivery & Performance Committee with an update in relation to the work of the Corporate Health and Safety Group and the progress that has been made against the H&S forward work Programme for 2022/23.

Specific detailed information is also provided in relation the recent Health and Safety Executive (HSE) prosecution relation to historical processes in the management of HAVS within PTHB.

**RECOMMENDATION:**

The Delivery and Performance Committee is asked to DISCUSS and take ASSURANCE from the report that the organisation is implementing its Health and Safety forward work programme for 2022/23.

<b>Approval/Ratification/Decision<sup>1</sup></b>	<b>Discussion</b>	<b>Information</b>
✓	✓	

<sup>1</sup> Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level – **N/A**



## 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:

### HEALTH AND SAFETY GROUP

The groups purpose, in line with the terms of reference is to

- "Review and monitor health and safety matters in order to comply with the Health & Safety at Work Act 1974
- Provide the leadership for the development of health & safety within the Health Board".

Since December 2021, the group has been chaired by the Director of Environment (DoE) and meets bi-monthly. To fulfil the detailed objectives of the group the DoE has agreed with Executive Committee a wider membership than previously existed. Aligned to the essential thinking that Health and Safety is 'everyone's responsibility' but that Executive Directors have specific responsibilities to lead on health and safety, membership now extends to have a senior representative from each directorate.

Directorate/service group representatives (hereafter referred to as representatives) are required to act as a conduit to and from Directorate meetings on health and safety matters and provide updates using a standard reporting template. The highlight report in use is attached as **Appendix One** with an expectation that the update is endorsed by the relevant Director or Assistant Director prior to submission to the Health and Safety Group.

These forms have been in place since February 2022 and are reviewed by the DoE prior to the meeting to inform discussion of specific updates within each report. The reports are continually improving in detail and allow sharing of good practice. The reports allow opportunity for escalation (and subsequent resolution) of issues but also allow Directorates to provide assurance as necessary. Whilst the Directorate has the opportunity to update as they wish

through this report the DoE has asked for specific updates on issues including statutory and mandatory training levels and progress against prioritised risk assessment areas.

As well as the specific representatives the Group also has attendance from Health and Safety Officers, Infection Prevention and Control Practitioners, as well as staff side.

A recent addition to the remit of the Health and Safety Group has been to add a focus on the Well Being at Work agenda. Prior to covid there was a formal group across the Health Board with a focus on wellbeing at work and in particular the Corporate Health Standard. A discussion at Executive Committee agreed to the recommendation that, bearing in mind the now wide-ranging membership of the Health and Safety Group that this important area could be discussed at this group. The Assistant Director of Workforce and OD (who is a formal member of Health and Safety Group) acts as the conduit to the work and will bring updates to the Group, as well as seek support for specific actions.

Staff side do not produce a formal report but are a standing item on the agenda for any verbal updates as is deemed necessary by staff side representatives.

There are a number of groups which formally underpin and support the work of the Health and Safety Group, namely Fire Safety Group and Security Oversight Group. The former is chaired by the DoE and the latter is chaired by the Assistant Director of Support Services. Each group is a standing reporting item for escalation to the Health & Safety Group (HSG) as required.

Additionally, the HSG can receive escalated items from the Site Co-ordination Forum (which is chaired by the DoE). This latter group and its relationship with the Health and Safety Group has been subject of a recent positive NWSSP Internal Audit advisory report.

Attendance from Directorate/Service Groups at HSG is very positive and even if there is occasional absence, highlight reports have been received which allow for review and assurance in the Group.

## **FIRE SAFETY**

The issue of fire management is a standing item as noted above and focus has been on the increasing training levels, specifically for Fire Incident Coordinators and Wardens, and also fire drills. The DoE has been able to provide very positive updates to Committee since Autumn 2021. Out with of the Fire Safety Group, the main forum for discussion of this topic is through the Site Coordination Forum, as the leadership for training and drills is through respective site coordinators. The latest dashboard position (as at January 30<sup>th</sup>) is as below and shows continued positive position relating to Fire Drills and Fire Risk Assessments.

With regards to Fire Drills, the position is monitored closely at the Fire Safety Group and with the respective Site Coordinators at the bi-monthly Site Coordination Forum. Following on from the focused work in Autumn 2021 when both day and night drills were completed for hospitals, there is now a shift to perform the drills spread across the year for each site to ensure a gap between day and night drills and to "smooth the demand" on the Fire Officer for support. Throughout 2022, the Health Board was operating with only one of the two Officers following a resignation. Multiple efforts to recruit were not successful although recently an offer has been made and accepted and a replacement Officer is expected to arrive in April 2023.

PTHB Fire Drill Schedule				Total number fire drills due	5	Hospital drills due	3	Day Off	0	Number of sites due >90 days	2	Number of hospitals due >90 days	0	Yet to complete a fire drill	0	
Site Coordinator	Site	Last completed	Drill Due	RAG Status	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Christine Thomas	Brecon - DAY	Dec-21	-63 days	Being planned. Delayed due to inclement weather												
	Brecon - NIGHT	Jun-22	119 days							DUE						
Jason Crowl	Bronllys - DAY	Oct-22	254 days											DUE		
	Bronllys - NIGHT	Feb-22	8 days			DUE										
Lesley Sanders	Knighton - DAY	Dec-22	310 days													DUE
	Knighton - NIGHT	Jun-22	148 days							DUE						
Lesley Sanders	Llandrindod - DAY	Nov-22	234 days												DUE	
	Llandrindod - NIGHT	Jul-22	149 days								DUE					
Jayne Lawrence	Llanidloes - DAY	Nov-22	235 days												DUE	
	Llanidloes - NIGHT	May-22	119 days						DUE							
Lindzi Shone	Machynlleth - DAY	Dec-21	-63 days	Planned for February		Planned										
	Machynlleth - NIGHT	Jul-22	149 days								DUE					
Vic Deakins	Newtown - DAY	Dec-22	314 days													DUE
	Newtown - NIGHT	Jul-22	149 days								DUE					
Zoe Clent	Welshpool - DAY	May-22	104 days						DUE							
	Welshpool - NIGHT	Feb-22	26 days			DUE										
Paul Sussex	Ystradgynlais - DAY	Dec-21	-63 days	Being planned. Delayed due to inclement weather												
	Ystradgynlais - NIGHT	Jun-22	119 days							DUE						

Site Coordinator	PTHB Owned Buildings	Last completed	Drill Due	RAG Status	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Lauraine Hamer	Brynmorion Mental Health Resource Centre	Oct-22	266 days													
Louise Turner (Brecon Hospital fire)	Children's Annex Building - Brecon	Jun-22	128 days							DUE						
Helen Kiteley	Fan Gorse	Jun-22	127 days							DUE						
Kelle Rees	Mazels Centre (Mazels, Warden, Merlin) Llanidloes	Mar-22	33 days				DUE									
TBC	Unsettled Surgery	Dec-20	-429 days	Being planned with pharmacist												
Pete Taylor	Park Street Clinic	Dec-20	-399 days													
Joy Garfitt	Ty Mynydd Mental Health Resource Centre	Mar-22	57 days				DUE									
Louise Turner	Watufoe Road Offices	Aug-22	210 days													
Pete Taylor	Welshpool PTHB Clinic - Rear annex	Apr-22	69 days					DUE								
Rebecca Randall	Ysgo-Y-Plant	Aug-22	182 days									DUE				

In line with the appropriate Regulatory Reform (Fire Safety) Order, Article 9, the Health Board has a duty to make suitable and sufficient assessment of fire risks. To that end a fire risk assessment process is adopted in line with the "Welsh Health Technical Memorandum (WHTM) 03 Part K Fire Risk Assessment in Complex Healthcare Premises" as part of the "Firecode" suite of documents and the 5 steps of assessment (namely identify hazards, identify people at risk, evaluate/remove/reduce/protect from risk, record/plan/inform/instruct and train, review). The Risk Assessments are carried out by our competent persons (namely Fire Officers) and as noted above the Health Board has been carrying a vacancy of one of the two posts for all of 2022. The table below however shows a positive position in relation to the completion of assessments. Actions are assigned to respective departments or Site Coordinators for completion. Tracking of these actions has been strengthened substantially in 2022 with the development of innovative tracking tool and dashboard which is shared with all respective leads and monitored at the Fire Safety Group.

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## PTHB Fire Risk Assessment Schedule



Total number of all sites due 5



Total number of hospitals due 1



Total number of sites due >90 days 1



Total number of hospitals due >90 days 0

Site Coordinator	Site	Last completed	Due	RAG Status	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Christine Thomas	Brecon Hospital	Jul-22	161 days								DUE					
Jason Crowl	Bronllys Hospital	Jun-22	126 days							DUE						
Lesley Sanders	Knighton Hospital	Oct-22	260 days											DUE		
Lesley Sanders	Llandrindod Hospital	Dec-22	309 days												DUE	
Jayne Lawrence	Llanidloes Hospital	Jan-23	351 days		COMPLETED											
Linzi Shone	Machynlleth Hospital	Aug-22	210 days									DUE				
Vic Deakins	Newtown Hospital	Jul-22	175 days								DUE					
Zoe Clent	Welshpool Hospital	Jan-22	-22 days	Planned for February		Planned										
Paul Sussex	Ystradgynlais Hospital	May-22	100 days						DUE							

Site Coordinator	PTHB Owned Buildings	Due	RAG Status	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Lauraine Hamer	Bynion Mental Health Resource Centre	Jan-22	-22 days	Planned for February	Planned										
Louise Turner	Children's Annex Building - Brecon	Jul-22	161 days							DUE					
Helen Kiteley	Fan Gorau	Jul-22	175 days							DUE					
Kelle Rees	Hazels Centre/Hazels/Wendear, Merlin/Llan'dod Wells	Nov-22	294 days											DUE	
TBC	Llanwrtyd Surgery	Dec-22	310 days												DUE
Pete Taylor	Park Street Clinic	Sep-22	597 days									DUE			
Joy Garfitt	Tylydd Mental Health Resource Centre	Jun-21	-233 days	Planned for February	Planned										
Louise Turner	Waterloo Road Offices	Jan-22	-20 days	Planned for February	Planned										
Pete Taylor	Welshpool PTHB Clinic - Rear annex	Jan-22	-22 days	Planned for February	Planned										
Rebecca Randell	Ynys-Y-Plant	Jul-21	178 days							DUE					

## ACCIDENTS AND INCIDENTS

A fundamental role of the HSG is to monitor the review and learning from accidents and incidents. A summary report is provided at each meeting with details of incidents at departmental level. During 2022/23 the format has changed to make use of outputs from the Datix system.

Discussion at HSG focuses on ensuring robust review at departmental level of the incidents and ensure closure and learning. Review of data output from Datix is also assisting in improving the quality of the data input. As the membership of the Group has matured, "near misses" are also being reported. It is the desire of the DoE to seek wider sharing of learning from incidents and near misses across the group during 2023/24.

## HEALTH AND SAFETY TEAM WORK PLAN

The Health and Safety (H&S) team have a workplan which focuses on the priorities of the HSG and the Health Board. This plan covers a wide range of important areas and is designed to assist in managing the relatively limited resources of the small health and safety team but also to provide support departments and directorates to develop the local management of health and safety matters.

The plan is reviewed formally at each Health and Safety Group and requests to adjust timelines or include new work is considered by the DoE. The work program is made up of the following subject areas, with various pieces of work within those categories. The plan is on target for completion by the end of March 2023.

## Health and Safety Policies

Three policies have been reviewed, updated, and approved by the Health and Safety Group in year. These have been communicated through Powys Announcements and are "live" on the intranet. These policies are;

- Manual Handling Policy
- Violence and Aggression Policy

- Stress Management Policy

All other Health and Safety Policies remain in date and any which are due for renewal in 2023/24 will be progressed through the group. Earlier in 2022, all policies were reviewed to update any job title changes specifically linked to the transition of health and safety to the newly created DoE role.

A new Personal Protective Equipment Policy is currently being developed to be delivered and approved at the March 2023 Health and Safety Group meeting and implemented within the current workplan timeframe.

### **Risk Assessments & Audits**

Assessing and managing risks within departments is one of the most fundamental elements of health and safety. Based upon a desktop exercise carried out in 2021/22 which looked at specific categories of risk assessment across the organisation, it was identified there may be potential shortfalls with suitability of these assessments. In late 2021/22 the Executive Committee agreed that these areas should be prioritised across all departments and that the subsequent audit program of 2022/23 would concentrate on reviewing these risk assessments as well as any service specific tasks.

The modules are;

- Driving for Work
- Lone Working
- Display Screen Equipment
- Violence and Aggression
- Manual Handling
- Workplace Stress

As part of the program twenty teams across various departments in Support Services, Estates, Workforce and OD, Women and Childrens Service Group and Community Services Group have been visited by the H&S Team and their risk assessments audited. Where deficiencies/non compliances were identified, verbal advice has been provided at the time of the audit visit and in some instances written advice via email. The findings of the audits will be confirmed in a written audit report with recommendation to be actioned. The audit reports have been completed in preparation for issuing to the departments and teams visited. The reports will be issued in early February and returns monitored via the DoE Office with full consideration at the Health and Safety Group.

### **Training & Education**

Training and education are essential to allow staff to be aware and manage health and safety issues. With relation to the specific areas of violence and aggression and manual handling training, the HB has two directly employed trainers.

The Director has been seeking opportunities to provide IOSH training for staff groups in line with the Policy (as approved in November 2021). There are not sufficient resources within the existing Health and Safety team to provide a sustainable number of training courses and thus external options have been considered.

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Welsh Ambulance Service NHS Trust (WAST) Health and Safety function have generously agreed to provide sessions for IOSH accredited Leading Safely course in March 2023. This will provide training for Executive Directors and Assistant/Deputy Directors as well as adding a new element of training developed by WAST relating to "behavioural approach" to Health and Safety. The Director is continuing discussions with WAST on the potential for a more substantial programme for IOSH Managing Safely for managers in 2023/24 and a proposal relating to this will be brought to Executive Committee at the earliest opportunity.

Alongside this approach, the local Health and Safety Officers have been supporting training for IOSH Working Safely continues in line with the Workforce Managers Program and to date 87 staff have completed the course.

### **Manual Handling**

To support the ongoing local management and compliance for staff relating to manual handling, the work for 2022/23 has included a specific focus on manual handling involving the introduction and training of manual handling link workers as identified in a Health and Safety Executive (HSE) Notification of Contravention in 2019. A commitment was made to appoint link workers within departments with the initial focus on the wards. Whilst there were some challenges during the challenges of covid, work has been undertaken to review the nominated leads and complete any gaps. It is expected to have a full complement of people across specific departments by the end of March.

### **Violence & Aggression**

Powys Teaching Health Board recognises that when staff deal with any situation in which individuals, whether Child or Adult are violent or intimidating toward them, it can be very difficult. Appropriate Training is provided in accordance with the "All Wales NHS Violence and Aggression Training Passport and Information Scheme."

Teams within PTHB deal with a very diverse group of patients, and as such it is appropriate that they receive personal safety training, full PMVA training or physical intervention techniques, whichever is appropriate for their role/s, as identified by the service departments. For example, all staff that work directly with patients on MH inpatient wards would require, for example the full PMVA course.

The Training Programme is designed to meet identified training needs based upon Risk Assessment for Staff Groups.

Module A: Personal Safety Awareness Raising, delivered via an E learning programme, and/or leaflet.

Module B: Theory of Personal Safety and De-escalation skills. Delivered in house by an accredited trainer. Half day Training session. Available via classroom or e-learning package. Refreshed every 3 years.

Module C: Theory and practice of Physical Breakaway Techniques. Delivered in house by an accredited trainer, run in conjunction with module B, refreshed every 2 years. Aimed at all patient facing staff.

Module D: Theory of Personal Safety, tuition involving Advanced Breakaway and Physical Intervention Skills delivered by an accredited trainer, four-day training session, with a two-day refresher, currently delivered to all ward staff, working within the mental health service and CRHTT.

The Modular System is designed to enable staff to develop skills, which will enhance their ability to cope during incidents of Violence and Aggression in the workplace.



Training has carried on throughout the year and during a short period of absence within the training function in recent months, additional resource was secured from external trainers to ensure staff had timely access to training/re-training. Before the end of 2022/23 the department will also finalise a new 'victim support leaflet' for use within the organisation as well as reviewing the approach to training to ensure it is efficient and meets the needs of the services.

### **Health and Safety – Corporate Web Page & Move to SharePoint**

A key element of the role of the health and safety function is to support the understanding and awareness of health and safety issues but most importantly how local teams can manage such matters. A functional website is a fundamental element of that work to provide information for all to access. A completely new webpage has been constructed and is live on the intranet. This will be updated and continually evolve and contains advice, guidance on a number of health and safety subjects along with easy-to-follow videos on risk assessment and lone working. All H&S template documents are available through the web site and SharePoint.

### **Future Work Programme**

The HSG will be developing work plan priorities for 2023/24 which will need to reflect priorities for the organisation but also allow appropriate resource allocation/use of the relatively small Health and Safety function and officers. An initial proposal will be considered at the Group in March.

A proposal will also be developed for ongoing training/fit testing for FFP3 masks. This workload has increased dramatically since Covid 19 and places an undue reliance on the two health and safety officers and needs to be embedded within local teams to ensure a prompt management and response to needs and compliance.

Informed by the recent NWSSP Internal Audit report on Security, which provided Reasonable Assurance, the Security Oversight Group and thus the Health and Safety Group will be prioritising work on departmental and site security.

The DoE has suggested to the NWSSP Internal Audit function that general Health and Safety would benefit from an internal audit later in 2023. This will be considered by Executive Committee alongside all other audit priorities.

### **HAND ARM VIBRATION SYNDROME (HAVS) - HEALTH AND SAFETY EXECUTIVE (HSE)**

Hand Arm Vibration Syndrome (HAVS) is a reportable work-related disease, caused by excessive exposure to vibration over time, whilst using handheld or guided vibratory work equipment, causing damage to the nerve, vascular systems in the hands and arms along with muscular skeletal effects of the disease.

In May 2020, the Health & Safety Team were informed that during routine health surveillance one of the Estates Operatives had been diagnosed with HAVS due to exposure to vibration at work over several years. This diagnosis was reported to the Health and Safety Executive (HSE), as an Occupational Disease, in line with RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) processes. There have been additional members of staff diagnosed with HAVS since the initial numbers and as at January 2023, a total of 8 members of staff have been diagnosed with HAVS and reported to HSE.

The HSE contacted PTHB in June 2020, advising of their intention to investigate the case of HAVS reported in May and requested further details in relation to this case. As part of their investigation process, the HSE requested voluntary statements from those who had been diagnosed with HAVS, along with managers from the Estates Department and staff from Support Services, who had also been identified during the initial investigation process as using vibratory equipment.

During the investigation process, the HSE identified material breaches in the Control of Vibration at Work Regulations 2005, within the organisation.

In March 2021 the HSE Inspector issued the Notification of Contravention and Two Improvement Notices which required PTHB to demonstrate compliance by 30<sup>th</sup> April 2021.

1. HSE Notice 1 (JB0 20321/01) - All hospital sites operated by Powys Teaching Health Board  
*- You have failed to provide all employees with suitable and sufficient information, instruction and training where your risk assessment indicates a risk to your employee's health, and where they are exposed to vibration whilst at work (improvement notice appendix).*
2. HSE Notice 2 (JB0 20321/02) - Estates Department at Bronllys Hospital, Bronllys, Brecon, LD3 0LU - *You have failed to ensure that any person who carries out work in connection with your duty under the Control of Vibration at Work Regulations 2005 (as amended), has received suitable and sufficient information, instruction and training (improvement notice appendix).*

The Improvement Notices related to:

- Identifying who has managerial responsibility for employees who work with vibrating tools and equipment, in both Estates and Support Services.
- Ensuring those managing vibration at work are suitably trained to discharge these duties, both within Estates and Support Services.
- Ensuring those in Support Services using vibratory work equipment are suitably trained regarding the hazards associated with their use, and potential ill health effects from vibration exposure and how the risk is to be managed within the service.

Work had already commenced to address the identified issues in early 2020, which included:

1. Developing and implementing an organisational wide HAVS Policy, to inform and guide department Managers in how to assess the risk associated with the use of vibratory work equipment. Methods and actions to take to reduce the levels of exposure and manage any risk posed to staff who use and operate such equipment and ensure compliance with the Regulations. This policy was signed off by the Executive Management Team in April 2020.
2. Within Estates, an action plan was produced and implemented identifying where work was required with recommendations to address shortfalls in the Estates vibration exposure risk management procedures and to ensure compliance with the Regulations, which include:
  - Undertaking a full tool audit within Estates.
  - Assessing the risk of vibratory equipment within the workplace.

- Calculating vibration exposure for the equipment used within Estates.
- Implementing a system for monitoring daily vibration exposure.
- Implementing a regime of tool servicing and maintenance.
- Equipment Procurement (identifying and purchasing low vibration equipment going forward)
- Annual HAVS surveillance by Occupational Health.
- HAVS Awareness training for operatives (toolbox talk)

During the investigation the HSE have acknowledged that a great deal of progress has been made by PTHB and the Estates department since early 2020, in relation to compliance with the Control of Vibration at Work Regulations 2005.

Beyond the work to respond to the Improvement Notices, an additional range of actions were committed and completed by the Health Board. These included;

- Undertake a full audit of all equipment that poses a vibration risk to Support Services employees
- Policy and process for the procurement and purchase of low vibratory work equipment
- Implement a regime of tool maintenance
- Information
- Ensure the risk of vibration exposure for task undertaken within Support Services are suitably risk assessed
- Vibration Monitoring - monitoring and reviewing exposure levels on a regular basis
- Health Surveillance- identify any support services staff that have been exposed to the use of vibrating tool to check and ensure they are not suffering from ill health effects from past exposure.

A response to the Improvement Notices was completed in accordance with HSE timelines and compliance was confirmed by HSE in June 2021 and the notices were "lifted".

Whilst during the investigation the HSE acknowledged the work undertaken by the Health Board, and in particular the Estates function since 2020, the HSE continued to investigate the historical cases and practices and in April 2022 confirmed a notice of prosecution for the historical breaches.

The case was heard at Wrexham court in November 2022 and the Health Board lodged a guilty plea. In presenting the case, the HSE accepted the work undertaken since 2020 and the mitigating actions since the first reported case. In summation the Judge acknowledged this work, the fact that the Health Board had fully cooperated with HSE throughout and that the Health Board had accepted culpability (in the form of a guilty plea) at an early stage. The Judge outlined the consideration in setting a fine that a substantial penalty would present a significant challenge to the Health Board and potentially impact on patient care. A fine of £168,000 plus costs (in region of £6,000) was handed down by the Judge.

As well as this fine, there were departmental costs in the region of £60,000 in implementing the actions within the Action Plan. Personal Injury claims by affected staff are being considered in line with normal processes and will be reported within the Health Board accordingly.

Other action taken by the Estates Team as part of compliance with the Improvement Notices and the Control of Vibration Legislation includes:

- Purchasing HAVi monitoring equipment.
- Replacing old equipment for new low vibratory equipment.
- Sending all equipment away to a specialist company for accurate "in-use" vibration magnitude measurements.
- Tag (with colour coded tags) all vibratory work equipment based on the level of measured vibration risk.
- Implementation of a robust means of equipment inspection and maintenance.
- Investigating alternative ways of carrying out work where vibration exposure is identified as a hazard.
- Employees monitoring their exposure to vibration daily and recording this, along with a system of auditing vibration exposure of its employees.
- Documenting on site specific risk assessments where staff are exposed to vibration when undertaking work activities.
- The delivery of new HAVS Toolbox talks on an annual basis.
- Commenced undertaking specific grounds maintenance vibration risk assessments. These will identify the vibration exposure risk for specific areas on each site while undertaking ground maintenance work. When this piece of work is complete it will allow the department plan and allocate appropriate resource ensuring exposure levels per person do not exceed 100HSE points per day unless other wise agreed and assessed by a supervisor. 100HSE Points is the Exposure Action Value set in the Regulations as the point where action needs to be taken to reduce the levels of vibration exposure.

The Support Services function has also undertaken specific additional actions;

- Support Services have ceased carrying out any grounds maintenance work which involved the use of vibratory work equipment.
- HAVi have been brought in to measure and assess all vibratory work equipment that is in use within the department.
- All high-risk equipment has been removed from service, quarantined and is to be disposed of.
- New low vibratory equipment is being purchased to replace old equipment.
- A process has been implemented to monitor the daily vibration exposure of employees using vibratory work equipment along with regular supervisory monitoring.

A specific piece of work has also been implemented relating to identifying any and all roles which are subject to ongoing Occupational Health Surveillance. A review of roles has been undertaken and the service areas listed below have completed a proforma reviewing each of the roles, defined by approved Job Descriptions in their department against the Health & Safety risks specified in the Regulations as requiring Health Surveillance Screening by Occupational Health. Under the Regulations, the risk domains are; Vibration, Radiation, Noise, Control of Substances Hazardous to Health (COSHH)

- Estates
- Support Services
- Maternity
- Radiography (monitoring in place for exposure to radiation using standard practices across all Radiology departments in NHS Wales)
- Podiatry (none applicable)
- Dental (none applicable)
- Theatres

Where roles have been identified as requiring a health surveillance assessment this information is now held by the Occupational Health team who will track compliance and undertake the tiered assessments and recalls in compliance with legislative requirements.

A HAVS training strategy has been developed to embed ongoing training needs assessment and provision. The current training approach has ensured all relevant staff are currently trained and none are due for renewal until 2024. It is however necessary to ensure that the training offered can respond to a need for someone to be trained at varying times over the future years. To that end an online tool is being developed which will be available from June 2023 which will allow individuals in future years to remain or become compliant as quickly as needed without the requirement of a critical mass of people for for training.

The existing Hand Arm Vibration Policy (HSP 004) was last approved in April 2020 and is due for review by April 2023. The Policy will be considered for approval at the Health and Safety Group in March 2023. Significant changes are not required however the work outlined above and in particular, the training strategy will be referenced.

### **RECOMMENDATIONS:**

The Delivery and Performance Committee is asked to DISCUSS and ENDORSE the report.

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## HIGHLIGHT REPORTING FROM SERVICE/DIRECTORATE TO HEALTH AND SAFETY GROUP

<b>Service Area/Directorate</b>	
<b>Date of Report</b>	
<b>Agreed/Signed off by Assistant Director</b>	
<b>Date escalated to Health and Safety Group</b>	

<b>Escalate / Alert</b>
<b>Advise</b>
<b>Assure</b>
<b>Inform</b>

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<b>Delivery and Performance Committee</b>		<b>Date of Meeting: 28 February 2023</b>
<b>Subject:</b>	<b>CORPORATE RISK REGISTER (Relevant to the committee)</b>	
<b>Approved and Presented by:</b>	Director of Corporate Governance and Board Secretary	
<b>Prepared by:</b>	Director of Corporate Governance and Board Secretary Senior Administrator/PA to the Board Secretary	
<b>Other Committees and meetings considered at:</b>	Executive Committee - 11 January 2023 Board - 25 January 2023	

#### **PURPOSE:**

The purpose of the Committee Risk Register is to draw together relevant risks for the Committee from the Corporate Risk Register (CRR), to provide a summary of the significant risks to delivery of the health board's strategic objectives.

#### **RECOMMENDATION(S):**

It is recommended that the Committee **CONSIDERS** the December 2022 version of the Committee Risk Register, which reflects the risks identified as requiring oversight by this Committee. This copy of the Committee Risk Register is based upon the Corporate Risk Register (CRR) considered by the Board on 25 January 2023.

The Committee is asked to **consider** the corporate risks within the committee's remit, discuss any relevant issues and take **assurance** that risks are being managed in line with the Risk Management Framework.

<b>Approval/Ratification/Decision</b>	<b>Discussion</b>	<b>Information</b>
✓	✓	

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

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

**EXECUTIVE SUMMARY:**

The purpose of the Committee Risk Register is to draw together relevant risks for the Committee from the Corporate Risk Register (CRR), to provide a summary of the significant risks to delivery of the health board's strategic objectives.

**BACKGROUND AND ASSESSMENT:**

The CRR provides a summary of the significant risks to the delivery of the health board's strategic objectives. Corporate risks also include risks that are widespread beyond the local area, and risks for which the cost of control is significantly beyond the scope of the local budget holder. The CRR is reviewed by the Executive Committee on a bi-monthly basis and is noted by the Board.

The Committee is asked to DISCUSS the risks relating to Delivery and Performance Committee and the risk targets within the Committee Based Risk Register, and to CONSIDER whether the targets identified are achievable and realistic.

The full Committee Risk Register is attached at **Appendix A**.

**NEXT STEPS:**

The group will lead the ongoing development of Delivery and Performance risks as set out above.

An updated version of the Corporate Risk Register is due to be presented to the Board on 29<sup>th</sup> March 2023.



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

# **Delivery and Performance Committee (28<sup>th</sup> February 2023) Committee Based Risk Register**

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Page 1 of 20

Delivery & Performance Committee  
28 February 2023  
Agenda Item: 6.1a Appendix A

## CORPORATE RISK HEAT MAP

There is a risk that...

<b>Impact</b>	<b>Catastrophic</b>	<b>5</b>				<ul style="list-style-type: none"> <li>The health board fails to manage its financial resources in line with statutory requirements</li> <li>The urgent and emergency health and social care system fails to deliver a timely response for care for Powys citizens</li> </ul>	
	<b>Major</b>	<b>4</b>			<ul style="list-style-type: none"> <li>A significant public health event/emergency impacts on provision, continuity and sustainability of services</li> </ul>	<ul style="list-style-type: none"> <li>The health board fails to adequately allocate resources, including transformation capacity, to improve health outcomes/experience and reduce inequalities</li> <li>A cyber-attack results in significant disruption to services and quality of patient care</li> <li>the care provided in some areas is compromised due to the health board's estate being not fit for purpose</li> </ul>	<ul style="list-style-type: none"> <li>Inequity of access to planned, secondary and specialised care results in poorer outcomes and experience for some Powys citizens</li> </ul>
	<b>Moderate</b>	<b>3</b>					
	<b>Minor</b>	<b>2</b>					
	<b>Negligible</b>	<b>1</b>					
			<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
			<b>Rare</b>	<b>Unlikely</b>	<b>Possible</b>	<b>Likely</b>	<b>Almost Certain</b>
			<b>Likelihood</b>				

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## CORPORATE RISK DASHBOARD

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
DPCCMH	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

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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	Performance and Service Sustainability	A cyber-attack results in significant disruption to services and quality of patient care	4 x 4 = 16	Cautious	8	✗	Delivery and Performance	Loss of systems and impact to recovery timescales
DoE	CRR 010	Quality	The care provided in some areas is compromised due to the health board's estate being not fit for purpose	4 x 4 = 16	Minimal	9	✗	Delivery and Performance	Organisational Priorities Underpinning WBO 1 to 4
DPH	CRR 011	Performance and Service Sustainability	A significant public health event/emergency impacts on provision, continuity and sustainability of services	3 x 4 = 12	Cautious	12	✓	Delivery and Performance	Health and wellbeing of the population

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## KEY:

### Risk Appetite 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.

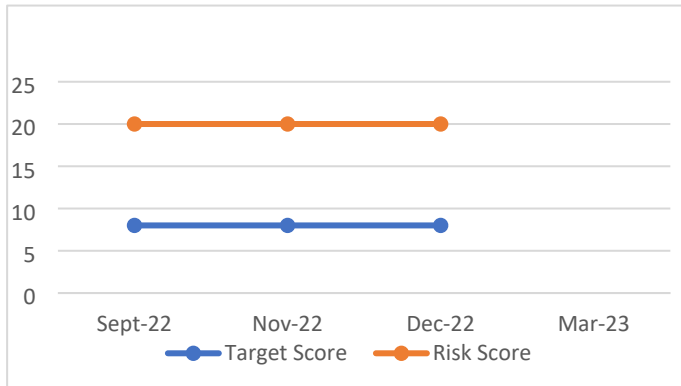
Executive Lead:	
CEO	Chief Executive
DPCCMH	Director of Primary, Community Care and Mental Health
DoNM	Director of Nursing and Midwifery
DFIIT	Director of Finance, Information and IT
MD	Medical Director
DPH	Director Public Health
DWOD	Director of Workforce and OD
DoTHS	Director of Therapies and Health 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

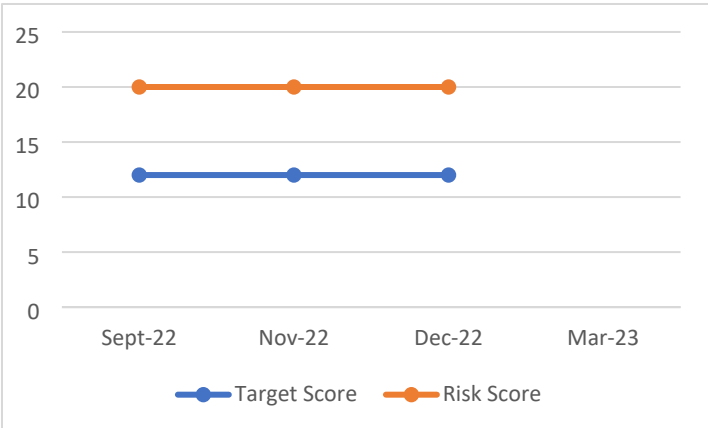
<b>CRR 001</b>		<b>Executive Lead:</b> Director of Finance, Information and IT																
<b>Risk that:</b> the health board fails to manage its financial resources in line with statutory requirements		<b>Assuring Committee:</b> Delivery and Performance																
<b>Risk Impacts on:</b> Organisational Priorities underpinning all WBOs		<b>Date last reviewed:</b> December 2022																
<div><b>Risk Rating</b>  (likelihood x impact): Inherent: 4 x 5 = 20 <b>Current: 4 x 5 = 20</b> Target: 2 x 4 = 8</div> <div><b>Date added to the risk register</b> Risk Updated September 2022</div>	 <table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Month</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>Sept-22</td><td>8</td><td>20</td></tr><tr><td>Nov-22</td><td>8</td><td>20</td></tr><tr><td>Dec-22</td><td>8</td><td>20</td></tr><tr><td>Mar-23</td><td>8</td><td>20</td></tr></tbody></table>	Month	Target Score	Risk Score	Sept-22	8	20	Nov-22	8	20	Dec-22	8	20	Mar-23	8	20	<div><b>Rationale for current score:</b></div> <ul style="list-style-type: none"><li>▪ The IMTP included a balanced core financial plan including a balanced recurrent position.</li><li>▪ Non recurrent Funding assumed at risk for local COVID response costs and exceptional national pressures in year. This will impact on the underlying position.</li><li>▪ Deficit forecast of £7.5m for 22/23 reported at month 8</li><li>▪ AO letter submitted 17<sup>th</sup> August</li><li>▪ Delivery of this forecast is not without risk – specifically CHC growth, Prescribing growth, High cost drugs and local authority disputes totalling a further £3m</li><li>▪ Limited recurrent progress on delivery of £4.649m savings programme.</li><li>▪ Initial recurrent underlying position reported £15m excluding COVID response costs.</li></ul>	
Month	Target Score	Risk Score																
Sept-22	8	20																
Nov-22	8	20																
Dec-22	8	20																
Mar-23	8	20																
<div><b>Controls (What are we currently doing about the risk?)</b></div> <ul style="list-style-type: none"><li>▪ Balanced Financial Plan included in IMTP Submission.</li><li>▪ Financial Control Procedures and Standing Orders and Standing Financial Instructions and Budgetary Control Framework, Budgetary Control Audit rated as substantial assurance.</li><li>▪ Risks and Opportunities – focus and action to maximise opportunities and minimise / mitigate risks</li><li>▪ Service Reviews / Performance reviews to strengthen financial monitoring of performance and longer-term impact on financial plan (support better decision making).</li><li>▪ Contracting Framework to monitor and forecast the impact of arrangements in 2022/23 and going forward</li></ul>		<div><b>Mitigating actions (What more will we do?)</b></div> <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Strengthening of the capability and sustainability of the Finance Team and establish a modernisation programme to improve function performance and delivery</td><td>DFIIT</td><td>In Progress Deputy Director of Finance in post and structure realignment completed</td></tr><tr><td>Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan. New Efficiency</td><td>DFIIT / MD</td><td>Established</td></tr></tbody></table>			Action	Lead	Deadline	Strengthening of the capability and sustainability of the Finance Team and establish a modernisation programme to improve function performance and delivery	DFIIT	In Progress Deputy Director of Finance in post and structure realignment completed	Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan. New Efficiency	DFIIT / MD	Established					
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<ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ Savings Plan monitoring and reporting linked to the Efficiency Framework and Investment Benefits Group and supporting the VBHC approach.</li> <li>▪ 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.</li> <li>▪ Additional control - Finance and Performance Group established as sub-group of Executive Committee. Initial focus on savings and opportunities.</li> </ul>	<p>Framework approved and live and Value Based Healthcare Board established.</p>		
<p><b>Current Risk Rating</b></p>	<p><b>Update including impact of actions to date on current risk score</b></p>		
<p><b>4 x 5 = 20</b></p>	<p>Finance and Performance Group in place from September 2022 focussing on opportunities in each Directorate to be developed at pace in addition to continuing focus on key areas of focus, CHC, variable pay and contracting.</p>		

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<b>CRR 002</b>		<b>Executive Lead:</b> Director of Finance, Information and IT																
<b>Risk that:</b> the health board fails to adequately allocate resources, including transformation capacity, to improve health outcomes/experience and reduce inequalities		<b>Assuring Committee:</b> Delivery and Performance																
<b>Risk Impacts on:</b> Organisational Priorities underpinning all WBOs		<b>Date last reviewed:</b> December-2022																
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Month	Target Score	Risk Score																
Sept-22	8	16																
Nov-22	8	16																
Dec-22	8	16																
Mar-23	8	16																
<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>Value Board established (report via Transformation and Value Group) and into Executive Committee.</li><li>Value approach focused on capacity and capability and approach to PROMS and PREMS (to inform resource allocation and actions).</li><li>Value Opportunities Group Established.</li><li>Information and Data Dashboards under development to inform reporting re outcomes and experiences.</li><li>Full Board involvement in development of priorities and financial plans for 23/24.</li></ul>		<b>Mitigating actions (What more will we do?)</b> <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Action as identified in Value Group Workplan including approach to developing PROM's and PREM's.</td><td>AD T&amp;V</td><td>Ongoing.</td></tr><tr><td>Ongoing Action as per the Value Group Workplan.</td><td>AD T&amp;V</td><td>Ongoing.</td></tr></tbody></table>		Action	Lead	Deadline	Action as identified in Value Group Workplan including approach to developing PROM's and PREM's.	AD T&V	Ongoing.	Ongoing Action as per the Value Group Workplan.	AD T&V	Ongoing.						
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<b>4 x 4 = 16</b>		N/A																

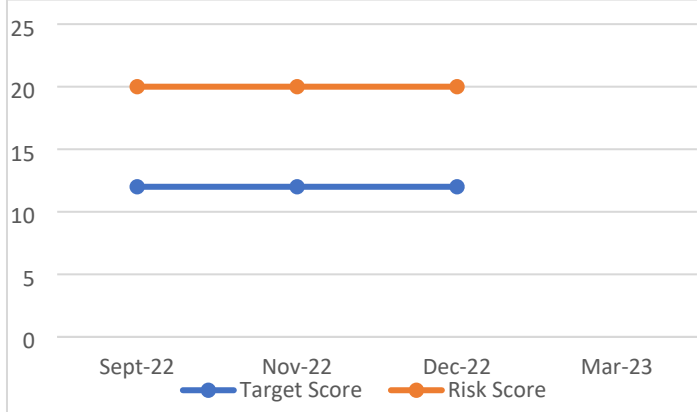
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<b>CRR 004</b> <b>Risk that:</b> the urgent and emergency health and social care system fails to deliver a timely response for care for Powys citizens		<b>Executive Lead:</b> Director of Primary Care, Community and Mental Health Services  <b>Assuring Committee:</b> Delivery and Performance Committee																
<b>Risk Impacts on:</b> Organisational Priorities underpinning WBO 1 to 4		<b>Date last reviewed:</b> December 2022																
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Month	Target Score	Risk Score																
Sept-22	12	20																
Nov-22	12	20																
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Mar-23	12	20																
<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>▪ Daily management system in place to manage patient flow including multiple daily local and national calls.</li></ul>		<b>Mitigating actions (What more will we do?)</b> <table><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></td><td>Ongoing</td></tr></tbody></table>		Action	Lead	Deadline	▪ Operational delivery of Winter Plan	DPCCMH	Ongoing	▪ Daily operational management of patient flow		Ongoing						
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<ul style="list-style-type: none"> <li>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.</li> <li>Regular reviews of long stay patients in community hospitals to reduce average length of stay.</li> <li>Training on discharge and complex care management is provided to ward based staff through the Complex Care and Unscheduled Care Team.</li> <li>Review of Complex Care arrangements being undertaken by November 2022.</li> <li>Care coordination in place across all acute hospital sites to facilitate timely repatriation of patients back into Powys.</li> <li>Bed escalation plans in place to support the national programme of 1000 extra community care beds across Wales by end of October 2022 (within limits of staffing availability).</li> <li>Care Home risk and escalation plans to support care home capacity.</li> <li>Social care fragility and delays – regular attendance at Head of Service level to Delivery Coordination Group and escalated discussions at Director and CEO level.</li> <li>Delivery Coordination Group in place to manage operational delivery across whole system.</li> <li>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.</li> <li>Industrial action command and control structure in place to manage service impact and to minimise disruption to services.</li> </ul>	<ul style="list-style-type: none"> <li>Delivery Coordination Group in place to improve performance and delivery at a system level.</li> <li>System escalation including senior officer daily review and weekly Gold level oversight.</li> <li>Review of Complex Care arrangements in place to improve system improvements and to reduce delays.</li> <li>Transformational development of urgent care system (6 Goals) including 1000 beds and focus on handover delays</li> <li>Urgent escalation plan in development to secure additional system impact to improve community care capacity and flow.</li> <li>Industrial action management plans in place, coordinated and reporting at bronze, silver and gold levels.</li> </ul>	DPCCMH	December 2022
<b>Current Risk Rating</b>	<b>Update including impact of actions to date on current risk score</b>		
<b>4 x 5 = 20</b>	N/a - new risk September 2022		

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<b>CRR 005</b> <b>Risk that:</b> inequity of access to planned, secondary and specialised care results in poorer outcomes and experience for some Powys citizens		<b>Executive Lead:</b> Director of Planning and Performance																
		<b>Assuring Committee:</b> Delivery and Performance																
<b>Risk Impacts on:</b> Organisational Priorities underpinning WBO 1 to 4		<b>Date last reviewed:</b> December 2022																
<div><b>Risk Rating</b> (likelihood x impact): Inherent: 5 x 4 = 20 <b>Current: 5 x 4 = 20</b> Target: 3 x 4 = 12</div> <div><b>Date added to the risk register</b> Risk Updated December 2022</div>	 <table><caption>Risk Score Data</caption><thead><tr><th>Month</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>Sept-22</td><td>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>Mar-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	Mar-23	12	20	<div><b>Rationale for current score:</b> 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.</div> <div>Validated position: at end October 2022 in NHS Wales commissioned service providers, 606 Powys residents waiting &gt; 104 weeks; 1098 Powys residents waiting 52-104 weeks. At end of September 2022 in NHS England commissioned service providers, 12 Powys residents waiting &gt; 104 weeks (all specialist spinal disorder patients); 1023 Powys residents waiting 52-104 weeks.</div> <div>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.</div> <div>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.</div>	
Month	Target Score	Risk Score																
Sept-22	12	20																
Nov-22	12	20																
Dec-22	12	20																
Mar-23	12	20																
<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>Performance Trajectories and details on harm reviews for Powys residents requested from commissioned service providers in NHS England and NHS Wales (latter with reference to NHS Wales Planning Framework 2023-26 access target requirements by June 2023).</li></ul>		<b>Mitigating actions (What more will we do?)</b> <table><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</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	DPP/DOF	Jan 2023						
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Secure performance improvement trajectories from providers.	DPP	Jan 2023																
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<ul style="list-style-type: none"> <li>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.</li> <li>Identify key priorities to deliver elective treatments within ministerial access targets.</li> <li>Implementation of Integrated Performance Framework.</li> <li>Ongoing scrutiny and oversight through CQPR meetings utilising Commissioning Assurance Framework with escalation through monthly ICAM meetings and through Integrated Performance Report.</li> <li>Provider issue summary and fragile services log.</li> <li>Develop funding proposal to WG to support recovery of waiting times for Powys activity in English Providers.</li> <li>Ensure Powys residents are included in the activity being sourced through the West Midlands Mutual Aid hub.</li> </ul>	<p>subject to Welsh Government funding release. Insourcing and outsourcing options being considered (subject to capacity). All providers now expected to agree improvement trajectories in light of 22/23 guidance published for planned care recovery.</p>		
<p><b>Current Risk Rating</b></p>	<p><b>Update including impact of actions to date on current risk score</b></p>		
<p><b>5 x 4 = 20</b></p>	<p>Improved performance experienced within NHS England commissioned service providers; improvement not being experienced in NHS Wales commissioned service providers creating inequity of access for Powys residents.</p>		

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<b>CRR 009</b> <b>Risk that:</b> a cyber-attack results in significant disruption to services and quality of patient care		<b>Executive Lead:</b> Director of Finance, Information and IT										
<b>Risk Impacts on:</b> loss of systems and impact to recovery timescales		<b>Assuring Committee:</b> Delivery and Performance										
<b>Risk Rating</b> (likelihood x impact): Inherent: 5 x 5 = 25 <b>Current: 4 x 4 = 16</b> Target: 2 x 4 = 8 <b>Date added to the risk register</b> May 2022		<b>Rationale for current score:</b> <ul style="list-style-type: none"><li>Increased risk of potential Cyber-attack due to current climate and world events.</li><li>Several reports have highlighted potential areas for improvement.</li><li>Adastra 111 -<ul style="list-style-type: none"><li>English systems coming back online but experiencing significant delays; therefore unlikely NHS Wales will switch back on before the end of September.</li><li>DHCW email queue management system working well, however no further development now to take place on the product.</li><li>Some duplication errors taking place between Shropdoc and WAST, and these are being investigated.</li><li>Welsh Clinical Portal access in place for Shropdoc</li></ul></li></ul>										
<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>Recruited a Cyber Security and Compliance Manager lead for the HB.</li><li>Recruited a Senior Cyber Security Officer who will be responsible for IT operational controls and monitoring of the HB systems and Infrastructure.</li><li>Cyber Improvement Plan in place linked to National Digital Health Care Wales (DHCW) and Local Actions.</li><li>Controls and action in place to strengthen the monitoring of the network, improve anti-virus and Windows defender protection, enhanced end user license to increase protection to mitigate the risk and impact of any attack.</li></ul>		<b>Mitigating actions (What more will we do?)</b> <table><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr><tr><td>Increase awareness through the ESR Cyber Security training and make mandatory for all staff to complete.</td><td>DFIIT</td><td>Paper to Exec Committee to recommend by end of May - aim to complete all training in 4-6 months</td></tr><tr><td>Board Development Session re Cyber to increase awareness.</td><td></td><td>Board Session to take place in</td></tr></table>		Action	Lead	Deadline	Increase awareness through the ESR Cyber Security training and make mandatory for all staff to complete.	DFIIT	Paper to Exec Committee to recommend by end of May - aim to complete all training in 4-6 months	Board Development Session re Cyber to increase awareness.		Board Session to take place in
Action	Lead	Deadline										
Increase awareness through the ESR Cyber Security training and make mandatory for all staff to complete.	DFIIT	Paper to Exec Committee to recommend by end of May - aim to complete all training in 4-6 months										
Board Development Session re Cyber to increase awareness.		Board Session to take place in										



<b>CRR 010</b> <b>Risk that:</b> the care provided in some areas is compromised due to the health board's estate being not fit for purpose		<b>Executive Lead:</b> Director of Environment  <b>Assuring Committee:</b> Delivery and Performance																																																												
<b>Risk Impacts on:</b> Organisational Priorities underpinning Well-being Objectives 1 to 4		<b>Date last reviewed:</b> December 2022																																																												
<b>Risk Rating</b>  (likelihood x impact): Inherent: 4 x 5 = 20 <b>Current: 4 x 4 = 16</b> Target: 3 x 3 = 9  <b>Date added to the risk register</b> January 2017	 <table><caption>Score History Data</caption><thead><tr><th>Date</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>May-17</td><td>4</td><td>16</td></tr><tr><td>Sep-17</td><td>4</td><td>16</td></tr><tr><td>Jan-18</td><td>4</td><td>16</td></tr><tr><td>May-18</td><td>4</td><td>16</td></tr><tr><td>Sep-18</td><td>4</td><td>16</td></tr><tr><td>Jan-19</td><td>4</td><td>16</td></tr><tr><td>May-19</td><td>4</td><td>16</td></tr><tr><td>Sep-19</td><td>4</td><td>16</td></tr><tr><td>Jan-20</td><td>4</td><td>16</td></tr><tr><td>May-20</td><td>4</td><td>16</td></tr><tr><td>Sep-20</td><td>4</td><td>16</td></tr><tr><td>Jan-21</td><td>4</td><td>16</td></tr><tr><td>May-21</td><td>4</td><td>16</td></tr><tr><td>Sep-21</td><td>9</td><td>16</td></tr><tr><td>Jan-22</td><td>9</td><td>16</td></tr><tr><td>May-22</td><td>9</td><td>16</td></tr><tr><td>Sep-22</td><td>9</td><td>16</td></tr><tr><td>Jan-23</td><td>9</td><td>16</td></tr><tr><td>May-23</td><td>9</td><td>16</td></tr></tbody></table>	Date	Target Score	Risk Score	May-17	4	16	Sep-17	4	16	Jan-18	4	16	May-18	4	16	Sep-18	4	16	Jan-19	4	16	May-19	4	16	Sep-19	4	16	Jan-20	4	16	May-20	4	16	Sep-20	4	16	Jan-21	4	16	May-21	4	16	Sep-21	9	16	Jan-22	9	16	May-22	9	16	Sep-22	9	16	Jan-23	9	16	May-23	9	16	<b>Rationale for current score:</b> <ul style="list-style-type: none"><li>▪ <b>Estates Compliance:</b> 38% of the estate infrastructure was built pre-1948 and only 5% of the estate post-2005. Significant investment and risk-based programmes of work over several years across the compliance disciplines (fire, water hygiene, electric, medical gases, ventilation, etc.) will be required.</li><li>▪ <b>Capital:</b> the health board has not had the resource or infrastructure in place in recent times to deliver a significant capital programme and this places pressures on systems, capital resource and the wider organisation to fully support major project activity. Furthermore, Discretionary Capital acts as the safety net for overspend on capital projects for the health boards, and with a very limited discretionary allowance in PTHB this is a significant financial risk.</li><li>▪ <b>Environment &amp; Sustainability:</b> NHS Wales Decarbonisation Strategic Delivery Plan published in 2021 with challenging targets with limited resource.</li><li>▪ <b>COVID-19</b> has introduced risk pressures in respect of the health board's estate and the ability of the Estates &amp; Property team to manage and prioritise risk mitigation in a number of ways.</li></ul>
Date	Target Score	Risk Score																																																												
May-17	4	16																																																												
Sep-17	4	16																																																												
Jan-18	4	16																																																												
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Controls (What are we currently doing about the risk?)		Mitigating actions (What more will we do?)		
<b>ESTATES</b> <ul style="list-style-type: none"> <li>Specialist sub-groups for each compliance discipline</li> <li>Risk-based improvement plans introduced</li> <li>Specialist leads identified</li> <li>Estates Compliance Group and Capital Control Group established</li> <li>Medical Gases Group; Fire Safety Group; Water Safety Group; Health &amp; Safety Group in place. New Ventilation Safety Group set up.</li> <li>Capital Programme developed for compliance and approved</li> <li>Capital and Estates set as a specific Organisational Priority in the health board's Annual Plan</li> <li>Address (on an ongoing basis) maintenance and compliance issues</li> <li>Address maintenance and compliance improvements to ensure patient environment is safe, appropriate and in line with standards</li> </ul> <b>CAPITAL</b> <ul style="list-style-type: none"> <li>Capital Procedures for project activity</li> <li>Routine oversight / meetings with NWSSP Procurement</li> <li>Specialist advice and support from NWSSP Specialist Estates Services</li> <li>Audit reviews by NWSSP Audit and Assurance</li> <li>Close liaison with Welsh Government, Capital Function</li> <li>Reporting routinely to P&amp;R Committee</li> <li>Capital Programme developed and approved</li> <li>Detailed Strategic, Outline and Full Business Cases defining risk</li> <li>Capital and Estates set as a specific Organisational Priority</li> </ul> <b>ENVIRONMENT</b> <ul style="list-style-type: none"> <li>ISO 14001 routine external audit to retain accreditation</li> <li>Environment &amp; Sustainability Group</li> <li>NWSSP Specialist Estates Services (Environment) support and oversight</li> <li>Welsh Government support and advice to identify and fund decarbonisation project initiatives</li> </ul>		Action	Lead	Deadline
		Implement the Capital Programme and develop the long-term capital programme.	AD Estates & Property	In line with Annual Plan for 2022-23
		Continue to seek WG Capital pipeline programme funding continuity: seek alternative capital funding opportunities to mitigate funding reduction for 2022/23 and develop projects in readiness for any capital slippage in latter part of financial year cycle. Additional funding from Welsh Government being provided for 2022/23 (i.e. year end slippage). Monies will be spent across equipment, ICT and estate. Formal notification also imminent for final allocation Estates Funding Advisory Board (EFAB) for 2023/24 onward	AD Estates & Property	In line with Annual Plan for 2022-23
		Develop capacity and efficiency of the Estates and Capital function	AD Estates & Property	In line with Annual Plan for 2022-23
		Review current structure of capital and estates department – Estates Management and Senior Management Team structure enhancements in place. Second tier of structure review required to address limited establishment staff numbers in Works Team and recruitment challenges. Initial resource review undertaken by IEG in June 2022 with financial constraints necessitating more detailed analysis. This has been further discussed in IEG in October and a more detailed paper will be brought to IEG in December including demand levels and performance around Planned and Preventative Maintenance (PPMs)	AD Estates & Property	December 2022

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Current Risk Rating	Update including impact of actions to date on current risk score
<p>4 x 4 = 16</p>	<p><b>Estates:</b> 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><b>Fire:</b> 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><b>Property:</b> 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><b>Finance:</b> 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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<b>CRR 011</b> <b>Risk that:</b> a significant public health event/emergency impacts on provision, continuity and sustainability of services		<b>Executive Lead:</b> Director of Public Health  <b>Assuring Committee:</b> Delivery and Performance																																													
<b>Risk Impacts on:</b> 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.		<b>Date last reviewed:</b> December 2022																																													
<div><b>Risk Rating</b>  (likelihood x impact): Inherent: 4 x 4 = 16 <b>Current: 3 x 4 = 12</b> Target: 3 x 4 = 12</div> <div><b>Date added to the risk register</b> February 2020</div>	<table><caption>Risk Score Data</caption><thead><tr><th>Date</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>Sep-20</td><td>12</td><td>17</td></tr><tr><td>Jan-21</td><td>12</td><td>17</td></tr><tr><td>Mar-21</td><td>12</td><td>17</td></tr><tr><td>May-21</td><td>12</td><td>17</td></tr><tr><td>July-21</td><td>12</td><td>12</td></tr><tr><td>Sept-21</td><td>12</td><td>12</td></tr><tr><td>Nov-21</td><td>12</td><td>12</td></tr><tr><td>Jan-22</td><td>12</td><td>17</td></tr><tr><td>Mar-22</td><td>12</td><td>12</td></tr><tr><td>July-22</td><td>12</td><td>12</td></tr><tr><td>Sep-22</td><td>12</td><td>12</td></tr><tr><td>Nov-22</td><td>12</td><td>12</td></tr><tr><td>Dec-22</td><td>12</td><td>12</td></tr><tr><td>Mar-23</td><td>12</td><td>12</td></tr></tbody></table>	Date	Target Score	Risk Score	Sep-20	12	17	Jan-21	12	17	Mar-21	12	17	May-21	12	17	July-21	12	12	Sept-21	12	12	Nov-21	12	12	Jan-22	12	17	Mar-22	12	12	July-22	12	12	Sep-22	12	12	Nov-22	12	12	Dec-22	12	12	Mar-23	12	12	<div><b>Rationale for current score:</b>  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. An overlap in waves of infection due to different respiratory viruses would pose increased risks to the health of individuals and to the NHS. Throughout the pandemic, Covid-19 has disproportionately affected those in older age groups, residents in care homes for older adults, and those with certain underlying health conditions, particularly those who are severely immunosuppressed. Following vaccination, these same factors continue to identify those persons who are at higher risk of developing severe COVID-19. The NHS is already operating at near maximum capacity, and large numbers of staff isolating due to illnesses may impact on some services. The risk score will therefore need to be kept under regular</div>
Date	Target Score	Risk Score																																													
Sep-20	12	17																																													
Jan-21	12	17																																													
Mar-21	12	17																																													
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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"><li>1. The direct harm arising from the disease itself;</li><li>2. The harm caused by an overwhelmed NHS;</li><li>3. The harm caused by stopping other non-COVID activity; and</li><li>4. The wider harm to wellbeing caused by population level measures in response to COVID-19.</li></ol>		
<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more will we do?)</b>		
<p>1. Delivery of Autumn (2022) Booster Programme commenced on 1<sup>st</sup> September 2022 to eligible groups as identified by JCVI with the primary objective to augment immunity in those at higher risk from COVID-19 and thereby optimise protection against severe COVID-19, specifically hospitalisation and death, over winter 2022 to 2023.</p> <p>2. Joint management and oversight arrangements remain in place with Powys County Council, including a joint Prevention and Response Strategic Oversight Group, which has widening remit to include oversight of other health protection areas.</p> <p>3. Test, Trace Protect programme transitioned in line with '<i>Together for a Safer Wales</i>' with very small team in place to carry out testing, contact tracing for covid-19 'stable situation' in line with WG guidance:</p> <ul style="list-style-type: none"><li>• PCR testing remains in place for target/eligible population via Powys CTUs;</li><li>• Contact tracing service operating;</li><li>• Care home cell meeting regularly and as required;</li><li>• Regional response cell meetings stood down but to reconvene if required.</li></ul> <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.</p> <p>5. Continued delivery of '<i>Together for a Safer Future</i>' transition under way in line with WG policy decisions.</p>		<b>Action</b>	<b>Lead</b>	<b>Deadline</b>
		<ul style="list-style-type: none"><li>• Delivery of COVID-19 vaccination plan with quarterly review</li></ul>	MB/JC	31/12/22
		<ul style="list-style-type: none"><li>• Delivery of TTP Plan with quarterly review</li></ul>	MB/JC	31/12/22
		<ul style="list-style-type: none"><li>• Continue to deliver flu vaccination programme with monthly review</li></ul>	MB/NB	31/02/23

<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 29<sup>th</sup> December 2021 to continue to follow UK IP&amp;C guidance supporting risk assessed use.</p> <p>8. Staff testing guidance and IPC policies kept under review.</p> <p>9. 'Autumn' specific surge vaccination plan developed.</p> <p>10. Testing plan for covid-19 stable and surge scenarios being reviewed, recognising that resources for TTP have been substantially reduced in June 2022, with only funding in place to maintain covid stable response.</p> <p>11. Mass Vaccination Plan reviewed based on COVID-19 learning and modelling in place for surge scenarios.</p> <p>12. Delivery of 2022/23 flu vaccination programme which commenced in September is ongoing.</p>			
<p><b>Current Risk Rating</b></p>	<p><b>Update including impact of actions to date on current risk score</b></p>		
<p>3 x 4 = 12</p>			

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Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

# Committee Annual Programme of Business 2023/24

Delivery and Performance Committee 28 February 2023

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# Developing the 2023/24 Annual Programme of Business

- Review:
  - Delivery of 2022/23 annual programme of business
  - Committee terms of reference
  - Feedback from committees (discussions and performance review)
  - Feedback from the Board
- Take into account:
  - The Health and Care Strategy
    - the developing 2023/24 IMTP
  - The development of other Committee plans
  - The Boards workplan and key areas of focus
  - Feedback from Structured Assessment and other relevant audit reports



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# Process and Timescales

1. **Feedback from Committees** – *Jan - March 2023*
  - *Committee based discussions*
  - *Performance questionnaire*
2. **Desk based** review *Feb – March*
  - Current years programme of business
  - Structured Assessment
  - Standing Orders and Terms of Reference
3. Feedback from **Executive Team** – *Feb - March 2023*
4. Specific Committee conversations with the **Committee Chair and lead Executive(s)** – *March/April 2023*
5. Feedback from the **Board** – *April 2023*
6. Annual programme of Business (for approval) – *May Board*
7. *Continued review throughout the year to meet business need*

Your initial feedback / reflections?

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