Delivery and Performance Committee

Mon 28 February 2022, 14:00 - 17:00

via Teams

Agenda

14:00 - 14:00
0 min

1. PRELIMINARY MATTERS

D&P_Agenda_28 February 2022.pdf (2 pages)

1.1. Welcome and Apologies

1.2. Declarations of Interest

1.3. Minutes from the previous meeting held on 1 November 2021, for approval

D&P_Item_1.3_Unconfirmed Minutes 1 November 2021.pdf (10 pages)

1.4. Matters arising from the previous meeting

1.5. Delivery and Performance Committee Action Log

D&P_Item_1.5_Action Log_2021-22.pdf (1 pages)

14:00 - 14:00
0 min

2. ITEMS FOR APPROVAL / RATIFICATION / DECISON

There are no items for inclusion in this section

14:00 - 14:00
0 min

3. ITEMS FOR DISCUSSION

3.1. Integrated Medium Term Plan, including Performance Trajectories and Financial Plan

D&P_Item_3.1_IMTP Update.pdf (11 pages)
D&P_Item_3.1a_DRAFT_IMTP 2022_25_230222.pdf (75 pages)
D&P_Item_3.1c_Finance Plan 2022-23.pdf (8 pages)

3.2. Performance Overview:

3.2.1. a) Performance Dashboard

D&P_Item_3.2a_Integrated Performance Report.pdf (58 pages)

3.2.2. b) Commissioning Assurance

D&P_Item_3.2b CAF Escalation Report Feb 2022 Final Version.pdf (16 pages)
D&P_Item_3.2bi_Annex 1 RTT Report Feb 2022.pdf (2 pages)

3.3. Financial Performance:

3.3.1. a) Month 10 2021/22

D&P_Item_3.3_Financial Performance Report Mth 10.pdf (17 pages)

3.3.2. b) Exception reporting

3.4. Report of the Director of Environment:

3.4.1. a) Health, Safety and Fire Safety Update, including risks de-escalated from Corporate Risk Register

D&P_Item_3.4a_H&S Update, including risks de-escalated from CRR.pdf (7 pages)

3.4.2. b) NEPTS Performance

D&P_Item_3.4b_NEPTS Performance update.pdf (6 pages)

3.4.3. c) Capital Developments

D&P_Item_3.4c_Capital Developments_Feb_2022 Final.pdf (15 pages)

3.5. Planned and Unscheduled Care Report

D&P_Item_3.5_ Planned and Unscheduled Care Report.pdf (27 pages)

3.6. Commissioning Assurance Frameworks:

3.6.1. a) General Medical Services

D&P_Item_3.6a_GMS CAF Report 2021 Final.pdf (9 pages)
D&P_Item_3.6ai_App1 PTHB CAF GMS.pdf (11 pages)
D&P_Item_3.6aiii_App 3_GMS Contract Annual Return.pdf (15 pages)

3.6.2. b) General Dental Services

D&P_Item_3.6b_GDS CAF 2021 Report 2021 Final.pdf (9 pages)
D&P_Item_3.6bi_App1 PTHB CAF GDS.pdf (11 pages)
D&P_Item_3.6bii_App 2 End of Year Q4 GDS CAF Tolerence.pdf (1 pages)

3.7. Digital First Update

D&P_Item_3.7_Digital First Update.pdf (7 pages)
D&P_Item_3.7a_APP 1 ICT Performance Qtr 3 2021.pdf (10 pages)

14:00 - 14:00
0 min

4. ITEMS FOR INFORMATION

There are no items for information.

14:00 - 14:00
0 min

5. OTHER MATTERS

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

5.2. Any other Urgent Business

5.3. Date of next meeting: 3 May 2022

POWYS TEACHING HEALTH BOARD
DELIVERY & PERFORMANCE COMMITTEE

28 FEBRUARY 2022, 14:00 – 17:00
TO BE HELD VIA TEAMS

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

AGENDA			
Item	**Title**	**Attached /Oral**	**Presenter**
1	**PRELIMINARY MATTERS**		
1.1	Welcome and Apologies	Oral	Chair
1.2	Declarations of Interest	Oral	All
1.3	Minutes from the previous meeting held on 1 November 2021, for approval	Attached	Chair
1.4	Matters arising from the minutes of the previous meeting	Oral	Chair
1.5	Delivery & Performance Committee Action Log	Attached	Chair
2	**ITEMS FOR APPROVAL/RATIFICATION/DECISION**		
	There are no items for inclusion in this section		
3	**ITEMS FOR DISCUSSION**		
3.1	Integrated Medium Term Plan, including Performance Trajectories and Financial Plan	Presentation	Director of Planning & Performance/ Director of Finance & IT
3.2	Performance Overview a) Performance Dashboard b) Commissioning Assurance	Attached	Director of Planning & Performance
3.3	Financial Performance, a) Month 10 2021/22 b) Exception reporting	Attached	Director of Finance & IT
3.4	Report of the Director of Environment: a) Health, Safety and Fire Safety Update, including risks de-escalated from Corporate Risk Register b) NEPTS Performance c) Capital Developments	Presentation/ Attached	Director of Environment
3.5	Planned and Unscheduled Care Report	Attached	Director of Planning & Performance
3.6	Commissioning Assurance Frameworks: a) General Medical Services b) General Dental Services	Attached	Director of Finance & IT
3.7	Digital First Update	Attached	Director of Finance & IT
4	**ITEMS FOR INFORMATION**		

4.1	There are no items for inclusion in this section		
5	**OTHER MATTERS**		
5.1	Items to be Brought to the Attention of the Board and Other Committees	Oral	Chair
5.2	Any Other Urgent Business	Oral	Chair
5.3	Date of the Next Meeting: • Tuesday 3 May 2022, Via Microsoft Teams		

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

However, in light of the current advice and guidance in relation to Coronavirus (COVID-19), the Board has agreed to run meetings 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 expediting 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 Board Secretary in advance of the meeting in order that your request can be considered on an individual basis (please contact James Quance, Interim Board Secretary, james.quance2@wales.nhs.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.

POWYS TEACHING HEALTH BOARD
DELIVERY & PERFORMANCE COMMITTEE

UNCONFIRMED

MINUTES OF THE MEETING HELD ON MONDAY 1 NOVEMBER 2021 VIA MICROSOFT TEAMS

Present:

Mark Taylor	Independent Member (Committee Chair)
Melanie Davies	Vice-Chair
Rhobert Lewis	Independent member
Ronnie Alexander	Independent member

In Attendance:

Carol Shillabeer	Chief Executive
Claire Madsen	Director of Therapies and Health Sciences
Hayley Thomas	Director of Planning and Performance
Jamie Marchant	Director of Primary, Community Care and Mental Health
Julie Rowles	Director of Workforce and Organisational Development
Pete Hopgood	Executive Director of Finance, Information & IT Services
Marie Davies	Deputy Director of Nursing
Samantha Ruthven-Hill	Assistant Director of Planning
Rani Mallison	Board Secretary
David Collington	CHC
Ross Whitehead	Deputy Welsh Ambulance Commissioner

Apologies for absence:

Tony Thomas	Independent Member (Committee Vice-Chair)
Vivienne Harpwood	PTHB Chair
Alison Davies	Director of Nursing and Midwifery
Rebecca Collier	Welsh Government

Committee Support:

Holly McLellan	Senior Administrator/Personal Assistant to Board Secretary

PPPH/21/01	**WELCOME AND APOLOGIES FOR ABSENCE** 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.
PPPH/21/02	**DECLARATIONS OF INTERESTS** No interests were declared.
PPPH/21/03	**UNCONFIRMED MINUTES OF THE DELIVERY & PERFORMANCE COMMITTEE ON 2 SEPTEMBER 2021** The minutes of the previous meeting held of the Delivery & Performance Committee on 2 September 2021 were CONFIRMED as a true and accurate record.
PPPH/21/04	**MATTERS ARISING FROM PREVIOUS MEETINGS** No matters arising were declared.
PPPH/21/05	**COMMITTEE ACTION LOG** There were no action log updates.
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
PPPH/21/06	There were no items for inclusion in this section.
ITEMS FOR DISCUSSION	
PPPH/21/07	**Performance Reporting** **a) Performance Overview** The Director of Planning and Performance presented the report which provided an update on the changes to the latest performance position for Powys Teaching Health Board up until October 2021 with the latest availability of data,

	including a high-level overview of COVID, Test, Trace and Protect and mass vaccination performance. It continued to be an interim process as a result of the COVID pandemic in the absence of the regular Integrated Performance Report. The report contained a high-level summary of COVID e.g. infection rates, mortality and vaccination progress and a brief update on Powys Teaching Health Board's (PTHB) performance, set against the revised 2021/22 National Outcome and Delivery Frameworks four aims, and their measures. The document contained relevant dashboards and extra analysis data showing the levels of compliance against the National Framework, and Powys Teaching Health Board local measures. The data, highlighted performance achievements, and challenges at a high level, as well as brief comparison to the All Wales performance benchmark where available. *Would a Powys resident unscheduled care waiting time break down be made available for the next meeting?* The Director of Planning and Performance confirmed that a Powys resident unscheduled care waiting time break down would be brought to the next Committee meeting. **Action: Director of Planning and Performance** *Had in-reach providers been withdrawing from hospitals?* The Director of Primary, Community Care and Mental Health responded that there had always been fragility around in reach. Some clinicians had been redirected to other areas. *Was there evidence of COVID-19 pressures on timescales in the Referral To Treatment (RTT) data?* The Director of Primary, Community Care and Mental Health responded that there was no evidence, the time scale of the treatment of course itself would not have changed. The Chief Executive added that there was not sufficient evidence at this stage, however, concerns were noted in cancer due to members of the public not coming forward.

Had members of the public that took part in vaccine trials been embedded in the system?
The Director of Planning and Performance responded that clear guidance for vaccine trial patient access had been released and were adhered to.

Could assurance be provided on endoscopy waiting times?
The Director of Planning and Performance responded that urgent suspected cancer referrals had separate waiting times to routine endoscopy referrals. The Director of Primary, Community Care and Mental Health added that patients were clinically triaged. Prior to COVID-19 the service was achieving waiting time targets. Endoscopy was currently a key focus.

The Chief Executive noted that since the report had been written it had been a challenging time for performance. 800 patients were in Welsh Hospitals with COVID-19. 1200 – 1400 were awaiting discharge pending appropriate conditions to return home to, 43 of which were Powys residents. Fewer beds were present on wards due to adherence to bed spacing guidelines. Winter would bring a focus on system resilience. There would also be a focus on actions to improve the access to planned care.

The Director of Planning and Performance noted that operational details were under review to be brought to Committee.

b) Commissioning Escalation

The report highlighted providers in Special Measures or scored as Level 4 and above. The PTHB Internal Commissioning Assurance Meeting (ICAM) did not meet in September.

There were:

- 2 providers with services in Special Measures
- 1 provider at Level 4.

The report also provided:

- A high-level summary of key issues in relation Shrewsbury and Telford Hospitals NHS Trust (SaTH) and Cwm Taf Morgannwg University Health Board (CTMUHB)
- Referral to treatment times (RTT) times.

	c) Annual Plan Delivery, Quarter 2 The report provided an update of the progress made against the milestones and actions in the PTHB Delivery Plan for the quarter 2 period (July 2021 to September 2021). Due to the ongoing uncertainty Welsh Government determined that it was not feasible to return immediately to the three-year planning cycle and instead required that an Annual Plan was submitted for the period April 2021 to March 2022, building on the Quarterly Plans developed during 2020/1. The Annual Plan sets out the PTHB Priorities for the year ahead, and the accompanying Delivery Plan includes the detailed objectives, milestones and timescales for delivery in order to achieve these priorities. The plan was submitted to Welsh Government on the 30 June 2021. The Committee Chair noted that the report would go to Board with further detail. The Committee DISCUSSED and NOTED the reports.
PPPH/21/08	**Financial Performance: Month 07, 2021/22** The Executive Director of Finance, Information and IT Services presented the paper which provided an update on the September 2021 (Month 05) Financial Position including Financial Recovery Plan (FRP) delivery and Covid. The Chief Executive raised that Board members needed a detailed awareness of the financial position. *What was the PTHB capital position?* The Executive Director of Finance, Information and IT Services responded that the capital resource limit would be reduced to carry through budget to the next financial year. The Director of Planning and Performance noted that full detail around Bro Ddyfi Community Hospital, Machynlleth's delays had been discussed with Welsh Government. There would be no monetary loss but a reprofile of work would be required.

	At what stage did Welsh Government Monitor the £16.085M Capital Resource Limit? The Executive Director of Finance, Information and IT Services responded that the £16.085m Capital Resource Limit was subject to constant dialogue with Welsh Government. *Given the forecast gross opening plan deficit / (surplus) 2022/23 of £16.337m why was the £5.1m recurrent saving to offset opening unmet b/f savings deducted?* The Executive Director of Finance, Information and IT Services responded that if PTHB was able to deliver on the financial plan then funding could be brought forward or additional funding unlocked. The Chief Executive reiterated that Board Members needed a detailed awareness of the financial position. The Committee: • DISCUSSED and NOTED the Month 6 2021/22 financial position. • NOTED that actions required in 2021/22 to deliver a balanced position at the 31st March 2022, including savings delivery. • NOTED and APPROVED the COVID-19 Report position reported on page 8 and in the attachments detailed in appendix 1. • NOTED additional risks on delivery of balanced position at 31st March 2022. • NOTED the underlying financial position and AGREED actions to deliver recurrent breakeven for 2022/23.
PPPH/21/09	**Performance Position of Services Provided by Welsh Ambulance Services NHS Trust** The Director of Primary, Community Care and Mental Health introduced the report which the Deputy Welsh Ambulance Commissioner presented. The report which articulated the national challenges relating to the delivery of the 8-minute Red target for emergency ambulance services with a specific focus on the performance within Powys. The red target, of 65% within 8 minutes had been met only twice in the last 2 years within Powys. The paper outlined specific information relating to demand and capacity, workforce measures as well as efficiencies to be gained. The paper concluded with a summary of the actions within the EASC Improvement Plan.

	What changes could enable District General Hospitals to increase capacity? The Director of Primary, Community Care and Mental Health responded that conversations regarding the management of demand and capacity were ongoing. Identifying where District General Hospitals could be improved was a key topic. The Chief Executive added that the Minor Injuries Unit hybrid model was being evaluated to ensure accessibility. Numbers going through Minor Injuries Units were comparatively low, therefore, there was the potential for diversification of their purpose. Avoiding patients incorrectly going to Emergency Departments or calling ambulances was a focus. *When would improvements be tangible from a patient perspective?* The Deputy Welsh Ambulance Commissioner responded that everything possible was being done to ensure capacity. The Trust was on target for their recruitment quotas. A Powys specific operating model would require further work. The Chief Executive added that military support had been deployed into WAST and had resulted in a positive impact. Emergency Department hand over delays were still a key issue which winter pressures would compound. The Director of Primary, Community Care and Mental Health noted that Powys was subject to a rural WAST model, work was being undertaken with WAST to further define this. There was a clear margin for improvement. The Chief Executive raised that creating a flow through the hospitals would be essential. *What was the average ambulance travel time in Powys?* The Director of Primary, Community Care and Mental Health responded that in Powys the fallow time was partially inbuilt. The Deputy Welsh Ambulance Commissioner added that in rural areas it was essential for ambulances to be less busy to allow for greater travel times to patients. *Could assurance be provided on the response times?* The Deputy Welsh Ambulance Commissioner responded that modelling was planned on the achievement of all Health Boards. The Committee DISCUSSED and NOTED the report.

PPPH/21/10	**COVID-19 VACCINATION: PHASE 3 PLAN** The Director of Planning and Performance presented the report. COVID-19 Vaccination began in Powys in December 2020 following the approval of the Pfizer/BioNTech vaccine. PTHB's Phase 1 and 2 Plan set out our ambitions for offering a first and second dose COVID-19 vaccination based on national guidance from the Joint Committee on Vaccination and Immunisation and national policy and guidance from Welsh Government. Uptake in Powys by the end of Q2 2021/22 was the highest of all health boards in Wales. All three aims of Phase 1 and 2 Plan had been achieved and Phases 1 and 2 were closed. The Chief Executive raised that expectations on uptake for 12 – 15 year olds needed to be managed as individuals who currently had COVID-19 could not be vaccinated. *Were drop-in slots available at PTHB vaccination centres?* The Director of Planning and Performance responded that all PTHB vaccination centres were open to 12 – 15 year old drop-in slots. It was not possible currently to offer general drop-in slots due to a lack of spare capacity however the centres were being as flexible as possible. *What was the condition of staff in the vaccination centres?* The Director of Planning and Performance responded that it was a rewarding programme therefore motivation and moral were high. Work hours had been made more regular, however, work was laborious. PTHB had listened to feedback and would be ensuring that staff were able to take annual leave in order to have a proper Christmas. It had been possible to extend temporary contracts of staff to promote job security and provision for the busy booster programme. The Director of Workforce and Organisational Development raised that it was important to recognise the staff behind the front line. It was of the upmost importance to keep the momentum of the vaccination programme going.

	The Committee: • NOTED the closure of the Phase 1 / 2 Vaccination Programme • NOTED and DISCUSSED the Phase 3 Delivery Plan
PPPH/21/11	**CAPITAL DEVELOPMENTS:** • **LLANDRINDOD WELLS HOSPITAL PROJECT: LEARNING & EVALUATION** The Director of Planning and Performance presented the report. A lessons learnt template had been developed in relation to the first significant major capital project, Llandrindod Reconfiguration Phase 1, delivered by the Health Board for a number of years. The document contained three main elements, namely; Best Practice, Improvement Areas and Benefits Realisation. The learning identified was intended to be clearly set out and to act as a demonstration of closure and reflective learning for the project, and to provide a baseline for good practice and governance for future capital project activity. • **NORTH POWYS WELLBEING PROGRAMME, GATEWAY REVIEW** A Programme Assessment Review was commissioned by Welsh Government for the North Powys Programme at Programme Business Case (PBC) stage. An amber status was indicated which reflected successful delivery appeared feasible but significant issues already existed requiring management attention. These appeared resolvable at this stage and, if addressed promptly, should not present a cost/schedule overrun. The Committee Chair raised that there needed to be awareness of selection of contractors to deliver the vision of an integrated campus. The Committee DISCUSSED and NOTED the reports.
	INFORMATION GOVERNANCE PERFORMANCE REPORT The Board Secretary presented the report which provided assurance and informed of the most recent Information Governance compliance figures. The report had been developed to show an assessment against key performance and compliance indicators for information governance (IG). The Committee DISCUSSED and NOTED the report.

ITEMS FOR INFORMATION	
PPPH/21/12	**Delivery & Performance Committee, Terms of Reference and Operating Arrangements, approved by Board 29 September 2021** Inline with Standing Orders and the Board's Scheme of Delegation and Reservation of Powers, the Health Board had established a committee to be known as the Delivery and Performance Committee. The Terms of Reference and operating arrangements set by the Board in respect of the committee were set out in the report. The scope of the Committee extended to the full range of PTHB responsibilities. This encompassed the delivery and performance management of all directly provided and commissioned services. The Committee NOTED the report.
OTHER MATTERS	
PPPH/21/14	**ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES** There are no items for inclusion in this section
PPPH/21/15	**ANY OTHER URGENT BUSINESS** There was no urgent business.
PPPH/21/16	**DATE OF THE NEXT MEETING** 20 December 2021 at 10:00, via Microsoft Teams.

Key:

Completed
Not yet due
Due
Overdue

DELIVERY AND PERFORMANCE COMMITTEE ACTION LOG 2021/22 (February 2022)

Bwrdd Iechyd Addysgu Powys
Powys Teaching

Minute	Meeting Date	Action	Responsible	Progress Position	Status
P&R/20/12	30 June 2020	Waste Management Procurement Process. Assurance to be provided to IMs that quality, reliability and reduction in environmental impact would be appropriately weighted in procurement process.	Director of Environment	Waste Management Procurement Process was deferred until appropriate timing on the contract had been established. Procurement had been postponed during the COVID-19 pandemic as an appropriate disposal system would be required. An environmental review was to follow.	Not yet due
D&P/21/24a	1 November 2021	Information regarding Powys resident unscheduled care waiting times would be brought forward to Committee on 20th December 2021.	Director of Planning and Performance	Report scheduled on agenda (20 Dec 2021) – Item 3.2	Closed
P&R 21/21	26 May 2021	WAST report on Red and Amber Calls to be brought to Committee	Director of Primary, Community Care and MH	Report scheduled on agenda (01 Nov 2021) – Item 3.3	Closed

Agenda item: 3.1

Delivery and Performance Committee	Date of Meeting: 28 February 2022
Subject :	**IMTP (Integrated Medium Term Plan) Update**
Approved and Presented by:	**Director of Planning and Performance**
Prepared by:	**Assistant Director of Planning**
Other Committees and meetings considered at:	The PTHB Planning Framework was considered at Board Development, Committee and PTHB Board. The Three Year Strategic Priorities were agreed at PTHB Board on 24 November 2021. An updated position with regards to planning assumptions, ministerial measures and financial planning was considered at PTHB Board Development session on 16 February 2022.

PURPOSE:

This report provides the Committee with an update on the development of the IMTP (Integrated Medium Term Plan) for 2022 – 2025 ahead of submission to PTHB Board for approval on 30 March 2022 and then final submission to Welsh Government which will need to be completed by the following day, 31 March 2022.

An updated Draft version of the Narrative Integrated Medium Term Plan is provided at Appendix 1. A presentation will also be provided to Committee at the meeting, to set out the most current position and any developments, in particular with regards to financial planning and performance trajectories.

All feedback to date has been incorporated, as set out in the detail of this paper. Final feedback is welcomed at this stage and will be used to inform the Final Integrated Medium Term Plan.

RECOMMENDATION(S):

The Committee are asked to NOTE the Update

Approval/Ratification/Decision[1]	Discussion	Information
	✓	

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

EXECUTIVE SUMMARY:

This report provides the Committee with an update on the IMTP (Integrated Medium Term Plan) for 2022 – 2025 ahead of submission to PTHB Board for approval on 30 March 2022 and then final submission to Welsh Government which will need to be completed by the following day, 31 March 2022.

An updated Draft version of the Narrative Integrated Medium Term Plan is provided at Appendix 1 and a presentation will be provided with regards to financial planning and performance trajectories.

All feedback to date has been incorporated, as set out in the detail of this paper. Final feedback is welcomed at this stage and will be used to inform the Final Integrated Medium Term Plan.

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

DETAILED BACKGROUND AND ASSESSMENT:

Background

This Integrated Medium Term Plan is set in the most complex set of circumstances faced by the NHS since its inception, responding to the Covid-19 pandemic and its impacts, with evidence of a syndemic impact on population health which will be felt for many years to come. This three year plan therefore sets out the important work to recover and renew healthcare for the population.

Joint Population Needs and Well-being Assessments are being undertaken and the emerging findings are informing the plans of key partnership bodies and the constituent organisations including the health board. Further information is available at the **Wellbeing Information Bank**.

A PTHB Planning Framework was produced to support the three year planning process which set out the complex context, evidence base and the core Values and Principles, developed by our workforce and stakeholders. These remain fundamental as part of the return to the shared long term Health and Care Strategy, A Healthy Caring Powys.

The Plan reflects the ongoing need to respond to the Covid-19 pandemic, alongside the 'three Rs' of Resilience, Recovery and Renewal, taking a phased and cyclical approach to delivery for the next three years.

The IMTP takes into account the NHS Wales Planning Framework 2022 – 2025 and regular engagement with Welsh Government to ensure alignment with the Ministerial and Government priorities for health and care.

Collaboration and partnership working will be key to ensure system resilience and maximise the opportunities presented by integrated system approaches and regional solutions.

As noted in the report to PTHB Board in November, particular circumstances for Powys are recognised with a flexibility to tailor the NHS Wales Planning Framework. The cross border arrangements form an important part of the particular context for Powys healthcare.

Extensive staff and stakeholder engagement has been achieved which has included involvement of Committees/ Board Development and Directorates during the Autumn 2021 and in February 2022.

This included the production of a 'PESTLE' (Political, Economic, Sociological, Technological, Legal and Environmental factors) and a 'SWOT' analysis (Strengths, Weaknesses, Opportunities and Threats).

The Community Health Council (CHC) have provided feedback throughout the process on the Draft IMTP as it developed, including a recent briefing session with members, which enabled a more informal and discursive consideration. This focused on the areas of patient and public experience, concerns and learning that are shared with the CHC by individuals and groups.

Workforce

Detailed workforce planning is carried out as part of the IMTP development, including alignment with national strategy and direction provided by Health Education and Improvement Wales (HEIW) and completion of the Minimum Data Set (MDS) Workforce component.

Work is also underway to ensure alignment of assumptions internally between workforce, financial, operational and transformation programmes so that these are reflected in the technical templates returned to Welsh Government.

The key positions and analysis with regards to workforce are reported separately to the Workforce and Culture Committee and a summary of the key points for the three year plan are included in the 'Workforce Futures' section of the IMTP.

Performance

The PTHB performance updates and analysis are provided separately in detail to the Committee.

Trajectory setting is underway as part of the IMTP development and is required to be submitted as part of the Minimum Data Set (MDS) technical templates. A draft set of key trajectories will be provided as part of the presentation to Committee accompanying this item.

Finance

Detailed financial planning is also in its final stages, based on the NHS Wales Allocation Letter received at the end of December 2021.

Updates with regards to the Value Based Health Care approach and the financial strategy have been made in detail to Committee, PTHB Board and Board Development sessions throughout the process.

A further update will be provided as part of the presentation to Committee.

Specialised Services / Emergency Ambulance Services

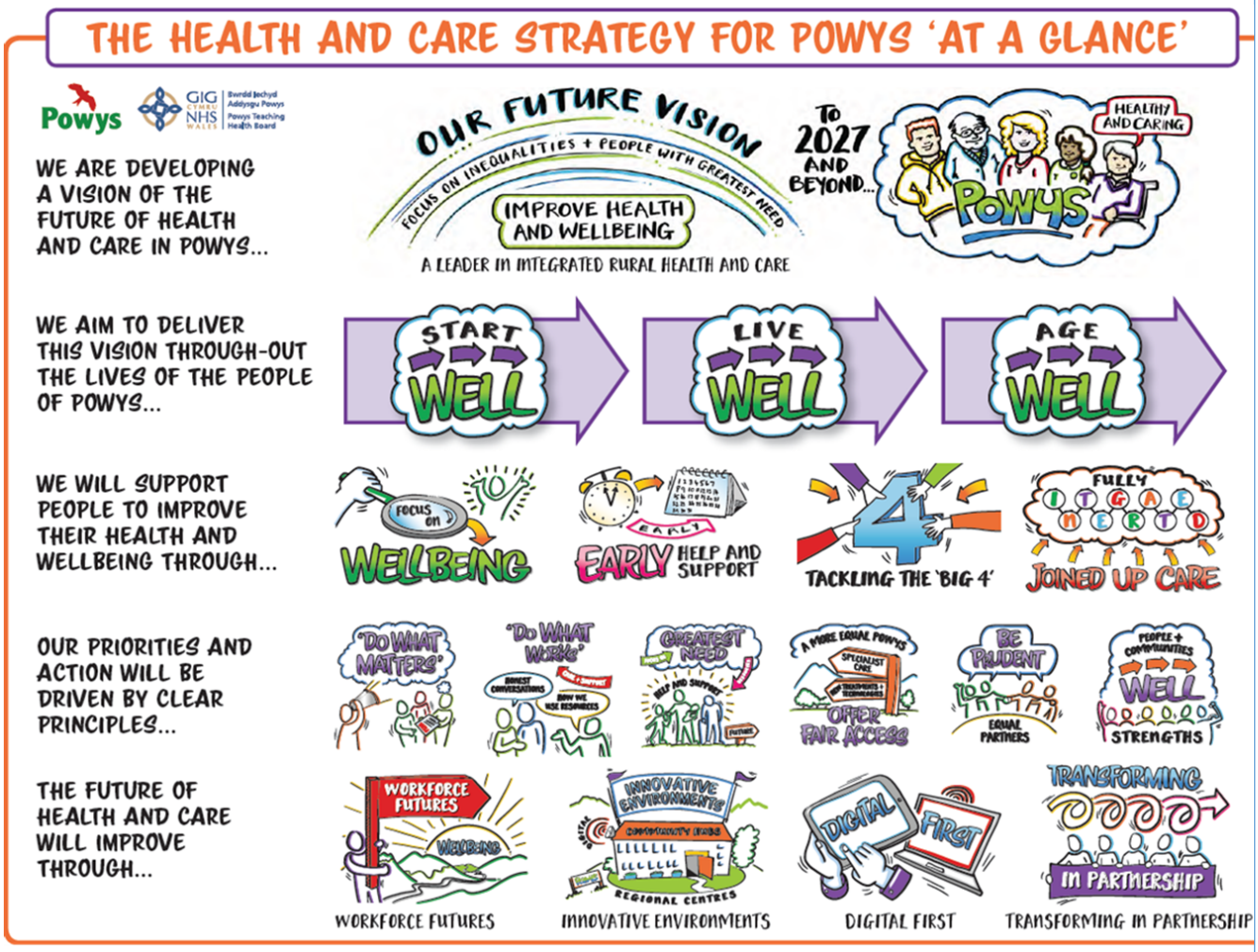
The Integrated Commissioning Plan (ICP) for the Welsh Health Specialised Services Committee (WHSSC) and the three year IMTP for the Emergency Ambulance Services Committee (EASC) are notable components in relation to plan alignment and are reflected in the IMTP Strategic Priorities.

The WHSSC ICP has recently been agreed at the meeting of the Joint Committee on 8th February 2022 and is available at https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/february-2022-jc-agenda-bundle/.

An up to date position on both WHSSC and EASC will be given in the presentation that will accompany this item at the Committee).

Strategic Framework

The Strategic Framework was agreed at PTHB Board on 24 November and importantly, provides a return to the shared Health and Care Strategy and the eight Wellbeing Objectives, as shown below:



Strategic Priorities

A set of draft Strategic Priorities were also presented to PTHB Board in November 2021 and used to work up the First Draft of the IMTP. This was provided to the Population Health, Planning and Performance Committee for early review in January 2021.

All feedback and suggestions provided at that Committee and by individual Independent Members and Executive colleagues have been reflected in the updated Draft IMTP.

The Strategic Priorities have been updated and refined to incorporate this feedback and reflect detailed considerations held during February 2022 at Board Development and Executive team sessions:

Focus on Wellbeing	
1.	Take action to **reduce health inequalities and improve population health**
2.	Deliver **health improvement** priorities including weight management, smoking cessation, early years and family health and wellbeing
3.	Develop and implement a 'business as usual' model for **COVID-19 Prevention and Response and integrated, comprehensive vaccination**
Early Help and Support	
4.	Improve access to **high quality primary care**
5.	Develop and implement a progressive, whole system **diagnostic, ambulatory and planned care** model, delivering more care closer to home
6.	Improve access to high quality prevention and early intervention services for **children, young people and their families**
Tackling the Big Four	
7.	Implement improvements in early diagnosis, treatment and outcomes for people with or suspected of having **cancer**
8.	Implement improvements in outcomes, experience and value in **circulatory disease** (Stroke, Heart Disease, Diabetes)
9.	Implement the next stage of the **Breathe Well** Programme, specifically aimed at repatriating care closer to home and on Children and Young people's Respiratory care
10.	Undertake a Strategic Review of **Mental Health**, to improve outcomes from high quality, sustainable services, including specialist mental health services
Joined Up Care	
11.	Design and deliver a **frailty and community model including improved access to urgent and emergency care**, enhancing outcomes, experience and value
12.	Support improved access to and outcomes from **Specialised Services** (including specialist mental health services and paediatrics, major trauma, neonates, PET, and recovery planning for bariatric surgery, cardiac surgery, plastic surgery, neurosurgery, paediatric surgery)

Workforce Futures
13. Design and implement a comprehensive approach to **workforce planning**, focusing on attracting/securing workforce for targeted services (including internationally)
14. Review, redesign and implement **leadership and team development**, enhancing clinical leadership and whole organisation focus on value.
15. Deliver improvements to **staff wellbeing and engagement**, working closely with Trade Unions in Social Partnership on key joint priorities.
16. Enhance access to high quality **education and training** across all disciplines, specifically focusing on 'grow our own'/apprenticeships.
17. Enhance the health boards role in **partnership and citizenship**, including volunteering, and widening access to healthcare careers.
Digital First
18. Implement **clinical digital systems** that directly enable improved care, including cross border clinical records, service priorities (nursing, eye care, prescribing), and telecare.
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 healthcare systems
Innovative Environments
20. Implement ambitious commitments to **carbon reduction, biodiversity enhancement and environmental wellbeing**.
21. Implement **capital, estate and facilities improvements** that directly enhance the provision of services to patients/public and the wellbeing/experience of staff
Transforming in Partnership
22. Implement key actions to **improve quality** (safety, effectiveness and experience) across the whole system; including building organisational effectiveness through the Clinical Quality Framework; focusing on Maternity and Neonatal service improvements; reviewing and revising the Commissioning Assurance Framework, and Care Home/Provider quality
23. **Enhance integrated/partnership system working**, in Wales & England, improving regional approaches to planning and delivery of key services
24. **Implement value-based healthcare** to deliver improved outcomes and experience, including effective deployment and management of resources
25. Implement key **governance improvement** priorities including embedding risk management, effective policies, procedures and guidance; audit and effectiveness; Board effectiveness and systems of accountability

The Draft 'Plan on a Page' is shown below and provides an 'at a glance' summary of the IMTP:

Key developments in the Updated Draft IMTP

The Draft IMTP has been updated to reflect the refined Strategic Priorities as noted above – further work is ongoing daily to edit and refine the document, to ensure that these key priorities are adequately but concisely articulated.

Other key areas of development in the updated draft are noted below. These have been informed by feedback from staff and stakeholders, including comments received at the Population Health, Planning and Partnership Committee, Local Partnership Forum, Board Development Sessions, CHC Briefing, Executive Sessions and Chief Executive Touchpoints, Peer Networks and Welsh Government.

- The complex partnership and regional planning landscape is captured in more detail, to ensure that the complexity of commissioned services and cross border arrangements are articulated.
- An updated position is provided on the Renewal Portfolio of work. This includes an overview of the whole portfolio as well as updated detail on the constituent programmes, throughout the plan.
- Similarly, the most up to date position on the North Powys Well-being Programme is provided, with the full programme set out in the section on Transforming in Partnership and cross references made where appropriate on the five transformation areas (Early Help and Support/ Joined Up Care), social model (Focus on Well-being) and the campus development (Innovative Environments).
- Greater detail is provided on Primary Care and Cluster Plans, particularly in relation to the sustainability and access for the population to these key services, in response to comments from the Community Health Council in particular and to reflect alignment with national programmes of work.
- Greater detail is provided on the plans for Children and Young People and Women's health. This includes Maternity and Neonatal reflecting both the Improvement Programme in Wales and the response to the Ockenden Report in England.
- The work to strengthen the model of care with plans noted for frailty and complex care in particular is also included and reflects the work to build on learning and innovation in responding to population needs.
- The priorities included for Planned Care and Urgent Care have been refreshed to ensure that they are taking into account recent developments in national programmes / regional opportunities and the local position.
- Further work has been completed on the Digital First section to reflect the ambition and benefits for the population as well as the key challenges, in response to comments from Committee and Independent Members.
- A reference has been included to End of Life Care, which is an important component of the Renewal portfolio work on the Community Model, in response to feedback from an Independent Member on this subject.

- Amendments have been made to content relating to Workforce challenges and opportunities to provide clarifications in response to comments from Independent Members and Committee. Further updates to the Workforce section are underway and will be included in the Final version submitted to PTHB Board and Welsh Government in March 2022.
- Further content has been included on the plans for Communications and Engagement, in line with the strategic priorities included in the IMTP and will be finalised for the version submitted to Board and Welsh Government.
- Similarly, the programme of work for Governance has been included in Draft and will be finalised in line with the agreed Governance work programme and priorities, for the final version of the IMTP.
- Further work has been completed to improve the flow and connectivity in response to comments from colleagues and Independent Members. This is aided by the refined set of 25 Strategic Priorities which brings together content in key areas. Further editing will be carried out to ensure key areas are adequately, consistently and concisely articulated.

NEXT STEPS:

Further work will be carried out to finalise the Three Year Integrated Medium Term Plan 2022 – 2025 as noted in this report.

In particular, the work currently underway to formulate the detailed plan for Covid Prevention and Response will be included in the Final Version. This work is interdependent on national programme directives and timescales and will reflect the most up to date position with regards to the management of Covid-19.

A Delivery Plan is also being produced which will set out milestones and timescales against the key actions to deliver the 25 Strategic Priorities.

The Final Draft Integrated Medium Term Plan will be provided to PTHB Board for consideration and approval at its meeting on 30 March 2022 and subject to this approval, it is expected that the Integrated Medium Term Plan will then be submitted to Welsh Government on 31 March 2022.

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

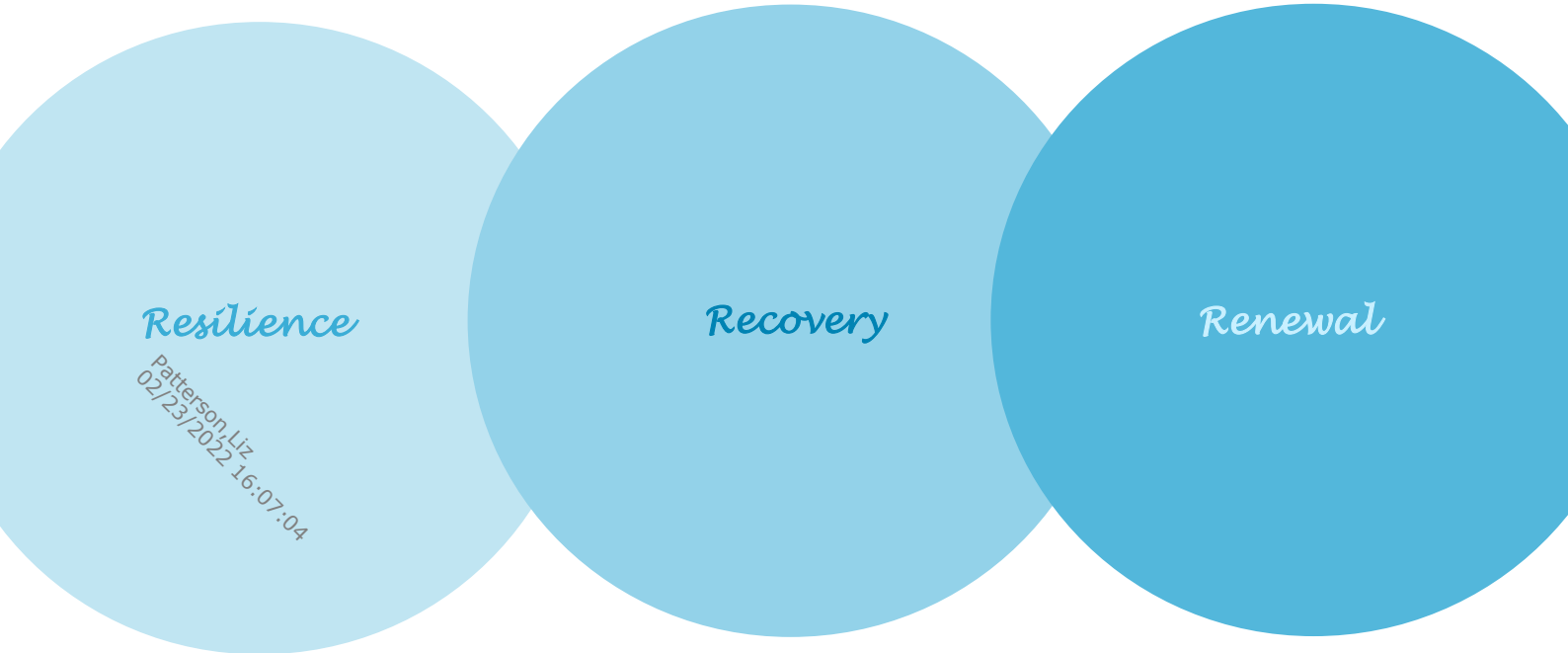
IMPACT ASSESSMENT					
Equality Act 2010, Protected Characteristics:					
	No impact	**Adverse**	**Differential**	**Positive**	**Statement** ***Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken***
Age					
Disability					
Gender reassignment					
Pregnancy and maternity					
Race					
Religion/ Belief					
Sex					
Sexual Orientation					
Marriage and civil partnership					
Welsh Language					
Risk Assessment:					
	Level of risk identified				**Statement** ***Please provide supporting narrative for any risks identified that may occur if a decision is taken***
	None	**Low**	**Moderate**	**High**	
Clinical					
Financial					
Corporate					
Operational					
Reputational					

Updated Draft 23 February 2022

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

Integrated Medium Term Plan 2022-2025

A Healthy Caring Powys



MESSAGE FROM CHAIR AND CHIEF EXECUTIVE

We are pleased to introduce the Integrated Medium Term Plan (IMTP) for Powys Teaching health board for the period 2022/2023 to 2024/2025. This is a plan in a context unlike any other. It has been two years since the last medium term plan, as health boards and other partners responded to the public health emergency of the Covid-19 pandemic and its impacts.

But Powys is also a place unlike any other. The strength of the community response to the pandemic has been remarkable and humbling. We have all made an enormous collective effort to keep Powys safe, working hand in hand from the initial stages where the focus was on preventive measures to the more recent population vaccination programme which is the first line of defence against emerging variants of coronavirus. Our staff, partners, third sector, volunteers and patients have got us to this point and we are grateful to all those who continue to work with us going forward.

Returning to a medium and longer term focus is challenging when we are still responding to great uncertainty and the ongoing public health emergency, but it does provide some time for reflection and learning. It allows us all to recommit to our collective ambition for 'A Healthy Caring Powys'. We are mid-way through our shared long term Health and Care Strategy and it has a new importance as a regional anchor strategy as we recover, build resilience and focus on renewal. Our plan sets how we will transform the way we provide care for the Powys population, enabling people to start well, live well and age well.

This in turn takes us 'Towards 2020', the shared Powys Wellbeing Plan which focuses not only on now but the future generations of Powys who will inherit the legacy of our efforts. The Health Board has an important role as an employer and an anchor in the community as well as a healthcare provider and our plan covers the key actions we are taking to contribute to wider well-being, including decarbonisation, the foundational economy and social partnership.

There is a strong connection between our vision and the ambition for 'A Healthier Wales' set out by Welsh Government, which in turn provides a foundation for the National Clinical Framework and NHS Wales approach to the recovery of healthcare.

The health board is both a provider and a commissioner of healthcare for our population, who access services in both Wales and England. We have a strong track record in taking a 'whole system approach'. We have natural geographic sub-regions in the County which are reflected in the Cluster footprints of North, Mid and South Powys and a leadership role regionally within the Powys Regional Partnership Board, Public Services Board and Mid Wales Joint Committee.

We have a set of guiding principles, developed with all of our stakeholders including our communities in Powys, which enable us to direct our efforts towards what matters to our population and what works to improve well-being. We are clear in our ambition that this has to include the social, economic, environmental and cultural life of the county.

Our Transformation programmes are developing ways of working that break traditional boundaries to design services that are centred around the community and the person, joining up education, housing, health, care and the independent, community and voluntary sectors. Hand in hand with this, we have a programme of immediate recovery work focused on the impact of the pandemic on waiting times and access to healthcare in the here and now.

There are challenges ahead. We have reset our ambition but are mindful of the need for balance in this plan, not only financially but in the wider sense. The recovery from Covid will not be linear and we will need to balance resources, pace and ambition to ensure that the wellbeing of our communities and our staff is paramount.

Professor Vivienne Harpwood (Chair)

Carol Shillabeer (Chief Executive)

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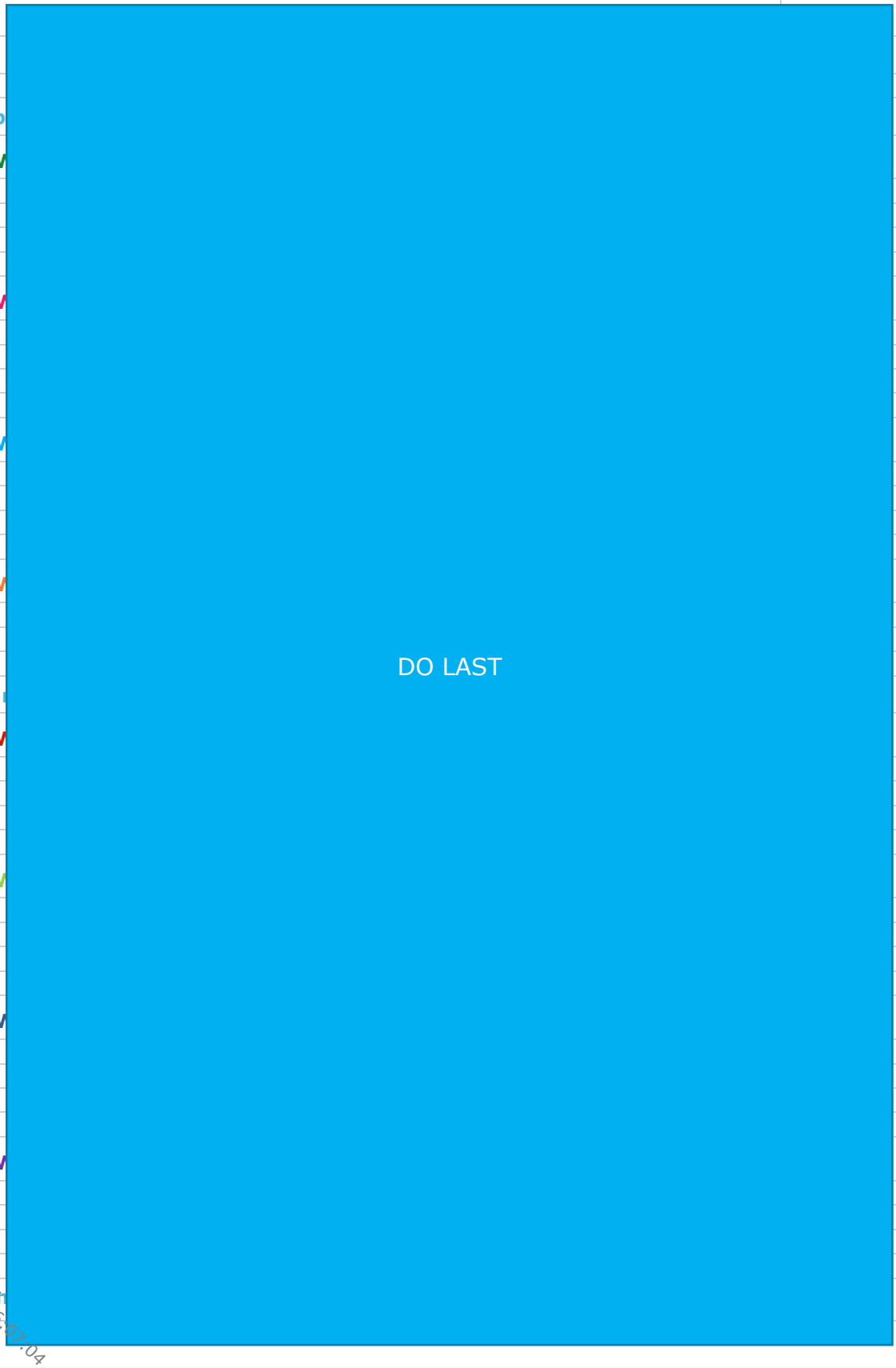

Introduction and Strategic Context

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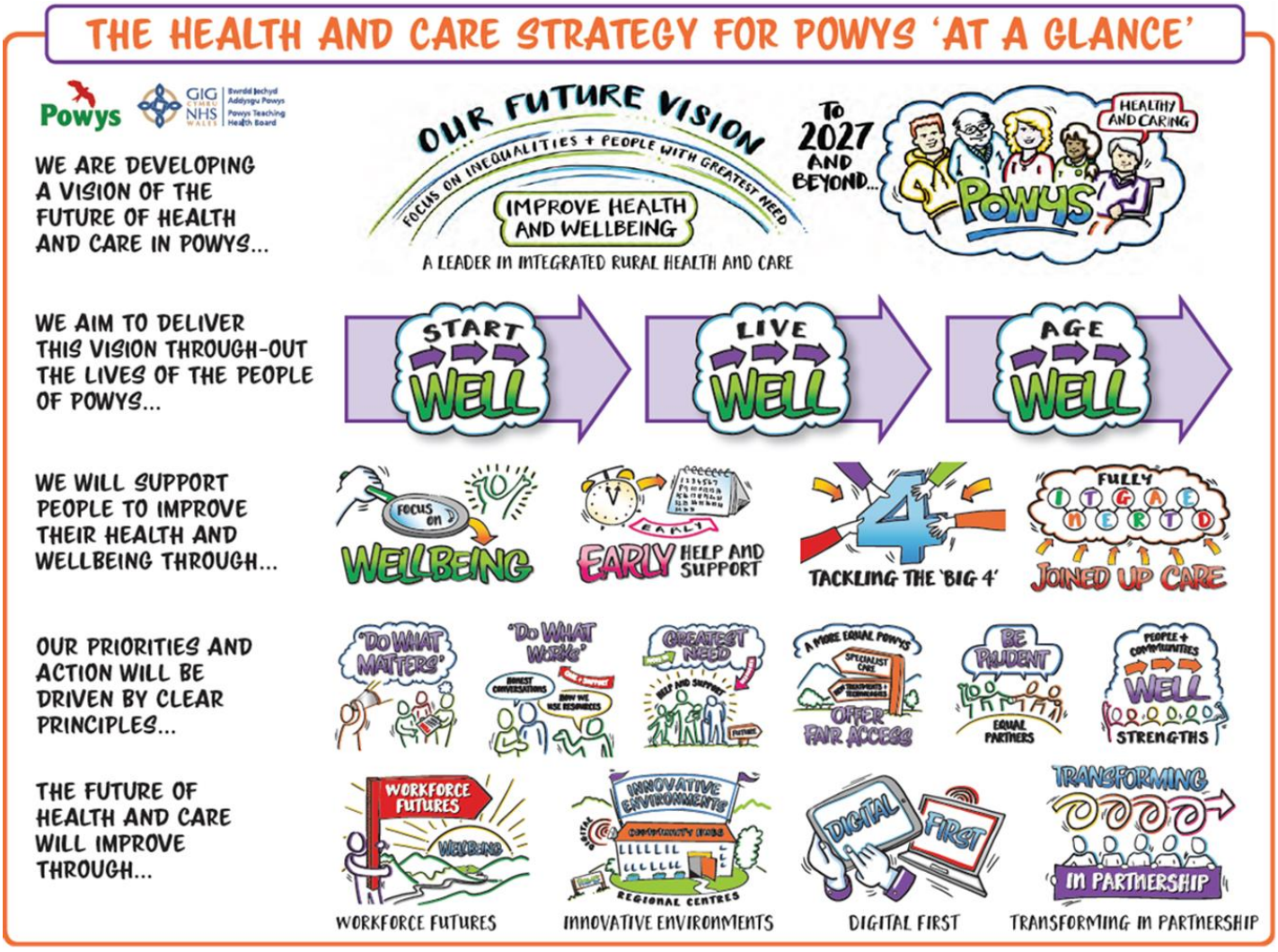
We are mid-way through our shared long term Health and Care Strategy which covers the period up to 2027 and even looks beyond that at longer term sustainability. This has a new importance as an anchor strategy as we recover, build resilience and focus on renewal.



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The health board is both a provider and a commissioner of healthcare for our population, who access services in both Wales and England. We have a strong track record in taking a 'whole system approach'.

We have natural geographic sub-regions in the County which are reflected in the Cluster footprints of North, Mid and South Powys and a leadership role regionally within the Powys Regional Partnership Board, Public Services Board and Mid Wales Joint Committee.

Guiding Principles

We have a set of guiding principles, developed with all of our stakeholders including our communities in Powys, which enable us to direct our efforts towards what matters to our population and what works to improve well-being. We are clear in our ambition that this has to include the social, economic, environmental and cultural life of the county.

THOSE WHO PROVIDE HEALTH AND CARE SERVICES IN POWYS WILL:

- LISTEN TO THE PEOPLE OF POWYS ABOUT THEIR HOPES, FEARS AND OPINIONS ON HEALTH AND CARE SERVICES.
- PROVIDE CARE WHICH MEETS THE NEEDS OF THE INDIVIDUAL AND HELPS THEM MANAGE THEIR OWN CARE BUDGET.
- INFLUENCE HOUSING, EDUCATION, LEISURE AND IN-WORK POVERTY TO REDUCE HEALTH INEQUALITIES.
- HELP COMMUNITIES DEVELOP HUBS AND ACTIVITIES THAT ENCOURAGE CULTURAL WELLBEING, PHYSICAL ACTIVITY AND SOCIAL INTERACTION.
- MAKE THE MOST OF THE OPPORTUNITIES THAT DEVELOPMENTS IN TECHNOLOGY BRING TO IMPROVE COMMUNICATION, DELIVER NEW SERVICES AND PROVIDE SERVICES AT MORE CONVENIENT TIMES.
- ENCOURAGE PEOPLE TO DEVELOP A WELLNESS PLAN, BE AWARE OF THE IMPACT OF THEIR LIFESTYLE AND ACT WHEN THE TIME IS RIGHT.
- IMPROVE ACCESS TO SERVICES, PROVIDE BETTER SCREENING, EARLY DIAGNOSIS AND SUPPORT.
- WORK TO THE SUSTAINABLE DEVELOPMENT PRINCIPLE UNDER THE FUTURE GENERATIONS ACT'S FIVE WAYS OF WORKING TO DEVELOP SUSTAINABLE SERVICES AND PROMOTE THE WELSH LANGUAGE.
- DELIVER SERVICES AS CLOSE TO PEOPLE'S OWN HOMES AS POSSIBLE TO SAVE PEOPLE TIME AND MONEY AND REDUCE CARBON EMISSIONS. PEOPLE WILL ONLY NEED TO TRAVEL OUT OF COUNTY TO RECEIVE SPECIALIST CARE AND COMPLEX SERVICES WHICH WE CANNOT SAFELY PROVIDE THROUGH DIGITAL TECHNOLOGY OR CLOSER TO HOME.

Powys Outcomes

A set of co-produced outcomes are part of the shared long term Health and Care Strategy and provide an anchor for each of the priorities set out in the following sections:

Focus on Well-being

- I am responsible for my own health and well-being
- I am able to lead a fulfilled life
- I am able and supported to make healthy lifestyle choices about my mental and physical health, and well-being, for myself and my family
- I have life opportunities whoever I am and wherever I live in Powys
- My environment/community supports me to be connected and maintain health and well-being
- As a carer I am able to live a fulfilled life and feel supported

Provide Early Help and Support

- I can easily access information, advice & assistance to remain active & independent
- As a child and young person, I have the opportunity to experience the best start in life
- I have easy access, advice and support to help me live well with my chronic condition

Tackle the Big Four

- I have easy access to support, information and early diagnosis
- I have early intervention and appropriate treatment
- My treatment and support is high quality, evidence based and timely as locally as possible

Ensure Joined up Care

- I have timely access to equitable services as locally as possible
- I am treated as an individual with dignity and respect
- My care and support are focused around what matters most to me
- I receive continuity of care which is safe and meets my needs
- I am safe and supported to live a fulfilled life
- I receive end of life care that respects what is important to me

Develop Workforce Futures

- Those who I need to support me are able to make decisions and respond because they are well informed and qualified. If they can't help me directly, they know who can
- As a carer, I and those who I care for are part of 'the team'
- I can access education, training and development opportunities in Powys that allow me to secure and develop my skills and opportunities
- I am enabled to provide services digitally where appropriate
- I am engaged and satisfied with my work

Promote Innovative Environments

- I am part of a thriving community which has a range of opportunities for health and social care, social events and access to advice and guidance services to support my well-being
- I have access to a Rural Regional Centre providing one stop health and care shops – diagnostic, advice and guidance, day treatments, etc. which reduces unnecessary out of county travel
- I am encouraged and supported to use the great outdoors to support my well-being and care
- I am able to have my home adapted to help me to live independently and make me feel safe
- I have care in a fit for purpose environment that enhances my experience

Digital First

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

Transforming in Partnership

- As a Powys resident I 'tell my story' once and I am confident that those looking after me are working together in my best interest
- The services I receive are coordinated and seamless
- I am able to access buildings and resources shared for multiple purposes, by multiple organisations
- My community is able to do more to support health and well-being

Latest Evidence

The health board is responsible for improving the health and well-being of approximately 133,000 people living in Powys.

Powys covers a quarter of the landmass of Wales, but with only 5% of the country's population – it is a very sparsely populated and rural county.

the Well-being Assessment and the Population Needs Assessment are being updated and provide further insight into the demographic and socio economic factors that are often called the 'wider determinants of health'. This three year plan draws on the key emerging insights for Powys. Further information is available at https://en.powys.gov.uk/article/5800/Wellbeing-Information-Bank

Powys is a large, rural county. It covers a quarter of the land mass of Wales and is the most sparsely populated county in England and Wales. More than half of the county's residents live in villages and small hamlets.

This geography makes it hard to provide the same level of services for everyone. Many people tell us that, although they do not want to leave their community, access to services and social isolation is a problem, in particular for those who are older and live in more remote locations.

Inequity of Service:

- Evidence shows that people in the most deprived areas in Powys live more years in poor health compared to people in the least deprived areas. Health inequalities increase when services do not reach those who are at most risk. However, health inequalities can be reduced when services work together with a focus on early intervention, adverse childhood experiences, wellbeing and independence.
- Evidence shows that the difference in cognitive outcomes between children from the least and most deprived areas continues to grow over 10 years. Across Wales there is also a clear link between levels of deprivation and rates of overweight or obesity. 28.4% of children who live in the most deprived areas are overweight or obese compared to 20.9% in the least deprived.
- Just over 1 in 5 children in Powys are estimated to be living in poverty, after housing costs have been considered. Children who grow up in poverty are more likely to have poor health which can have an effect on the rest of their lives. This is a particular concern in the areas of north Powys that score high on several factors associated with the Welsh Index of Multiple Deprivation (WIMD).
- Unhealthy lifestyles increase demand on health and social care services and reduce people's ability to live a fulfilling life. Although rates of physical activity in Powys are above the Wales average, nearly 6 in 10 adults are overweight or obese and this figure is predicted to rise. Just under 1 in 5 adults in the county smoke and 4 in 10 drink more than the recommended amount.
- Developments in technology are changing how we provide some health and social care services and support. For example, more people can access services in or closer to home.
- Population changes mean there will be more older people and fewer younger people living in Powys in the future. And while people are living longer, these years are not always healthy. New treatments are also being developed which could help more people live for longer, but they are costly. To meet future demand we must change the way we deliver services so they are both affordable and sustainable.
- Services around the county's borders are changing. The Shrewsbury and Telford Hospital NHS Trust, the main acute hospital provider for many north Powys communities, is changing its services and moving more to Telford. Every year around 65,000 people travel out of county for day-case and outpatient procedures. With the right workforce, facilities and diagnostics, we could provide many of these services locally.
- We depend on volunteers to deliver care and are fortunate enough to enjoy strong support for this. However, to maintain levels of care we must improve how we support our volunteers and continue to recruit new ones. Covid-19 has presented and opportunity for care to be delivered differently, utilising volunteers to establish community response teams and maximising technological opportunities to provide care through digital means.

There is consensus that the impact of the pandemic will be felt for many years, with a complex effect on health, well-being and inequalities.

The World Health Organisation describes increasingly critical areas of risk which include serious mental health issues and suicide, increased alcohol consumption, chronic ill-health and further excess morbidity and mortality.

Various sources refer to a 'syndemic' impact, meaning there is a cumulative effect for those with existing health conditions and a clear social gradient in how this is experienced. Research points to particular impacts on children and young people, vulnerable groups

inequalities. The NHS Wales Planning Framework refers to five harms which encompass the impact of covid itself and the impacts of changes in healthcare and wider society.

The report 'Placing health equity at the heart of the Covid-19 sustainable response and recovery' (The Welsh Health Equity Status Report, 2021) set out the wider socio-economic impact in Wales. The report emphasises the profound interdependence between population and community well-being. It noted the window of opportunity that exists to adopt and accelerate solutions to achieve healthier and more resilient people, societies and economies.

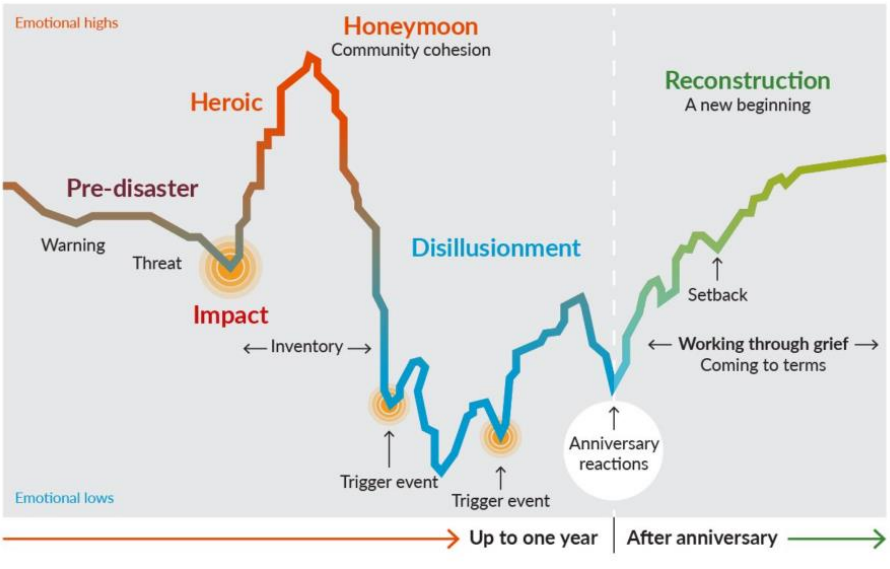
The health board commissioned a report to understand the syndemic impact of the pandemic for the Powys population, high level projections are noted below. The baseline was taken from 2019/20 and the impact is profiled to 2022/23:

- The proportion of working-age adults limited a lot by long-standing illness will increase from 18.1% to 24.4%. In Powys this is 4,719 more adults.
- The proportion of working-age adults with musculoskeletal problems will increase from 17.1% to 19.4%. In Powys this is 1,723 more adults.
- The proportion of working-age adults with heart and circulatory problems will increase from 12.8%, to 15.5%. In Powys this is 2,023 more adults.
- The proportion of working-age adults with respiratory problems will increase from 8.2% to 10.6%. In Powys this is 1,797 more adults.
- The proportion of working-age adults with endocrine and metabolic problems will increase from 7.9% to 10.9%. In Powys, this is 2,247 more adults.
- The proportion of working-age adults with mental health problems will increase from 8.8% to 11.9%. In Powys, this is 2,322 more adults.

Evidence relating to the impact of the Pandemic, (Catherine Woodward, 2021)

The Kings Fund have identified insights from recovery work globally. Their key finding is that recovery should focus on understanding what individuals and communities need to cope with the impacts of a disaster and be in a better position to withstand the next one.

The Kings Fund note four priority areas: Mental Health, community need, not leaving anyone behind, collaboration. The disaster recovery model shows the process will be a 'long haul' over 10–15 years and progress will not be linear.



Modelling Assumptions

In Powys, the national modelling in relation to the progress of the pandemic is used as a guide in planning, and surge planning as a component of that approach, and has been updated as part of the development of the IMTP and Minimum Data Set.

A key source of modelling is from the Wales Technical Advisory Group (TAG) which is a group of experts that provide technical advice and updates to Welsh Government. It considers emerging outputs from SAGE (the UK Government Scientific Advisory Group for Emergencies), Welsh modelling forecasts and situation reports.

The forecasts are provided for NHS Wales, Local Resilience Forums and Strategic Co-ordination Groups as well as external stakeholders. The advice is updated periodically and includes briefings on the latest modelling of Covid-19 at a Wales level.

Oversight and surveillance of Covid-19 locally is in accordance with the PTHB Prevention and Response Plan and agreed local governance arrangements, which take into account national requirements.

Local modelling utilises the nationally available intelligence, underpinned by:

- An evidence based approach, utilising national and international data, policy and technical guidance
- Regular review to ensure any new modelling is considered as it is released to take into account new scenarios and emerging Covid-19 variants under investigation or concern
- Robust local surveillance and intelligence including R value and other Covid Situation Analysis
- A collaborative approach building on regional working across England and Wales
- The Minimum Data Set trajectories and alignment

Powys has a complex set of healthcare pathways spanning England and Wales and therefore modelling of demand is carried out for directly provided services and commissioned services. Powys residents access District General Hospital and Specialist Care from a range of providers with the largest activity into Shropshire and Herefordshire. The analysis of demand and capacity is multi-dimensional including:

- Population Healthcare Demand Trends
- Strategic Demand and Capacity analysis
- Commissioned Services
- Directly managed Provider Demand and Capacity Planning

The Minimum Data Set provides an assessment of our demand and capacity in key areas of delivery including Test, Trace and Protect, Core Services and Bed Model, Planned Care, Workforce and Finance. Partner organisations also provide information relating to Ambulance and Screening services.

To date surge capacity within Powys has been planned and delivered through the existing health board infrastructure. This has proved to be sufficient, during non peak and peak times which has included two periods of surge seasonal pressures / pandemic waves.

Plans have also been drawn up for additional capacity which remain available if at any point it becomes necessary to revisit these, particularly in the context of emerging variants which present a continuing level of uncertainty in relation to capacity required.

Legislative and Policy Requirements

The NHS Wales Planning Framework published on 9 November 2021 set out the context of the impact of Covid and the balance of risk of different harms, in a time of extreme pressure particularly over what is recognised to be a challenging winter and longer term period ahead.

The Ministerial priorities are noted and are wide ranging spanning health and social care response to the pandemic, NHS recovery and population health. Ministerial measures (Phase 1) have subsequently been received and are taken into account in this plan and the associated technical templates).

8 **Ministerial Priorities** Health & Social Care

- Covid-19 Response
- NHS Recovery
- Population health, pandemic experience and health inequity
- Healthier Wales
- NHS finance and managing within resources
- Mental health and emotional well-being
- Supporting the health and care workforce
- Working alongside social care

The Framework states that "as a country we must continue to respond to the immediate challenges of Covid, whilst turning our attention to longer-term sustainability and improvement of population health".

The key national policy drivers and expectations are also noted:

- the vision and ambitions in 'A Healthier Wales'
- the Wellbeing of Future Generations (Wales) Act
- the National Clinical Framework and associated Quality and Safety Framework / Quality Statements
- The Foundational Economy in Health and Social Care Strategy
- Reduction of Health inequalities and health inequity
- Cross cutting policies including NHS Wales Decarbonisation Strategic Delivery Plan
- Coronavirus Control Plan
- Health and Social Care Winter Plan
- Strong leadership and accountability at local, regional and national levels
- Health boards must work together across organisational boundaries
- NHS Outcomes Framework and Delivery Framework

- Renewed focus on recovery
- Whole system approach
- Build on learning and experiences across health and care
- Digital technology and innovation
- Accelerated and embedded change to revolutionise delivery
- Access to care closer to home
- Urgent and Emergency Care Six Goals
- Planned care focus – waiting lists, cancer, equity, Mental health and wellbeing, children and young people
- Prudent health care principles and value based healthcare
- Infection and protection control measures
- Health and care workforce, partnerships and cooperation to address fragility; agile workforce planning to address peak demand and surge and for ongoing sustainable services
- Managing within existing resources, strong financial control
- Working in partnership

PTHB has routine monitoring status. Some key areas were highlighted in the 'Escalation and Intervention Letter' received from Welsh Government in August 2021: the restarting of commissioned services in England and Wales with a focus on patient experience; managing the relationship with partner organisations, and communication with the local population to explain the options available in accessing services.

Further areas were highlighted in the 'Annual Plan 2021/22 – Parameter Letter' received from Welsh Government on 30 September 2021 which covered plan delivery, workforce, finance and recovery. The NHS Delivery framework for 2021/22 was also attached to this letter. Whilst this relates to the current year, it is helpful in indicating key requirements.

Further letters were received in October 2021 which set out further areas of focus including Planned Care and Unscheduled Care sustainability, Recovery Fund allocation, Critical Care, Endoscopy, Clinical Strategy for Orthopaedics and Local Options Framework.

Performance and Quality

The PTHB Strategic Priorities are informed by the current position of the organisation in relation to key performance measures and delivery against the agreed plan. The detailed position is reported regularly to PTHB Board, this is available at https://pthb.nhs.wales/about-us/the-board/.

Of particular note is the scale of the impact of the pandemic for the population and for the provision of healthcare, in Powys as it is across Wales and the UK. There is a significant challenge in relation to people waiting for diagnostics, treatment and care as a result of the pandemic and the changes in healthcare required to respond to the public health emergency.

The past two years has seen extra-ordinary changes in demand. There was a significant decrease in demand in some areas of healthcare such as hospital provision, in line with the first phase of the pandemic and the UK wide lockdown measures in Spring and Summer 2020. This returned to normal levels very quickly over the Autumn / Winter of 2020 and there followed a wave of backlog demand across the whole system during 2021.

This is a challenge which will not be met by existing approaches or existing resources, it will require radical solutions founded in a value based healthcare approach, nationally, regionally and locally. It will need to be grounded in an understanding of the experience and outcomes for those waiting and those at greatest risk.

The health board has commenced important work, led by Clinical Executives, on a programme of Renewal and Value Based Health Care, with priorities informed by the evolving learning and evidence base on the harms and impact of the pandemic.

This has focused in the initial phase on the immediate actions to address waiting times, but it is longer term in its ambition to rebuild access in the context of a sustainable model of care for Powys.

This provides an important point of connection with the shared Health and Care Strategy, A Healthy Caring Powys, and the transformation work being taken forward in partnership in the Powys and Mid Wales region. These include the North Powys Well-being Programme, Workforce Futures, Digital First and clinical collaboration led by the Mid Wales Joint Committee in key specialities (detailed in later sections of this plan).

The Health Board has developed a Clinical Quality Framework to ensure high quality, safe and effective services and quality assurance. The revised Putting Things Right policy and reset of the Committee structure is also a key enabler for both commissioning and provider services as part of the overall board assurance framework. Key areas include maternity and neonatal services and partnership work on safeguarding and vulnerable groups.

The implementation of this will take into account Welsh Government's Quality and Safety Framework and the Wales Audit Review of Quality Governance. This ensures preparedness for the Health and Social Care (Quality and Engagement) (Wales) Act which comes into force from April 2023 and includes duties of quality and candour.

The NHS Wales Performance Framework and National Outcomes Framework is being reviewed by Welsh Government in 2021/22 and this will inform the PTHB Improving Performance Framework for 2022 – 2025.

An Evaluation of Ways of Working was commissioned by the health board to understand in detail the changes in services and the views of clinicians, teams and service users.

A number of themes emerged:

- Benefits of virtual and alternative ways of working for patients with increased flexibility, choice and access
- New ways of working can support greater self-care, promoting independence and ownership for patients and carers
- Staff have developed skills which can be shared further
- There are opportunities for further adoption and scale

  "Effective health care and services are not dependant on the ability to see clients in person, alternative approaches can increase client satisfaction, ease of access and increase the provision available."
- The shift to remote communication has been well received
- In many cases it was reported as leading to easier contact and collaboration
- Access and equipment issues can however cause frustration
- There is a critical role for IT support, infrastructure & systems
- A high value is placed on staff engagement and perception of value at work
- Culture is key: leadership and management; value and recognition; staff health and well-being and behaviour
- Most people reported a positive experience at work, pride and feeling that they matter
- Great adaptability and strength has been shown with a sense of shared commitment and work 'community'
- There is a drive for quality improvement and innovation and streamlined decision making and governance
- Learning on preparedness including Personal Protective Equipment (PPE), procedures, skills and capabilities
- There is a wish to maintain and build the momentum to ensure readiness to meet needs of service users.

  "The level of care that I have witnessed from all staff has been second to none. it has made me proud to work for the health board and to be able to call them my colleagues"

The NHS Staff Survey 2020 also highlighted improvements in areas such as engagement and motivation, whilst recognising the need for improvement and a focus on culture, communication, management and team working.

There is a clear message to build on the streamlined ways of working using the Compassionate Leadership Approach, Healthy Working Relationships model and Organisational Development Framework.

The Annual Report 2020/21 published earlier this year included a number of examples of where teams have used alternative ways to provide care https://pthb.nhs.wales/about-us/key-documents/annual-reports-annual-accounts-and-annual-quality-statements/powys-teaching-health-board-annual-report-2020-21/

Challenges and Achievements

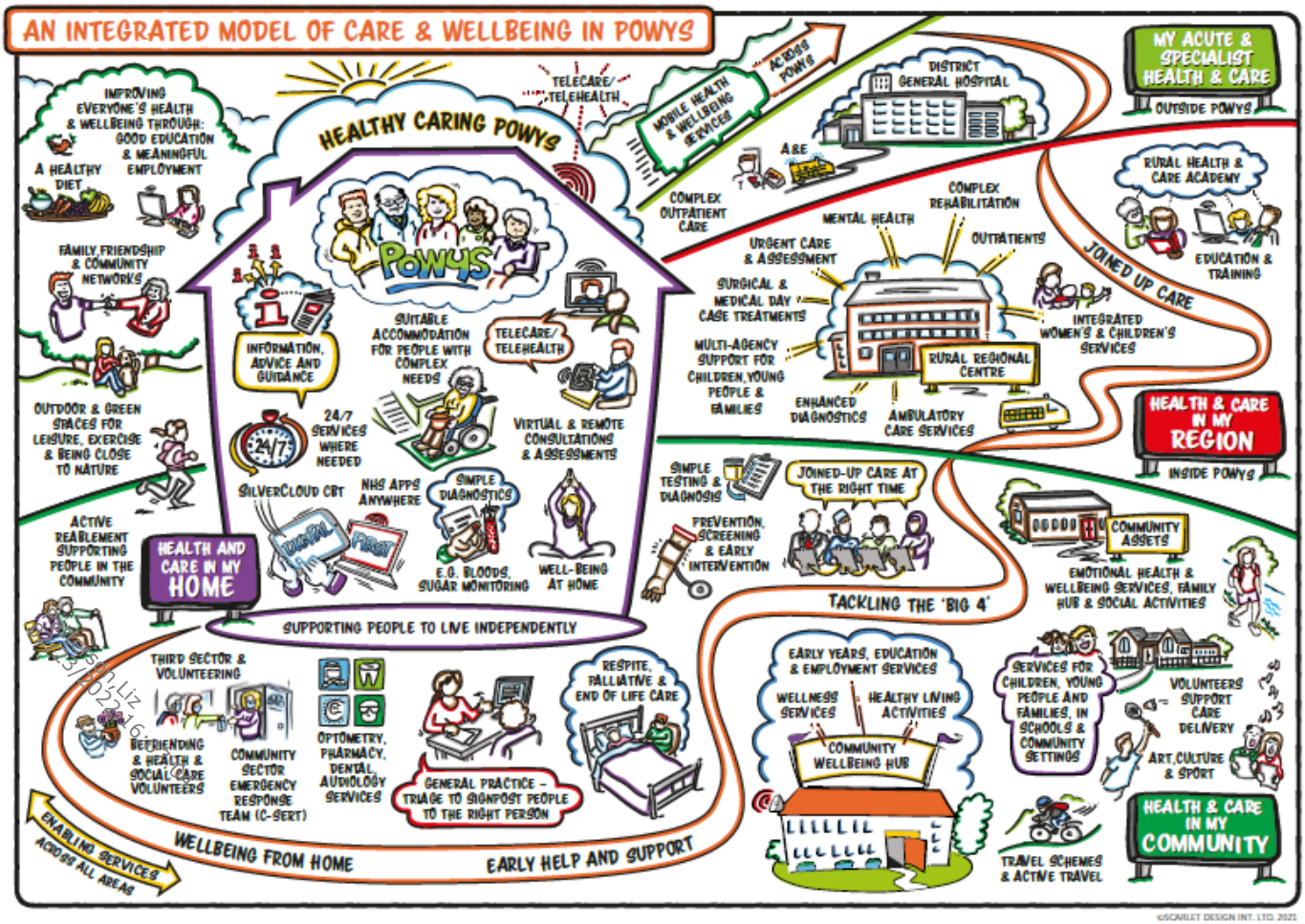
There have been great challenges over the past two years but there have also been significant achievements. Services have been disrupted through the pandemic and access has been more difficult, but wholescale adaptations have been made to minimise the impact of this. The health board has maintained essential healthcare for the Powys population and put in place a programme of work to recover access and renew key areas of healthcare.

Individuals and teams are going above and beyond, using new and different working patterns, changes to physical environments, new types of equipment and infection control and the use of digital and other means to keep clinics and services open.

- A Clinical Response Model was delivered to respond to the public health emergency presented by the pandemic, working in partnership with staff and trade unions to adapt ways of working, supported by training, role development and deployment
- Comprehensive communications and engagement campaigns were delivered to support the national messages to keep individuals and communities safe.
- New staff support mechanisms were set up including staff-led and focused social media content which supported immediate dissemination of key messages but also provided a collective, peer to peer support and discussion forum
- Significant work was implemented on quality, safety and infection control measures – throughout clinical and professional practice and in relation to estates and guidance
- Systems were established to support the provision, training and use of personal protective equipment (PPE) with support from colleagues in the military services
- Estates and equipment have been redesigned; improvements include the installation of enhanced oxygen supply and ventilation systems in community hospitals
- Primary Care contractors rapidly adapted to ensure life-essential and life-critical care was provided maintained throughout
- Community Care teams pioneered new approaches to ensure essential care continued to be provided including setting up online clinics and postal deliveries of key supplies
- Therapies and pain management services rolled out online resources and groups to ensure support for complex and vulnerable patients and those recovering from covid
- The health board played a key role in managing patient flow across a complex network of healthcare systems in both England and Wales with a home first ethos, utilising discharge to recover and assess and virtual wards in addition to the bed base
- Support plans were implemented for care homes including testing, primary care and therapy input particularly for respiratory needs, the management of Section 33 arrangements and implementation of the Commissioning Assurance Framework
- Changes to services as a provider and a commissioner are tracked to ensure that any service or pathway changes for Powys residents are understood and communicated
- Communications were enhanced with key stakeholders including briefings with the Community Health Council and local politicians, cabinet members and partners
- Entirely new forms of health service have been established at pace and at scale through collaboration between public services, partners, volunteers and communities
- This includes the set-up of Test, Trace and Protect in partnership with Powys County Council and the Covid-19 Vaccination programme. Both of these have been crucial in reducing the risk of serious disease and death from the virus.

Even with the challenges faced, there has continued to be progress against the Well-being Objectives and ambition in our Health and Care Strategy of 'A Healthy Caring Powys':

- The health board has taken important steps in 2021 on climate change, with Board approval of the PTHB Biodiversity Delivery Plan and Decarbonisation Delivery Plan,
- Transformation programmes have been restored and are progressing with significant large scale changes on the Powys Model of Care – breaking traditional boundaries to design a social and integrated model centred around the community and the person
- The North Powys Well-being Programme has been revitalised and is driving forward a social model across education, housing, health and care which is founded in the sustainable development principle and five ways of working
- Clinical leadership has been key to the development of a significant Renewal Portfolio, which is taking forward both immediate recovery work focused on waiting times and longer term programmes to develop resilient, value based models and services
- We have developed our Clinical Quality Framework and Board Assurance Framework, to target quality improvement work and strengthen feedback on patient experience
- We are developing our intelligence capability, linked to system resliience planning and giving us greater lines of sight across both unscheduled and planned care pathways
- The Regional Partnership Board (RPB) and Public Services Board (PSB) renewed the commitment to the Health and Care Strategy and the Well-being Plan and have been working jointly to update the Population Needs Assessment and the Well-being Assessment in 2021, contributing to the understanding of the Powys population and the wider socio-economic impacts and determinants of health
- The North, Mid and South Powys Clusters have reviewed and reformed their plans in parallel with the IMTP this year, resetting their aims in line with the ambition for Accelerated Cluster Development



Opportunities and Challenges

The External Context – Key Factors

PESTLE Analysis High level summary of the key Political, Economic, Sociological, Technological, Legal and Environmental Factors			
Political	*Complex socio-political context* - Pandemic response and impact - EU Exit impacts - New Government Programme / Priorities in Wales - Changes in political programme for health and care in England - Local Authority Elections 2022	**Technological**	*Scale and pace of innovation* - Significant digital innovation - Issues with infrastructure, equipment and inequality of connectivity / skills - New ways of working, complex task to safely identify and maintain these - New health technology
Economic	*Uncertain fiscal outlook due to pandemic* - The changing nature of work and employment landscape - Increasing rates of inflation - Aggregated impact on household income / disposable income - Pressure on public expenditure but also additional funding made available - EU Supply chain issues -	**Legal**	*Significant legislative developments:* - Existing legislative requirements are significant in relation to health and care - New legislative instruments / bills this year / next year in Wales - Significant new Health and Care Bill planned in England
Sociological	*Increasing inequalities is a key issue* - Pandemic recovery historically linked with social change / civil movements - Loss of social connectivity and educational disruption - Emerging evidence of syndemic impact - NHS emerging as an 'Anchor institution'	**Environmental**	*Growing urgency on climate change* - Key area of focus in Wales and UK Wide / Internally with significant legislative changes - Challenging set of targets including decarbonisation by 2030 - Wider sustainability and co-production approach

The Internal Context – Key Factors

SWOT Analysis High level summary of the key Organisational Strengths, Weaknesses, Opportunities and Threats/Challenges			
Strengths	- Shared long term Health and Care strategy - Learning, ways of working, innovation - Workforce & volunteers - Routine monitoring status - Current financially balanced plan - Maintained essential healthcare throughout pandemic, directly provided services	**Weaknesses**	- Workforce challenges - Continued pressure of pandemic response - Reduced capacity for forward planning - Restrictions on physical space due to covid - Complexity of planning landscape - Varied ownership and engagement in planning
Opportunities	- Acceleration in agile ways of working - Partnership and system opportunities - Growing workforce from community and volunteers - North Powys flagship transformation programme - Rural health and care academy - Renewal Programme - Alignment to Primary Care Clusters / Cluster Planning	**Threats/Challenges**	- Complex sovereign / partnership governance - Additional challenge of working across multiple footprints and cross border - System and capacity pressures - Service fragility - Staff well-being - Fiscal outlook and public spending implications - Infrastructural challenges for digital innovation and integrated clinical access / records

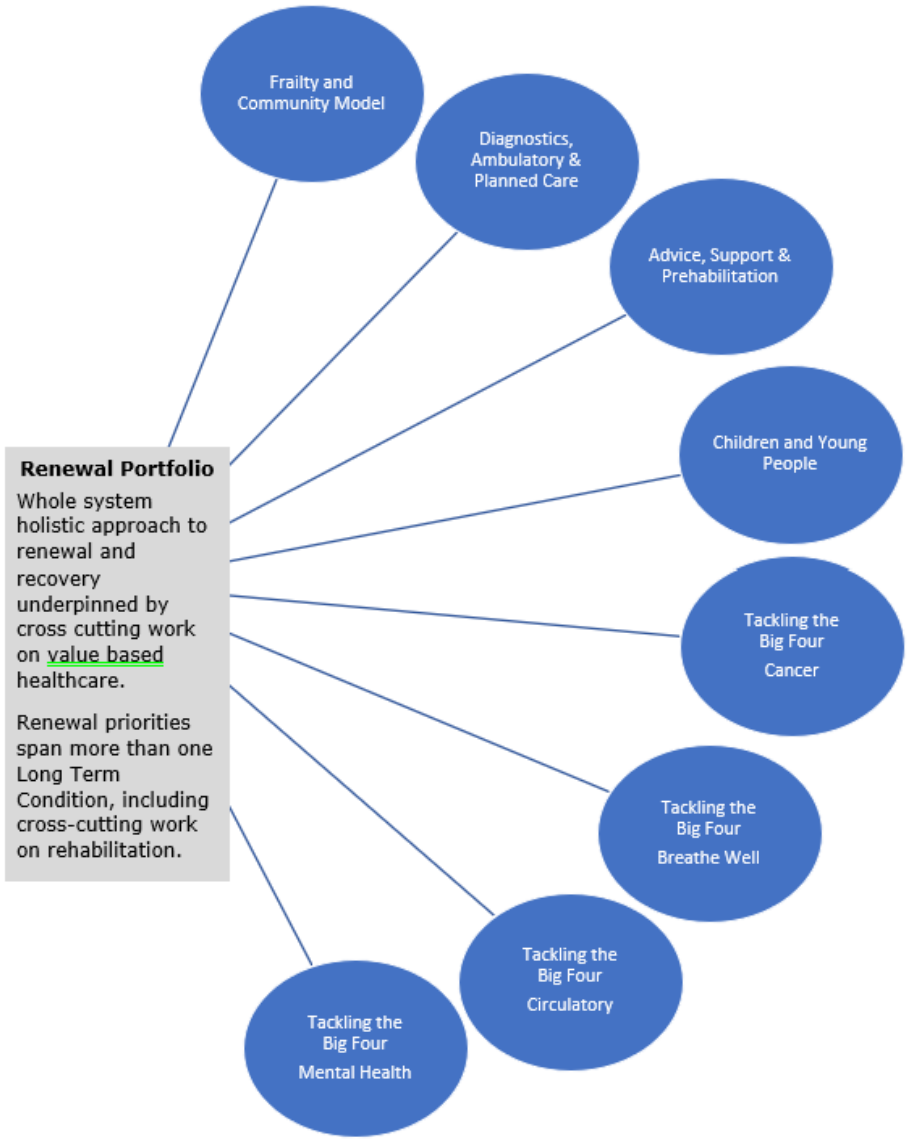
Renewal

Major "renewal" requirements emerged from a full appraisal of the impact of the pandemic. These focus on the things which will matter most to the wellbeing of the population of Powys and those things which will work best to address the unprecedented challenges ahead. We cannot go back to the way things were before COVID.

However, this is also a time of unprecedented opportunity for Powys, as the pandemic has shown the importance of delivering more services closer to home outside acute District General Hospitals.

A Chief Executive led Renewal Strategic Portfolio Board has been established to drive forward transformation with the focus, pace and scale needed as set out below:

The Programmes are whole system, working across boundaries, recognising that true transformation is a longer-term process which will involve staff, partners and communities.



The Renewal Portfolio was established when the Referral to Treatment Time waiting list for elective treatment in and out of county was over 17,000 (equating to about 1:8 of the Powys population) with over 3,500 waits already longer than a year. The impact of the pandemic has affected children, young people and adults, and both mental and physical health. There are signs of improvement. By the end of December 2021 waiting times over 52 weeks had reduced closer to 2,500, together with a reduction in the waiting list. The scale of the challenge will not be met by existing approaches and will require new, radical solutions bounded in value-based healthcare locally, regionally, and nationally.

Work is already underway, strengthening local and virtual multidisciplinary teams; virtual pulmonary rehabilitation; modernisation of follow-up; new diagnostic clinics for sleep and spirometry; temporary insourcing to offer more surgical, endoscopy and outpatient capacity locally; point of care testing; and FIT testing for patients with suspected bowel cancer.

Further major opportunities lie ahead. The priority areas are included throughout this plan with detailed milestones in the Delivery Plan.

Strategic Risks

There remains considerable uncertainty and complexity over the next three year planning horizon. Key strategic risks that will be managed over the period of this plan include:

- Complexity and uncertainty in the external environment, impacting on the ability to fully respond to population health need
- Continued uncertainty requiring an agile response which limits the ability to consistently prioritise and impacts on the alignment of limited resources
- Introduction of significant new requirements in relation to the covid response with new services required to be delivered by the health board particularly in relation to vaccination and testing
- Complex and changing requirements for infection prevention and control in line with changing national requirements at UK and NHS Wales level
- Workforce challenges in relation to supply and sustainability, coupled with the impact of the pandemic on staff wellbeing and the increased workforce planning requirements in relation to new ways of working
- The increased scale and pace required for recovery and the reduced capacity to deliver, lead and manage change effectively
- Variability and inequity of access to treatment for patients
- Complex commissioning arrangements with variances in the quality of care and a number of providers progressing improvement plans in response to regulatory measures
- Equally complex partnership arrangements with the need to balance sovereign governance and accountability with integrated, whole system approaches

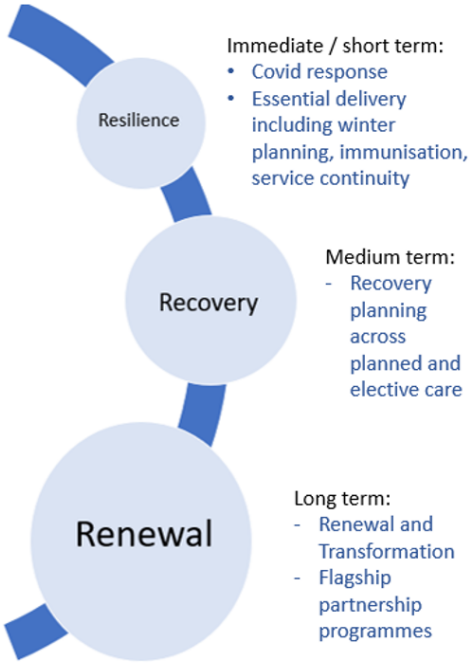
A responsive, phased and cyclical approach will continue to be necessary in this context. Further detail is provided in the plan and in the PTHB Board Assurance Framework.

Resilience, Recovery and Renewal

Given the ongoing public health emergency, a phased and cyclical approach is central to delivery for the next three years. The three Rs of 'Resilience, Recovery and Renewal' will be used to review and reset priorities in line with contingency and local options planning:

- Resilience: continued response to Covid and organisational resilience
- Recovery: recovery planning and action in the short and medium term
- Renewal: working with a longer term ambition for sustainable transformation

There are challenges ahead. We have reset our ambition but are mindful of the need for balance in this plan, not only financially but in the wider sense. The recovery from Covid will not be linear and we will need to balance resources, pace and ambition to ensure that the wellbeing of our communities and our staff are paramount in everything we do.



Strategic Priorities 2022/23 – 2024/25

Focus on Wellbeing	
1.	Take action to **reduce health inequalities and improve population health**
2.	Deliver **health improvement** priorities including weight management, smoking cessation, early years and family health and wellbeing
3.	Develop and implement a 'business as usual' model for **COVID-19 Prevention and Response and integrated, comprehensive vaccination**
Early Help and Support	
4.	Improve access to **high quality primary care**
5.	Develop and implement a progressive, whole system **diagnostic, ambulatory and planned care** model, delivering more care closer to home
6.	Improve access to high quality prevention and early intervention services for **children, young people and their families**
Tackling the Big Four	
7.	Implement improvements in early diagnosis, treatment and outcomes for people with or suspected of having **cancer**
8.	Implement improvements in outcomes, experience and value in **circulatory disease** (Stroke, Heart Disease, Diabetes)
9.	Implement the next stage of the **Breathe Well** Programme, specifically aimed at repatriating care closer to home and on Children and Young people's Respiratory care
10.	Undertake a Strategic Review of **Mental Health**, to improve outcomes from high quality, sustainable services, including specialist mental health services
Joined Up Care	
11.	Design and deliver a **frailty and community model including improved access to urgent and emergency care**, enhancing outcomes, experience and value
12.	Support improved access to and outcomes from **Specialised Services** (including specialist mental health services and paediatrics, major trauma, neonates, PET, and recovery planning for bariatric surgery, cardiac surgery, plastic surgery, neurosurgery, paediatric surgery)

Workforce Futures
13. Design and implement a comprehensive approach to **workforce planning**, focusing on attracting/securing workforce for targeted services (including internationally)
14. Review, redesign and implement **leadership and team development**, enhancing clinical leadership and whole organisation focus on value.
15. Deliver improvements to **staff wellbeing and engagement**, working closely with Trade Unions in Social Partnership on key joint priorities.
16. Enhance access to high quality **education and training** across all disciplines, specifically focusing on 'grow our own'/apprenticeships.
17. Enhance the health boards role in **partnership and citizenship**, including volunteering, and widening access to healthcare careers.
Digital First
18. Implement **clinical digital systems** that directly enable improved care, including cross border clinical records, service priorities (nursing, eye care, prescribing), and telecare.
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 healthcare systems
Innovative Environments
20. Implement ambitious commitments to **carbon reduction, biodiversity enhancement and environmental wellbeing**.
21. Implement **capital, estate and facilities improvements** that directly enhance the provision of services to patients/public and the wellbeing/experience of staff
Transforming in Partnership
22. Implement key actions to **improve quality** (safety, effectiveness and experience) across the whole system; including building organisational effectiveness through the Clinical Quality Framework; focusing on Maternity and Neonatal service improvements; reviewing and revising the Commissioning Assurance Framework, and Care Home/Provider quality
23. **Enhance integrated/partnership system working**, in Wales & England, improving regional approaches to planning and delivery of key services
24. **Implement value-based healthcare** to deliver improved outcomes and experience, including effective deployment and management of resources
25. Implement key **governance improvement** priorities including embedding risk management, effective policies, procedures and guidance; audit and effectiveness; Board effectiveness and systems of accountability

At a Glance Summary – 'Plan on a Page'

1. Reduce Health Inequalities and Improve Population Health
2. Health Improvement
3. Covid Prevention and Response

4. High Quality Sustainable Primary Care
5. Diagnostics, Ambulatory and Planned Care
6. Children, Young People and their families

7. Cancer
8. Circulatory Disease
9. Breathe Well (Respiratory)
10. Mental Health

11. Frailty and Community Model including Urgent and Emergency Care
12. Specialised Services

13. Workforce Planning
14. Leadership and Team Development
15. Staff Wellbeing and Engagement
16. Education and Training
17. Partnership and Citizenship

18. Clinical Digital Systems
19. Digital Infrastructure & Intelligence

20. Carbon reduction, biodiversity & environmental wellbeing
21. Capital, Estates and Facilities Improvements

22. Quality across the whole system
23. Integrated Partnership Working
24. Value Based healthcare
25. Governance Improvement

Focus on Wellbeing

Powys Outcomes

- I am responsible for my own health and well-being
- I am able to lead a fulfilled life
- I am able and supported to make healthy lifestyle choices about my mental and physical health, and well-being, for myself and my family
- I have life opportunities whoever I am and wherever I live in Powys
- My environment/community supports me to be connected and maintain health and well-being
- As a carer I am able to live a fulfilled life and feel supported

Strategic Priorities

- Take action to reduce health inequalities and improve population health
- Deliver health improvement priorities including weight management, smoking cessation, early years and family health and wellbeing
- Develop and implement a business as usual model for COVID-19 Prevention and Response and integrated, comprehensive vaccination

Key Interdependencies

- Population Health is a ministerial priority and this approach supports delivery against the socio-economic duty and the Strategy for a Foundational Economy
- This builds upon the work to deliver against the Future Generations (Wales) Act and the Social Services and Wellbeing (Wales) Act including the principle of sustainable development, prevention and the Five Ways of Working
- The NHS Wales Coronavirus Control Plan / NHS Wales Planning Framework and other Welsh Government directions are key to balancing the immediate and longer term priorities for population health in the context of a public health emergency
- The national modelling and assumptions provided by the Welsh Government Technical Advisory Group are used to inform local modelling and planning
- International / national / regional and local research and evidence has been used to inform the Covid Prevention and Response planning and the longer term renewal and transformation plans
- Local delivery is set in the context of delivery against key national programmes and policy including Building A Healthier Wales, Healthy Weight, Healthy Wales
- Partnership and regional working is key to delivery in this area and is shaped by the shared Health and Care Strategy (which forms the Area Plan of the Powys Regional Partnership Board) and Powys Wellbeing Plan, Towards 2020 (the inter-generational strategy of the Powys Well-being Board)

Why is this important – what are the high impact actions we will take?

Promoting well-being and reducing inequalities is fundamental to population health and in the current context, this includes responding to the Covid-19 pandemic. With the emergence of new variants changing the course of the pandemic there remains a public health emergency that must be addressed.

This plan must also look further than the immediate public health emergency, to set out how we will take steps to recover and when possible and safe to do so, how we will renew and transform services for the population.

Resilience

Flexibility will be required to balance the 'five harms' and respond in an agile way to the virus and developments in technology such as vaccines and treatments.

The priority will be actions that are life critical and life essential; there are national frameworks in place that will be used to guide local options in the immediate term.

Key components of the covid response including testing and vaccination will be increasingly embedded into the population health approach alongside action on health inequalities, improvement, immunisation, screening and promotion.

Recovery

The Powys Well-being Assessment and Population Assessment are being updated and emerging findings have been used to inform this plan. Further work is underway to engage with stakeholders, partners and the public to ensure that it has captured what matters to the people of Powys.

All partners have agreed to carry out a 'mid-term review' of the Health and Care Strategy to evaluate progress against the outcomes set out for the Powys population, refining objectives and resetting action across partnership plans as necessary.

Renewal

Intensive work will be progressed on the Renewal Portfolio and this includes a workstream for Advice, Support and Prehabilitation which is centred around prevention.

A social model of health and wellbeing is being pioneered through the North Powys Wellbeing Programme for adoption by the Powys Regional Partnership Board. This connects to regional planning across the Mid Wales health system and wider in NHS Wales and England (summary overleaf).

This plan is an important bridge on the journey back to the ambition in the longer term strategy. It has to tackle conflicting demands of the immediate and urgent health challenges but it also has to act as a vehicle to address the longer term harms.

We are not starting from scratch in facing the challenges ahead. The long term partnership strategy 'A Healthy Caring Powys' has been reviewed in the context of the pandemic and all partners agree that it is even more important and relevant, to set a shared ambition and address the impact of the pandemic in relation to wider harms and worsening inequalities.

Social Model for Health and Wellbeing

Current Model

- A current lack of shared vision, a need for a joined up strategic approach and understanding of Social Model for Health
- Evaluation of methods of delivery not in place and no mechanism for measuring impact of wellbeing services offered
- Pockets of good practice in communities, strong volunteering and wellbeing provision in some areas but no framework bringing it together
- Scale of health needs from population currently unknown, new ways to support wellbeing and wellness need to be developed

Future Model: Citizen Led Placed Based Community Approach to preventing diseases and illnesses, improving wellbeing and reducing social isolation

Population Groups: general population, all ages

Access to Advice, Guidance & Wellbeing Activities	Framework for Change	Co-production (& relationships)	The context in which people live, work and play
• Directory of wellbeing services and sign posting to non-statutory / third sector services • Social model; Commissioning Framework enabling access to green and blue spaces, opportunities for social interaction • Promote independence and self-care; advice, wellness services, community support	• Leadership and cultural change to embed new ways of working and new relationships • Comprehensive evaluation toolkit to measure impact • Pathways with evidence based referrals to social & green prescribing • Smarter ways to provide services, best use of resources in their communities, deliver outcomes that matter to people	• Build relationships; engage with communities, establish community partnerships • Establish shared vision and goals, principles, ways of working to empower community to build on their own • Identify good practice and share learning • Community cohesion, empower communities to manage local needs, work with providers to support and meet needs as an alternative to statutory intervention	• Health and care academy providing education, training and development, inc. volunteers and carers • Enhanced services locally providing new career and job opportunities • Universal and targeted services to those with the greatest needs, ensuring equity, bringing together wellbeing activities, housing, debt management, health, and care, holistic and personal support for those most vulnerable

The social model is part of the pioneering work being taken forward as part of the North Powys Wellbeing Programme, with applicability across the whole of Powys and the wider region.

It is recognised by all partners that a shift is required, to forge new relationships between public services and communities.
A holistic understanding of residents' needs will drive the outcomes that are wanted in Powys and ensure the greatest value is achieved from public services.

Shared decision making and co-production will be key to face the challenges ahead and identify sustainable, innovative, shared solutions that work for the communities of Powys.

Health and wellbeing has been affected by the impact of the pandemic, including the reduction in non-Covid NHS activity and wider societal actions. Central to the health board's approach is reducing the potential for harm from this.

The NHS Operating Framework 2020/21 (Quarter 1) identified four harms of Covid and the need to address all of them in a balanced way, with the fifth cross-cutting harm explicitly recognising the important impact of inequality on the harm experienced by people in Wales.

This was subsequently updated to five harms:

- Harm directly arising from Covid
- Indirect harm due to pressures on the health and care system and changes in healthcare activity such as cancellation or postponement of care and treatment
- Harms arising from population based measures such as lockdown and shielding, including educational harm, psychological harm and isolation
- Economic harms such as unemployment and reduced business income
- Exacerbated or new inequalities in our society

This was updated to reflect changes in the pandemic and a focus from direct to indirect harms (Technical Advisory Group Five Harms Arising from COVID-19: Consideration of Potential Baseline Measures, 9 July 2021, Welsh Government).

Action to reduce health inequalities and improve population health

A long term inter-generational plan has been agreed across all partners in Powys and reviewed in the context of the pandemic. It is overseen by the Public Services Board, established as a statutory partnership as part of the implementation of the Well-being of Future Generations (Wales) Act 2015 to improve the economic, social, environmental and cultural well-being of Powys through better joint working across all public services.

People in Powys will experience a stable and thriving economy

People in Powys will be healthy, socially motivated and responsible

People in Powys will enjoy a sustainable and productive environment

People in Powys will be connected by strong communities and a vibrant culture

The health board has a key role in the Public Services Board which includes providing expert advice, leadership and action on public and population health and inequalities (including the five harms). There is an agreement to more fully revise the Well-being Plan in 2022, to take into account emerging evidence and learning from the pandemic response.

The shared ambition for population health is a golden thread throughout this plan and central to the shared Health and Care Strategy for Powys, which is has a ten year horizon. This runs in parallel to the Powys Well-being Plan and shares key action areas, notably in Steps 11 and 12 in relation to multi-agency responses and emotional health and wellbeing.

The North Powys Well-being Programme is a flagship initiative which is taking forward the ambition for population of both the Public Services Board and Regional Partnership Board, as summarised below (further detail is included in the Transforming in Partnership section of this plan).

Health Improvement

Similarly, the IMTP includes the core priority of health improvement, which is a long standing priority, as it is the foundation for population health and wellbeing. Key actions are based on a strong evidence base and in line with the national approach to Building A Healthier Wales and include weight management, smoking cessation and early years. In response to the pandemic, there will be an increasing focus on family health, building a wellbeing offer that is wrapped around the individual and their home, in a truly integrated way.

Evidence tells us that:

- People enjoy better health and wellbeing when they are active partners in their own care.
- Education is a key way to encourage positive lifestyle behaviours in people of all ages.
- Encouraging children and young people to live healthy lifestyles now helps them to live more healthy lives in the future.
- A positive working environment and well-paid work that people can take pride in helps create social and economic wellbeing.
- A positive living environment, including good-quality housing, affordable heating and easily accessible local amenities, helps people enjoy good health and wellbeing.
- Services are most effective when they are universally accessible but reflect differing need.
- Targeted health promotion and disease prevention in deprived communities and through schools helps reduce the impact of the 'Big 4' diseases: mental health, cancer, respiratory and circulatory disease.

We expect the new integrated model will:

- Promote independence and self-care where possible.
- Use digital and traditional paper-based channels to publish and share information about community wellbeing activities to help people engage with local groups and develop the friendships and social networks that are essential to maintain resilient communities.
- Use voluntary sector and social networks and increase green and social prescribing so that people can take part in more community-based activities to improve their health and wellbeing.

- Provide one-stop, universal and targeted early and primary prevention services at integrated community hubs that bring together education, welfare, housing, leisure, health, social care and the third sector.
- Support an active travel infrastructure (where appropriate) to encourage people to choose active travel and reduce their carbon footprint.
- Help people achieve a healthy weight through, for example, access to dietetics, behavioural change approaches and physical activity specialists.
- Influence housing, education, leisure and in-work poverty to improve health outcomes and reduce health inequalities.
- Provide opportunities for employment, training and career progression that help people stay living and working in Powys, enjoy job satisfaction, increased wellbeing and contribute to the growth of the local economy.
- Help people manage their behaviour and clinical risk in new ways such as delivering programmes from community venues and through digital technology.
- Make sure we have a skilled and supported workforce who are equipped to provide children, young people and their families with high-quality services, in line with new legislation and best practice.

Covid Prevention and Response

To be added for final version – work in progress in line with national programme direction and guidance

Focus on Well-being Summary of Strategic Priorities and Key Actions	
1. Take action to reduce health inequalities and improve population health	
Key Actions:	
- Provide expert advice, leadership and action on public and population health and inequalities (including the five harms)	DPH
- Explore and respond to impact of COVID on population health outcomes	
- Support the revision to the Public Service Board Wellbeing Plan to ensure population health priorities are recognised	
- Deliver Equalities and Welsh Language Work Plan	DoTH
2. Deliver Health Improvement Priorities including weight management, smoking cessation, early years and family health and wellbeing	
Key Actions:	
- Implement local actions set out in Welsh Government *Healthy Weight: Healthy Wales 2020-2022 Delivery Plan, i*mplement a comprehensive weight management pathway for adults and children, young people and families	DPH
- Better integrate the specialist stop smoking service	
- Re-engage with community pharmacies stop smoking services and explore options for delivering in primary care	
- Invest *Building a Healthier Wales* prevention and early years funding in line with national priorities and governance	
- Continue to deliver Healthy Schools and Healthy Pre-schools schemes, including "Bach a Iach".	
- Manage the transfer of Powys Local Public Health Team staff from PHW into PTHB	
3. Develop and implement a 'business as usual' model for **COVID-19 Prevention and Response and integrated, comprehensive vaccination**	
Key Actions:	
To be added	DPH DoPP

Early Help and Support

Powys Outcomes

- I can easily access information, advice & assistance to remain active & independent
- As a child and young person, I have the opportunity to
- experience the best start in life
- I have easy access, advice and support to help me live well with my chronic condition

Strategic Priorities

- Improve access to high quality sustainable primary care
- Develop and improvement a progressive, whole system diagnostic, ambulatory and planned care model, delivering more care closer to home
- Improve access to high quality prevention and early intervention services for children, young people and their families

Key interdependencies

- Primary Care Contractors and the North, Mid and South Powys Clusters are pivotal to the delivery of Early Help and Support as noted in more detail to follow
- The National Programmes for Primary Care and Accelerated Cluster Development are key drivers, alongside the work on primary care contract reform
- There are complex and multi layered local, regional and national interdependencies in relation to delivery against the NHS Wales Recovery Plan and National Clinical Framework as well as cross border considerations and recovery planning
- These include a range of programmes in the areas of diagnostics, ambulatory and planned care which span multiple clinical pathways and health conditions (such as the work of the NHS Collaborative overseen by the collective NHS Executives)
- The recovery and renewal of healthcare is interdependent with national programmes including those specifically focusing on children, young people and families such as Healthy Child Wales
- There have been important developments in ways of working across clinical and professional disciplines such as nursing and therapies and our local work will be set against the work of national bodies including the Royal Colleges and peer networks

Why is this important – what are the high impact actions we will take?

Early Help and Support was coined as an objective at the start of the Health and Care Strategy in 2017 but remains relevant. It is repeated and renewed in the messages we hear from continuous engagement with our population and partners.

In the context of the responding to the Covid-19 pandemic, it does have a new meaning. There has been a disruption in healthcare over the past two years, with changes in the way people have accessed support and longer waits to access care. There is a greater need than ever before to build and transform the ways in which people can get early help and support.

Resilience

The first point of contact for many people in Powys is primary and community care, and the maintenance of essential services across General Practice, Dentistry, Optometry, Pharmacy, Therapies, Community Teams and Nursing remains the immediate priority. Flexibility and adaptability will continue to be needed as the pandemic evolves.

A continuous assessment and targeted action for system resilience to stabilise delivery will be used in line with National programmes for Recovery, Primary Care, Accelerated Cluster Development, Planned Care and Unscheduled Care.

Recovery

The three 'Clusters' of North Powys, Mid Powys and South Powys have developed plans in parallel with the IMTP which set out the path for the year ahead and beyond. Innovations will be increasingly embedded to support recovery, including multi-disciplinary team working, risk stratification and case management, and digital care.

A systematic approach is in place to track and ensure targeted action to address fragility in primary care contracted services and wider community provision including the third sector.

Renewal

Clusters are uniquely placed to understand the needs of their communities and over three years, the Clusters will drive work to locally and regionally in their geographies.

The Pharmaceutical Needs Assessment completed in 2021 also provides an important platform for sustainable delivery in the medium and longer term as does the national work on primary care contract reform.

National and regional programmes of work are centrally important for a whole system approach to renewal. These include the NHS Wales collaborative and recovery work/ National Clinical Framework. Key areas are eye care, diagnostics, endoscopy and orthopaedics.

Clinical leadership is at the heart of the health board's approach to the immediate resilience efforts and the recovery longer term. The following page highlights the key programmes of work within the PTHB Renewal Portfolio that are delivering Early Help and Support.

Primary Care

Primary Care is both the first and main point of care for people contacting the NHS in Wales. This front-line care occupies a unique position in the Powys model and early help and support intervention maximises opportunity to make an impact.

There are challenges faced across general practice and other primary care contractors in relation to service fragility and cluster planning and development is one of the opportunities that will be taken forward over the next three years, working with the national programme for Accelerated Cluster Development, to deliver sustainable and innovative models of care.

The pan Powys Cluster approach gives significant commitment to:

- Improved access to urgent and unplanned care
- Improved proactive care for those with more complex needs
- Improved routine and preventative care
- Improved business efficiency and sustainability within practices
- Delivery of safe effective care as close to home as possible

This will:

- Improve the health and wellbeing outcomes for our population, by designing services that specifically meet the needs of that population
- Improve access to care by providing more primary and community services, delivered locally, to prevent avoidable acute care demand
- Improve independent contractor sustainability linked to contract reform opportunities
- Improve efficiency by ensuring that resources available are deployed in a coordinated manner, across professions and sectors

The health board tracks the status of general practice and provides targeted support in the short term and assist with initiatives which will address the ongoing sustainability of delivery, including expanded multidisciplinary working such as First Contact Physiotherapy Practitioners, Mental Health Practitioners and Physician Associate Development programme. There are links with the Faculty of Physician Associates, devolved nations Board and HEIW.

A variety of resilience measures have been put in place across Clusters such as buddy up systems, cluster contingency plans, covid 'hot hub' provisions, active signposting services and remote working solutions. Technology solutions have been upscaled into fully embedded solutions to enable patients to access efficient and effective resilient health care services.

Wider, whole system approaches in Clusters will focus on innovative care pathways, building on Virtual Wards and Care Co-ordination. Out of Hours provision will be developed as an integrated 24hour/ 7 day service. Links with frailty work and enhanced primary care mental health support will target risk reduction and condition management and stability. Links with the Strategic Programme for Primary Care and key national programmes ensure that Powys is aligned to developments in models of care such as the All Wales diabetes prevention.

Cluster initiatives include expanding the remit of the minor ailment community pharmacy scheme and independent prescribers; expanding the community optometry eye care service offer to support falls screening and prevention; optometrists offering basic health care checks and hosting of medical students with links to Glyndwr University in the North Cluster.

Technology is providing new ways of working through artificial intelligence and apps. This provides more timely diagnosis and onward referral, such as the Dermatology project that will be taken forward in 2022. The use of social media platforms is also an opportunity to enhance health and wellbeing advice, supported by Health Promotion Facilitators to build on the connectivity with the third sector support available in Powys. The Practice in Powys recruitment website is being relaunched and will expand to include Optometry, Dental and Pharmacy job opportunities.

Similarly in Dental services the focus is recovery from the impact of the pandemic:

- Contract reform will support development in general dental services
- Services including Design 2 Smile and Gwên am Byth programme will be restored, utilising the Mobile Dental Unit to provide services to residential and care homes
- A new dental contract will be provided in Llandrindod Wells, responding to the population needs in the mid-cluster
- A Special Care Dentistry Service and paediatric support is being scoped for expansion
- The health board deploys community dental resources to support access and additional sessions will be offered to dental practitioners to support recovery
- Increased training through foundation places has had a positive impact and will be continued
- The Powys Training Academy will expand the dental training offer, with investment to train additional Dental Nurses in extended duties
- Undergraduate dental therapy student placements will be taken forward within the Community Dental Service
- Local enhanced skills (DESs) will be developed to support and build contingency into the Powys primary care dental service across the community dental service and the upskilling of general dental practitioners to offer a more local service to the population

Eye care is being developed in line with optometry contract reform plans:

- Role development and higher professional qualifications for Powys Optometrists
- The provision of an eye care domiciliary service
- Renewal funding has provided new clinical pathway opportunities which will be expanded as part of the new optometric contract
- Independent prescribing optometrists will be able to use their skill and qualification to manage a broader range of urgent eye conditions
- Patients awaiting hospital glaucoma follow up will be seen in primary care for review if they have waited longer than they should
- Improved pathways will support the recovery of services for children linked to the school vision screening service and onward referral to primary care optometry
- The Powys 'Eyes Open' campaign will raise awareness around the signs of sight loss and the need for eyecare
- A multi-disciplinary Specialist Optometrist will be appointed to work with the North Powys Wellbeing Programme and secondary care outpatient colleagues, delivering outpatient clinics, domiciliary service provision, and backfill for primary care practices who allow practitioners time away from their practice for training in our hospitals.
- Cluster initiatives will expand the community optometry eye care service offer to support falls screening and prevention as part of the wider frailty model and enable optometrists to offer basic health care checks, for example Blood pressure checks.

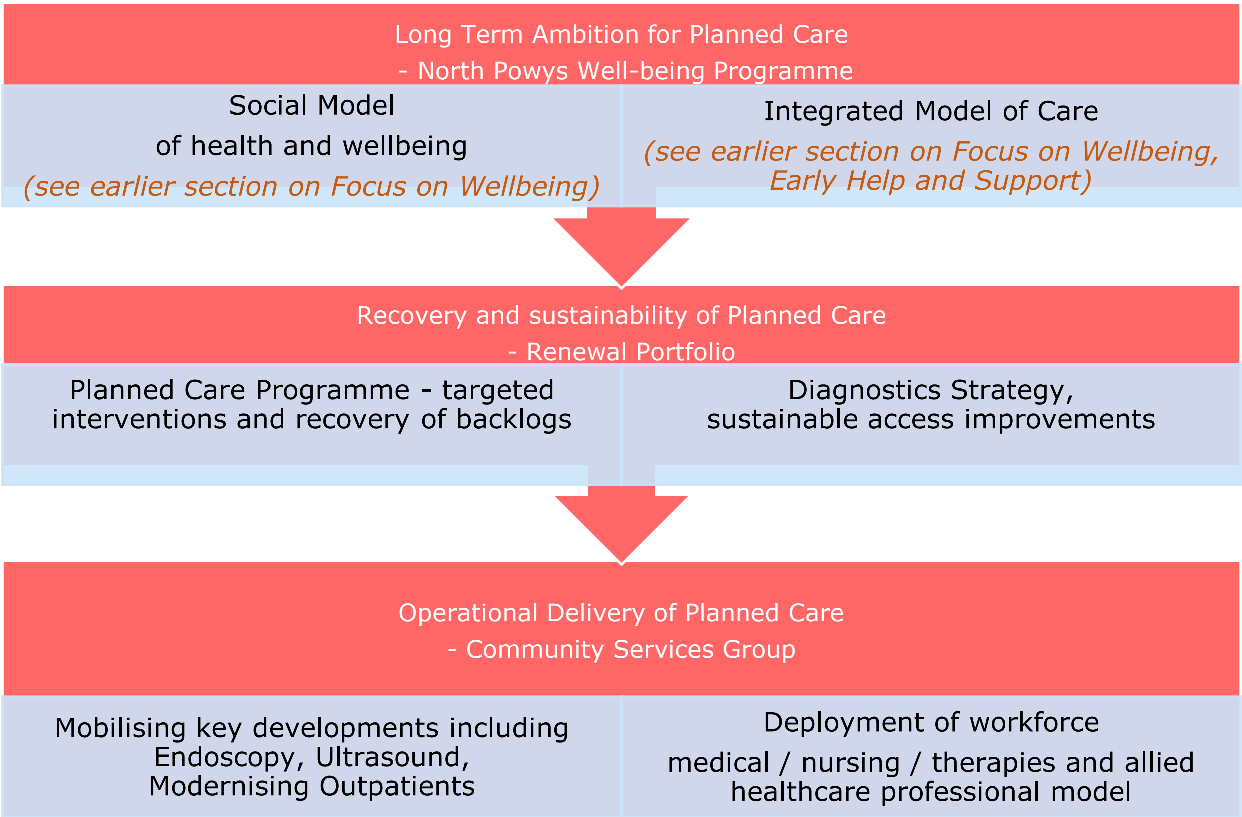
Community Pharmacy is being developed in line with the recently published Contractual Framework (2022 – 2025) in line with Pharmacy: Delivering a Healthier Wale, the profession's response to the NHS Wales future strategy. There is a greater focus on clinical services, workforce and integration with cluster models. Key actions include:

- Further integration of new roles of Primary Care Cluster Community Pharmacy Leads

- Multi-sector training with time in community pharmacy, hospital and primary care – PTHB is supporting two trainees which will be increased to six in 2022/ 2023 intake
- Further increases in multi sector training placements are planned for following years
- Working closely with HEIW and pharmacy / general medical services colleagues to form a flexible workforce and develop skills and competencies
- Ensuring equitable access to training and grants for Powys pharmacists to improve sustainability and access of community provision
- Extending provision of Independent Prescribers across Powys with three additional sites planned in 2022
- A new national service in 2022/23 will focus on extended common ailments service
- Regular contraception provision will also be provided in the new national service

Diagnostic, Ambulatory and Planned Care

The long term ambition for Planned Care is to deliver truly early help and support which delivers against the 'Powys Outcomes' set out in the shared Health and Care Strategy.



A renewed approach with an ambitious Diagnostics Strategy over three years will radically transform pathways improving outcomes for conditions such as cancer, stroke, heart disease, respiratory disease, dementia and rare diseases, as well as increasing access closer to home.

It will provide early help and support and prevent harm from delayed or inappropriate intervention. This includes expansion of diagnostics provision outside district general

hospitals including imaging such as scanning and x-ray, tests and monitoring for cardiac and respiratory functions, pathology, phlebotomy and endoscopy.

The North Powys Programme is the flagship partnership programme which is taking forward key change areas as pathfinders in North Powys, which will inform the Powys Model of Care – more information can be found in the Transforming in Partnership section of this plan.

More immediately, there is a focus on the recovery and sustainability of planned care. The Renewal Portfolio of work includes a programme of work to establish increased diagnostic capability at home, within primary care practice and diagnostic hubs; ambulatory care centres supporting care such as medical day cases; priority repatriation and expansion in directly provided services, scoping opportunities for in-reach and joint workforce.

Key actions in each quarter include:

- Diagnostic Strategy; Model of Care; Creative Workforce Model Q1
- Powys provider Referral to Treatment Access restoration by May 2022
- Identify repatriation / expansion opportunities Q2, Implement Q3 – Q4
- Increase diagnostic capability at home, primary care and hubs Q2 – Q4
- Modernisation of Outpatient Services Q2
- Ambulatory Care Strategy and Model Q2; Implementation Q3 – Q4
- Ambulatory Care Centres established Q4

Alongside this work will be structured advice and support to improve health and wellbeing including a Patient Liaison Service, targeted "pre-habilitation" and redesign of the orthopaedic pathway to implement the Getting it Right First Time (GIRFT Review). Key actions in each quarter include:

- Embed Advice, Support & Pre-habilitation offer within orthopaedics Q1
- Implement orthopaedic redesign, incorporating GIRFT review Q1 - 4
- Review Patient Liaison, Advice, Support & Pre-habilitation pilot Q2
- Expansion of offer Q4

There are pivotal developments which will be mobilised over the next three years to drive forward both the long term ambition for Planned Care and the immediate priority to recover backlogs arising from the disruption in healthcare caused by the pandemic:

- Enhanced local and regional service offers to target key areas of waiting times with delivery of expanded endoscopy capacity as an immediate priority in Year 1
- Maximise diagnostic capability locally to support renewal and transformation work, including non-obstetric ultrasound as an immediate priority in Year 1
- Develop a sustainable endoscopy model to support increased capability and repatriation aligned to National Endoscopy Programme
- Increase capability for Cervical and Bowel Screening with Public Health Wales
- Deliver local and regional solutions to increase Theatres and Treatment capability in Gynaecology, Eyecare, General Surgery, Ear Nose and Throat, Urology, Orthopaedics
- Modernisation of outpatients progressing regional / national priorities of ophthalmology and respiratory care, See on Symptom, Patient Initiated Follow Up, digital healthcare, prudent follow up and advice and guidance
- Delivery of Medicines Management workplan including value based initiatives to embed improvements in practice

- ‘Ways of working’ – developing the workforce model to build resilience and harness opportunities in medical/ nursing and professional roles, including actively building on the multi-agency pandemic response

The nursing and therapies teams have adapted services throughout the pandemic and will play a key role in the ambition for planned care, working together to ensure that services are delivering the greatest benefit to meet need:

- Reviewing and refreshing the delivery of nursing care across ward and community environments and therapies provision, learning from the new ways of working and responding to the needs of the population in the context of the impact of the pandemic
- Delivering a holistic approach for those with complex care needs, providing support as close to home as possible, with a home first ethos that supports independence and avoids unnecessary admissions to secondary or community care settings
- Providing an integrated response for those with Additional Learning Needs (ALN) in line with the national and local partnership approach
- Infection Prevention and Control to ensure that people receiving care and people providing care are free of avoidable infection, including the assessment and management of risk in relation to Covid-19 and respiratory care
- Safeguarding to keep the people of Powys safe from harm and abuse is at the heart of all aspects of health care in Powys
- Lead the co-ordination of efforts across the organisation to champion, promote and ensure appropriate assessment and action on Equalities and Welsh Language

Children, Young People and their Families

There is evidence of a significant impact emerging as a result of the pandemic, especially for the most vulnerable children and young people. The learning and evidence base highlights the need for a holistic approach to physical, emotional and psycho-social need and for children, young people and families to shape and inform the priorities.

The Children’s Commissioner report ‘Childhood in the time of Covid’ set out the key ways in which children’s lives have been impacted as a result of the Covid 19 crisis. https://www.childrenscommissioner.gov.uk/coronavirus/

A nationwide survey of the views and experiences of children and young people in Wales was carried out in January 2021 and provided insights which have informed the work nationally and locally on renewal. https://gov.wales/coronavirus-and-me-wales-young-people-asked-about-their-thoughts-and-concerns-during-pandemic

Children, young people and all of those who are impacted by the pandemic will need support that enables them to be at the heart of decisions made about them, building on relevant networks and communications to support informed choices.

Key actions will be driven forward in partnership through the Regional Partnership Board ‘Start Well’ programme, bringing together expertise and inputs across the whole system in key areas including:

- Delivery of Youth Support and Emotional Health and Access into Services Workstreams (delivering Welsh Government’s ‘Together for Children and Young People’ Programme)
- Implementation of the NEST Framework to address the emotional health and wellbeing needs of children and young people and ensure access and a voice
- Single point of access with central referral hub to ensure ‘no wrong door’

- Positively influencing how children think and feel, preventing bullying, abuse, neglect, domestic violence and substance misuse
- Provide emotional health and well-being under The Whole Schools Approach agenda
- Increased access for those who are looked after will be taken forward in partnership with children and carers, the council, care providers and agencies.

The Women and Children's teams in the health board have a key role both in the partnership work noted above and in key organisational priority areas as noted below:

- Healthy growth and development - work to ensure universal access to childhood screening, immunisation and vaccination
- Delivery of a refreshed approach to support children with complex care needs and disabilities including support to manage chronic disease
- Implementation of Maternity and Neonatal pathways and actions for Powys residents taking into account the requirements in the NHS Wales Maternity and Neonatal Safety Improvement Plan and the response to the Ockenden Report in NHS England
- Remodelling the Neurodevelopment Service in line with clinical guidelines and evidence to meet population need and improve waiting times
- Delivery of Paediatric Therapies community model
- Delivery of Women's Health and Sexual Health Improvement Plans including case management and testing for sexual health and Gender Identity service

EARLY HELP AND SUPPORT

Evidence tells us that:

- Inequalities experienced in childhood affect people's outcomes in later life. For example, children who experience disadvantage are more likely to adopt harmful behaviours which can lead to mental illness, cancer, heart disease and diabetes. When agencies work together they are more likely to identify at-risk children early and provide families with the right support at the right time.
- People with long-term conditions account for around 50% of all GP appointments and 70% of inpatient bed days. When they take part in health promotion and disease prevention activities, these people can benefit from a long-term reduction in their disease burden. Where people with long-term conditions need ongoing support, multi-agency intervention can help them stay at home for longer and only go into hospital when there is a clear need.
- Early screening and diagnostic testing and quickly establishing care pathways can reduce the long-term burden of disease. When people have help to adopt a healthy lifestyle and access mental health support they can change their behaviour and further reduce the long-term burden of their disease.

We expect the new model of care and wellbeing will:

HELP CHILDREN START WELL

- Recognise the importance of the first 1000 days of a child's life and provide activities that help children develop resilience as they move into adulthood.
- Ensure provision of good quality childcare and improve early years parenting and transition to school programmes so that every child starts school ready to learn.
- Make sure every child has the support they need to reach their full potential at school.
- Provide early intervention, multi-agency services for families who are most in need so that more children who are at risk stay at home.

HELP COMMUNITIES BECOME SELF-SUSTAINING & MORE RESILIENT

- Help people draw on their own strengths and the support available to them in their community to reduce the need for statutory interventions.
- Make better use of public buildings so we have more facilities from which communities and providers can bring children, young people and adults together to share skills and experience through a wide range of intergenerational activities.

SUPPORT PEOPLE WITH LONG-TERM CONDITIONS TO LIVE WELL

- Monitor people's lifestyles so we can target resources to meet need and reduce the impact of clinical and social risk factors.
- Identify people who are at risk of developing a disease and provide prompt local diagnosis, one-stop services (including counselling and psychology) and support at home.
- Provide more, and increase access to expert patient programmes and advance care planning so people can support themselves and manage any urgent interventions to reduce hospital admissions.
- Give people the support, care and equipment they need to live as independently as possible.
- Help clinicians and professionals with specialist interests work together to improve local services through a more integrated approach across agencies.

Early Help and Support Summary of Strategic Priorities and Key Actions	
4. Improve Access to High Quality Sustainable Primary Care	
Key Actions:	
- General Practice: *General Medical Service renewal and recovery, contract reform, sustainability, integrated working, out of hours*	DPCCMH
- Dental Services: R*ecovery, additional access for mid Powys, Directed Enhanced Service, oral surgery, training offer, paediatric dental support, mobile unit, Community Dental Service*	
- Optometry: Implementation of c*ontract reform, development of clinical roles, delivery against national eye care recovery plan*	
- Pharmacy: *Implementation of contract reform, training and role development, Independent Prescribing & Common Ailments*	
- Delivery of Cluster Plans 2022 – 2023	
5. Develop a whole system Diagnostic, Ambulatory and Planned Care Model	
Key Actions:	
- Delivery of the Diagnostics, Ambulatory and Planned Care programme & Advice, Support and Prehabilitation Workstream *(Renewal Portfolio)*	DoPP
- Mobilisation of Planned Care improvements *Enhanced local and regional services including endoscopy, diagnostics, cervical and bowel screening, theatre & treatments, outpatients, medicines management*	DPCCMH
- Implement sustainable medical and workforce model *Embedding learning from system resilience and multi-agency pandemic response; integrated approach for complex care needs*	DoN DoTH
6. Improve access to high quality prevention and early intervention services for **children, young people and their families**	
Key Actions:	
- Delivery of Regional Partnership Board 'Start Well' Priorities *Healthy growth and development; children with complex needs and disabilties; access for children who are looked after*	DPH DoN
- Implementation of Maternity and Neonatal pathways *Taking into account NHS Wales Maternity & Neonatal Safety Improvement Plan and Ockenden Report in NHS England*	DPCCMH DoN
- Remodel delivery of key services for women and children *Including the Neurodevelopment service, sexual health services, gender identity and paediatric therapies.*	DPCCMH DoTH

Tackling the Big Four

Powys Outcomes

- I have easy access to support, information and early diagnosis
- I have early intervention and appropriate treatment
- My treatment and support is high quality, evidence based and timely as locally as possible

Strategic Priorities

- Implement improvements in early diagnosis, treatment and outcomes for people with or suspected of having cancer
- Implement improvements in outcomes, experience and value in circulatory disease (Stroke, Heart Disease, Diabetes)
- 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 peoples Respiratory care
- Undertake a Strategic Review of Mental Health, leading to an agreed Strategic Plan to improve outcomes from high quality, sustainable services, including specialist mental health services

Key interdependencies

- Powys residents access care across multiple healthcare systems in both England and Wales and the health board is both a commissioner and a provider of care. The work locally and regionally is aligned with the NHS Wales Collaborative programmes. There are inter-relationships with national and regional leads and a link being forged with the new lead for the National Clinical Framework.
- The Cancer Programme builds on local work with Macmillan on Improving the Cancer Journey and national work on the suspected cancer pathway and recovery plan/ clinical framework and the Cancer Transformation Strategy (South Wales).
- The Circulatory Programme is aligned with the national Implementation Groups for Heart Conditions, Stroke and Diabetes. There are a number of strategic change programmes for stroke across Wales and cross border within the NHS Future Fit programme and the Herefordshire and Worcestershire Integrated Care system.
- The local approach for Mental Health delivers against the ministerial priority and the national strategy through Powys Together for Mental Health. Joint working with Social care and other partners including the Third Sector is a key interdependency.
- The Regional Partnership Board is a key mechanism for collaboration and takes a life course approach with groups established for Start Well, Live Well and Age Well – the Live Well group delivering work against Powys Together for Mental health and emerging priorities including the 'Missing Middle' provision for emotional health.
- National work including the Dementia Strategy, Together for Mental Health and Together for Children and Young People are key drivers in local approaches.
- There are relationships across Transformation and Renewal Programmes and dependencies on external investment already in place or for further stages.

Why is this important – what are the high impact actions we will take?

'The big four' was identified during the work carried out at the start of the Health and Care Strategy and refers to the causes of ill health and disease for the population of Powys. Recent evidence shows that these areas remain key for the Powys population and have an even greater importance. This includes the findings from the current stages of work on the population assessments being undertaken by both the Powys Regional Partnership Board and the Powys Public Services Board, as well as the emerging evidence of the pandemic impact.

It is known that there is a 'syndemic' impact, which means that existing long term conditions and health difficulties are exacerbated as a result of the impact of the covid pandemic, both as a direct impact on health and the wider impact on population and individual wellbeing.

The disruption in healthcare and in people's lives and communities has led to changes in the way support has been accessed and this has particularly significant implications in key conditions including cancer, circulatory conditions and respiratory health. There are similarly complex challenges in relation to mental health and emotional wellbeing and this is clear in the intelligence available nationally and locally on activity and demand.

Resilience

There are four major programme areas which comprise Cancer, Circulatory, Respiratory (Breathe Well) and Mental Health & Emotional Wellbeing.

Each programme is profiled to include immediate actions in support of system resilience and the stabilisation of provision (see overleaf for a summary of each area.

Systematic tracking will be utilised to understand immediate issues of fragility or changes in pathways and services across the pathways used by Powys residents.

Recovery

The four programmes include targeted action to recover healthcare and address backlogs in waiting lists and access.

Action taken in the short and medium term will be carefully appraised using value based healthcare methodology. It is clinically led, ensuring the best available evidence base to inform decisions and ensure that recovery focused work is consistent with the longer term model of care.

Renewal

The four programmes are now established within the overarching Renewal Portfolio governance and delivery framework - ensuring all efforts are focused towards the longer term benefits for the population as well as immediate problems such as access times.

The Renewal work is geared towards opportunity assessment and alignment with national and regional work including the Implementation Groups in key condition areas and the National Clinical Framework/ A Healthier Wales.

Cancer Programme

- Collaborate through the clinical network to ensure transparency and support equity of access and consistency in standards of care
- An immediate system-level focus on recovering the pre-pandemic waiting list volume with systematic tracking and harm review approach
- More cases of cancer detected at earlier, more treatable stages through more timely access to diagnostic investigations – including scoping of community diagnostics and rapid diagnostic centre in Year 1
- The Single Cancer Pathway and its Nationally Optimised Pathways fully embedded in local service delivery
- Person-centred cancer care is culturally embedded and supported by a common approach to assessing and managing people's needs

Circulatory Programme

- Collaboration through clinical networks to support equity of access, standards of care and address variation including for those with protected characteristics and Welsh language
- Develop use of metrics, clinical audit, PROMs and peer review for patient outcomes
- System-level pathway design to recover to pre-pandemic activity
- Cardiac service model with improved diagnostics, high risk management, interventions and rehabilitation
- Rehabilitation, early intervention, high risk management and long term physical, communication, cognitive and psychological support for stroke survivors and carers including peer and group support
- Manage interdependencies with strategic change programmes assessing impacts of proposed developments pathways including Stroke (Wales and cross border)
- Person-centred care with assessment and management of needs, including Making Every Contact Count

Breathe Well (Respiratory) Programme

- Delivery of respiratory priorities and compliance with standards in Draft Quality Standard with local, regional and national partners
- Implement Children and Young People's Respiratory Plan and strengthen advice, support and treatment
- Finalise medical model options appraisal with phased implementation
- Phased implementation of respiratory diagnostics closer to home
- Establish Powys respiratory multi-disciplinary team
- Ensure safe repatriation of appropriate outpatient activity

Mental Health and Emotional Well-being

'Together for Mental Health' is the strategy for improving the mental health and emotional well-being of the people of Powys. The 'Live Well Partnership: Mental Health' is responsible the implementation of the strategy through our detailed delivery plan. People who use Mental Health Services are central to identifying and delivering on our shared priorities for mental health.

A Strategic Review will be taken forward during 2022 to support the development of local, sustainable and person-centred mental health services:

- Develop sustainable models of care suitable for the needs of children and adults
- Design and deliver the Sanctuary House model with third sector partners
- Complete the roll out of 111 single point of access to mental health services
- Deliver against Dementia Plan 2018-2022 and new Dementia Strategy for Wales
- Implement suicide and self-harm reduction ('Talk to me 2' strategy) and co-produced pathway for those effected by suicide
- Redesign Memory Assessment services to improve diagnosis and support
- Complete roll out of 'the missing middle' Children's and young people emotional health and resilience service with Children's' Social Service and third sector
- Reconstruct Community Drug and Alcohol services

The Learning Disabilities service is aligned to the Joint Commissioning Strategy and joint service model with Powys County Council, key priorities including Positive Behavioural Support, access and support in general hospitals and care bundles, out of county placements, minimising anti-psychotic prescribing, the Health Equalities Framework, up take of Annual Health Checks and pathways for dementia and epilepsy.

For the Integrated Autism Service, there will be a focus on improving waiting times. Diagnosis time was reduced from 18 months to 12 months but there is more to do, to meet the 26 week target, introduce screening process and access to other services at an early stage, work with Neurodevelopment service to improve transition.

The Powys Perinatal and Infant Mental Health Steering Group will implement the Strategic and operational plan in line with the Royal College of Psychiatrists Standards for Community Perinatal Mental Health Services and the All Wales Perinatal Mental Health Programme. This reflects the importance of the first 1000 days initiative.

Improvement will be driven forward in key services for older people to ensure that patients have access to timely and effective access to support. This includes Memory Assessment diagnostic and post-diagnostic support, community based support including Third Sector for users and carers, final phase of dementia plan including specialist teams and GP training, Cognitive Stimulation Therapy service approach and engagement with patients, families and stakeholders to improve outcomes.

TACKLING THE 'BIG 4'

Evidence tells us that:

- The unknown effects of Covid-19 will directly impact how we manage survival rates and treatment for the Big 4. We know that Covid-19 has presented difficulties in accessing services, and increased waiting times for diagnostics and treatment
- Good mental health improves people's overall life chances including their education, home life, employment, safety, physical health, independence and life expectancy. Integrated, multi-disciplinary and multi-agency services that are easy to access help people enjoy good mental health and wellbeing and so live well.
- Although new treatments have resulted in better survival rates, cancer incidence rates and the demands on services continue to rise.
- Early identification of people who are at risk of developing diabetes, respiratory or circulatory diseases and musculoskeletal disorders will help to prevent incidence and reduce people's long-term disease burden.

We expect the new integrated model of care and wellbeing will:

- Encourage people to reduce behaviours that contribute to the Big 4 (smoking, poor diet, physical activity, stress).
- Better identify and manage key clinical risk factors: high blood pressure, high cholesterol, high blood sugar.
- Reduce incidences of the Big 4 through better education and healthier work and lived environments.
- Make screening easy for people to access and ensure they are well informed about why they have been invited to attend screening and the importance of doing so.
- Use agreed pathways to address the Big 4 and improve outcomes based on national planning guidance and evidence.
- Remove the stigma around mental illness so that people who live with it are understood and valued in their community.
- Integrate mental and physical health services.
- Support the development of dementia friendly communities to enable people with dementia to stay living at home, in the community of their choice.
- Learn from existing work, for example that in Brecon, to create more intergenerational activities for school children and older people, in particular those who live in a residential care home or attend a day centre.

Tackling the Big Four **Summary of Three Year Strategic Priorities and Key Actions**	
7. Implement improvements in early diagnosis, treatment and outcomes for people with or suspected of having **cancer**	
Key Actions:	
- Improve access to FIT testing - Enhanced access to rapid diagnostic centres for vague symptoms - Work with the Wales Cancer Network on Optimal pathways and quality statement - Suspected cancer pathway tracking & harm review approach - Scope the potential for a Powys provided Rapid Diagnostic Centre - Scope community diagnostics, including hospital CT - Cytosponge implementation with BCUHB; Transnasal endoscopy	MD
8. Implement improvements in outcomes, experience and value in circulatory disease (Stroke, Heart Disease, Diabetes)	
Key Actions:	
- Gap analysis and Phased Plan - Cardiac workforce development - Community Cardiac Service development	DPH

- Improve access to diagnostics in line with national programmes - Impact assessment / management of strategic change proposals for Stroke - Evidence based primary and secondary stroke prevention - Equitable access to cardiac rehabilitation for all pathways -	
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	
Key Actions:	
- Develop & implement plan to meet Quality Standard - Options appraisal and implementation of medical model - Children and Young People with Respiratory Conditions Plan - Phased approach to respiratory diagnostics closer to home	
10. Undertake a Strategic Review of **Mental Health**, to improve outcomes from high quality, sustainable services, including specialist mental health	
Key Actions:	
- *Delivery of Together for Mental Health Strategy for Powys (22- 25)* - Sanctuary House Tender / Award Q1 Provision & Monitoring - Single Point of Access 111 – Tender Q1, Provision & Monitoring - Deliver Dementia Action Plan; Development of new Strategy - Deliver Powys Talk 2 Me 2 Strategy - Memory Assessment Service Redesign Q1; Delivery - Roll out Children and young people's emotional health and resilience service	

Joined Up Care

Powys Outcomes

- I have timely access to equitable services as locally as possible
- I am treated as an individual with dignity and respect
- My care and support are focused around what matters most to me
- I receive continuity of care which is safe and meets my needs
- I am safe and supported to live a fulfilled life
- I receive end of life care that respects what is important to me

Strategic Priorities

Delivery of a sustainable clinical model and pathways

- Design, develop and deliver a Frailty and Community Model enhancing outcomes, experience and value

  Including Access to Urgent and Emergency Care
- 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)

Key interdependencies

- Powys residents access care across multiple healthcare systems in both England and Wales and the health board is both a commissioner and a provider of care.
- The work locally and regionally is aligned with the National Programmes for Renewal, Planned Care and Unscheduled Care, Outpatient Strategy and the NHS Wales Collaborative/ Regional Fora (inc. Endoscopy, Eye Care, Orthopaedics, Diagnostics, ophthalmology, theatre capacity and utilisation)
- Stronger links are being made with the lead for the National Clinical Framework
- The IMTP is developed in alignment with the Integrated Commissioning Plan (ICP) for the Welsh Health Services Specialist Committee (WHSSC)
- The IMTP is developed in alignment with the plans for Emergency Ambulance Services Committee (EASC) and Welsh Ambulance Services Trust (WAST)
- Commissioning intentions and the agreement of Long Term Agreements / Service Level Agreements are developed alongside the planning process
- The PTHB Clinical Quality Framework has been updated in the context of the impact of the pandemic and the Health and Social Care (Quality and Engagement) Act 2020 particularly in relation to the Duty of Quality and Duty of Candour
- The National Clinical Framework: A Learning Health and Care System; Quality and Safety Framework: Learning and Improving and national Patient Safety Incident Framework set out the national ambition for improving the quality of care and local plans are aligned to delivery against these
- Research & Development planning and investment opportunities are developed in partnership with Health and Care Research Wales and Welsh Government

Why is this important – what are the high impact actions we will take?

The ambition for Joined Up Care emerged clearly through the engagement with our communities as part of the Health and Care strategy and it remains a cornerstone of our longer term vision for A Healthy Caring Powys. In the context of the pandemic, this is more important than ever, as the challenges that are faced by communities and healthcare providers will not be met by traditional approaches.

There is variation in the way care and support is provided and the outcomes and experience being achieved, between services and across geographies and population groups. And these inequalities are being exacerbated by the impact of the pandemic. This section promotes a 'whole system' Model of care including Urgent and Emergency and Specialist care.

Resilience

Delivery of life critical and essential healthcare remains the priority and the national choices framework will be used as necessary to set local options to the public health emergency.

A robust approach to bed and service base modelling will be carried out continuously in line with the national direction (Core / Planned Care activity in the Minimum Data Set will be updated quarterly and used as a management tool to monitor activity and recovery trajectories).

Patient level tracking is in place to track and reduce delayed transfers of care in the immediate term, with learning on system blocks to inform further work across the RPB.

Recovery

Patient flow is critically important and the RPB System Resilience Plan will be extended to medium and longer term considerations to maximise and sustain system flow and support across multiple systems in both Wales and England.

Alignment with regional plans is key and will be prioritised based on risk, impact and benefits. Participation in both WHSCC and EASC mechanisms will be focused on the development of sustainable models to deliver equity including those living in our rural communities.

Renewal

There are longer term actions to be taken forward over the next year and beyond to renew as a whole system:

- Ensuring the community model is geared to support frailty, system flow and urgent and emergency care
- Enhancing enhance urgent care provision in line with the Six Goals Handbook published by Welsh Government
- Optimising the key urgent care services in Powys including virtual ward, end of life support, discharge to recover and assess models and embedding home first

Frailty and Community model

A robust frailty and community model is a major renewal priority following an assessment of learning and evidence including the impact of the pandemic.

Frailty is a loss of resilience that means people do not bounce back quickly after a physical or mental illness, an accident or other stressful event. In practice being frail means a relatively 'minor' health problem, such as a urinary tract infection, can have a severe long-term impact on someone's health and wellbeing. Effective frailty models of care are based upon early recognition and prevention – proactive rather than reactive care. Intervention is aimed at improving physical, mental and social functioning to avoid adverse events, for example, injury, hospitalisation, institutionalisation

- Approximately 10% of people aged over 65, 30% of those over 85 and 60% of those aged over 90 are living with frailty.
- In the UK, Wales has the highest proportion of centenarians.
- The evidence base identifies that the wellbeing of frail older people has been adversely affected by the impact of the pandemic further compounded by the reduction in non-COVID NHS provision.
- Lengths of stay need to be reduced to prevent harm to those suffering frailty through deconditioning.
- A Complex Geriatric Assessment should be carried out for those with a frailty score of 6 or above (Outcomes Cochrane review 2011) to reduce death or functional decline at 6 months and to help more people to live in their own home for longer.

Whilst PTHB has many areas of good practice there is complexity, variable practice and some poorly defined models with perceived duplication and fragility of services.

A major renewal programme has been established to design, develop and deliver a transformed frailty and community model, which is whole system and Powys wide. The programme will learn from the modified approaches implemented during the pandemic to successfully maintain many more people within their own homes; to develop a revised frailty and community model to improve outcomes for people through more intensive community and home based care; to develop and implement a renewed frailty pathway, including for those at risk of falls. With a clear prevention and home first ethos, it will work to ensure equity of access across Powys and will work across boundaries with system partners to help people live as independently as possible and to prevent avoidable secondary care admissions.

Achieving the renewed model will be a phased transformation over a number of years. There will be actions in the short and medium term to ensure resilience and recovery from the impact of the pandemic.

Partnership within Powys and with cross-border systems is crucial and implementation of the revised model will be key to the North Powys Wellbeing Programme. Progress was made in 2021/22 on system resilience and recovery in this priority area through improving system intelligence; implementing improved patient Treatment Escalation Plans; streamlining assessment processes and reducing length of stays to prevent deconditioning but there is more to do.

Phased Transformation of the Frailty and Community Model

To develop a revised model to improve outcomes through more intensive community and home-based care; to implement a frailty pathway, including for those at risk of falls, with a prevention and home first ethos, to ensure equity of access. Working across boundaries with partners to help people live as independently as possible and to prevent avoidable secondary care admissions.

Frailty scoring

- First tranche: domiciliary care virtual ward, triggers, age
- Implementation: capacity, training; format, IT
- Complex Geriatric Assessment

Treatment Escalation Plan

- First tranche: care homes, nursing homes

Services responses

- Understand current state
- Support overnight and out of hours
- Virtual ward
- Reablement
- Discharge to Assess
- Care home in-reach
- Care home out-reach
- Outreach to supported living
- 2hr response in the community
- Integrated hub

Streamline assessment process for people in hospital (health and social care)

- Understand current processes, including discharge to recover and assess
- Review process for DGH social services assessment
- Community hospital in-put
- Care Transfer Co-ordination
- DGH understanding of Powys arrangements

System Intelligence

- Understand the current state
- Dashboard
- Review
- Escalation
- Focus on patient outcomes (including developing measures for frail people "deconditioning" whilst delayed in hospital- e.g. frailty scoring)

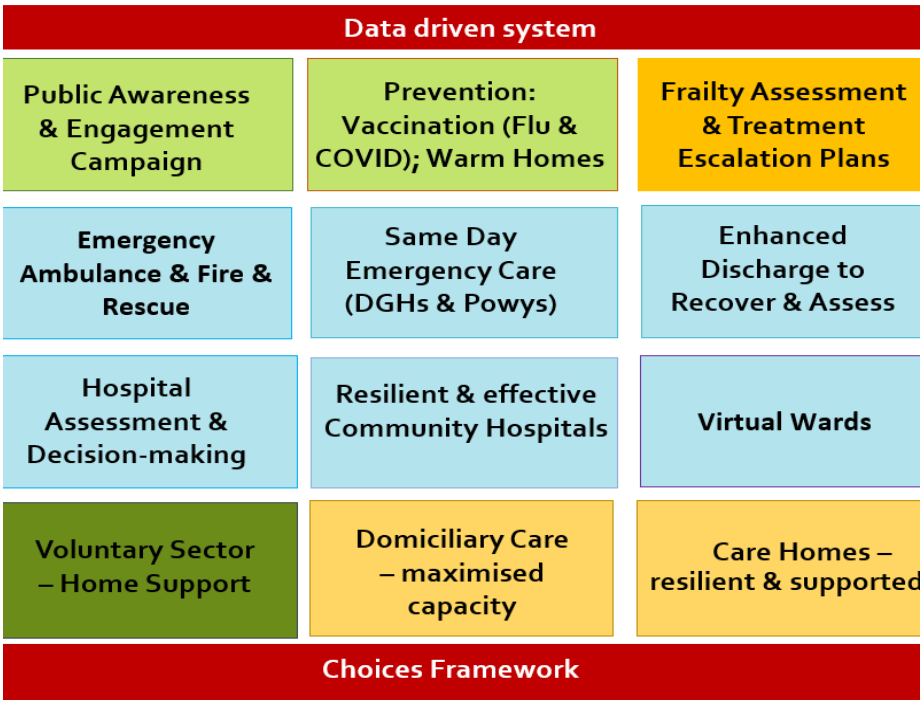
Culture and Champions

- Clinical decision making
- Understanding of risk and support in decision making
- Shared goals, systems and decision making (transferable skills)
- Goals focused on keeping people at home
- Safety netting

System Resilience, Urgent and Emergency Care

The challenges faced during the pandemic and over the recent winter period have highlighted the critical priority of building system resilience nationally, regionally and locally. Powys residents access urgent and emergency care from a large network of providers in both Wales and England and the health board has a complex and pivotal role in supporting resilience and flow across multiple healthcare systems.

A System Resilience Plan was agreed in the Autumn of 2021 across partners in the Regional Partnership Board in liaison with Welsh Government. This was mobilised and tracked at a granular level through Delivery Co-ordination arrangements set up by Strategic Gold Command. This took forward action across 16 Priorities:



There remains uncertainty in relation to the system challenges ahead and a need to continue to build resilience in urgent and emergency care, in line with the national collaborative / commissioning work and the Six Goals framework.

Key priorities are set out in the summary plan in this section and reflect specific high impact changes to be embedded into system working:

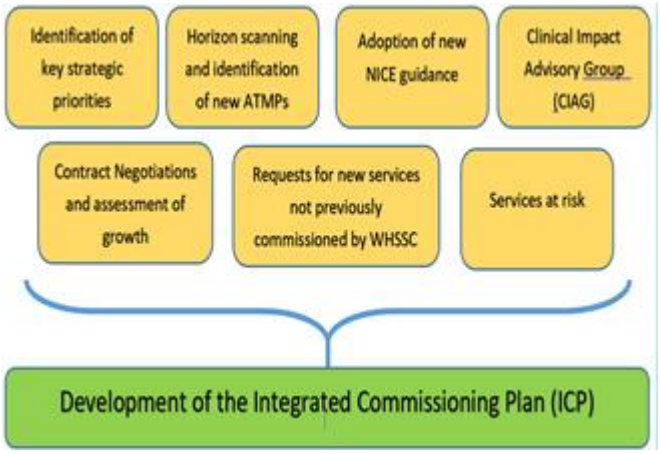
- Build on progress made across the system to improve patient flow to minimise harm for patients in hospital / in the community waiting for responses
- Optimise the home first ethos and support discharge to assess and recover, reducing lengths of stay and delays in transfers to improve outcomes
- Enhancing the urgent care model taking into account the Six Goals Handbook; progressing same day provision in Powys including District Nursing, Virtual Ward, Minor Injuries & Illness support and Out of Hours
- Working with the care sector to improve resilience in domiciliary and residential / nursing care and embed high impact changes and processes
- Partnership work with Welsh Ambulance Services; transformation ambitions as set out in the Emergency Ambulance Services Committee IMTP
- Learning from the System Resilience / Winter Plan; identification of further high impact changes across the Regional Partnership Board

Specialised Care

Powys residents access specialist care from providers in both England and Wales. The health board has a key role in ensuring that cross border considerations are taken into account as part of the national commissioning arrangements to ensure equity for the resident population in this context.

This includes participating in the leadership and management arrangements for the Welsh Health Specialist Services Committee (WHSSC), which works on behalf of all 7 Health Boards in Wales to ensure equitable access to safe, effective and sustainable specialist services for the people of Wales.

The WHSSC Integrated Commissioning Plan (ICP) is developed in response to NHS planning guidance and takes account National and ministerial priorities and makes commitments as to how it will ensure contribution to each of these.



The Integrated Commissioning Plan was developed during Winter 2021 and approved by Joint Committee on the 11th January 2022.

The plan outlines the commissioning priorities for the period 2022-2025.

The plan includes strategic priorities and a recovery profile for each of the main specialist services.

Strategic Priorities 2022 - 2025

- Developing a Specialist Services Strategy for NHS Wales
- Development of a Specialist Mental Health Strategy
- Development of a Specialist Paediatrics Strategy
- Enhancing Major Trauma Provision
- Intestinal Failure Review
- Neonatal cot review
- Commissioning Specialist Services for the North Wales Population
- Ensuring equity for the Powys population
- All Wales PET programme
- Continuation of existing priority areas in relation to cancer and blood; cardiac; mental health and vulnerable groups; neurosciences; women and children, Welsh Clinical Renal Network.

Areas that are noted as challenging in relation to the recovery planning are Bariatric surgery; Cardiac surgery; Plastic surgery; Neurosurgery and Paediatric surgery.

WHSSC is committed to work with providers in NHS Wales and NHS England to continually assess the position through established contracting mechanisms and to seek to secure alternate pathways for Welsh residents where possible.

The Health Board will work with WHSSC to ensure equitable access for the Powys population and to monitor provision and impact of Covid19 on Specialist services with both Welsh and English providers.

Joined Up Care Summary of Three Year Strategic Priorities and Key Actions	
11. Design and deliver a **frailty and community model** **including improved access to urgent and emergency care**, enhancing outcomes, experience and value	
Key Actions:	
Develop and deliver a Frailty and Community Model *Including intensive community and home-based care; a frailty pathway including falls and home first ethos.* - Complete work on overarching model following Gap Analysis (community hospitals and community services) - Frailty Scoring Project - Culture and change – joint work with Improvement Cymru - Development of workforce model - Treatment Escalation Plan – confirmation of approach - Complex Geriatric Assessment Development and Implementation - Revise Falls pathway to ensure integrated - Confirm cross-cutting approach for end of life within model - Feedback loop from improved intelligence	MD
- Improve patient flow through an embedded and systematic approach to patient co-ordination *Embedding action on system resilience, optimising home first and discharge to recover and assess, effective hospital discharge and flow processes, preventing delays with upstream interventions*	DPCCMH
Enhance the local urgent care and 'same day' services *Including Virtual Ward, Minor Injuries & Illness and Out of Hours*	
Partnership work with Welsh Ambulance Services and Emergency Ambulance Services Committee (EASC) to deliver transformation ambitions including immediate priorities in Year 1 IMTPs	
Work with the care sector to improve resilience and assurance in domiciliary and residential / nursing care and embed high impact changes and effective pathways	
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*	
Key Actions:	
- Work with the Welsh Health Specialised Services Committee to implement Integrated Commissioning Plan - Ensure *equitable access and outcomes for the Powys population and work in partnership to address variation*	DoPP

Workforce Futures

Powys Outcomes

- Those who I need to support me are able to make decisions and respond because they are well informed and qualified, If they can't help me directly they know who can
- As a carer, I and those who I care for are part of 'the team'
- I can access education, training and development opportunities in Powys that allow me to secure and develop my skills and opportunities
- I am enabled to provide services digitally where appropriate
- I am engaged and satisfied with my work

Strategic Priorities

- Design, develop and implement a comprehensive approach to **workforce planning**, focusing on attracting/securing workforce for targeted services (including international recruitment)Leading the Workforce
- Review, redesign and implement **leadership and team development**, enhancing clinical leadership and whole organisation focus on value.Education and Training
- Deliver improvements to **staff wellbeing and engagement**, working closely with Trade Unions in Social Partnership on key joint priorities
- Enhance access to high quality **education and training** across all disciplines, specifically focusing on 'grow our own'/apprenticeships
- Implement key actions that enhance the health boards role in **partnership and citizenship**, including maximising the opportunities for volunteering, and widening access to healthcare careers

Key Interdependencies

- Workforce planning is by its nature interdependent with each of the other well-being objectives and enablers in this plan and each of the teams in the organisation
- Workforce and Organisational Development are interlinked in the structure of the Directorate which brings together planning and development of the workforce
- There has been a significant growth in the organisation's workforce over the past two years and collaboration and 'social partnership' with the staff side of the organisation has been key to innovation and wellbeing support
- Partnerships with Powys County Council and others in the Powys Regional Partnership Board have been key to the flagship 'Health and Care Academy'
- Working with PAVO (Powys Association of Voluntary Organisations) and the third sector has created a vibrant volunteering programme with communities in Powys becoming part of key areas of delivery such as the Covid Vaccination Programme
- Workforce plans and policy also reflect innovations and progress in the national arena including the Health and Social Care Workforce Strategy launched by HEIW (Health Education and Improvement Wales) and SCW (Social Care Wales).

Why is this important – what are the high impact actions we will take?

Workforce planning has been central to the response to the pandemic and will remain a significant enabler, to build organisational resilience, support recovery and drive forward efforts for health and care renewal. The Workforce Futures Strategic Framework has proven to be crucial in supporting collaboration and progress in key areas of work such as the Health and Care Academy and the volunteering programme. Engagement with the staff side of the organisation has also been key to navigating the complex challenges of the past two years.

Resilience

A robust workforce plan will provide a firm foundation for organisational resilience, drawing on the learning gained from the response to the pandemic and taking forward delivery against the 'Workforce Futures Strategic Framework'.

Workforce assumptions around staffing ratios, roles and deployment have been developed at pace during the pandemic and these will be tested and refined to ensure a modular, multi professional workforce approach that reflects best practice across clinical and professional disciplines.

Recovery

The next phase of the organisational design process will reflect the significant learning and innovation of the past two years – whilst also responding to the challenges that have been faced and are likely to continue as a result of the pandemic.

This will provide a platform to build and test workforce models and roles in line with national developments and local strategy.

Leadership development will enable existing and next generation leaders to harness new ways of working for recovery.

Renewal

Staff have been asked to make extra-ordinary efforts throughout the past two years and the focus on well-being support to help recover and restore will remain important.

A new workforce plan will enable a clear line of sight for the renewal of employment pathways in the longer term, supporting more effective recruitment and retention as part of a long term 'grow our own' model.

The Health and Care Academy will be central to this future facing, collaborative approach to workforce renewal.

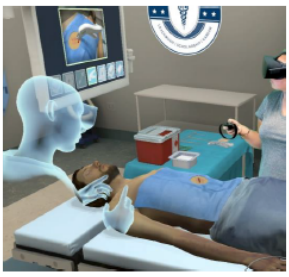
There remain significant challenges ahead and there are risks to delivery not only in Powys but across NHS Wales and the wider UK in relation to health and care workforce fragility. However, there are new opportunities, to harness the developments in ways of working across partners, which create greater agility and flexibility in response. The Health and Care Academy will provide a hub for this modern workforce approach (see overleaf).

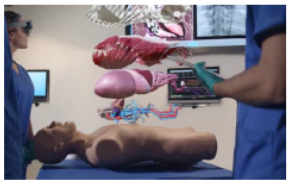
Health and Care Academy

- This flagship development has been pioneered by the Powys Regional Partnership Board to increase local access to education, training and development across the health and social care sector
- It is a hub and spoke model that offers state of the art academic and training
- It is set up to provide flexible, practical, academic and digital learning
- The first Academy hub designed to stimulate learning opened in the Autumn
- The long term plan will see the Academy become a centre of excellence for research and an exemplar of rural professional and clinical education
- The Welsh Language active offer will be embedded into the curriculum
- Leadership and talent development across health and care will harness the best practice and thinking engaging with professionals, volunteers and carers to create a health and care 'sector of choice'

Academi Iechyd a Gofal Powys
Powys Health and Care Academy

The Health and Care Academy Model





Ysgol Addysg a Hyfforddiant Proffesiynol a Chlinigol
School of Professional and Clinical Education and Training

School of Professional & Clinical Education & Training – This will build a strong reputation of applied study across all health and care specialities, giving learners the opportunities to gain professional and clinical skill and expertise in modern simulation environments, whilst studying alongside other multi-disciplinary teams and professionals embedding peer support and collaborative working.

Ysgol Ymchwil, Datblygu ac Arloesi
School of Research, Development and Innovation

School of Research, Development & Innovation - The aim is to equip the County's health and care workforce with the skills and confidence to identify improvement needs in their areas, and to systematically make those improvements, measuring and demonstrating the impact that they have on citizen patient experience.

Ysgol Arweinyddiaeth
School of Leadership

School of Leadership - Development of leaders across the whole health and care system in Powys. Investment in system and collective leadership and Wales Intensive Learning Academy (ILA) Digital Transformational Leadership

Ysgol Gwirfoddolwyr a Gofalwyr
School of Volunteers and Carers

School of Volunteers & Carers - focus on providing education, training and development support to volunteers and carers, as a core and important part of the broader workforce. There will be a skills development portfolio on offer

Academi Iechyd a Gofal Powys
Powys Health and Care Academy

Bwrdd Partneriaeth Rhanbarthol Powys
Iechyd a Gofal Cymdeithasol
One Powys Yn Un
Powys Regional Partnership Board
Health and Social Care

Workforce Futures **Summary of Three Year Strategic Priorities and Key Actions**	Being updated
13. Design, develop and implement a comprehensive approach to **workforce planning** focusing on attracting/securing workforce for targeted services (including international recruitment)	
Key Actions:	
Being updated	DWOD
14. Review, redesign and implement **leadership and team development**, enhancing clinical leadership and whole organisation focus on value	
Key Actions:	
Being updated	DWOD
15. Deliver improvements to **staff wellbeing and engagement**, working closely with Trade Unions in Social Partnership on key joint priorities	
Key Actions:	
Being updated	DWOD
16. Enhance access to high quality **education and training** across all disciplines, specifically focusing on 'grow our own'/apprenticeships	
Key Actions:	
Being updated	DWOD
17. Implement key actions that enhance the health boards role in **partnership and citizenship**, including maximising the opportunities for volunteering, and widening access to healthcare careers	
Key Actions:	
Being updated	DWOD

Digital First

Powys Outcomes

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

Strategic Priorities

- Implement **clinical digital systems** that directly enable improved care, including cross border clinical records sharing, clinical service priorities (nursing, eye care, prescribing), and telecare

- 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 the deployment of healthcare systems

Key Interdependencies

- A huge acceleration in access and ways of working has demonstrated the pivotal nature of digital as an enabler across the organisation and its partnerships
- There are a number of complex dependencies for innovating and improving digital pathways:
    - Integration with commissioned secondary care services cross border and externally hosted systems
    - Delivery priorities for the Digital Health and Care Wales (DHCW) nationally hosted All Wales Clinical Applications.
    - The Clinical outcomes framework aligning Value Based Care
    - Joined up Health and Social Care practice and 3rd party organisations
    - Digitalising the paper record
    - Modernising ways of working for to enable remote service delivery
    - Automating processes to speed up ways of working, and introduce efficiencies and cost savings
    - Engagement with the public to co-design digital ways of receiving services to meet the needs of the population to better care and improve health

Why is this important – what are the high impact actions we will take?

There are opportunities to deliver better care for the population by maximising the use of digital technology. Digital is critical to achieving multiple goals including the ambition to deliver more care in the community. This offers significant potential to change the nature of provision and create a flexible, community-based model of service provision.

With a mobile workforce growing confident with operating remotely there is potential for prioritising innovation including remote monitoring, virtualisation of service, the use of artificial intelligence and integration of self-management tools and resources.

Digital delivery will remain a significant focus to support the covid response and continue to provide flexible and responsive access to care and support for the population as part of the efforts for recovery and renewal.

Resilience

The immediate priority remains support for the delivery of healthcare ensuring life critical and life essential care is accessible throughout the changing phases of the pandemic.

The need to respond to the impact of the pandemic has accelerated some means of digital delivery, with community services adapting rapidly to new ways of working and embracing a digital-first approach where appropriate.

There is a significant programme underway to rationalise, stabilise, cyber secure and modernise the Digital platform.

Recovery

The digital portfolio programme of work will transform the legacy platform and the way in which information is held and stored to a secure, resilient, easy to access fast solution which attracts greater scope for information sharing, business intelligence and agile working.

This will be underpinned by the Cross Border programme, interfacing multiple systems to be available to ensure the patient journey for Powys residents is fully encompassed within national, regional, and local requirements.

Renewal

With a mobile workforce and a community based delivery model our services are well placed to make rapid progress on digital development. This will benefit the population of Powys as well as the delivery of more integrated and better value based care.

Services are enthusiastic about digital transformation and committed to maintaining and progressing digital improvements. Developing an inclusive and confident digital culture will achieve true digital transformation for the benefit of positive patient outcomes and experience.

The Public Service Board is supporting digital connectivity in rural Powys, taking and intergenerational view to drive forward ambitions for the County.

More than 7000 online appointments have taken place in Powys over the last 12 months supported by innovations including Attend Anywhere, Consultant Connect, developments in online delivery and apps:

Some one-to-one appointments are taking place online. "I'd had discomfort and pain for a number of years. The doctor suggested physiotherapy but I was disappointed to learn it would take place online. However, it has been very successful. My physiotherapist immediately detected the problem and demonstrated exercises. She would check on my progress in each appointment and tweak the exercises".

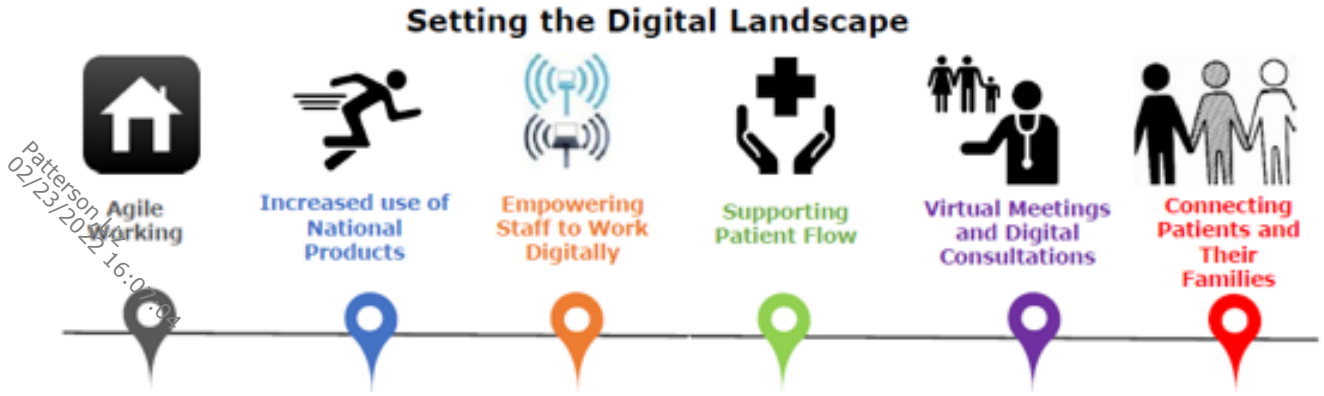
"Turning out for any appointment in Powys where you have to drive everywhere – was agony during my treatment so it was such a relief to have physiotherapy in the comfort of my own home! It was so convenient. I did not anticipate it being this successful and I'm extremely grateful for the time and help I have been given."

A new, local service started in Powys, working with children and adults who cannot use speech as their main way of communicating. "Virtual consultations help us to assess and support patients. We have offered virtual coaching and support. Much of what we do is also upskilling others such as teachers, parents and carers."

"The use of virtual technology, because of Covid, has probably fast-tracked our work as we have been able to provide bespoke online training. We have had a huge increase in referrals which is fantastic because there is more awareness of the support that is available and we can deliver it to more people who need it."

Exercise classes now take place online "Despite the challenges we have faced, Covid-19 has accelerated our digital progress. We have an online self-referral form; patients are sent questionnaires via email and consultations are available via easy to use videos. We're offering greater choice to patients wherever they live in Powys."

"Pulmonary rehabilitation patients can now join an online exercise group, improving access for anyone living in Powys so more people can benefit from this excellent programme and it is hoped that in time waiting lists will be reduced."



Digital First Summary of Three Year Strategic Priorities and Key Actions	
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	
Key Actions:	
- Implement key programmes to deliver Digital Care *including digitisation of health records, Welsh Nursing Care Records (WNCR), Phase 2 OfWCMS, Eye Digitisation, Electronic prescribing and medicines administration and bed management system* - Implement the cross border programme, supporting liaison between Digital Health and Care Wales and English Trusts - Enhance key systems to support delivery including system replacement of Canisc, Electronic Test Request and Malinko - Delivery of Telehealth and Telemedicine programmes	DoF
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 the deployment of healthcare systems	
Key Actions:	
- Enhance business intelligence capability and systems - Improvement of key platforms to enhance access including Office 365, virtual clinics, single sign in for clinical applications, inpatient access screens, electronic referrals, ward based stock control - Support digital developments in the North Powys Programme - Design and implement training for role based access and administrative components including digital dictation and scribing - Develop and implement Artificial Intelligence in robotics, machine learning and support for out of hours - Delivery of phased infrastructure development including managed print, telephony replacement, cyber security	DoF

Innovative Environments

Powys Outcomes

- I am part of a thriving community which has a range of opportunities for health and social care, social events and access to advice and guidance services to support my well-being
- I have access to a Rural Regional Centre providing one stop health and care shops – diagnostic, advice and guidance, day treatments, etc. which reduces unnecessary out of county travel
- I am encouraged and supported to use the great outdoors to support my well-being and care
- I am able to have my home adapted to help me to live independently and make me feel safe
- I have care in a fit for purpose environment that enhances my experience

Strategic Priorities

- Implement ambitious commitments to **carbon reduction, biodiversity enhancement and environmental wellbeing**
- Implement **capital, estate and facilities improvements** that directly enhance the provision of services to patients/public and the wellbeing/experience of staff

Key interdependencies

- The issue of climate change and environmental sustainability is critical and immediate action is needed at a global, national and local level
- At an international level, commitments on climate change were made recently at the United Nations Climate Change Conference of the Parties 2021 (COP 26), building on existing national contributions within the 'Paris agreement' made by the United Nations in 2015 to mitigate climate change and strengthen resilience
- The health board has made a Board level commitment to supporting the Welsh Government declaration of a Climate Change and Nature Emergency
- The health board has duties under the Future Generations (Wales) Act 2015 and Environment (Wales) Act 2016 and commits to the delivery of local actions in the national NHS Wales Decarbonisation and Biodiversity Plans; this complements work to maintain ISO14001 certification
- The ability to drive change is supported by targeted Capital funding from Welsh Government and the health board is working with the Welsh Government Energy Service and Refit Cymru to access further investment
- Investment opportunities will also be key to the progression of the ambitious vision for a multi-agency campus as part of the North Powys Well-being Programme

Why is this important – what are the high impact actions we will take?

Innovative environments is an objective that relates to both the physical and the 'thinking' space needed for the delivery of healthcare in the next three years. There has been an accelerated development of physical and digital environments for care over the past two years driven by the response to the pandemic. Sustaining and building on this momentum will be key resilience, recovery and longer term renewal.

Resilience

Estates maintenance remains key and efforts to drive down the backlog are both a local and national area of priority. This includes enhancements to infrastructure and maintenance of ISO14001 to support the delivery of essential healthcare.

Robust arrangements for Health and Safety are in place and will continue to be closely tracked to ensure effectiveness.

Delivery of the Discretionary Capital Programme (IT, equipment and project work) is key to support compliance and the prioritisation of clinical space.

Recovery

An Innovative Environments Strategic Framework will guide the key high impact actions over the medium and longer term. This includes Delivery Plans for Decarbonisation and Biodiversity.

This will encompass agile working to support future thinking in relation to the integrated model of care. It will also align to national work including the Active Travel Plan, Net Zero building and Modern Methods of Construction.

Renewal

The Major Capital Programme is critical in delivering the Regional Rural Centre and Community Wellbeing hub model, which provides the form and function to the long term ambition for a sustainable, rural model of care for Powys.

Within this, the flagship scheme of the North Powys Well-being Programme is a Multi Agency Campus Development (see overleaf for summary including whole system benefits).

The health board recognises its environmental impact and is committed to building a sustainable approach which drives forward action against the international commitments made at COP26 and the national declaration of a climate change and nature emergency.

This will be driven by the implementation of the PTHB Decarbonisation and Biodiversity Delivery Plans. This includes joint work with the Welsh Government Energy Service and ReFit Cymru.

Environment Policy Statement

Climate Change is the single greatest challenge to global health and threatens all life on this planet. Without action this jeopardises not only our way of life, but also that of future generations.

Powys Teaching Health Board recognises its impacts on the environment and supports the Welsh Government's declaration of a Climate Change and Nature Emergency. The Board commits to prioritise the delivery of actions in the national NHS Wales Decarbonisation and Biodiversity Plans as a minimum and strives to go beyond these wherever possible.

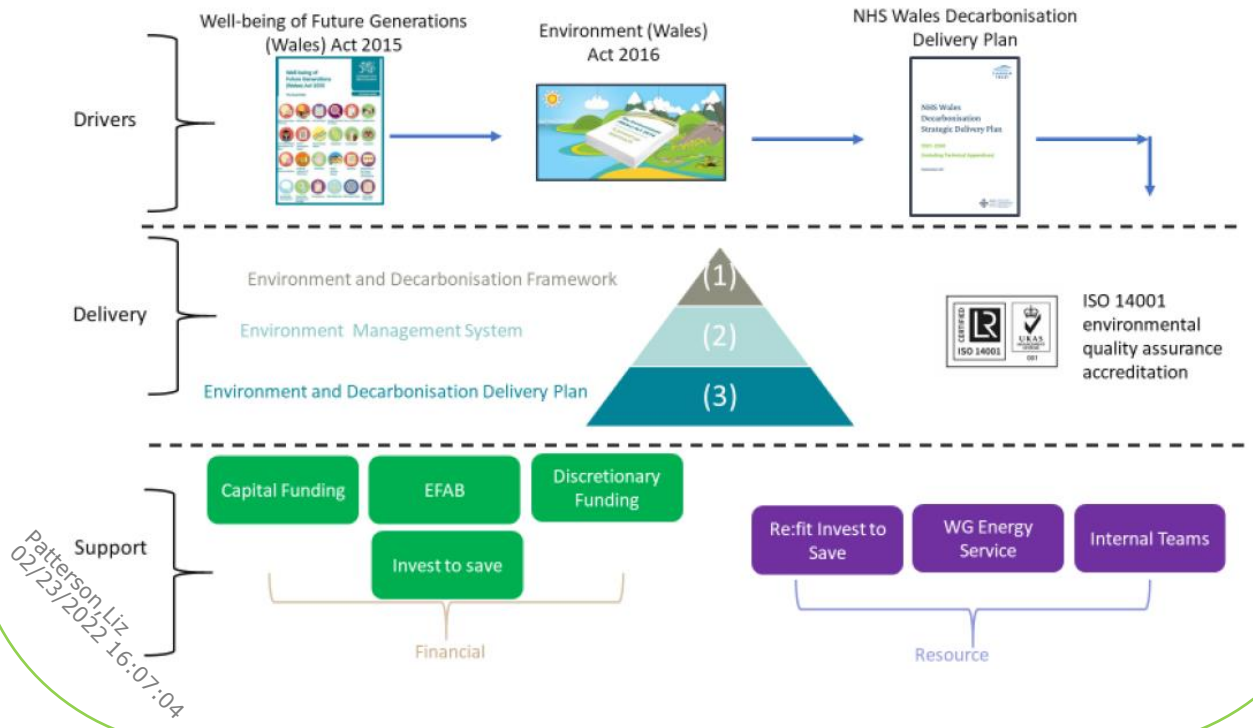
Environment and Sustainability will become a central theme throughout the organisation. 'Life cycle' principles, which consider environmental impacts of products and services, will support the decision-making processes.

Carbon reduction and biodiversity improvements will be made utilising our certified ISO14001 (2015) Environment Management System, for the benefit of patients, staff and the environment.

This will be done through five areas of activity:

- Waste
- Energy and Water
- Travel
- Procurement
- Building Design and Biodiversity

The Health Board will deliver against initiatives and actions in the 'NHS Decarbonisation Strategic Delivery Plan 2021-2030' and publish an updated delivery plan every two years. The Health Board is committed to continual improvement, reducing our impact on the environment and increasing the protection of biodiversity. This policy will be reviewed every three years or sooner, and progress reported for all to see.



Multi Agency Campus Development

Rural Regional Centre – Multi Agency Campus

- Reduced travel and improved access to services for the North Powys population
- Advice and support for people who need advanced care to live a healthy life
- Access to community well-being hubs across the region
- Multi agency support for women, children, young people and families
- Integrated, multi-disciplinary teams via a one stop centre and one stop clinics
- Urgent care assessment and out of hours support
- Integrated support for psychology, disability, substance misuse and crisis care
- Intensive rehabilitation following trauma or stroke
- Enhanced diagnostics services available as locally as possible
- Ambulatory care, outpatients and some surgical and medical day cases

A multi-agency Wellbeing Campus in Newtown

Indicative Benefits Health, Care, Supported Living & Infrastructure

Benefit Category1 : Integrated Model

- Synergies from integrated working with all partners resulting in strengthened community provision, more efficient pathways and better experience for service users
- Improved sign posting and uptake of wellbeing services, enabling people to self-manage and live independently; reducing social isolation and hospital admissions.
- Increase the value provided by Health & Care services
- Improve citizen experience, quality of care, reduce waiting times and speed up diagnosis.
- Offer an enhanced range of services in north Powys, improving geographical access to health and care (repatriation) and reducing inequalities.
- Contribute to improved early years health outcomes

Benefit Category 2: Sustainable workforce

- Improved education and learning for staff and the public; upskilling staff, maximising and enhancing career opportunities through apprenticeships, employment and training – via the Health and Care Academy
- Improved recruitment and retention rates by making North Powys a more attractive place to live and work
- More integrated, sustainable and efficient workforce model through new ways of working co-location and collaborative working

Benefit Category 3: Innovative Environment (Fit for Purpose Estate)

- Improved user experience, perception and confidence from accessing care in a modern, fit for purpose environment
- A purpose built environment to enable innovation in practice, flexible working with digitally enhanced facilities to improve efficiencies and future proof service delivery.
- Environment is more conducive to the holistic experience, and wellbeing of staff, patients and visitors supporting national and local policy objectives.

Benefit Category 4 Innovative Environment (Compliance)

- Improved estate-wide energy efficiency
- Increase in % utilisation of estate through sharing of accommodation across partners
- Compliance with statutory and mandatory estate code and improved functional suitability and reduced backlog maintenance

Benefit Category 5: Decarbonisation

- Achieve BREAAM Rating Excellent
- Reduced carbon footprint of the estate through reduced energy demand and increase in the number of sustainable products and technologies.
- More people using active travel in Newtown
- Increased number of electronic vehicle charge points on site
- Reduce miles travelled for service users and staff as a result of repatriation of services and increased use of digital technology reducing CO2 emissions.
- Environments are fully digitally enabled

Benefit Category 6 : Regeneration

- Creating a 'destination' increasing footfall to the High Street and surrounding areas, with more choice for residents and visitors
- Additional Income brought into the Newtown area as a result of new jobs and opportunities linked to social value forum.

Long term plans – Service design for multi-agency wellbeing campus

Service Scoping	Strategic Outline Case	Detailed Service Design	Confirm service scope
High level demand, capacity and financial modelling. Development of service specifications for health, care and supported living.	Sovereign bodies approve health, care and supported living and Infrastructure business cases. Welsh Government Gateway Review.	Clinical and professional workshops to re-design pathways and develop outline workforce plans	Updated demand, capacity and financial modelling and service specifications in line with pathways. Readiness for change assessment undertaken.
Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Accelerated projects established Business cases agreed, baseline and indicator measures in place, reporting arrangements agreed.	All projects operational Recruitment in place by June 21. Early learning shared via case studies. Integrated community model approved.	Sustainability plans Agree sustainability arrangements for each of the projects.	Evaluation & transfer of learning All projects evaluated against outcomes and indicators and learning shared across Powys. Transfer to business as usual.

Short term plans - improvements to the way services are provided

Innovative Environments Summary of Three Year Strategic Priorities and Key Actions	
20. Implement ambitious commitments to **carbon reduction, biodiversity enhancement and environmental wellbeing**	
Key Actions:	
Implement Decarbonisation and Biodiversity Delivery Plans: - Use of ISO14001 Environmental Management System including biodiversity and ecosystem impact tracking and improvements - Assess impact including use of COSHH to consider less environmentally harmful materials wherever practical - Maintain tree surveys and for every tree felled on PTHB land, at least 2 native trees planted - Waste reduction and management including recycling and reuse of waste products, pharmaceutical waste and medical gases, inhaler specific promotion/disposal and recycling, plastics in healthcare initiatives - Energy and water management including renewables; retrofit programme for energy efficient upgrade by 2030; low carbon heat generation solutions for all sites larger than 1000m2 by 2030; LED lighting by 2025 - Sustainable transportation in line with Welsh Government's Active Travel Action Plan: vehicle management, remote working, pooling, future proofing site design for electric charging capability (in partnership with NHS Shared Services) - Procurement and purchasing including life cycle approach and weighting of sustainable services - Buildings Management Control System by 2023; BREAAM standards for new build and refurbishments; enhanced biodiversity protections, future developments in line with net zero / Modern Methods of Construction - Proactive communication and engagement to ensure leadership and promote low carbon behaviours/ best practice and initiatives	DoE
21. Implement **capital, estate and facilities improvements** that directly enhance the provision of services to patients/public and the wellbeing/experience of staff	
Key Actions:	
- Deliver Discretionary & Major Capital Programme *Including developments at Machynlleth; Brecon Car Park; Llandrindod Wells Phase 2; Llanfair Caereinion Primary Care Centre)*	DoE
- Deliver Facilities & Estates Compliance & Improvements *Stores & Distribution, Health & Safety, Catering & Food Hygiene, Support Services, Estates Compliance*	
- Delivery of Multi Agency Campus Development Programme *Part of the North Powys Well-being Programme – refer to previous page*	

Transforming in Partnership

Powys Outcomes

- As a Powys resident I 'tell my story' once and I am confident that those looking after me are working together in my best interest
- The services I receive are coordinated and seamless
- I am able to access buildings and resources shared for multiple purposes, by multiple organisations
- My community is able to do more to support health and well-being

Strategic Priorities

- Implement key actions to **improve quality** (safety, effectiveness and experience) of services across the whole system
- Develop and implement key actions to **enhance integrated/partnership system working**, both in Wales and England, improving regional approaches to the planning and delivery of key services
- **Implement value-based healthcare**, to deliver improved outcomes and experience, including the effective deployment and management of resources
- Implement key **governance improvement** priorities including embedding risk management, effective policies, procedures and guidance; audit and effectiveness; Board effectiveness and systems of accountability

Key Interdependencies

- The anchor strategy for the region is the shared health and care strategy, A Healthy Caring Powys (Powys Regional Partnership Board)
- This is set in the longer term context of the Powys Well-being Plan, Towards 2040
- Both of the above are delivering against the national goals in A Healthier Wales, the Future Generations (Wales) Act and Social Services and Wellbeing (Wales) Act
- Strategic plans and programmes across the wider Mid Wales region are brought together through the Mid Wales Joint Committee for Health and Care with strong clinical leadership through the Clinical Advisory Group
- Powys has a unique position in the heartland of Wales, with a shared boundary with England and therefore has a role in multiple healthcare systems. Regional working has a complex meaning in this context as there is a need to understand and respond to diverse strategic programmes and service changes and identify both the opportunity and the risk of impact for the rural population of Powys.
- Collaboration will be important to ensure the greatest value can be achieved in the years ahead. This includes working as a team within and across NHS Wales – including the NHS Executive as it develops its role, peer networks and collaboration with key teams in Welsh Government such as the Finance Delivery Unit, Delivery Unit and Planning & Policy Teams to develop and measure progress against shared goals.

Why is this important – what are the high impact actions we will take?

There is a complex partnership landscape for health and care, particularly in Powys, with important interdependencies across NHS Wales and across the border into England.

There is a strong track record of partnership working in Powys and this has enabled significant progress over recent years. The shared Health and Care Strategy agreed in 2017 was the first of its kind in Wales and provides a framework for the eight well-being objectives in this IMTP. This has provided the foundation for significant regional programmes to be taken forward through the Powys Regional Partnership Board, Powys Public Services Board and Mid Wales Joint Committee for Health and Care.

Resilience

System working across England and Wales is essential to track, assess and respond to fragility and service change. Work will be prioritised according to impact and opportunity.

Financial strategy is a ministerial priority and a systematic value based healthcare approach will be used to maintain a balanced plan over three years.

Similarly, robust but adaptable governance together with integrated planning and performance will enable the provide accountability and assurance in the ongoing public health emergency and continued uncertainty.

Recovery

The recovery of robust planning and performance systems will build on innovations including improving intelligence across urgent and elective care, cancer and diagnostics. Processes to enhance service level reporting will include regular use of the Minimum Data Set and key indicators to track recovery.

Targeted work across systems on strategic programmes to support these to reset, will include the Hospital Transformation Programme in Shropshire and Telford, multiple Stroke programmes, cross border and NHS Wales developments.

Communication and Engagement nationally and locally will be key to build and renew healthcare in partnership with stakeholders, staff, service users and residents.

Renewal

The Powys Regional Partnership Board and Mid Wales Joint Committee have an important role in renewing the longer term shared ambition of 'A Healthy Caring Powys' and a mid-term strategy review will reset and refine shared priorities.

A clear framework for commissioning of the third sector will be developed, recognising the significant role of the sector in supporting communities during the pandemic and in the longer term as part of the renewal efforts in Powys.

A Value Based Health Care programme has been established as part of the Renewal portfolio, to support analysis, benchmarking, opportunity assessment and transformation with a focus on rural recovery and renewal.

Quality

Quality is core throughout this plan. In addition to the focus on high quality sustainable services in each section there is also a need to implement key actions to improve quality, safety, effectiveness and experience. This applies to the services used by Powys residents across the whole system.

The PTHB **Clinical Quality Framework** has been refreshed against the 15 actions in the national Quality and Safety Framework to reflect the need for the organisation to function at every level as a quality management system. This reflects the six domains of care (safe, effective, patient-centred, timely, efficient and equitable care). An action plan is in place against each of the Goals (as detailed below).

The Patient Experience Framework is being refreshed in the context of the pandemic and the impacts on individuals, patients and carers and wider communities

A whole system assurance approach is in place and continuously developed to enhance arrangements in key areas including maternity and commissioned services

A Learning from Experience Group has been established and provides a clinically led forum to learn from mortality reviews and findings from clinical audits and further links will be made with the Health and Care Academy throughout the year

PTHB Clinical Quality Framework Goals

1a Safety – Putting things Right; Serious incident management; learning; communication and support systems to raise concerns; safety alerts / notices

1b Effectiveness – Clinical audit; Clinical guidelines; Value based healthcare; Health and Care Standards; Peer review

1c Experience – Patient Experience Framework to be refreshed and set out systems for learning; intelligence; decision making and impact assessment

2 Organisational culture –compassionate leadership; organisational development; evaluation multi-disciplinary risk assessment

3 Clinical leadership – roles and accountability; sustainable approach; design, review and action of performance / intelligence; deep dive approach

4 Improvement methodology – QI skills, project work; training and partnerships

5 Intelligence – Monitoring & assurance; service level dashboards; benchmarking

Research and Development

Healthcare research and development will improve the quality of care for our patients, supporting work on prevention, earlier diagnosis, more effective treatments, better outcomes and faster recovery. High quality research is essential to further improve evidenced based practice. The health board has several actively recruiting research portfolio studies open and two portfolio studies opening on episiotomy and breastfeeding. The R&D plan has been completed and submitted to Health and Care Research Wales and reflects a number of funding opportunities. The SIREN Covid antibody study is also underway at both Bronllys and Welshpool sites.

The Research, Innovation and Improvement Co-ordination Hub (RIIC) in Powys is the coordination and driving vehicle for Research, Innovation and Improvement activity. It will build on its regional presence and networks across the seven health boards to capitalise on opportunities for engagement, learning, funding and collaborations. This will optimise the profile and reach of research and innovation in Powys, to broaden, sharing and contribution to the wider Wales agenda.

Integrated Partnership and System Working

Powys is considered a region given the size of its geographical footprint, covering a quarter of the landmass of Wales, albeit with a relatively small population size. It is unique in having one Regional Partnership Board across the health board and the County Council and this provides an important planning forum for health and care. There is a shared Health and Care Strategy in place which has been refreshed in the context of the impact of the pandemic.

The Regional Partnership Board priorities are:

- Delivery of the Area Plan, A Healthy Caring Powys – the shared long term health and care strategy for Powys 2017 – 2027 – which sets the framework for the IMTP
- Thematic priorities: Start Well, Live Well, Age Well, Cross Cutting (key actions for 2022 – 2025 are noted throughout this plan)
- Delivery of Population Needs / Market Stability Assessments
- Partnership Transformation programmes and plans including:
    - North Powys Well-being Programme
    - Workforce Futures
    - Health and Care Academy
    - Winter / Unscheduled Care Plan
- Delivery of the investments in the remit of the Regional Partnership Board – this was formally the Integrated Care Fund (ICF) Investment Plan agreed annually and will be transitioning to the Regional Investment Fund (RIF) arrangements from 2022/2023.

A Cross Cutting Resources and Oversight Group (CCROG) has been established as part of the Powys Regional Partnership Board to provide a mechanism for oversight, review, and planning with regards to the investment plan and the areas of cross cutting work.

Powys is also sub region within the wider Mid Wales footprint, with significant regional planning being carried out on the Powys footprint, as well as collaboration between health care organisations through the Mid Wales Joint Committee for Health and Care (formerly the Mid Wales Collaborative). This is recognised as a formal planning area by Welsh Government, in line with the regional arrangements for North Wales and South Wales (the latter divided further into East and South/West regions).

Regional Planning priorities are agreed as part of the published Strategic Intent and Aims to ensure a joined up approach to the planning and delivery of health and care services across Mid Wales. The Work Programme includes:

- Social and green solutions for health
- Ophthalmology
- Community Dental
- Oncology
- Colorectal surgical pathway
- Respiratory
- Welsh Community Care Information System (WCCIS)
- Telemedicine
- Integrated Care Hubs
- Mid Wales Workforce Plan
- Clinical Strategy for hospital based care and treatment
- Clinical networks
- Engagement and involvement

North Powys Well-being Programme

This programme is a once in a generation opportunity to enhance and transform the way health, care, community, wellbeing, library and education services are delivered in north Powys. It is a flagship scheme of the Regional Partnership Board.

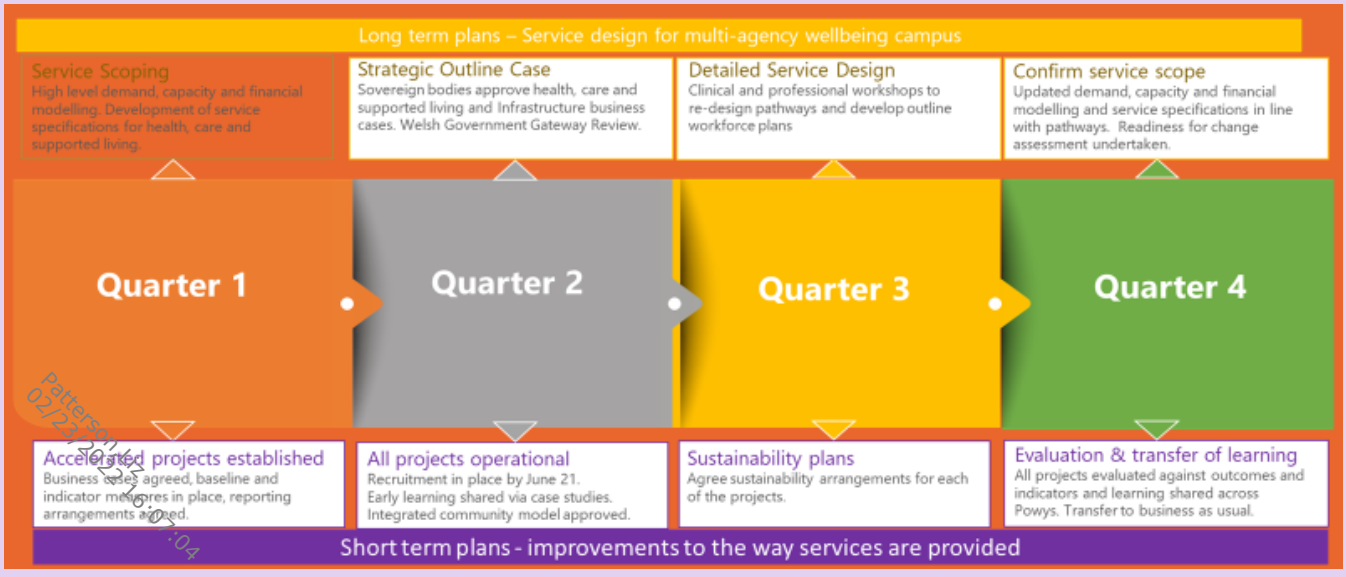
The rationale for the North Powys footprint was developed following extensive analysis including demographic and service appraisal. Geographically north Powys is strategically important in strengthening health and care services for the mid Wales region, reducing the impact of reconfiguration proposals around its borders. This presents opportunities to work differently with Acute Providers and develop Strategic Partnership which supports clinical networks, upskilling the primary and community workforce to deliver services more locally. The Investment Objectives underlying the case for change for this project are:

- Integrated Local Services
- Sustainable workforce
- Innovative Environment (Fit for Purpose Estate)
- Innovative Environment (Effective Accommodation)
- Decarbonisation (Infrastructure & Estate)
- Decarbonisation (Greener Travel)
- Regeneration

The Regional Partnership Board are fully committed to the delivery of a new integrated model of care for north Powys which includes a new Rural Regional Treatment and Diagnostic Centre and Integrated Health and Care Centre to enhance the local service offer. There are five Transformation Areas within the programme:

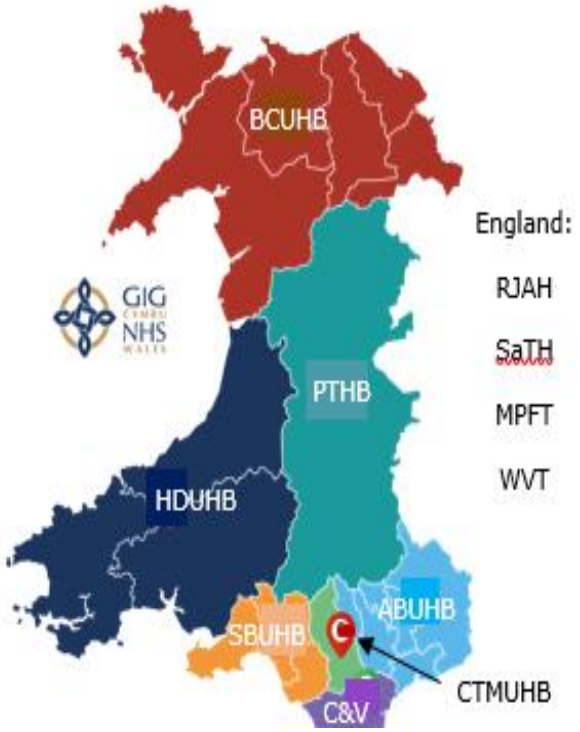
- **Children and Young People** *Pathfinding and accelerating change*
- **Mental Health, Learning Disabilities and Wellbeing** *Building sustainable models centred on wellbeing*
- **Social Model of Health** *A holistic model for Population Health*
- **Integrated Community Model and Frailty** *Building an integrated approach in partnership*
- **Diagnostics, Urgent Ambulatory & Planned Care** *Driving forward early adoption and innovation*

In addition, there is a Multi Agency Wellbeing Campus project which will deliver the purpose build integrated Health and Care Centre. (see Innovative Environments section in this plan).



Wider Regional Planning and Commissioning

Residents in Powys access acute care from providers across England and Wales.



The greatest volume of patient flows for acute care are to the neighbouring District General Hospitals in England (Shrewsbury and Telford Hospitals NHS Trust, Hereford Hospital) and Bronglais Hospital in Aberystwyth. This reflects the larger population size in the North of the County and the associated healthcare pathways for that region.

Residents in the South of Powys access acute care from a number of providers in South Wales including Morriston Hospital in Swansea and Prince Charles Hospital in Merthyr Tydfil. The opening of the Grange Hospital and associated changes in Nevill Hall Hospital are important for residents in South East Powys.

A co-ordinated whole system approach is required to manage the complexity of these commissioned services especially in the context of increased population waiting times for District General Hospital (DGH) services across Wales and England.

The health board has a role to ensure that the needs of the Powys population for hospital and critical care is incorporated into recovery and system plans. A value based approach is set out in the IMTP to support system recovery planning with shared decision making, patient outcomes and prevention at its heart.

Oversight and management of areas in special measures and/or significant changes in provision is an ongoing priority and includes:

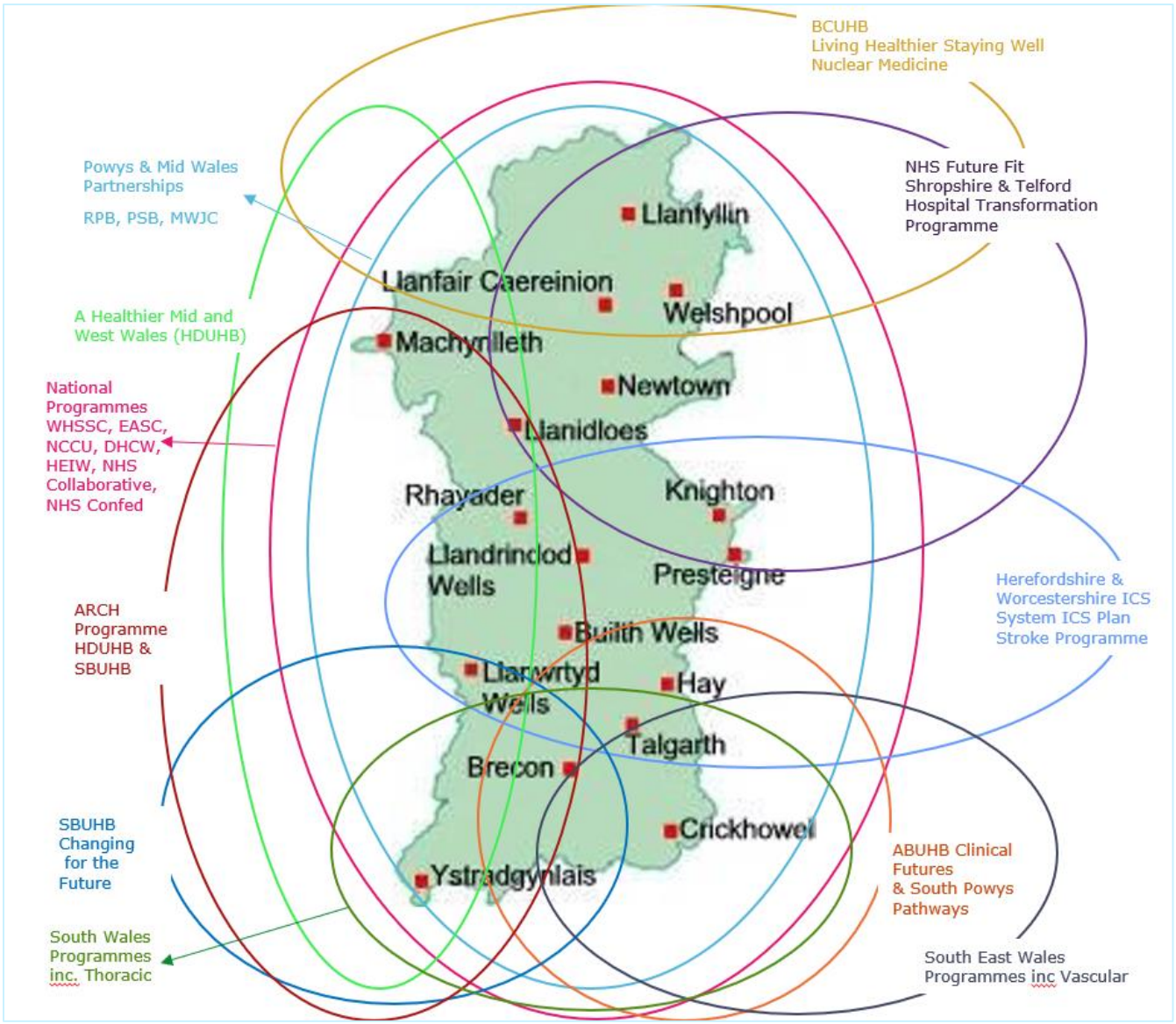
- Cross border network and integrated care systems (ICS) – notably:
  - Shropshire & Telford ICS: Implementation of NHS Future Fit / Hospital Transformation Programme (HTP) and interim service changes
  - Herefordshire & Worcestershire ICS: Stroke Programme
- Ockenden recommendations in relation to Shrewsbury and Telford Hospital Maternity and Neonatal provision
- IMSOP Outcomes in relation to Cwm Taf Morgannwg University Health Board Maternity provision
- The next stage of the South Powys Pathways programme in the above context
- Section 33 Development of Joint Commissioning in relation to Care Homes

The Commissioning Assurance Framework will be refreshed for use in 2022 onwards and improvements made to associated performance, contracting and invoicing processes.

In addition, there are a number of strategic programmes at regional and national levels that impact on health and care provision and pathways for residents of Powys. In some cases, these apply to the whole of the county, and in some cases, they apply to particular geographies within Powys, depending on the programmes' remits and the relevant provider's catchment areas.

These are sometimes referred to as 'strategic change programmes' and in some cases were in train prior to the onset of the Covid-19 pandemic and have been reviewed and have been gradually revisited during 2021, as part of the planning process for each provider and/or partnership, in the context of the wider recovery efforts in Wales and England.

The diagram that follows has been refreshed, to show the current major programmes of work at a national and regional level which have an impact on the Powys footprint:



These include the Regional Planning Fora in NHS Wales and the Integrated Care Systems in place in England, notably the Shropshire & Telford ICS (and the NHS Future Fit / Hospital Transformation Programme) and the Herefordshire and Worcestershire ICS (and the implementation of the System Transformation Plan which includes Stroke care).

Communications and Engagement

Strategic priorities:

- Communicate key priorities as identified in the three year plan, through effective relationships with the media and other key stakeholders and core public audiences
- Drive meaningful engagement on service change and initiatives that will affect Powys residents, to enable fully informed consideration of impacts and benefits and involve people in the service developments that matter to them
- Champion evidence-based decisions that serve a rural population facing recovery and renewal in the context of COVID-19, Brexit and climate change
- Build a robust partnership communications model with the Regional Partnership Board, Public Services Board, Powys County Council, the Powys Association of Voluntary Organisations (PAVO) and Powys Community Health Council and its successor Powys Citizen Voice organisation
- Maximise the value of owned channels, enhance the effectiveness of mutually supported public-facing communications and drive increased public understanding of service offerings in the health and social care space
- Enable continued effective communications and engagement activities in support of the Covid response and system resilience, both public facing and associated employee-facing communications, responding with pace to emerging situations
- Enable improved situational awareness and associated longer-term organisational communications planning through the delivery of a comprehensive Forward Look
- Development of effective internal workforce communications including intranet and other digital opportunities, staff briefings, show case events and celebrations of success and innovation, team based and management cascade mechanisms, supporting recruitment and retention and the Social Partnership approach

Partner, public and stakeholder engagement

- Maintaining robust engagement with key partners and stakeholders including the Community Health Council, Powys County Council, Powys Association for Voluntary Organisations (PAVO), local politicians, press and media activity in support of Powys Teaching Health Board's strategic priorities and areas of joint interest and work.
- Continue to build audiences and reach for PTHB's social and digital channels to support PTHB's strategic and operational priorities, including engagement activities and events.
- Ensuring that Powys' resident's voice is heard and reflected in PTHB's consultations on service changes, providing opportunities for stakeholder engagement and informed responses. We will work to identify and engage with Powys's seldom-heard groups, using appropriate channels.
- Campaigns promoting wellbeing and prevention for example Healthy Weights, Help Me Quit, influenza and covid vaccinations, immunisation, and screening
- Promoting local service access to support recovery and targeted offers such as Design 2 Smile, sight test update, childhood immunisations
- Supporting co-production in local service and pathway design such as the Renewal Portfolio, North Powys Well-being Programme, and targeted activity such as the development of the Together 4 Mental Health strategy and Decarbonisation Plan
- Continually reviewing and developing community channels including digital and social media platforms, to adapt and respond to uptake and feedback

Governance Improvement

The Health Board's governance and assurance arrangements are aligned to the requirements set out in the Welsh Government's Governance e-manual and the Citizen Centred Governance Principles. Care has been taken to ensure these also reflect HM Treasury's 'Corporate Governance in Central Government Departments: Code of Good Practice 2011'.

The Board has approved Standing Orders for the regulation of proceedings and business. Together with the adoption of a scheme of matters reserved for the Board, a detailed scheme of delegation to officers and Standing Financial Instructions, they provide the regulatory framework for the business conduct of the Health Board and define "its ways of working". The diagram overleaf demonstrates the Governance Framework.

The Board has three supporting pillars of its governance arrangements: the Risk Management Framework; the Assurance Framework and the Corporate Risk Register. These arrangements provide a 'golden thread' so that high level risks are visible and are escalated, as necessary, to the Board.

Wales Audit Office's Structured Assessment issued in December 2021 outlined that "the Health Board has generally effective Board and committee arrangements" and the Head of Internal Audit concluded in his 2020/21 Annual Opinion that "the Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively."

An Annual Governance Programme is updated each year to reflect the priorities for delivery and improvement and is closely aligned to the Board's Organisational Development Framework and the Board's Development Plan. These three documents together will enable the organisation to continue to embed good governance, reflecting regularly in order to ensure that the Health Board is led by a high performing unitary board.

Progress in the implementation of the Annual Governance Programme is monitored by the Audit, Risk and Assurance Committee. The Delivery priorities are:

• finalise and embed a Partnership Governance Framework;

• implement a Decision Rights Framework, aligned to the Board's Scheme of Delegation and Reservation of Powers;

• implement an Information Governance Improvement Plan;

• embed an improved Framework for the development and approval of Policies and Written Control Documents;

• implement a Legislative Compliance Framework; and

• deliver a programme of development to create an effective unitary board.

Robust risk management is integral to good management and the aim is to ensure it is integral to the health board's culture. It is an increasingly important element of the Health Board's planning, budget setting and performance processes. The Board's Risk Management Framework sets out the processes and mechanisms for the identification,

assessment and escalation of risks. The Corporate Risk Register identifies the key risks to the delivery of our aims and strategic objectives.

The Citizen Centred Governance Principles for Wales underpin the health board's governance arrangements:

• Putting the citizen first – Putting the citizen at the heart of everything and focusing on their needs and experiences; making the organisation's purpose the delivery of a high quality service.

• Knowing who does what and why – Making sure that everyone involved in the delivery chain understands each other's roles and responsibilities and how together they can deliver the best possible outcomes.

• Engaging with others – working in constructive partnerships to deliver the best outcome for the citizen.

• Living public sector values – being a value-driven organisation, rooted in Nolan Principles and Welsh Public Service Values. High standards of public life and behaviour, including openness, customer service standards, diversity and engaged leadership.

• Fostering innovative delivery – being creative and innovative in the delivery of public services – working from evidence and taking managed risks to achieve better outcomes.

• Being a learning organisation – always learning and always improving service delivery.

• Achieving value for money – looking after taxpayers' resources properly and using them carefully to deliver.

Update to be provided for final version

Diagram as before but with the following changes:

Stakeholder reference group needs to be red and asterisked as per the Healthcare Professionals Forum

Audit & Assurance Committee needs to be Audit, Risk & Assurance Committee

Performance & Resources Committee needs to be Delivery & Performance Committee

Experience Quality & Safety Committee needs to be Patient Experience, Quality & Safety Committee

Strategy & Planning Committee needs to be Planning, Partnerships & Population Health Committee

We also now have a Workforce & Culture Committee which needs to go in the current gap between Experience, Quality and Safety and Remuneration & Terms of Service.

Further information on the Health Board's Governance framework is included in the Health Board's Annual Accountability and Governance Report, Annual Report and the Annual Quality Statement, which are available on the Health Board's web pages.

Value Based Healthcare

PTHB recognises Value as allocating resources to the right place to deliver the best outcomes that matter for the population of Powys at the least cost. The organisation is working to embed Value Based Healthcare approaches within the organisation's operating framework and is wrapping this approach around the Health Board's Renewal Priority areas focusing on eye care, orthopaedics, frailty and the community model, cancer, respiratory and services for people with diabetes.

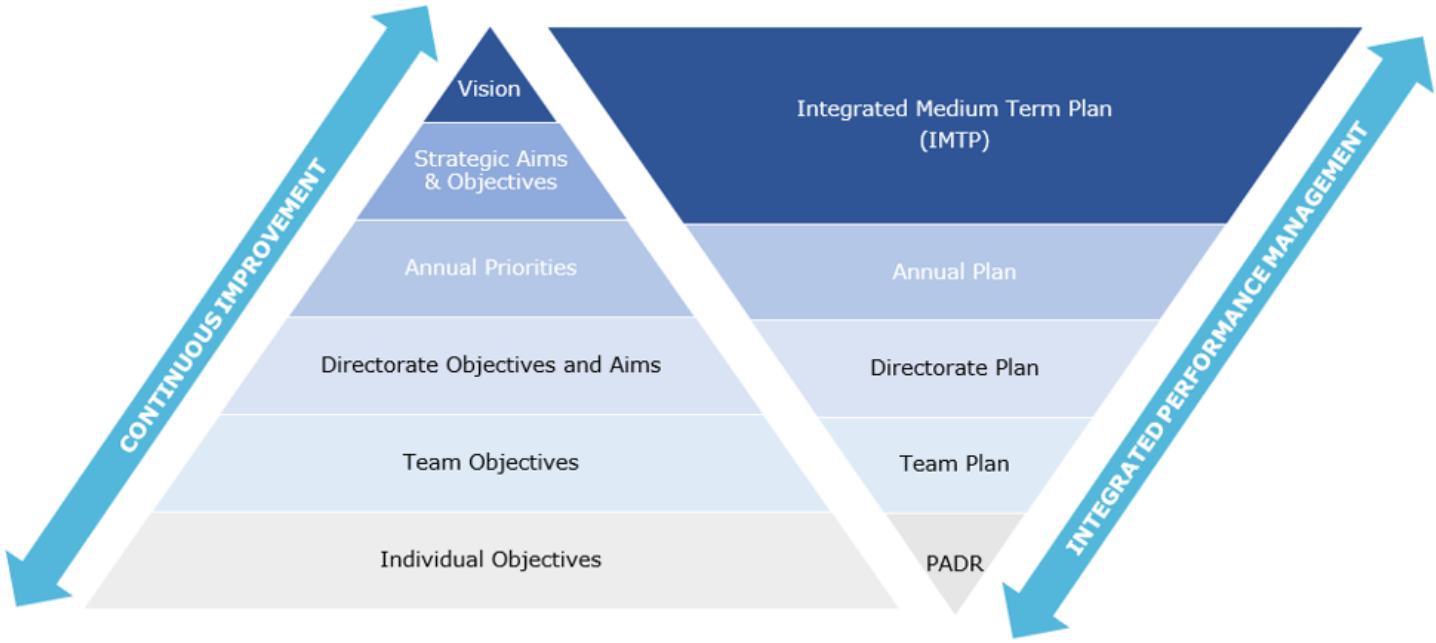
Key Actions by Quarter

- Activity analysis to identify comparative intervention value Q1
- Policy for Interventions not normally undertaken with BCUHB Q2 – Q3
- Embed Value Based Healthcare Q1 – Q4

Financial Plan to be added in Final Version (reported separately up to that point)

Transforming in Partnership Summary of Three Year Strategic Priorities and Key Actions	
22. Improve quality (safety, effectiveness and experience) across the whole system; building organisational effectiveness	
Key Actions:	
- Deliver the Clinical Quality Framework and Implement Patient Experience Framework with a focus on key priority areas including Maternity and Neonatal; Care Home sector and provider assurance	DoN, DOTH
- Revise the Commissioning Assurance Framework and Integrated Performance Approach, to track system resilience and improvement	DoPP
- Delivery of the Research and development programme R*esearch innovation hub, innovation and improvement to enable high quality clinical care, Quality Improvement capacity, clinical audit*	MD
23. Enhance integrated/partnership system working, both in Wales and England, improving regaional approaches to the planning and delivery of key services	
Key Actions:	
- Delivery of Regional Partnership Board priorities including the third sector, with mid-year review of Health and Care Strategy	Various
- Delivery of the North Powys Well-being Programme	Various
- Management of Strategic Change with targeted action for live programmes with an impact on the Powys population	Various
- Development of Section 33 arrangements for care homes	DoPP
- Delivery of programme of Communications, with continuous and targeted engagement to support priorities in this plan	ADCS
24. Implement value-based healthcare, to deliver improved outcomes and experience, including the effective deployment and management of resources	
Key Actions:	
- Delivery of the value based healthcare programme *Renewal Portfolio*	Various
- Delivery of Financial Strategy and Financial Plan	DoF
25. Implement key **governance improvement** priorities including embedding risk management, effective policies, procedures and guidance; audit and effectiveness; Board effectiveness and systems of accountability	
Key Actions:	
- Delivery of Governance Work Programme	BS

Delivery and Tracking of this Plan



THE CHANGES WE EXPECT TO SEE

WHERE WE ARE NOW	WHERE WE WOULD LIKE TO BE BY 2027
Most people receive diagnostics, outpatient and day case treatments outside of Powys.	Most people receive diagnostics, outpatient and day case treatments in Powys.
Most children receive paediatric diagnostics, outpatient and day case treatments outside of Powys.	There is a small increase in the number of children who receive paediatric diagnostics, outpatient and day case treatments in-county. However, due to the specialist skills required for more complex diagnostics and treatments, most children will continue to receive this care outside of Powys.
Most people receive specialist care outside of Powys.	More people receive specialist care in Powys, including via digital applications when it is safe and effective to do so.
People receive rehabilitation services in a mix of acute and community settings.	More people receive rehabilitation services in community settings and their own home.
People travel to Cardiff or Stoke for complex rehabilitation services.	Some people receive complex rehabilitation services in Powys.
People receive most of their cancer diagnostics and treatments outside of Powys.	People who need less complex cancer diagnostics and treatments can receive these at the Rural Regional Centre or, where possible, in their home.
People can access different care and support services at home, depending on where they live.	All people can access the same care and support services at home and, when needed, can access 24/7 multi-agency care.
A small number of people can access urgent care at home or in a minor injuries unit.	More people can access urgent care at home, in the community or at the Rural Regional Centre.
Some people have access to technology that helps them self-care and live independently.	Most people who need it have access to technology that helps them self-care and live independently.
A large number of adults and children receive care through statutory services.	Multi-agency early help and support teams identify people in need early so fewer adults and children go into the care system.
Demand for health and care services is rising.	An investment into prevention and early intervention means more people enjoy good health and wellbeing and prevents demand for health and care services rising in the longer term.

Powys THB Finance Department
Delivery and Performance Committee
2022/23 IMTP – Revenue Plan

Date Meeting: 28th February 2022

Core Plan - Revised

CORE PLAN		Year 1
Underlying b/f Deficit (Surplus)		5.615
WG Assessed Sustainability Funding via All Letter	0.8% above std 2% uplift	(2.016)
	1% Pay Award Not Required 22/23	(0.840)
		2.759
Recurrent Impact 21/22 Pressures	CHC	4.614
	Variable Pay	1.500
	Mitigation CHC - T&F Group	(1.610)
	Mitigation Variable Pay - T&F Group	(1.000)
		6.263
Delivery Unmet Savings & Assumed Recurrent Benefits	b/f 20/21 and 21/22	(3.687)
Recurrent Commitment Recovery Allocation 22/23		(1.297)
		1.279
NHS Commissioned Services Growth	WHSSC/ EASC / Velindre / 2nd Care Drugs	3.084
	Assume 0.8% Additon to Welsh LTAs above 2%	0.640
	Mitigation Hold Welsh LTAs at 2%	(0.640)
	Mitigation WHHSC Recovery Costs (Move to Risks)	(0.806)
		3.557
Locally Determine Growth & Pressures	General Inflation Uplift 2%	3.943
	Primary Care Prescribing	0.400
	CHC Growth Volume	1.747
	New Investments	0.198
		9.845
Standard National Pressures / Growth	Microsoft Licence additional contribution	0.280
	WRP additional contribution	0.419
	Real Living Wage - Care Homes and Dom Care	0.811
		11.354
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)
Financial Core Plan		**0.310**

Plan Incorporates:

- Benefit in opening position of:
  - 0.8% uplift above 2%
  - 1% pay award
- Recurrent pressures CHC and Variable Pay (non-covid)
- Delivery £4.6m savings target
- WHSSC Plan @ Dec and EASC plan @ Nov
- Locally determined growth and standard national pressures (exc. Energy and 1.25% H&SC Levy)
- Mitigation Actions to address:
  - CHC
  - Variable Pay
  - Hold LTAs at 2%
  - Removal WHSSC Recovery costs

WHSSC ICP Financial Impact & Assumptions

WHSSC IMTP Reconciliation		£m
WHSSC Opening Balance		**29.896**
In Year Funding:		
Unavoidable Cost Pressures	0.165	
Cost Improvements	- 0.039	
CIAG Schemes	0.044	
Strategic Priorities	0.150	**0.320**
NHS England Inflation	0.288	
0.8% Reduction	- 0.083	**0.205**
NHS Wales Provider Inflation		**0.375**
COVID Recovery	0.412	
Funded via WG	- 0.412	-
Forecast Under Performance		-0.147
WHSSC ICP 2022/23		**30.649**

- Baseline as per 2021/22
- In Year Funding as per ICP
- NHS Inflation in at 2%
- Renewal and Recovery excluded and to be funded on actual if delivered.
- Forecast underspend based on prior year performance

EASC ICP Financial Impact & Assumptions

EASC IMTP Reconciliation		**£m**	
EASC / NCCU Opening Balance			**16.450**
Funded via WG:			
Band 6 Paramedics	(0.12)		
Mental Health Improvement	(0.05)	**(0.17)**	
Investment Slippage		(0.25)	
EASC / NCCU IMTP 2022/23			**16.038**
Investment Request via EASC (assume slippage):			
Further 2% Uplift	0.316		
WAST D & C Phase 2	0.275		
1% Contingency	0.161		
Operational Delivery Unit	0.067	**0.819**	

- Baseline as per 2021/22 including NEPTS (non Emergency Patient Transport Services).
- In Year Funding as per WG investment.
- NHS Inflation in at 2%.
- Potential further investment requested (but not yet agreed) re:-
  - Additional uplift 2%
  - 2nd Phase of Delivery and Capacity Request
  - Contingency and Operational Delivery Unit

National Pressures (Above Core Plan)

National Pressures Above Core Plan		Year 1
Extraordinary National Pressures	Energy/fuel increases	0.905
	Employers NI (Health & Social Care Levy)	0.560
		1.47
Ongoing Impact Covid Response	Ongoing Impact Block	2.86
	Cleaning Standards	0.56
	Prescribing	1.71
	Loss Dental Income	0.85
	Workforce	1.50
		7.48
Total National Pressures Above Core Plan		8.94

1. Extraordinary Pressures:

- Based on the lower estimate provided by BG
- Estimate based on 1.25% increase in current Employers NI

2. Covid Response:

- Block
  - Current cost of LTA above pre-covid levels adjusted for inflation.
  - Phasing = assumed full 22/23 but is dependent on ongoing local discussions with English providers
- Cleaning Stds
  - Based on original modelling and costs incurred above pre-covid budget.
  - Phasing = revised standard issued and being assessed
- Prescribing
  - Changes in prescribing approach driven growth
  - Phasing = further work required in 22/23 to determine the ongoing impact of changes on prescribing
- Dental Income
  - Estimate based on 21/22 levels
  - Phasing = assume £0.9m 22/23 but reduce as Dental activity return to pre-covid levels
- Workforce
  - Element of the variable pay costs above historic levels.
  - Phasing = reduce during 22/23 and assuming nil in 23/24

Summary Overall PTHB Plan

Core Plan	Year 1
Underlying b/f Deficit (Surplus)	5.62
WG Assessed Sustainability Funding via All Letter	(2.86)
Recurrent Impact 21/22 Pressures	3.50
Delivery Unmet Savings & Assumed Recurrent Benefits	(3.69)
Recurrent Commitment Recovery Allocation 22/23	(1.30)
NHS Commissioned Services Growth	2.28
Locally Determine Growth & Pressures	6.29
Standard National Pressures / Growth	1.51
WG Allocation	(11.04)
Financial Core Plan	**0.31**
National Pressures Above Core Plan	**Year 1**
Extraordinary National Pressures	1.47
Ongoing Impact Covid Response	7.48
Total National Pressures Above Core Plan	8.94
Financial Plan inc National Pressures	**9.25**

Note – national programmes of TTP, Mass Vaccinations and PPE are cost neutral to the Health Board as there will be direct WG funding to offset these costs and so have been excluded from the Plan at this point.

Table 1: Summary Targets in Plan

Targets	Total £000
b/f Unmet Savings	- 4,649
IBG Delivery	- 1,376
CHC Mitigating Actions	- 1,610
VP Mitigating Actions	- 1,000
Total	**- 8,635**

Table 2: Performance Against target @ 14/02/22

Delivery Against Target	Total £000
Target (table 1)	- 8,635
Savings Opportunities	2,775
IBG Delivery	1,376
CHC Mitigating Actions	1,610
VP Mitigating Actions	1,000
O/S Delivery	**- 1,874**

Table 3: Breakdown of Savings Opportunities Identified to Date

Areas	Total £000
Non Pay	343
CHC	15
Commissioning	2,216
Income	80
Medicines Mangt	-
Pay	121
Total	**2,775**

Other areas opportunities:

- Focus on Value in Rural Health
- Action on GIRFT and MSK programmes
- Estates rationalisation
- Future insourcing opportunities

Potential Risks to Delivery:

- CHC – costs continue to grow at exceptionally high levels

- Commissioning:
  - Ongoing discussions with English providers on the quantum's for 2022/23
  - WHSSC final plan to be incorporated
  - EASC plan to be signed off 25th March

- Maintain expenditure (and budget) levels – plan predicated on limiting any uplifts to hold efficiency savings target to 2020/21 levels - this will require Budget Holders to remain with current run rate levels of spend (excluding Covid).

- Delivery of Efficiency Savings Target of £4.6m.

- South Wales Programme – financial impact from any changes in patient flows linked to the Nevil Hall/Grange and Prince Charles Hospitals.

Powys Teaching Health Board

Integrated Performance Report

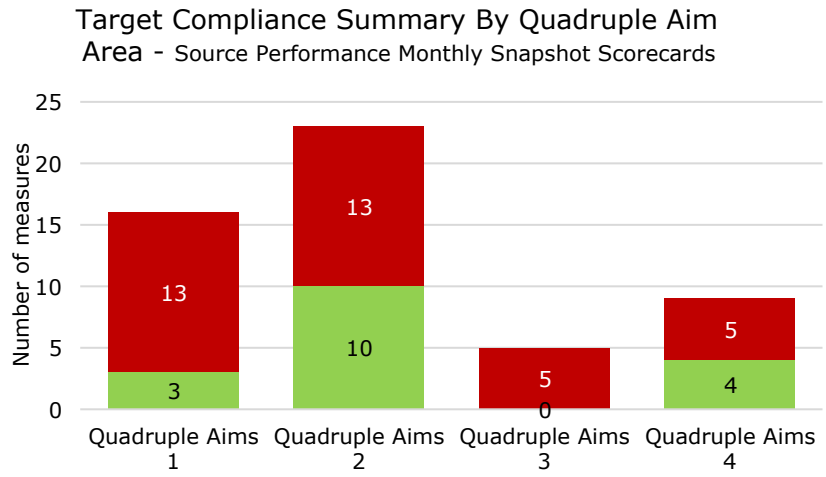
Month 9 – Updated 17/02/2021

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

- Executive Summary
- COVID-19
- NHS Delivery Framework Performance
- National Outcomes Framework: Performance Scorecard
- Quadruple Aim 1
- Quadruple Aim 2
- Quadruple Aim 3
- Quadruple Aim 4
- Next Steps

Executive Summary

This report provides the Board with a performance update against the 2021/22 NHS Delivery Framework. The data, drawn from various sources has been supported by statistical process charts, and includes officer lead narrative for challenges, actions, and further mitigations. With the ongoing pressure of COVID 19 and the impact on services, staff and capacity, this report unfortunately is not fully integrated with the Board Assurance Framework at present but this will be completed. It should also be noted that the availability of recent performance data varies by measure with monthly, quarterly, and annual updates to the key frequencies, this resulting in some metrics not having an update for a 12+ month period.



Performance for the health board remains challenging against the relevant outcome measures with 32.1% meeting Welsh Government set targets at the end of December 2021. Significant challenge has and continues to be as a result of the COVID-19 pandemic which continues to impact local and commissioned services especially the resulting sickness absence caused by Omicron variant. As a provider of care Powys Teaching Health Board has made improvement to meet existing access targets, and when nationally benchmarked leads the way in Wales. Mental health care remains robust with all metrics barring +18 interventions and neurodevelopment meeting the target in December.

The urgent care system continues to be highly pressurised across primary, secondary and community care with ambulance services struggling to meet demand or not being able to deploy back to active operation quickly enough from A&E hospital sites. The Health Board has increased management input and focus to this area to ensure that Powys as a provider has enough beds to cope with demand and that out of county acute hospital repatriation delays are kept to an absolute minimum.

The impact of the Covid 19 pandemic continues to have an impact on service delivery, staffing levels and the sustainability of services. The Health Board has not had to deploy the Local Options Framework as extensively as other Health Boards but there has been some adverse impact on service delivery and performance locally that are now being reported across the Quadruple Aims.

COVID-19 Infection Reporting – Source Public Health Wales

Reporting of COVID-19 infection data is now sourced directly from Public Health Wales reporting. The below table is based on cases and tests by Local Authority of residence.

Snapshot date 15/02/2022 – Source Public Health Wales

Time Period	Cases	Cases per 100k population	Testing Episodes	Testing per 100k population	Positive proportion
All Cases	23,965	18,095.7	159,635	120,538.4	15%
Rolling 7 days (5th to 11th of Feb)	348	262.8	1,218	919.7	28.6%

Daily charts

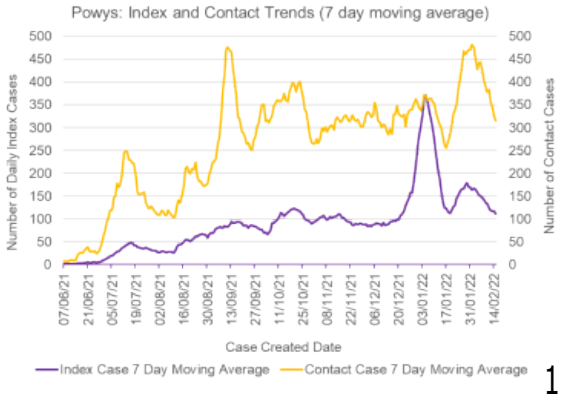
PHW data caveat – Individuals may be tested more than once for COVID-19. Information presented here is based on a 6-week episode periods. If an individual is tested more than once within a 6-week period they are only counted once and if any of their test results are positive, that is the result which is presented.

COVID-19 Test, Track, and Protect (TTP) – Source Powys County Council

Reporting of COVID-19 TTP data is now sourced directly from Powys County Council Business Intelligence team.

The Test, Trace, and Protect process remains robust with **2197** identified contact cases during the period **09/02/2022** and **15/02/2022**. Of these **1607** were eligible for follow-up, of which **95%** were followed up (**1525**). Of these **93%** were followed up within 24hr and **96%** followed up within 48hrs.

For index cases **837** were identified during the same period, of these **766** were eligible for follow -up, of with **89%** were successfully followed-up, **75%** within 24hrs and **90%** followed up within 48hrs

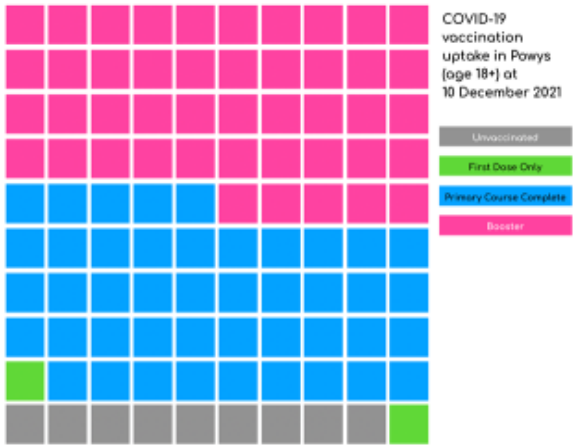


COVID-19 Vaccination Programme

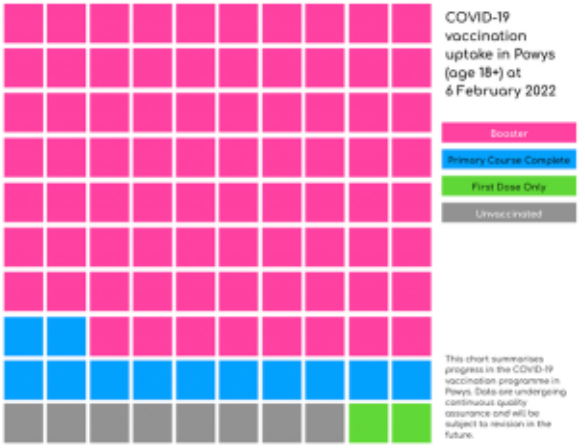
Where are we now?

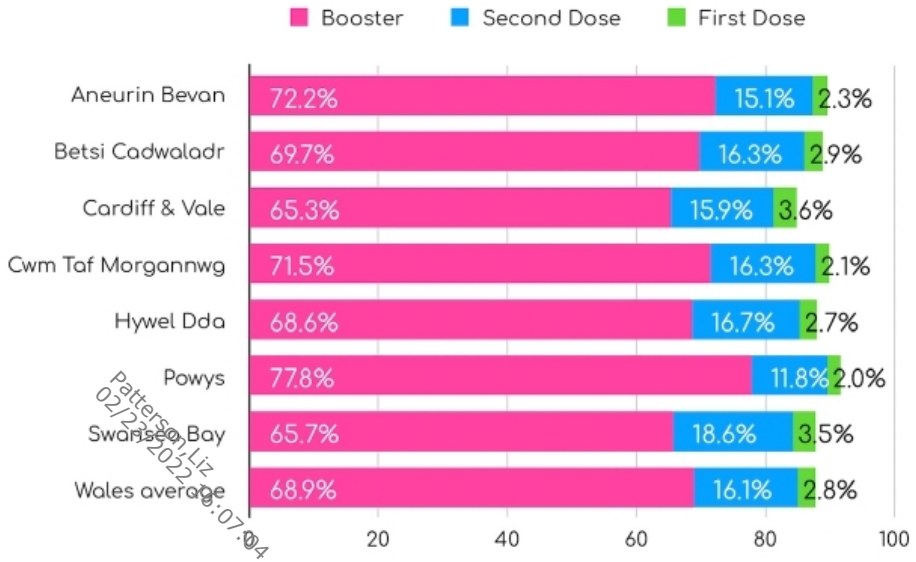
- 78% of all adults in Powys have received their booster.
- This represents over 86% of all those adults who completed their primary course.
- This remains the strongest performance of all health boards across Wales and is among the leading rates in the UK.
- The charts on the right show the progress made in accelerating the booster programme following national announcements in mid December.

December 2021



February 2022





Percentage of people in Wales aged 18+ who have received a COVID first dose, second dose and booster (source: PHW, 6 February 2022)

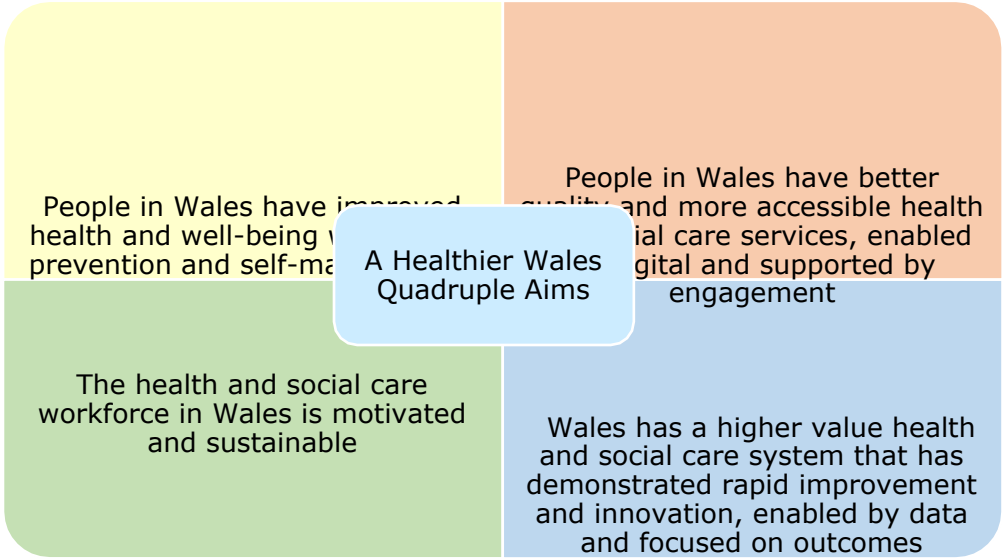
- The latest published all-Wales data (PHW weekly statistics, published on 10 February for data up to 6 February) shows that Powys has the highest rates for adult first dose, second dose and booster dose of all health boards in Wales
- Powys has the highest rates of first dose and second dose vaccination for people aged 16-17 of all health boards in Wales.
- Powys has the highest rates of first dose vaccination for people aged 12-15 of all health boards in Wales.

NHS Delivery Framework Performance

NHS DELIVERY FRAMEWORK PERFORMANCE

The NHS Delivery framework has been updated for 2021/22. The challenge for the health board relates to new, revised or retired measures, their relevance for the organisation, and the data source, reporting schedule, and officer lead requirements to support national reporting and benchmarking. As this update has been finalised at the start of Q3 the health board is working to integrate those changes into the overarching plan.

The new 2021/22 framework reports against 73 delivery measures mapped to the Healthier Wales quadruple aims.



A brief introduction to statistical process control charts (SPC)

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

SPC charts

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

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

National Outcomes Framework: Performance Scorecard

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

			2021/22 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking	
Aim	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 1: People in Wales have improved health and wellbeing with better prevention and self management	Director of Nursing		1	Percentage of babies who are exclusively breastfed at 10 days old	Annual Improvement	2020/21	51.9%		52.0%	1st	36.8%
	Director of Public Health	Consultant in Public Health	2	'6 in 1' vaccine by age 1	95%	Q2 21/22	98.5%	97.3%	93.9%	6th	95.2%
	Director of Public Health	Consultant in Public Health	3	2 doses of the MMR vaccine by age 5	95%	Q2 21/22	94.4%	91.7%	91.5%	3rd	91.4%
	Director of Public Health	Consultant in Public Health	4	Attempted to quit smoking - Cum	5%	Q2 21/22	1.44%		1.62%	6th	2.06%
	Director of Primary Care, Community and Mental Health		5	Standardised rate of alcohol attributed hospital admissions	4 quarter reduction trend	Q2 21/22	359.4	430.1	375.1	6th	382.3
	Director of Primary Care, Community and Mental Health	Assistant Director of Mental Health	6	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	4 quarter improvement trend	Q2 21/22	59.0%	63.8%	63.9%	6th	70.3%
	Director of Public Health	Consultant in Public Health	7a	Flu Vaccines - 65+	75%	2020/21	67.1%		73.5%	7th	76.5%
	Director of Public Health	Consultant in Public Health	7b	Flu Vaccines - under 65 in risk groups	55%	2020/21	44.3%		52.2%	3rd	51.0%
	Director of Public Health	Consultant in Public Health	7c	Flu Vaccines - Pregnant Women	75%	2020/21	93.3%		92.3%	2nd	81.5%
	Director of Public Health	Consultant in Public Health	7d	Flu Vaccines - Health Care Workers	60%	2020/21	64.3%		56.5%	8th	65.6%
	Director of Public Health	Consultant in Public Health	8a	Coverage of cancer screening for: bowel	60%	2019/20	56.4%		59.5%	1st	58.9%
	Director of Public Health	Consultant in Public Health	8b	Coverage of cancer screening for: breast	70%	2018/19	73.7%		69.1%	7th	72.8%
	Director of Public Health	Consultant in Public Health	8c	Coverage of cancer screening for: cervical	80%	2018/19			76.1%	1st	73.2%
	Director of Primary Care, Community and Mental Health	Assistant Director of Mental Health	9a	MH Part 2 - % residents with CTP <18	90%	Dec-21	95.2%	100.0%	100.0%	1st*	87.1%
	Director of Primary Care, Community and Mental Health	Assistant Director of Mental Health	9b	MH Part 2 - % residents with CTP 18+	90%	Dec-21	91.1%	90.5%	88.6%	2nd*	84.9%
	Director of Primary Care, Community and Mental Health	Assistant Director of Mental Health	10	% People aged 64+ who are estimated to have dementia that are diagnosed by GP	Annual improvement	2019/20	44.7%		42.4%	7th	53.1%

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

			2021/22 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking	
Aim	**Executive Lead**	**Officer Lead**	**No.**	**Abbreviated Measure Name**	**Target**	**Latest Available**	**12month Previous**	**Previous Period**	**Current**	**Ranking**	**All Wales**
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	Director of Primary Care, Community and Mental Health	Assistant Director of Primary Care	15	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	100%	2020/21	56.3%		93.8%	2nd	75.9%
	Director of Primary Care, Community and Mental Health	Assistant Director of Primary Care	16	Percentage of children regularly accessing NHS primary dental care within 24 months	4 quarter improvement trend	Q1 21/22	60.5%	52.8%	50.6%	5th	55.9%
	Director of Primary Care, Community and Mental Health	Assistant Director of Primary Care	17	Percentage of adults regularly accessing NHS primary dental care within 24 months	4 quarter improvement trend	Q1 21/22	49.8%	45.3%	42.7%	4th	42.4%
	Director of Primary Care, Community and Mental Health	Assistant Director of Primary Care	18	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	90%	Jun-21	92.3%	89.8%	96.3%		
	Director of Primary Care, Community and Mental Health	N/A	19	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	Dec-21	52.1%	41.8%	43.0%	6th	51.1%
	Director of Primary Care, Community and Mental Health	Assistant Director of Community Services	21	MIU % patients who waited <4hr	95%	Dec-21	100.0%	100.0%	100.0%	1st	67.6%
	Director of Primary Care, Community and Mental Health	Assistant Director of Community Services	22	MIU patients who waited +12hrs	0	Dec-21	0	0	0	1st	8,819
	Director of Primary Care, Community and Mental Health	Assistant Director of Community Services	23	Median time from arrival at an ED to triage by a clinician	12 month reduction trend	No data locally available due to metric revision					
	Director of Primary Care, Community and Mental Health	N/A	24	Median time from arrival at an ED to assessment by a senior clinical decision maker	12 month reduction trend						
	Director of Primary Care, Community and Mental Health	Assistant Director of Community Services	32	Number of diagnostic breaches 8+ weeks	0	Dec-21	177	184	222	1st*	45,682
	Director of Primary Care, Community and Mental Health	Assistant Director of Community Services	33	Number of therapy breaches 14+ weeks	0	Dec-21	237	42	51	1st*	8,355
	Director of Primary Care, Community and Mental Health	Assistant Director of Community Services	34	RTT patients waiting less than 26 weeks (excluding D&T)	95%	Dec-21	58.8%	83.9%	83.1%	1st*	54.7%
	Director of Primary Care, Community and Mental Health	Assistant Director of Community Services	35	RTT patients waiting over 36 weeks (excluding D&T)	0	Dec-21	1337	247	211	1st*	241,667

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

			2021/22 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking	
Aim	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	Director of Primary Care, Community and Mental Health	Assistant Director of Community Services/Assistant Director of Mental Health	38	Number of patients waiting for a follow-up outpatient appointment	<= 3,864	Dec-21	6,324	6,458	6,439	1st	784,834
	Director of Primary Care, Community and Mental Health	Assistant Director of Community Services/Assistant Director of Mental Health	39	Number of patient follow-up outpatient appointment delayed by over 100%	<= 201	Dec-21	484	400	660	1st	198,444
	Director of Primary Care, Community and Mental Health	Assistant Director of Community Services	40	Percentage of ophthalmology R1 patients who are waiting within their clinical target date (+25%)	95%	Dec-21	75.4%	56.5%	69.1%	2nd	61.7%
	Director of Primary Care, Community and Mental Health	Assistant Director of Community Services	Local	Percentage of patient pathways without a HRF factor	<= 2.0%	Dec-21	1.6%	1.1%	0.6%		
	Director of Primary Care, Community and Mental Health	Assistant Director of Mental Health	41	Rate of hospital admissions with any mention of self-harm from children and young people per 1k	Annual Reduction	2020/21	5.06		2.42	2nd	3.54
	Director of Primary Care, Community and Mental Health	Assistant Director of Mental Health	42	CAMHS % waiting <28 days for first appointment	80%	Dec-21	85.4%	91.4%	91.7%	3rd	22.1%
	Director of Primary Care, Community and Mental Health	Assistant Director of Mental Health	43a	MH Part 1 - Assessments <28 days <18	80%	Dec-21	97.8%	95.6%	100.0%	1st*	57.2%
	Director of Primary Care, Community and Mental Health	Assistant Director of Mental Health	43b	MH Part 1 - Assessments <28 days 18+	80%	Dec-21	97.7%	94.8%	89.7%	2nd*	70.6%
	Director of Primary Care, Community and Mental Health	Assistant Director of Mental Health	44a	MH Part 1 - Interventions <28 days <18	80%	Dec-21	100.0%	93.1%	100.0%	2nd*	52.6%
	Director of Primary Care, Community and Mental Health	Assistant Director of Mental Health	44b	MH Part 1 - Interventions <28 days 18+	80%	Dec-21	95.2%	64.4%	70.9%	6th*	72.6%
	Director of Primary Care, Community and Mental Health	Assistant Director of Womens and Children's	45	Children/Young People neurodevelopmental waits	80%	Dec-21	37.1%	58.8%	63.6%	2nd*	36.4%
	Director of Primary Care, Community and Mental Health	Assistant Director of Mental Health	46	Adult psychological therapy waiting < 26 weeks	80%	Dec-21	92.2%	98.1%	97.3%	2nd*	73.8%
	Director of Nursing	Deputy Director of Nursing	47a	HCAI - E.coli per 100k pop cum	TBC	Dec-21			2.99	PTHB is not nationally benchmarked for infection rates	
	Director of Nursing	Deputy Director of Nursing	47b	HCAI - S.aureus bacteraemia's (MRSA and MSSA) per 100k pop cum	TBC	Dec-21			0.00		
	Director of Nursing	Deputy Director of Nursing	47c	HCAI - C.difficile per 100k pop cum	TBC	Dec-21			7.98		
	Director of Nursing	Deputy Director of Nursing	48a	HCAI - Klebsiella sp cumulative number	TBC	Dec-21			0		
	Director of Nursing	Deputy Director of Nursing	48b	HCAI - Aeruginosa per 100k cumulative number	TBC	Dec-21			0		

National Outcomes Framework: Performance Scorecard

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

			2021/22 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking	
Aim	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable	Director of Nursing	Assistant Director of Primary Care	49	Percentage satisfied or fairly satisfied about the care that is provided by their GP/family doctor (16+)	Annual Improvement	2020/21	87.9%		78.0%	7th	88.0%
	Director of Workforce and OD		52	Performance Appraisals (PADR)	85%	Dec-21	68.0%	74.0%	74.0%	1st (Aug-21)	58.9% (Aug-21)
	Director of Workforce and OD		53	Core Skills Mandatory Training	85%	Dec-21	78.7%	81.3%	81.7%	2nd (Aug-21)	79.9% (Aug-21)
	Director of Workforce and OD		55	(R12) Sickness Absence	12m↓	Dec-21	5.03%	5.34%	5.30%	3rd (Aug-21)	5.08% (Aug-21)
	Director of Workforce and OD		56	Percentage of staff reporting their line manager takes a positive interest in their health and wellbeing	Annual Improvement	2020		77% (2018)	75.5%	2nd	65.90%

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

			2021/22 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking	
Aim	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
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	Director of Nursing	Assistant Director Quality & Safety	59	Concerns & Complaints	75%	Q2 2021/22	50.0%	47.0%	62.0%	10th*	67.20%
	Medical Director		60	Percentage of Health and Care Research Wales non-commercial portfolio studies recruiting to target	100% of studies	No data locally available due to metric revision					
	Medical Director		61	Percentage of Health and Care Research Wales portfolio commercially sponsored studies recruiting to target	100% of studies						
	Medical Director		62	Crude hospital mortality rate (74 years of age or less)	12m↓	Dec-21	3.64%	2.35%	2.46%	Not applicable	1.44%
	Medical Director	Chief Pharmacist	66	New medicine availability where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal	100%	Q1 21/22	96.6%	97.2%	97.4%	6th	98.6%
	Medical Director	Chief Pharmacist	67	Total antibacterial items per 1,000 STAR-PUs	189.6	Q1 21/22	199.6	195.6	196.9	1st	227.5
	Medical Director	Chief Pharmacist	68	Percentage of secondary care antibiotic usage within the WHO access category	55%						
	Medical Director	Chief Pharmacist	69	Number of patients age 65 years or over prescribed an antipsychotic	Quarter on quarter reduction	Q1 21/22	478	487	485	1st	10,221
	Medical Director	Chief Pharmacist	70	Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age	Quarter on quarter reduction	Q1 21/22	0.134%	0.109%	0.104%	1st	0.145%
	Medical Director	Chief Pharmacist	71	Opioid average daily quantities per 1,000 patients	4 quarter reduction trend	Q1 21/22	4001.2	4068	4059.8	2nd	4462.6
	Director of Finance and ICT		74	Agency spend as a percentage of the total pay bill	12m↓	Dec-21	6.8%	10.4%	9.7%	10th (May-21)	4.1% (May-21)
	Director of Finance and ICT		75	Percentage of episodes clincally coded within one reporting month post episode discharge end date	12m improvement trend towards achieving the 95% target	Oct-21	100.0%	100.0%	100.0%	1st	90.3%

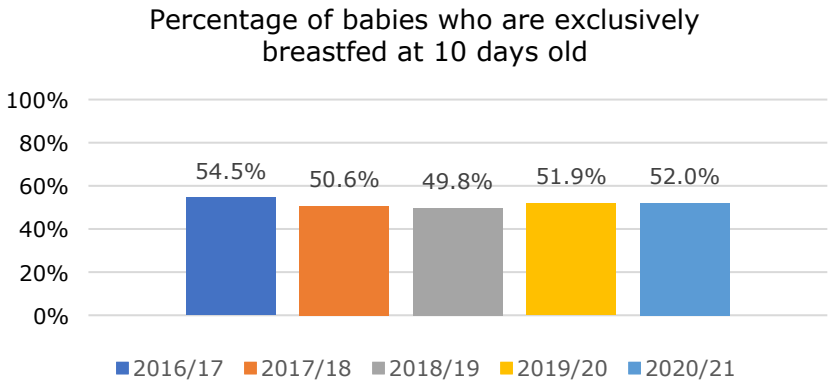
Quadruple Aim 1

No.	1

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

Measure: Percentage of babies who are exclusively breastfed at 10 days old

Executive Lead	Director of Nursing
Officer Lead	TBC
BAF	TBC



Performance 2020/21	
Local Performance	All Wales Benchmark
52%	1st (36.8%)
Variance Type	
N/A	
Target	
Annual Improvement	
Data Quality	

What the data tells us	Issues	Actions	Mitigations
2020/21 performance slightly above the average performance over the last 5 years. Powys benchmarks positively against the All Wales figure of 36.8%. Patterson,Liz 02/23/2022 16:07:04	Although breastfeeding rates are above the Wales average there is a reduction in exclusive breastfeeding rates between birth (77% in 2020, Source NCCHD) and 10 days. 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.	The Powys Infant Feeding Steering Group will be restarting in 2022 with revision of the infant feeding action plan. There is an infant feeding coordinator in post who will be reviewing the data requirements and including in training the importance of accurate data collection by staff. Maternity and health visiting staff who have not completed the Baby Friendly Initiative (BFI) training in the last 3 years are required to complete it in 2022.	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 has commenced recruitment in January 2022. Powys volunteer breastfeeding groups have recommenced some face to face groups across Powys, increasing the support available to families.

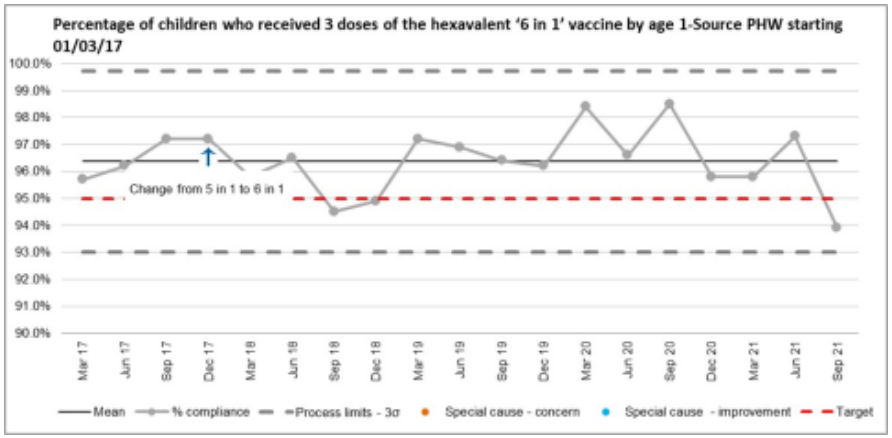
Quadruple Aim 1

No.	2

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

Measure: Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1

Executive Lead	Director of Public Health
Officer Lead	Consultant in Public Health
BAF	TBC



Performance Q2 2021/22	
Local Performance	All Wales Benchmark
93.9%	6th (95.2%)
Variance Type	
Common Cause	
Target	
95%	
Data Quality	

What the data tells us	Issues	Actions	Mitigations
PTHB normally performs consistently above the 95% target for coverage of the 6 in 1 vaccinations. However Q2 2021/22 has seen the first below target performance since Q3 2018. The health board ranks 6th against the All Wales average of 95.2%.		Work is underway to develop a enhanced primary care dashboard to identify any variation and work with individual practices to address under performance.	None required.

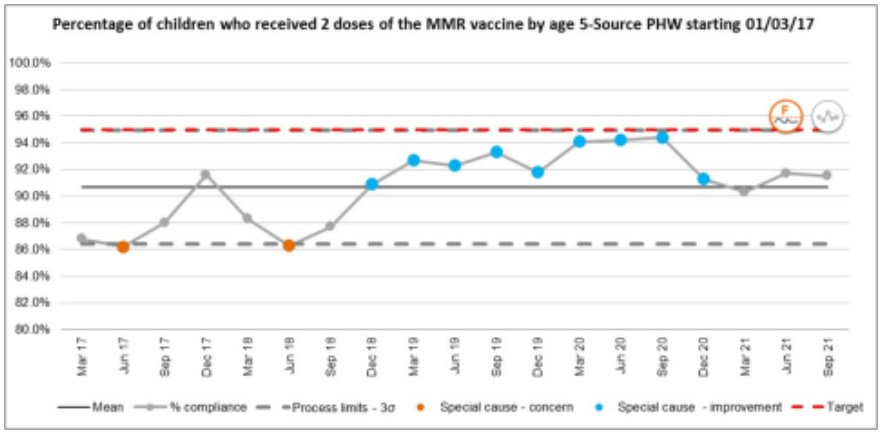
Quadruple Aim 1

No.	3

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

Measure: Percentage of children who received 2 doses of the MMR vaccine by age 5

Executive Lead	Director of Public Health
Officer Lead	Consultant in Public Health
BAF	TBC



Performance Q2 2021/22	
Local Performance	All Wales Benchmark
91.5%	3rd (91.4%)
Variance Type	
Common Cause	
Target	
95%	
Data Quality	

What the data tells us	Issues	Actions	Mitigations
PTHB has not met the target for 2 doses of MMR by age 5, performance is above calculated mean. PTHB benchmarks 3rd against and All Wales performance of 91.4%.	We have seen uptake drop off for MMR at 5 years, we believe that this is two fold; a reluctance by parents to take children to be vaccinated at this age, and the pressure on primary care to provide face to face appointments.	Due to current pressures as a result of Covid-19 we have not been able to focus on this as much as we would have liked. Actions have included a discussion with primary care where uptake is lowest asking for recovery plans.	A recovery plan will be developed during Q4 to catch up on children under vaccinated in previous quarters and ensure the direction of travel is improved. Data cleansing is also being undertaken with the child health departments as staffing capacity was reduced during the pandemic.

Quadruple Aim 1

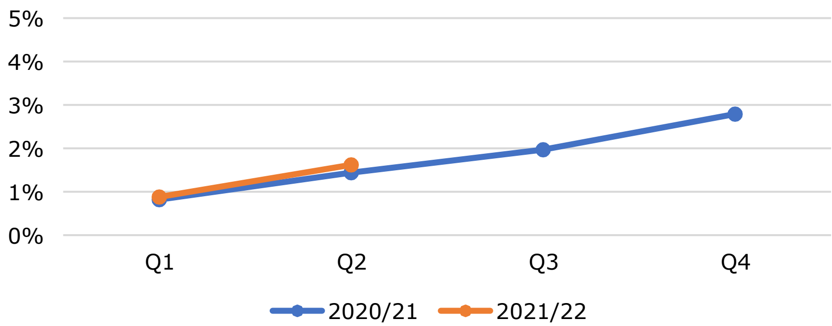
No. 4

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

Measure: Percentage of adult smokers who make a quit attempt via smoking cessation services

Executive Lead	Director of Public Health
Officer Lead	Consultant in Public Health
BAF	TBC

Percentage of adult smokers who make a quit attempt via smoking cessation services



Performance Q2 2021/22	
Local Performance	All Wales Benchmark
1.62%	6th (2.06%)
Variance Type	
N/A	
Target	
5% Annual Target	
Data Quality	

What the data tells us	Issues	Actions	Mitigations
The cumulative quit attempts for both Q1 and 2 show a slight increase on 2020/21 but they are still lower than expected and well below the national expectation. This includes the total quit attempts across Powys. The numbers of smokers within Powys attempting to stop smoking is in the main lower than other health board areas.	The most significant issue driving the reduction in smoking quit attempts appears to be a reduction in access specifically through level 3 pharmacy provision with over a 50% reduction in activity between the same periods in 2019 and 2021 from 4,749 to 2,264 respectively. Both community and maternity provision has increased slightly.	With the removal of some social distancing and IPC requirements it is hoped community pharmacy will increase the offer to those wishing to quit. We are also currently working through a bidding process to try and secure extra funding to enhance the support to those who find it hardest to quit and those who are awaiting a planned procedure.	Mitigation is limited at the current time although the community services are increasing slot for smokers wishing to be supported through quit attempts.

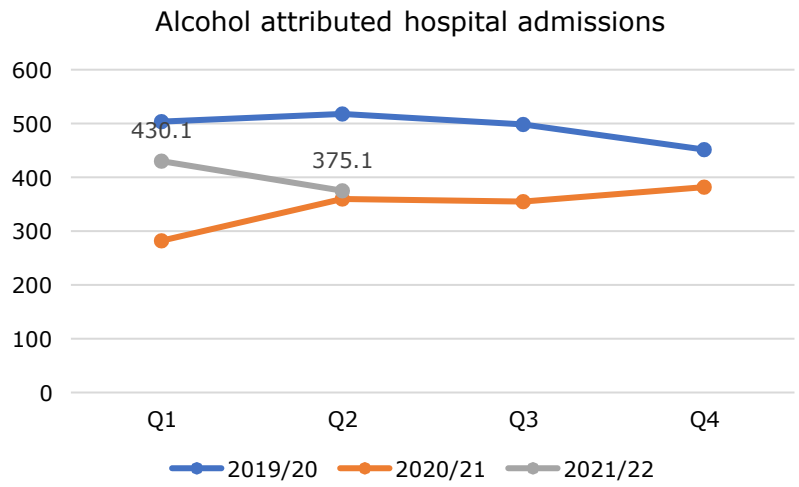
Quadruple Aim 1

No.	5

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

Measure: European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)

Executive Lead	Director of Therapies and Health Sciences (Interim)
Officer Lead	TBC
BAF	TBC



Performance Q2 2021/22	
Local Performance	All Wales Benchmark
375.1	6th (382.3)
Variance Type	
N/A	
Target	
4 quarter reduction trend	
Data Quality	

What the data tells us	Issues	Actions	Mitigations
Increasing four quarter trend in alcohol attributed hospital admissions, however rates in 2021/22 are below 2019/20 reported levels. Welsh average for Q2 2021/22 is 382.3 and PTHB ranks 6th.	A recent Public Health England study reported that alcoholic liver deaths increased by 21% during the pandemic year 20/21. And 24.4% more alcohol was sold, it is likely that increases in drinking habit as a result of COVID-19 have affected admission rates for Powys residents in line with UK findings	Continue to monitor reduction noted in quarter 2. Review public health information provision in terms of messaging to general public. Identify any repetitive patients accessing services and consider alternative support as appropriate.	To be confirmed once further action has been taken.

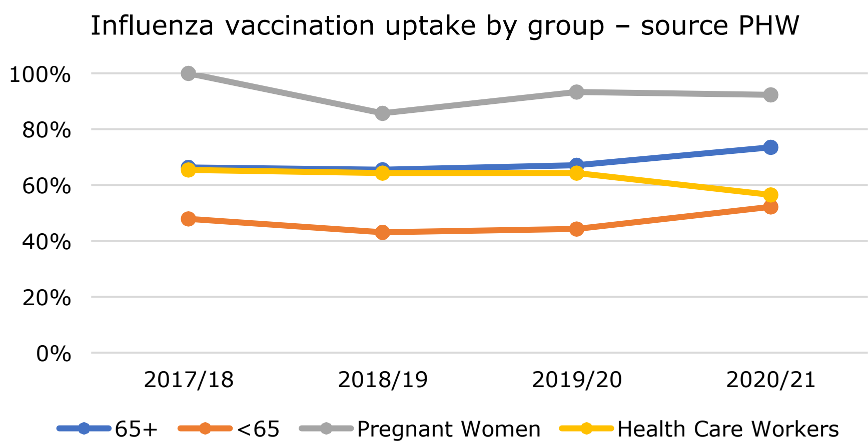
Quadruple Aim 1

No.	7

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

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

Executive Lead	Director of Public Health
Officer Lead	Consultant in Public Health
BAF	TBC



Performance 2020/21		
Metric	Local	All Wales
65+	73.5%	7th (76.5%)
< 65 in risk groups	52.2%	3rd (51.0%)
Pregnant Women	92.3%	2nd (81.5%)
Health Care Workers	56.5%	8th (65.6%)

Variance Type
N/A
Target
65+ 75%, <65 @ risk 55%, Pregnant Women 75%, Health care workers 60%.
Data Quality

What the data tells us	Issues	Actions	Mitigations
• 65+yrs: Performance was close to the 75% target in 2020/21 and shows a year on year improvement. • <65ys at risk: Performance was above the Wales average but below target. • Pregnant women uptake remains robust well above all Wales average. • Health care worker uptake fell in 2020/21, partly due to COVID-19, with remote working, shielding staff members and corresponding difficulty accessing vaccinations.	During 2020/21 the numbers vaccinated in the key risk groups increased, however, primary care workforce capacity and social distancing arrangements made vaccination difficult.	• We are actively engaging primary care regarding delivery of the flu vaccine for 2021/22. Practices have been offered up to six sessions where they can close the practice and routine work will be covered by the out of hours provider. We do however still face problems with vaccine supply. • A separate staff vaccination steering group has been put in place. Every effort has been made to increase the numbers of peer vaccinators available to increase staff vaccination.	We have increased the offer of flu vaccinations through community pharmacy and for staff have strengthened the offer through additional community clinics and extended hours sessions.

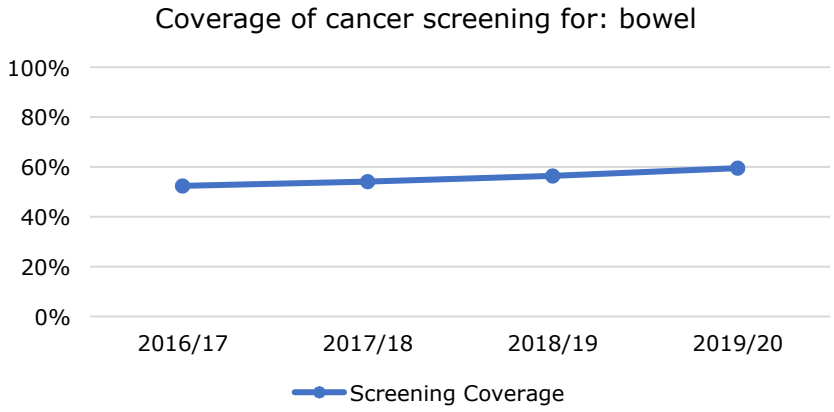
Quadruple Aim 1

No.	8a

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

Percentage of eligible people that have participated in the bowel screening programme within the last 2.5 years

Executive Lead	Director of Public Health
Officer Lead	Consultant in Public Health
BAF	TBC



Performance 2019/20	
Local Performance	All Wales Benchmark
59.5%	1st (58.9%)
Variance Type	
N/A	
Target	
60%	
Data Quality	

What the data tells us	Issues	Actions	Mitigations
Coverage for bowel screening has improved consistently for PTHB, and the health board now ranks 1st above the All Wales average of 58.9% narrowly missing the national target. Public Health Wales are currently unable to provide a timescale for data reporting 2020/21 financial year.	There is an issue with timely release of data to enable us to understand ongoing uptake of the bowel screening programme.	We will continue to support the roll out and extension of the bowel screen programme where possible.	None required – awaiting more up to date data.

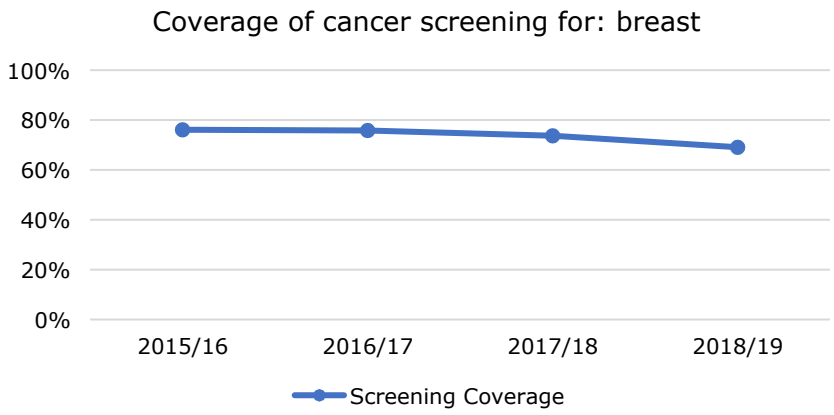
Quadruple Aim 1

No. 8b

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

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

Executive Lead	Director of Public Health
Officer Lead	Consultant in Public Health
BAF	TBC



Performance 2018/19	
Local Performance	All Wales Benchmark
69.1%	7th (72.8%)
Variance Type	
N/A	
Target	
70%	
Data Quality	

What the data tells us	Issues	Actions	Mitigations
Coverage for breast screening has fallen by 7% in the 4 years up to 2018/19. In 2018/19, the health board ranked 7th below the Wales average of 72.8%. Public Health Wales are currently unable to provide a timescale for data reporting for 2019/20 or 2020/21 financial years.	Currently the health board has limited control of performance of this target as eligible women are required to be called on a three yearly cycle for an appointment, these appointments are offered by PHW. We are still awaiting 2019/20 data to see if there is an improvement in coverage for women within Powys. We know that this is to do with the timeliness of invitation letters (from PHW), rather than attendance once invited.	We have had discussions with the Director of Screening Programmes, PHW and we have agreed to wait until 2019/20 data is available so we can further understand screening coverage.	Not possible at this stage as outside the control of the Health Board.

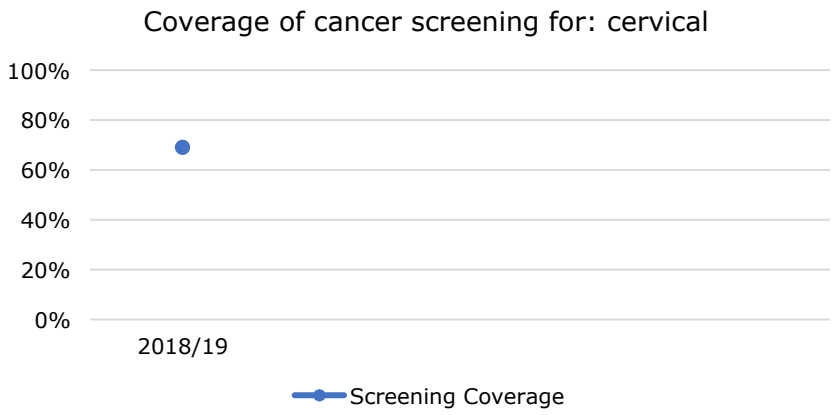
Quadruple Aim 1

No.	8c

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

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

Executive Lead	Director of Public Health
Officer Lead	Consultant in Public Health
BAF	TBC



Performance 2018/19	
Local Performance	All Wales Benchmark
76.1%	1st (73.2%)
Variance Type	
N/A	
Target	
80%	
Data Quality	

What the data tells us	Issues	Actions	Mitigations
Data prior to 2018/19 for cervical screening is not comparable due to a change in the age coverage. For the available data point in 2018/19 Powys ranked 1st above the Wales average of 73.2%, however, the 80% target was not met. Public Health Wales are currently unable to provide a timescale for data reporting for 2019/20 or 2020/21 financial year.	There is an issue with timely release of data to enable us to understand ongoing uptake of the cervical screening programme.	Once timely data is available we will look to assess variation in uptake of screening across practice / geographical areas and work to support women access timely screening.	None currently

Quadruple Aim 1

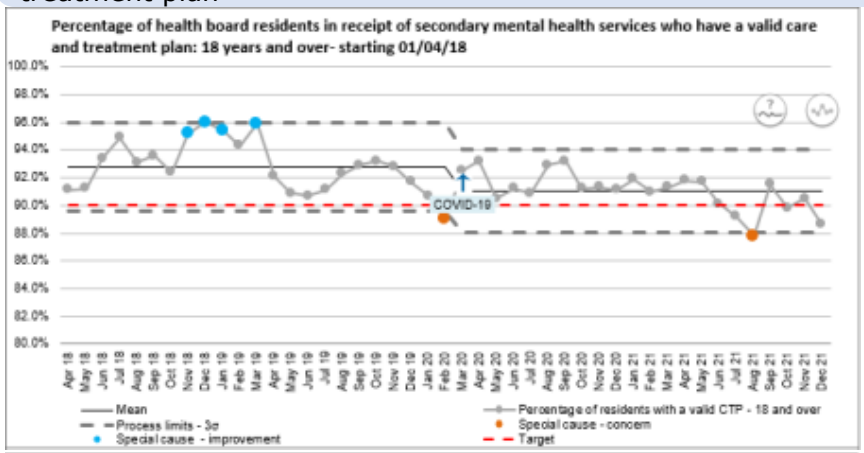
No. 9

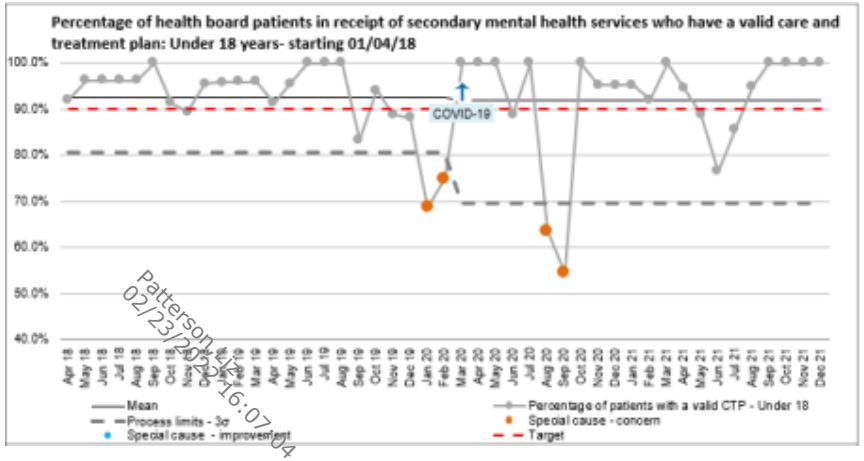
People in Wales have improved health and well-being and better prevention and self-management

Mental Health - Part 2

Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan

Executive Lead	Director of Therapies and Health Sciences (Interim)
Officer Lead	Assistant Director of Mental Health
BAF	TBC





December 2021 Actual Performance			
18 years & over		Under 18 years	
Local	All Wales	Local	All Wales
88.6%	*84.9%	100%	*87.1%
Variance Type			
Common Cause			
Target			
90%			
Data Quality			

* Benchmark from previous available period

What the charts tells us	Issues	Actions	Mitigations
A small number of CTP have not been reviewed within the last 12 months.	The majority of these are within North Powys services where there have considerable been staff vacancies. This is also impacted by Social Services inability to undertake their share of Office Duty, with this responsibility falling to PTHB Staff, impacting on clinicians ability to care coordinate.	Series of meetings set with Director of Social Services and Head of Adults over Powys County Council responsibilities in CMHTs. Recruitment to vacant posts.	Clinical assessment and prioritisation of case loads.

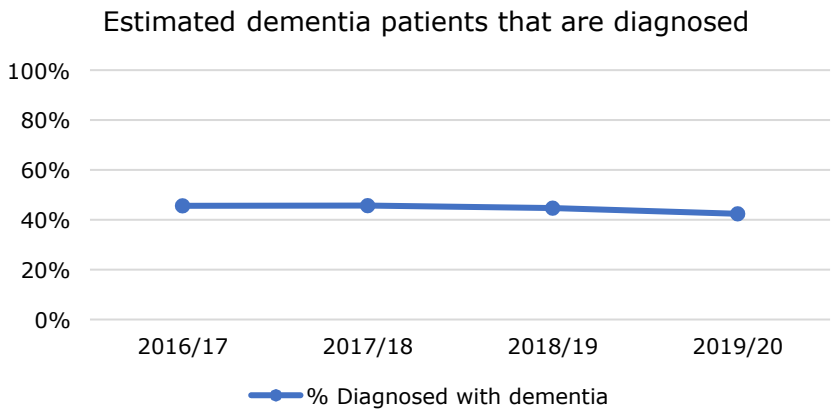
Quadruple Aim 1

No.	10

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

Percentage of people in Wales at a GP practice (age 65 years or over) who are estimated to have dementia that are diagnosed

Executive Lead	Director of Therapies and Health Sciences (Interim)
Officer Lead	Assistant Director of Mental Health
BAF	TBC



Performance 2019/20	
Local Performance	All Wales Benchmark
42.4%	7th (53.1%)
Variance Type	
N/A	
Target	
Annual Improvement	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
Powys has failed to meet the target for the last 3 years of improvement. The health board ranks 7th against an All Wales average of 53.1%.	The target has proved challenging for Memory Assessment services for a number of years, compounded during the C19 pandemic. This is because: • Difficult access to diagnostic CT (now improving) • Difficulties in recruiting Memory Assessment Nurses. • Medical Vacancies. • Reluctance for patients to visit clinics during the pandemic, and difficulties in communicating via VC or telephone for remote consultation.	A key priority for 2022 is to redesign Memory Assessment Services. A medical recruitment SBAR that identifies a number of options to improve recruitment of psychiatrists is under consideration. This includes the introduction of non medical prescribers and assessors within the service. If approved, this will change the pathway so that other clinicians take the lead on diagnosis (supervised by a consultant), and creates additional capacity to improve performance.	See the action segment.

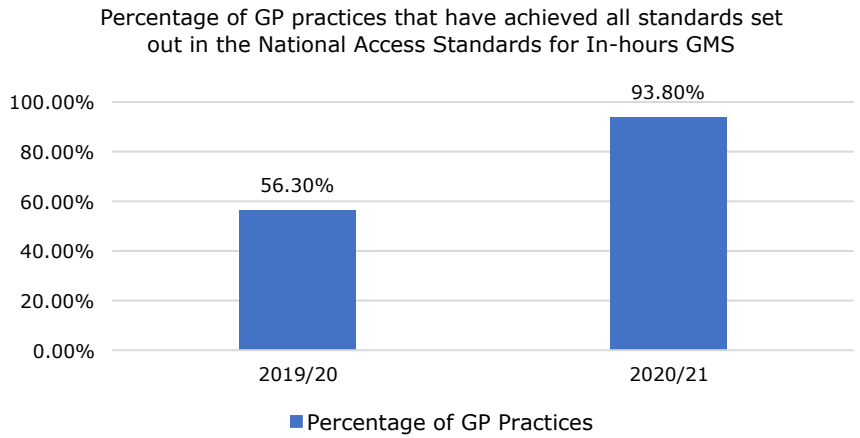
Quadruple Aim 2

No.	15

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

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

Executive Lead	Director of Finance & ICT (Interim)
Officer Lead	Assistant Director of Primary Care
BAF	TBC



Performance 2020/21	
Local Performance	All Wales Benchmark
93.8%	75.9%
Variance Type	
N/A	
Target	
100%	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
Limited data (2 points) available for this metric makes long term trend hard to ascertain. Performance shows a significant improvement to 93.8% from the previous year. 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.	Out of all the standards, only one standard was not achieved by one practice. This is Standard 5 - email facility for patients to make appointments or have a call back.	The Mid Cluster Practice representative on the PTHB Access Forum is linking in with the practice to offer support and advice to meet this indicator in 2021/22	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 work closely with all practices to improve access standards achievement. Specific mitigation for this issue is as per the Action.

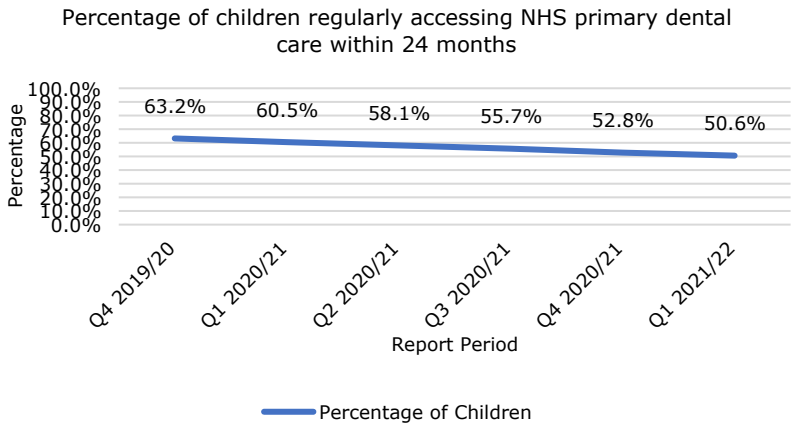
Quadruple Aim 2

No.	16

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

Percentage of children regularly accessing NHS primary dental care within 24 months

Executive Lead	Director of Finance & ICT (Interim)
Officer Lead	Assistant Director of Primary Care
BAF	TBC



Q1 2021/22 Performance	
Local Performance	All Wales Benchmark
50.6%	(5th) 55.9%
Variance Type	
N/A	
Target	
4 quarter improvement trend	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
Performance has continued to fall across the displayed time period. PTHB performs below the All Wales average and ranks 5th for this metric. Patterson,Liz 02/23/2022 16:07:04	Welsh Government has continued to suspend the normal contract monitoring metrics (UDA's). Dentistry has been hugely affected by the pandemic. Routine dentistry ceased on 23rd March 2020 until the end of Q3 2021/22 and routine care was delayed, along with non-urgent/non -emergency aerosol generating procedures. Meeting the ventilation standards/requirements for the clinical environment impacted further on dental practices.	• A new national metric was introduced in Q4 2020/21, for Practices to accept at least 2 new patients per week including children not seen >12 months. • Monthly monitoring is in place to review the Practice requirement to accept at least 2 new patients per week including children not seen >12 months.	Child access is monitored monthly via the Primary Care GDS Monitoring Group. Practices not meeting the metric are followed up and a local action plan agreed. Contract sanctions will be put in place for practices not meeting the metric.

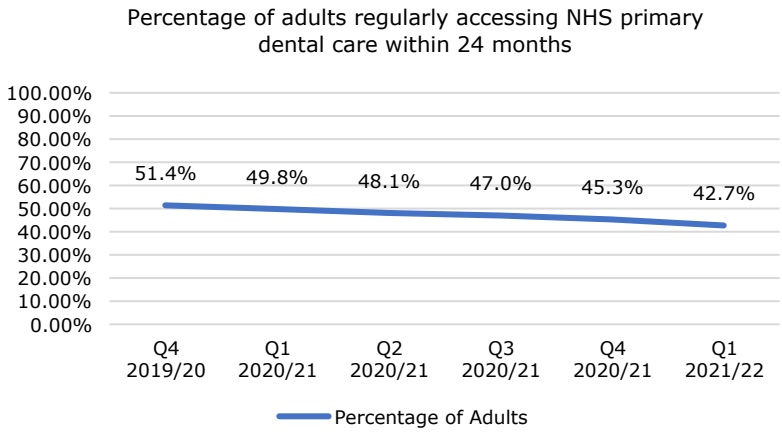
Quadruple Aim 2

No.	17

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

Percentage of adults regularly accessing NHS primary dental care within 24 months

Executive Lead	Director of Finance & ICT (Interim)
Officer Lead	Assistant Director of Primary Care
BAF	TBC



Q1 2021/22 Performance	
Local Performance	All Wales Benchmark
42.7%	(4th) 42.4%
Variance Type	
N/A	
Target	
4 quarter improvement trend	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
Performance has continued to fall for this measure over the displayed period. PTHB performs slightly above the All Wales average of 42.4% ranking 4th. Patterson,Liz 02/23/2022 16:07:04	Welsh Government has continued to suspend the normal contract monitoring metrics (UDA's). Dentistry has been hugely affected by the pandemic. Routine dentistry ceased on 23rd March 2020 until the end of Q3 2021/22 and routine care was delayed, along with non-urgent/non-emergency aerosol generating procedures. Meeting the ventilation standards/requirements for the clinical environment impacted further on dental practices.	A new national metric was introduced in Q4 2020/21, for Practices to accept at least 2 new patients per week including children not seen >12 months. Monthly monitoring is in place to review the Practice requirement to accept at least 2 new patients per week including children not seen >12 months.	Access is monitored monthly via the Primary Care GDS Monitoring Group. Practices not meeting the metric are followed up and a local action plan agreed. Contract sanctions will be put in place for practices not meeting the metric.

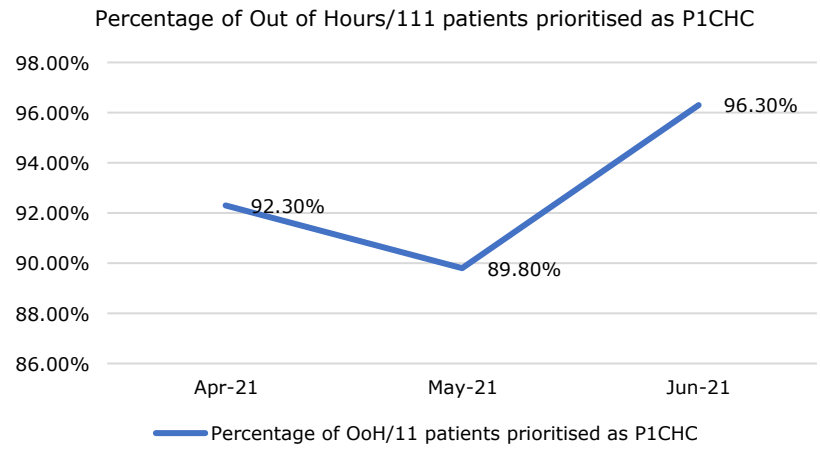
Quadruple Aim 2

No.	18

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

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

Executive Lead	Director of Finance & ICT (Interim)
Officer Lead	Assistant Director of Primary Care
BAF	TBC



June 2021 Performance	
Local Performance	All Wales Benchmark
96.3%	N/A
Variance Type	
N/A	
Target	
90%	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
The availability of only three datapoints via national sources results in limited analysis for the out of hours metric, PTHB has met the target twice since reporting started. Due to the national availability of data no All Wales benchmarking is available. Patterson,Liz 02/23/2022 16:07:04	The provider IT systems supporting the PTHB out of hours service (OOH) provision are not able to fully report against the OOH standards. The data provided is limited. The reasons for this vary with each provider: • Shropdoc - It is currently not possible to report against the OOH measures for the whole patient journey as end to end reporting between 111 and Shropdoc is unachievable as the 'time stamp' of referral from the 111 service to the Shropdoc face to face service is not transferred between the systems. • Swansea Bay University Health Board (SBUHB) - Due to the lack of inter-operability between 111 and the Adastra SBUHB OOH system causes limitations in being able to specifically report on Powys patients and the Powys data. Accurate OOH reporting is a national issue and given the need for accurate reporting a replacement IT system, SALUS, is currently being developed for implementation in 2022.	To overcome the ongoing assurance reporting deficiencies, PTHB has commissioned a bespoke development to enable PTHB access to a data feed to access all the data involved in a patient OOH contact, irrespective of the provider of the service to enable full reporting against the OOH standards. This will provide PTHB with assurance on both the quality and efficiency of the service it has commissioned with all providers since the inception of 111 in October 2018. Future robust reporting against the OOH standards should be available from quarter 4, 2021/2022.	The PTHB OOH Performance Management Group continue to seek alternative ways to gain assurance, for example standard achievement from an individual provider perspective, quarterly reviews of clinical risk registers, Incidents, Complaints, Compliments, 111 Health Profession Feedback and Safeguarding issues.

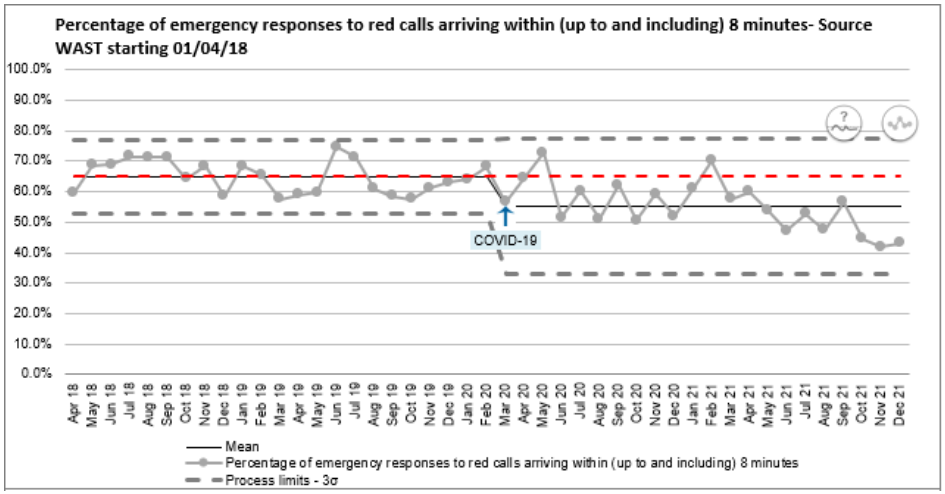
Quadruple Aim 2

No.	19

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

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

Executive Lead	Director of Finance & ICT (Interim)
Officer Lead	
BAF	TBC



December 2021 Performance	
Local Performance	All Wales Benchmark
43.0%	(6th) 51.1%
Variance Type	
Common Cause	
Target	
65%	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
That performance has deteriorated since the start of the Covid 19 pandemic with only 2 months during the pandemic where performance has been above the targeted performance. Patterson,Liz 02/23/2022 16:07:04	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	WAST have deployed additional staff resource including military personnel to cover actual ambulance crew sickness. Military support is expected to end at the end of March 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	Wider system calls being held daily with the aim to improve overall system flow. Day of Care audit undertaken across Wales in med Feb. National Risk Summit held on 15th Feb to understand the reasons for such high numbers of MFFD. Powys Teaching Health Board and Powys County Council to hold their own local risk summit in March 2022

Quadruple Aim 2

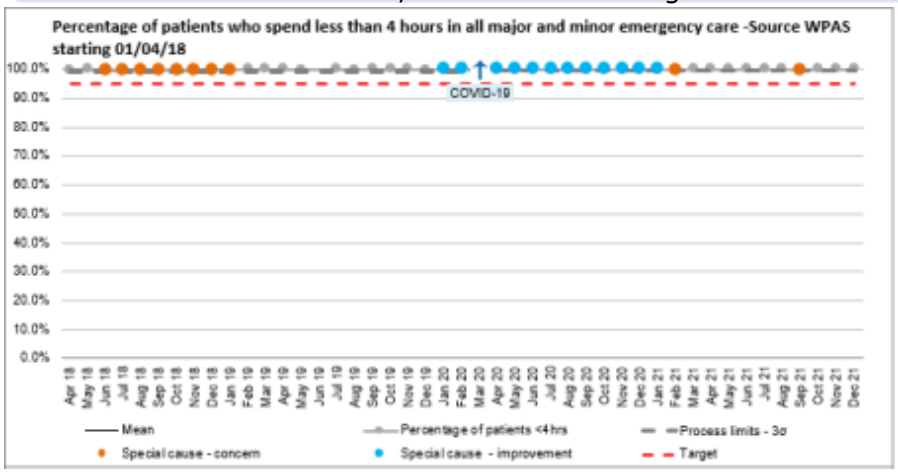
No.	21

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

Executive Lead	Director of Planning and Performance (Interim)
Officer Lead	Assistant Director of Community Services
BAF	TBC

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



December 2021 Performance	
Local Performance	All Wales Benchmark
100%	(1st) 67.6%
Variance Type	
N/A	
Target	
95%	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
MIU performance against the access target remains excellent circa 99+% on a monthly basis. The All Wales average is 65% but this is non comparable due to the provider service types.	No issues with MIU performance as reflected in data. Ambulance arrival times for 999 patients have caused delays in transferring but attributed to transport.	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.	Ensure maintenance of robust staffing in all MIU's for handovers and continuity of care for longer waits.

Quadruple Aim 2

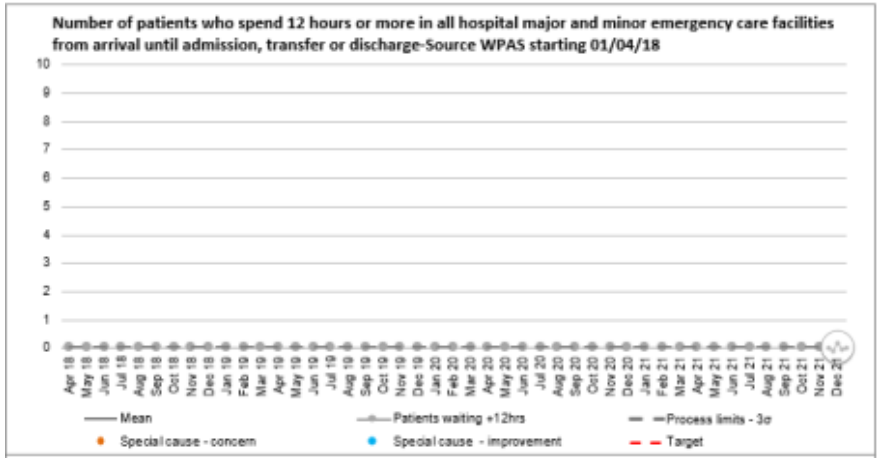
No.	22

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

Executive Lead	Director of Planning and Performance (Interim)
Officer Lead	Assistant Director of Community Services
BAF	TBC

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



December 2021 Performance	
Local Performance	All Wales Benchmark
0	8,819
Variance Type	
N/A	
Target	
0	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
MIU performance against the access target remains excellent with no 12hr breaches on a monthly basis. The All Wales total of patients waiting over the target is 9,484.	No issues with 12 hour breaches but as per previous slides amounting pressures in WAST are likely to cause increasing delays in transfers, including red calls.	Implement standard operating procedures (SOP) & escalation of any transfer delays.	Ensure maintenance of robust staffing in all MIU's for handovers and continuity of care for longer waits.

Patterson,Liz 02/23/2022 16:07:04

Quadruple Aim 2

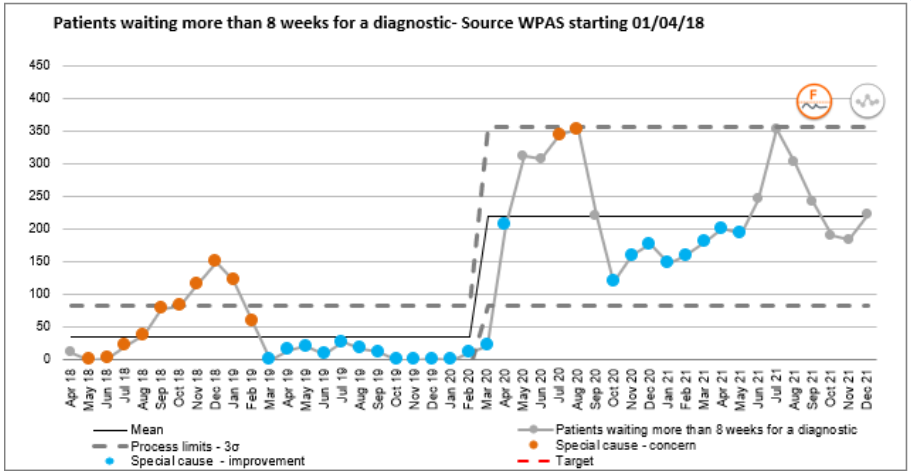
No. 32

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

Executive Lead	Director of Planning and Performance (Interim)
Officer Lead	Assistant Director of Community Services
BAF	TBC

Diagnostic Breaches

Number of patients waiting more than 8 weeks for a specified diagnostic



December 2021 Performance	
Local Performance	All Wales Benchmark
222	*(1st)45,682
Variance Type	
Common Cause	
Target	
0	
Data Quality	

What the chart tells us

The diagnostic performance recovery remains fragile for the provider since the impact, and suspension of services from COVID-19 in Wales. The most recent performance shows an increase to 222 breaches, the increase is predominately within the Non Obstetric ultrasound specialty. PTHB has the lowest number of breaches of any Welsh health board as a provider, although Powys residents breach the 8 week target within commissioned acute health care providers.

Please find Issues, Actions, and Mitigations for diagnostics on the next page

Quadruple Aim 2

No. 32

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 specified diagnostic

Issues	Actions	Mitigations
Endoscopy • Good progress was made during the first quarter of 2021/22 with backlogs of Urgent Suspected Cancers/urgents cleared. However during Q2/Q3 there have been significant shortfalls in endoscopist capacity (lowers – colonoscopy) due to unplanned absences – with capacity as low as 10% of normal in July 21. • The service is fragile and reliant on in reach particularly for lowers • There is a national shortage of colonoscopists. • Awaiting notification from Joint Advisory Committee (JAG) with regards to the Annual Report to confirm JAG status for the unit. • Also due to covid protocols social distancing which has led to national reduction in templates for much of the year. **Cardiology** • Cardiology – due to changes in clinical practice requirement for echocardiograms has increased which has led to shortfalls in SLA capacity. **Non Obstetric Ultrasound** • Non Obstetric Ultrasound - There have been periods of sickness within the non obstetric ultrasound service and the North SLA with BCU HB has had some changes of provision for specialist scans which caused the increase in referrals waiting over 8 weeks.	**Endoscopy** • Additional insourcing capacity for endoscopy will come on line from February 2022. • Templates have been increased in line with guidance, service SOPs continue to be updated in line with latest NEP and PHW guidance. • Review of endoscopist workforce and succession planning requirements to be undertaken in 2022. • Good progress has been made with recruiting to endoscopy specific nursing posts, currently recruiting lead nurse for endoscopy as part of service transformation. • Neighbouring HBs & NHS Trusts have been asked for availability of any additional in sourcing sessions – to date none have been forthcoming. • Working with National Endoscopy Programme on demand and capacity modelling and regional plans/solutions (across 3 regions South East, South West, North) • Insourcing in place to support backlog management • New endoscopy reporting system medilogik in place • Planned capital works to support installation of new renewal funding endoscopy decontamination equipment progressing to plan • Joint Advisory Committee(JAG) annual review successfully completed for Brecon • 1st PTHB trainee nurse endoscopist successfully JAG accredited • PTHB gastroenterology service in place in Llandrindod with repatriation plans in place, place in place for JAG accrediation • Workforce plans and Clinical Endoscopist Development Strategy under development for PTHB Clinical Endoscopists to support service sustainability/reduce reliance on in reach services and underlying capacity deficit in lower endoscopy • Plans in place for medical model & leadership review • Band 7 Senior Nurse for Endoscopy successfully appointed • Scoping service development cytosponge and nasoendoscopy **Cardiology** • Requested additional echo capacity from host service provider and some additional capacity has been made available from Jan 22 but will require further capacity. Insourcing options are being considered along with requests to other providers. **Non Obstetric Ultrasound** • Locum sessions in place, staff absence rates improved. • BCU UHB reviewing the delivery of specialist radiologist sessions in North Powys. • The service development to recruit 2 additional sonographers has been approved therefore future risk of single point failure should be reduced.	• Rolling programme of clinical and administrative waiting list validation. • Additional capacity to be provided to address backlog from February 22.

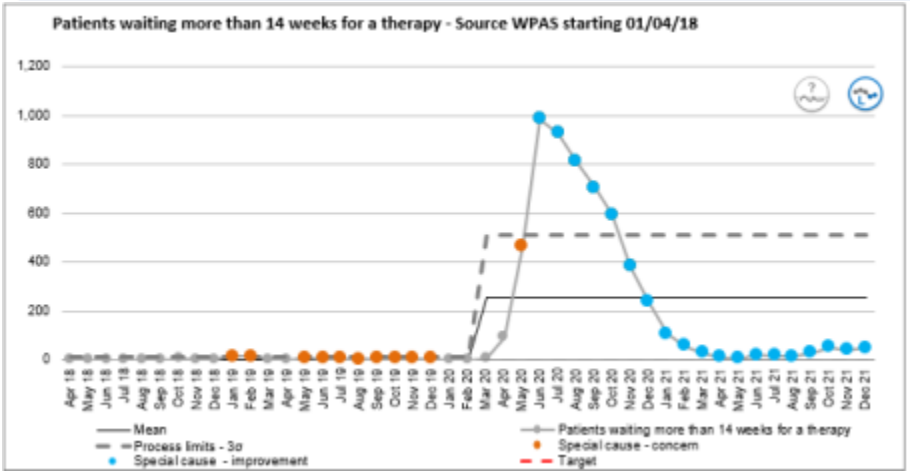
Quadruple Aim 2

No.	33

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

Executive Lead	Director of Planning and Performance (Interim)
Officer Lead	Assistant Director of Community Services
BAF	TBC

Therapy Breaches
Number of patients waiting more than 14 weeks for a specified therapy



December 2021 Performance	
Local Performance	All Wales Benchmark
51	8,355
Variance Type	
Special Cause - Improvement	
Target	
0	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
Therapy performance was significantly impacted by the suspension of services at the start of COVID-19 in Wales. The service since June 2020 has been reporting special cause improvement and breach levels have recovered to near pre covid levels.	• Cancellations of clinics at short notice due to staff having to isolate due to covid causes breaches • Vacancies across services particularly physiotherapy and Dietetics having some impact.	• Locums have been employed; however, the market is becoming limited. • Weekly management of waiting lists by Heads of Service.	To be confirmed if actions fail to resolve current performance shortfall

Quadruple Aim 2

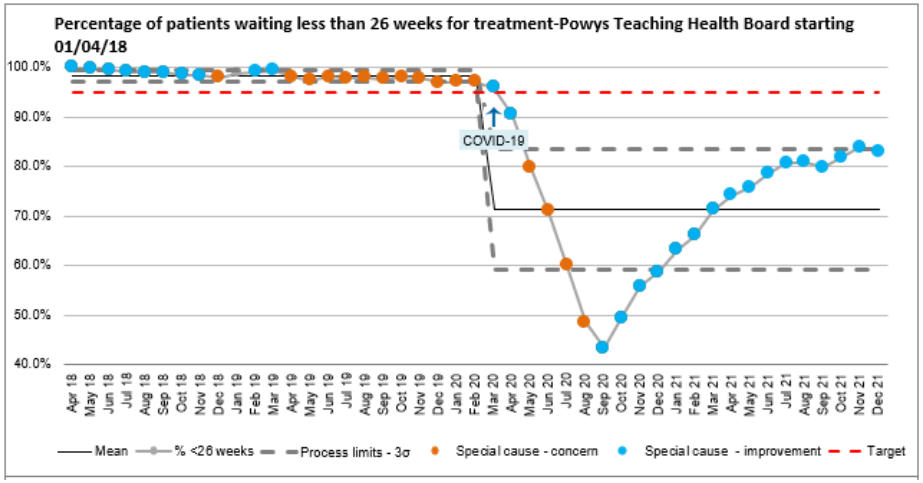
No. 34

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

Referral to Treatment – Powys Teaching health board as a provider

Percentage of patients waiting less than 26 weeks for treatment

Executive Lead	Director of Planning and Performance (Interim)
Officer Lead	Assistant Director of Community Services
BAF	TBC



December 2021 Performance	
Local Performance	All Wales Benchmark
83.1%	* 54.7%
Variance Type	
Special Cause - Improvement	
Target	
95%	
Data Quality	

RTT waits by specialty and band	Weeks wait band						
Main Specialty	0 to 25 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 weeks	Grand Total
100 - GENERAL SURGERY	352	76	63	13	5	0	**509**
101 - UROLOGY	114	20	6	1	0	0	**141**
110 - TRAUMA & ORTHOPAED	442	58	13	2	0	0	**515**
120 - ENT	345	20	6	1	0	0	**372**
130 - OPHTHALMOLOGY	612	74	21	0	0	0	**707**
140 - ORAL SURGERY	279	49	29	32	12	1	**402**
143 - ORTHODONTICS	6	0	0	0	0	0	**6**
191 - PAIN MANAGEMENT	91	0	0	0	0	0	**91**
300 - GENERAL MEDICINE	38	4	1	0	0	0	**43**
320 - CARDIOLOGY	113	5	0	0	0	0	**118**
330 - DERMATOLOGY	34	0	0	0	0	0	**34**
410 - RHEUMATOLOGY	97	9	1	0	0	0	**107**
420 - PAEDIATRICS	48	0	0	0	0	0	**48**
430 - GERIATRIC MEDICINE	25	1	0	0	0	0	**26**
502 - GYNAECOLOGY	255	50	3	1	0	0	**309**
Grand Total	**2851**	**366**	**143**	**50**	**17**	**1**	**3428**

What the chart tells us	Issues
Powys provider planned care has continued to report special cause improvement since Q3 2020. The service in December reported 83.1% compliance in patients waiting under 26 week (considerably better than other Welsh providers). Challenged specialties include General surgery, Oral Surgery, and Trauma & Orthopaedics.	• Covid protocols social distancing which has led to national reduction in templates for much of the year. • Fragility of in reach providers and DGH Covid-19 pressures. • Fragility of theatre staffing due to sickness absence, former shielding and vacancies.

Actions and Mitigations on next page

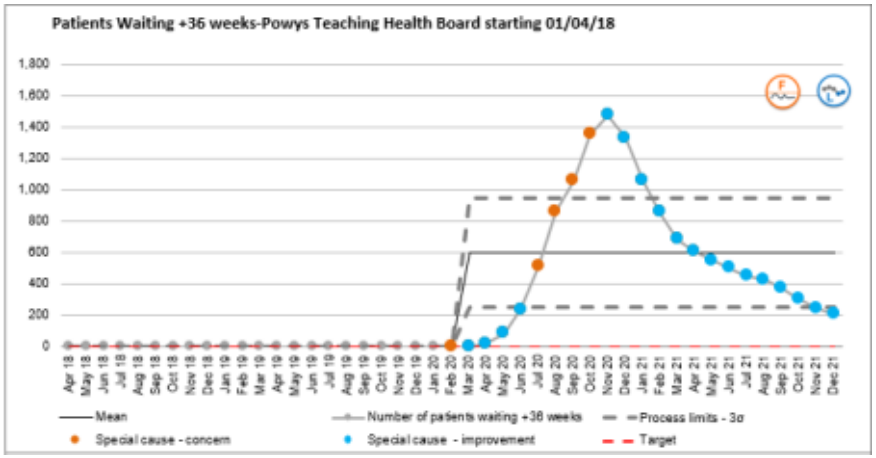
Quadruple Aim 2

No.	35

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

Referral to Treatment – Powys Teaching health board as a provider

Number of patients waiting more than 36 weeks for treatment



December 2021 Performance	
Local Performance	All Wales Benchmark
211	*241,667
Variance Type	
Special Cause - Improvement	
Target	
0	
Data Quality	

Executive Lead	Director of Planning and Performance (Interim)
Officer Lead	Assistant Director of Community Services
BAF	TBC

What the chart tells us

Long waiting patients on treatment pathways within Powys provider services continue to fall in December. As expected performance is not yet meeting the national target of zero, but service provision remains special cause improvement. The number of very long waiters (Over 52 weeks) has reduced to 68 (2%) of the total waiting list.

Actions

- Theatre/Endoscopy service transformation, review of staffing roles and skill mix undertaken by Senior Nurse Manager with service staffing plan in place.
- Rolling recruitment programme for theatre and endoscopy nursing – on-going.
- Full templates in place in out patient departments (OPD) from Oct 21.
- Working with BSW around options for PTHB. BSW service looking at reginal working with CTMUHB.
- Establishment pan Powys dedicated specialist out patients (OP) nursing team Welshpool, Newtown, Llanidloes, Llandrindod, Bronllys, Ystradgynlais, Brecon. Pan Powys OP clinical standards, protocols, clinical governance/ICP structure. Significant improvement updating in PTHB OP estate and equipment.
- 1st HB in Wales to introduce LocSSIPs locally derived safety standards for invasive procedures. Patient PROMs developed for OP.
- Nurse-led pessary clinics pan Powys working alongside consultant clinics – one stop shop. Hysteroscopy service in North Powys supported by OP nursing.
- Vascular "mega" clinic established in North Powys Aug 21 vascular surgeon, ultrasonography, podiatry, district nursing – one stop clinic. Vascular service model could be rolled out into South Powys.
- Parallel clinics in orthopaedics pan Powys. Further parallel development of foot clinics planned for North Powys with OP nursing supporting so that patients no longer have to travel out of county for dressings, removal of metalwork.
- Dedicated paediatric eye care clinic South Powys children no longer have to travel to Hereford. One stop clinic with consultant, orthoptist, PTHB eye care nurse,
- All areas of OP have potential for MDT development general surgery, ENT, colorectal surgery, one stop colorectal/gynae clinics, diabetes, urology a few examples.
- Digital health care/virtual appointment encouraging consultant teams to use virtual healthcare initiatives including SOS. PIFU (PTHB rates for key specialities ENT/Orthopaedics are best in Wales), clinical support and advice to patients.
- Cervical screening wales significant improvement across all key quality indicators for PTHB service.

Mitigations

- Clinical and administrative review of waiting lists – rolling review
- National Planned Care Programme is developing national harm review processes and national system.
- Additional capacity in place from February 2022 – insourcing
- 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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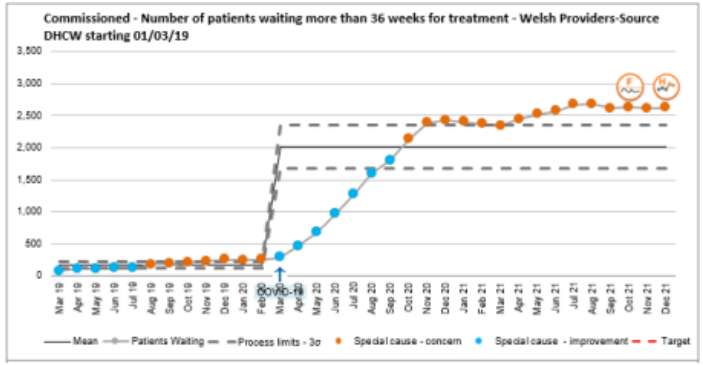
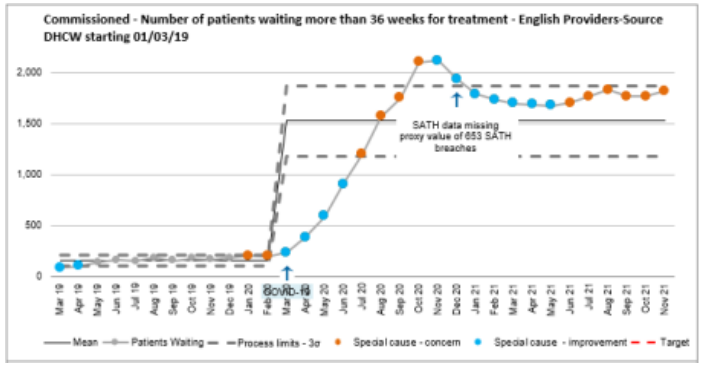
Referral to Treatment Percentage of patients waiting less than 26 weeks for treatment & Number of patients waiting more than 36 weeks for treatment

	Dec-21	Patients Waiting						
Welsh Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
Aneurin Bevan Local Health Board	56.9%	1224	290	211	172	148	106	2151
Betsi Cadwaladr University Local Health Board	44.0%	229	55	87	46	63	41	521
Cardiff & Vale University Local Health Board	51.4%	203	43	50	30	38	31	395
Cwm Taf Morgannwg University Local Health Board	46.6%	231	42	49	52	55	67	496
Hywel Dda Local Health Board	50.9%	734	163	151	201	127	67	1443
Swansea Bay University Local Health Board	46.5%	892	194	212	195	175	249	1917
Totals		3513	787	760	696	606	561	6923

	Nov-21	Patients Waiting						
English Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
English Other	74.5%	231	47	19	7	3	3	310
Robert Jones & Agnes Hunt Orthopaedic & District Trust	65.8%	1692	270	341	175	70	25	2573
Shrewsbury & Telford Hospital NHS Trust	72.1%	2653	430	386	170	40	0	3679
Wye Valley Trust	68.2%	2199	443	390	114	67	12	3225
Total		6775	1190	1136	466	180	40	9787





What the chart tells us

That the overall waiting list size is increasing across Welsh providers with Swansea Bay having the greatest number of long waiters

That English providers have a greater total number of patients waiting, reflective of the greater number of treatments undertaken in England as opposed to Wales, but performance is actually better than Welsh providers.

That no providers are delivering the RTT Standard

Actions and Mitigations

The outlook for Referral To Treatment times and the recovery of performance back to the standard is forecast to take a number of years (3 to 5) to achieve for most acute hospital providers. In the meantime patients are being managed in accordance with clinical need, clinical surgical prioritisation and duration of wait.

Most providers, including Powys provider services have mobilised additional capacity be that insourcing, outsourcing or the increase usage of additional payments for clinical activity. Overall progress is being hampered by the impact of Covid 19 on staff and patient availability plus the ongoing impact of urgent care on the delivery of planned care services.

Actions to improve access and target times for the eradication of very long waiting patients have been published by the NHS and additional funding has been made available. Once the impact both of the Covid 19 pandemic and urgent care pressures start to alleviate, capacity to improve access will be available again.

As part of planning for 2022/23, the Health Board will be working with all providers to ascertain what progress will be made particularly with the reduction in extreme long waiters. It is envisaged that improvement trajectories will be agreed with all providers.

Quadruple Aim 2

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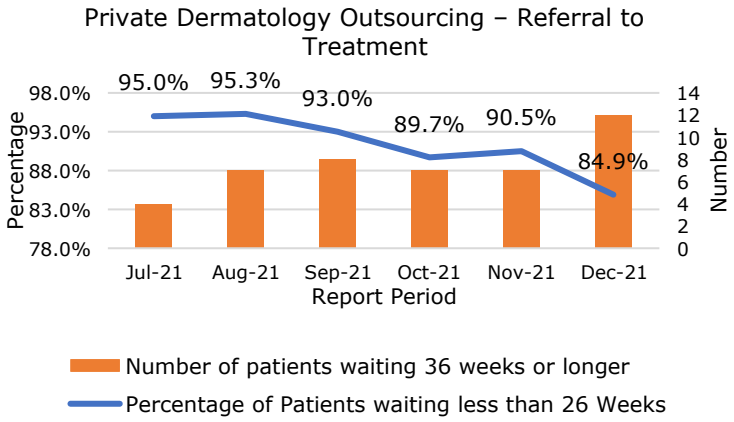
Insourcing/Outsourcing

Private Dermatology Outsourcing – Referral to Treatment



Waits by Week Band	Open Clocks at 31st December 2021	Open Clocks at 30th November 2021
0-25 Weeks	338	354
26-35 Weeks	48	30
36-52 Weeks	12	7
53-76 Weeks	0	0
77-104 Weeks	0	0
Over 104 Weeks	0	0
Total	**398**	**391**

Private Dermatology Provider	Wait bands				
	0-25 Weeks	26-35 Weeks	36-51 Weeks	52 Weeks and Over	Total
Dec-21	338	48	12	0	398

What the chart tells us

That the number of patients waiting for treatment has increased since July 21 reflecting the increase in referrals to that service. This has impacted performance with a reduction in the compliance against <26 week target to 84.9%.

Despite an increase in referrals actual treatments times remain responsive but a small cohort of patients waiting over 36 weeks (12) is reported.

Actions

- This service provider is the largest provider of outpatient dermatology services that Powys residents access.
- A review of the contract mechanism to mitigate against annual award is required.

Patterson,Liz
02/23/2022 16:07:04

Mitigations

- Review contract duration as part of 2022/23 planning.

Quadruple Aim 2

No. 38

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

Follow Ups
Number of patients waiting for a follow-up outpatient appointment

Executive Lead	Director of Planning and Performance (Interim)
Officer Lead	Assistant Director of Community Services
BAF	TBC

Please note PTHB performance data is currently not available for this metric. A reporting issue has been identified, and although the overall number of waiters has been reported correctly there is an error within the bandings. Work to resolve this includes engagement with Welsh Government, methodology leads, and the National Information team (DHCW)

December 2021 Performance	
Local Performance	All Wales Benchmark
	784,834
Variance Type	
N/A	
Target	
<= 3,864	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
No performance data for this metric is currently available. Patterson,Liz 02/23/2022 16:07:04	**Non Mental Health** • Fragility of in reach providers and DGH Covid-19 pressures. • Fragility of theatre staffing due to sickness absence, former shielding and vacancies • Covid-19 protocols social distancing reduced templates • MH, GS, and GM respiratory are the key areas of challenge MH/Respiratory form the bulk of 100% overdue follow ups **Mental Health** • The majority of over due follow-ups in Mental Health are within the Older Adult Mental Health Teams, and are Medic initiated follow up. OA Medical staffing has struggled to recruit substantive medics for a significant period, 66% of medics in this service are locum and this has led to an inconsistency in approach to FU.	**Non Mental Health** • Implementing MDT approach as described in previous slides. • Breathe Well Programme undertaking clinical review of all overdue follow ups with support from respiratory nurses. • Excellent progress is being made in terms of SOS & PIFU pathways best in Wales for ENT, Orthopaedics & Gynae. **Mental Health** • Medical Staffing recruitment paper is with the CEO and Executive Team. • Data improvement work is underway. • Clinical Director engaging with Medical workforce to achieve consistency in approach to FU.	• Clinical and administrative review of waiting lists

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

Follow Ups
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%

Executive Lead	Director of Finance & ICT (Interim)
Officer Lead	Assistant Director of Community Services
BAF	TBC

Please note PTHB performance data is currently not available for this metric. A reporting issue has been identified, unfortunately the incorrect numbers of patients waiting over 100% have been submitted to Welsh Government which will affect the target calculations and goals provided to the health board nationally. Work to resolve this includes engagement with Welsh Government, methodology leads, and the National Information team (DHCW)

December 2021 Performance	
Local Performance	All Wales Benchmark
	198,444
Variance Type	
N/A	
Target	
<=201	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
No performance data for this metric is currently available.	As per measure 38	As per measure 38	As per measure 38

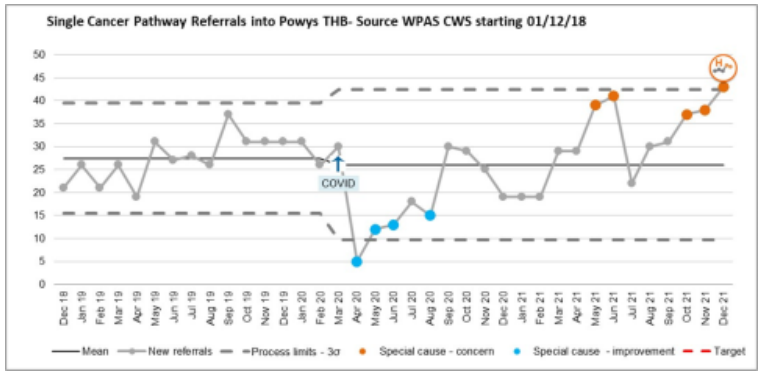
Quadruple Aim 2

No.	

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

Executive Lead	Medical Director
Officer Lead	TBC
BAF	TBC

Single Cancer Pathway (SCP) Performance



Provider - What the chart tells us

During December 43 patients started an SCP pathway within provider, this is above the pre (27.4) and post (25.2) COVID-19 mean level per month. During the same period of those that didn't require treatment e.g. downgrades 63.4% were informed within 28 days as recommended by best practice guidance.

Commissioned services - What the table tells us

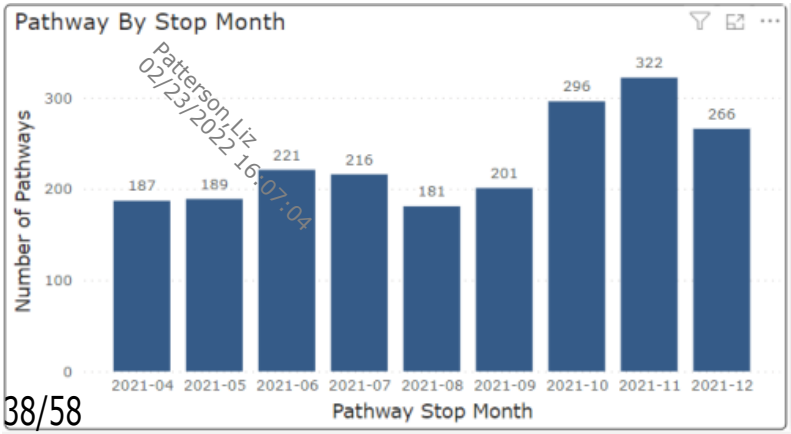
Welsh Providers

The total number of pathways closed remains above average in December. The number of breaches reported has not significantly changed with 11 reported across all Welsh treatment providers for December, the average for the 2021/22 financial year is 12.2 per month. Further information of breach by provider within below table.

English Providers

- Shrewsbury and Telford hospital (SATH) NHS trust reported 4 breaches of their cancer pathway for November 2021, 2 patients waiting over 104 days. Reason for delays include complex pathways, elective capacity, and radiological capacity.
- Wye Valley NHS Trust (WVT) reported 6 breaches of their cancer pathway in November 2021, the challenge of issues mirrors SATH including radiological investigation delays and elective capacity challenges.

All pathways by stop month – source DHCW



Welsh SCP pathways breaching by provider – source DHCW

Welsh Provider	Month									Grand Total
	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	
Aneurin Bevan LHB	8	2	4	3	3	5	4	2	2	33
Betsi Cadwaladr University LHB				1	1					2
Cwm Taf Morgannwg University LHB	2		3	2	3	1	1	2	1	15
Hywel Dda LHB	5	2	4	4	1	2	4	4	5	31
Swansea Bay University LHB	2	2	2	7	2	3	2	6	3	29
Grand Total	**17**	**6**	**13**	**17**	**10**	**11**	**11**	**14**	**11**	**110**

Issues

- Powys Teaching health board does not have access to the SCP open pathways information, as such breaches are reported post event.
- COVID-19 pressures impacting cancer treatment, flow, surgical, and diagnostic capacity.

Actions

- DHCW approached for open pathway view for Powys residents.
- Discussions have taken place with DCHW & Public Health Wales to develop open pathway views for Powys residents using the Power BI platform. Initial development work to be undertaken in February & March 2021 using non-recurrent WG funding and roll out anticipated in 2022-23 (using 2022-23 non-recurrent WG funding).

Quadruple Aim 2

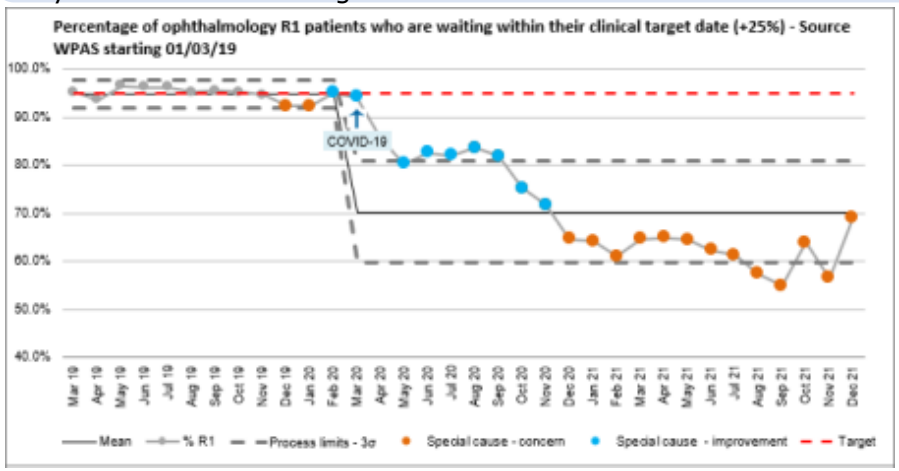
No.	40

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

Executive Lead	Director of Planning and Performance (Interim)
Officer Lead	Assistant Director of Community Services
BAF	TBC

Ophthalmology

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



December 2021 Performance	
Local Performance	All Wales Benchmark
69.1%	(2nd) 61.7%
Variance Type	
Special Cause - Concern	
Target	
95%	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
Performance in December has improved to 69.1% although remains special cause concern. Powys benchmarks well against other Welsh providers ranking 2nd. Patterson,Liz 02/23/2022 16:07:04	• Fragility of in reach providers and DGH Covid-19 pressures. • Fragility of theatre staffing due to sickness absence, former shielding and vacancies • Covid protocols social distancing reduced templates	• Wet AMD service has been extended into mid Powys. • PTHB 1st nurse eye care injector. • Excellent clinical outcomes above national average for Wet AMD. • MDT for eye care including ophthalmic scientist and hospital optometry. One stop eye care clinic established in Llanidloes Oct 21 with MDT patients no longer need to travel to Bronglais Hospital (HDUHB) and face significant wait for eye care scans/biometrics. • Plans in progress to further extend all eye care pathways into North Powys as part of North Powys Transformation Programme, one stop clinics in Welshpool/Newtown and potential cataracts in OP setting, ocularplasty in OP setting undertaken by specialist nurses etc. • 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, 1st site outside Cardiff. Hydroxychloroquine Screening Service for eye care & rheumatology patients. • Dedicated paediatric eye care clinic South Powys children no longer have to travel to Hereford. One stop clinic with consultant, orthoptist, PTHB eye care nurse.	• Community optometry support to risk stratify long waits/overdue follow ups

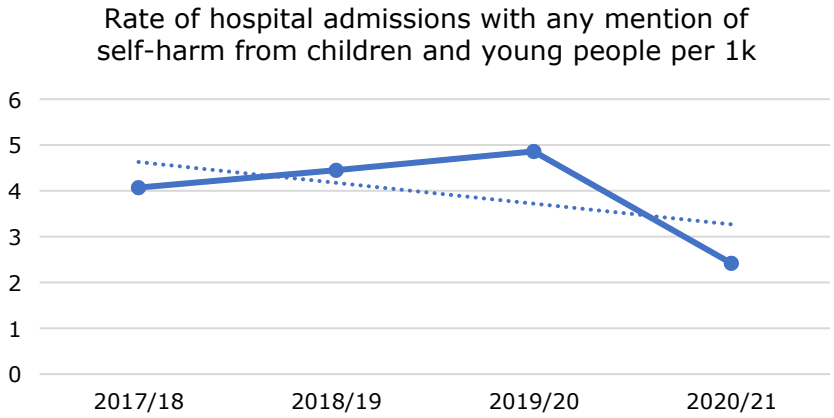
Quadruple Aim 2

No.	41

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

Rate of hospital admissions with any mention of intentional self-harm from children and young people (age 10-24 years) per 1,000 population

Executive Lead	Director of Therapies and Health Sciences (Interim)
Officer Lead	Assistant Director of Mental Health
BAF	TBC



Performance 2020/21	
Local Performance	All Wales Benchmark
2.42	2nd (3.54)
Variance Type	
N/A	
Target	
Annual Reduction	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
Performance meets the annual reduction target for 2020/21. PTHB performance in comparison to the All Wales average (3.54) is good with the health board ranking 2nd. Patterson,Liz 02/23/2022 16:07:04	Presentations of self harm amongst Young people has increased during the pandemic, although incidents of self harm are amongst the lowest in Wales.	• Suicide and Self harm coordinator is leading an all age focused intervention to reduce the impact of harm. • School CAMHS outreach service will be operational from Q4 2021/22 (through the WG funded programme to provide MH and Wellbeing practitioners in every Powys secondary school	See actions.

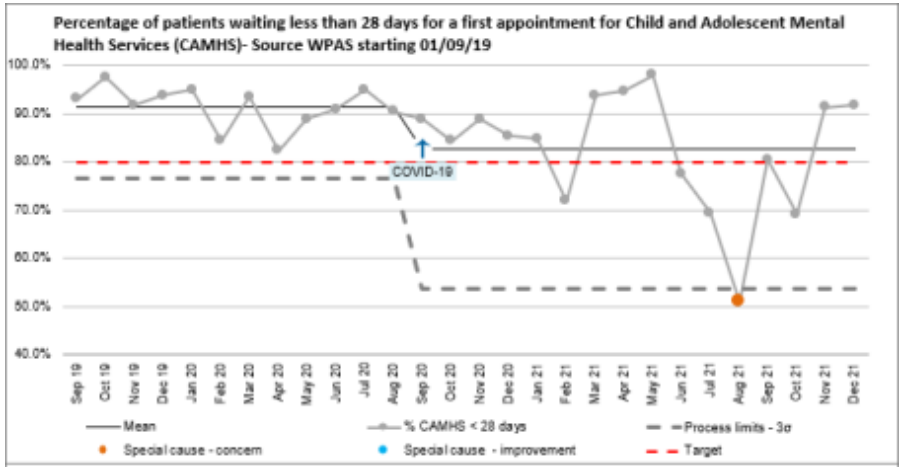
Quadruple Aim 2

No.	42

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

Executive Lead	Director of Therapies and Health Sciences (Interim)
Officer Lead	Assistant Director of Mental Health
BAF	TBC

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



Performance December 2021	
Local Performance	All Wales Benchmark
91.7%	3rd (22.1%)
Variance Type	
Common Cause	
Target	
80%	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
Performance meets the national target and exceeds the All Wales average of 22.1% ranking 3rd. Patterson,Liz 02/23/2022 16:07:04	Performance would be further improved by; Recruitment to vacant posts remains a significant challenge within PCAMHS. A number of posts have been advertised on 3+ occasions, without success. All options to further skill mix are boing considered.	New recruitment campaign due to commence, and 1 member of staff returns from maternity leave in Jan 22. Silvercloud service has commenced in CAMHS and uptake has been encouraging. Further promotion of the service will further improve performance. Work underway to redesign a 'single assessment approach' for access to both PCAMHS and SCAMHS – reducing duplicate assessments and clinical time.	See actions.

Quadruple Aim 2

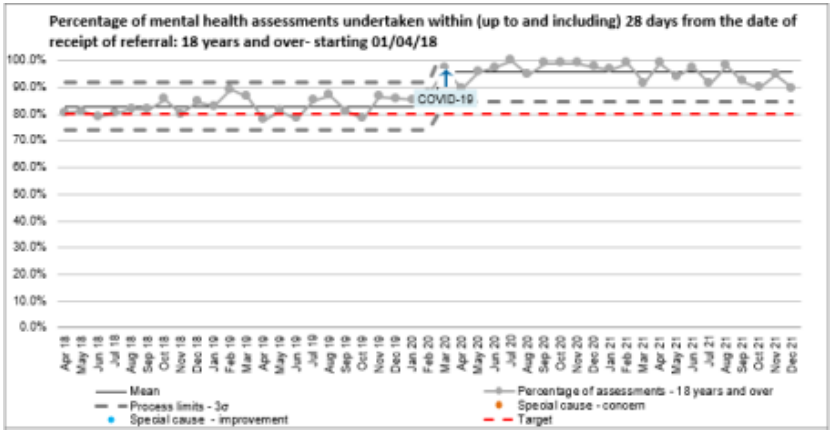
No.	43

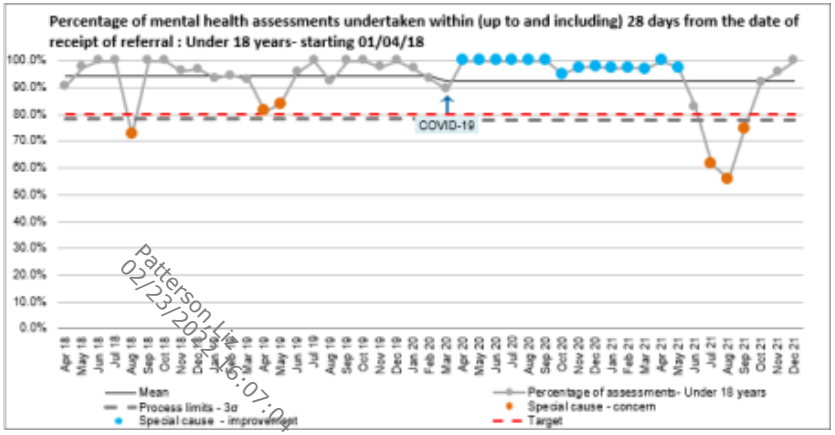
People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Executive Lead	Director of Therapies and Health Sciences (Interim)
Officer Lead	Assistant Director of Mental Health
BAF	TBC

Mental Health - Part 1

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





December 2021 Actual Performance			
18 years & over		Under 18 years	
Local	All Wales	Local	All Wales
89.7%	*70.6%	100%	*57.2%
Variance Type			
Common Cause			
Target			
80%			
Data Quality			

* Benchmark from previous available period

What the chart tells us	Issues	Actions	Mitigations
Part 1 performance meets both targets during December, and benchmarks positively against the All Wales average.	No issues, the target has consistently been met.		

Quadruple Aim 2

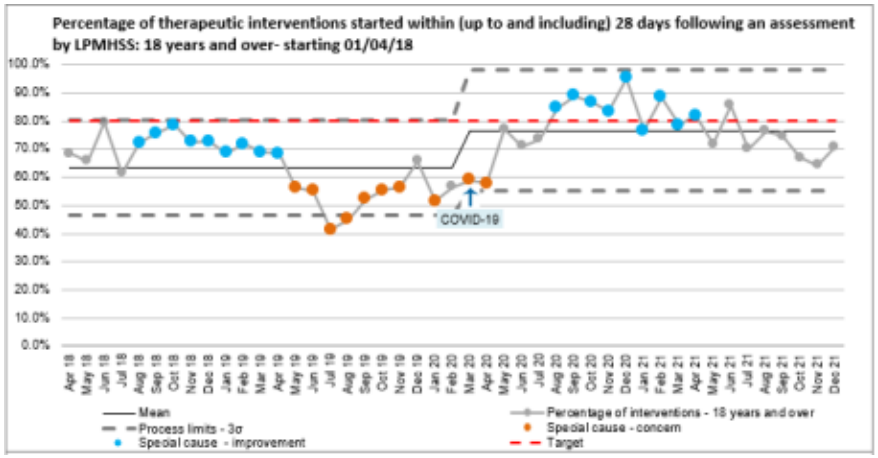
No.	44

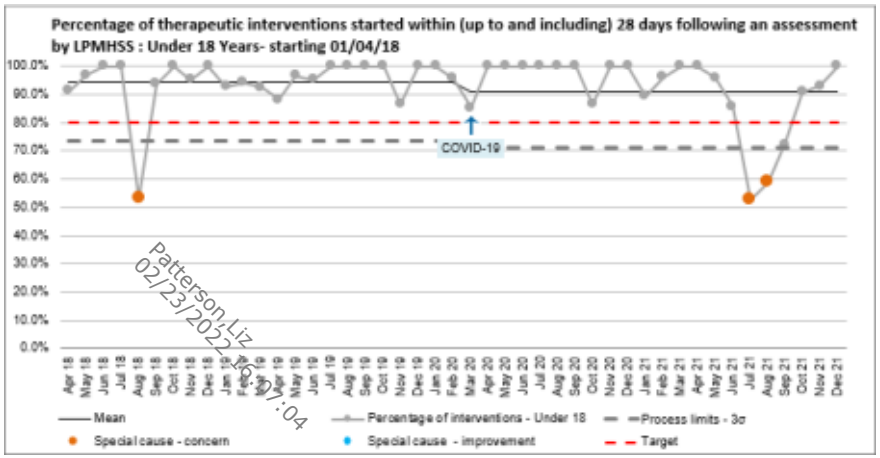
People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Executive Lead	Director of Therapies and Health Sciences (Interim)
Officer Lead	Assistant Director of Mental Health
BAF	TBC

Mental Health - Part 1

Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS : Under 18 Years, and 18 years and over.





December 2021 Actual Performance			
18 years & over		Under 18 years	
Local	All Wales	Local	All Wales
70.9%	*72.6%	100%	*52.6%
Variance Type			
Common Cause			
Target			
80%			
Data Quality			

* Benchmark from previous available period

What the chart tells us	Issues	Actions	Mitigations
Part 1 intervention performance has not met the 80% target for adults at 70.9% in December. Under 18s performance is very good reporting 100% for the same period.	The LPMHSS service has seen a significant increase of presentations in South Powys, while North Powys has remained more consistent throughout the pandemic. Performance in terms of interventions within 28 has dipped because of; • Increase in acuity and patients. • Service delivering more intensive services to prevent escalation into secondary care (e.g. CBT, EMDR) these courses of treatment take longer.	• Recruitment to unfilled posts. • Continued promotion of Silvercloud. • Short term (3 month) intervention to reduce waiting lists (Jan to March 2022).	See Actions

Quadruple Aim 2

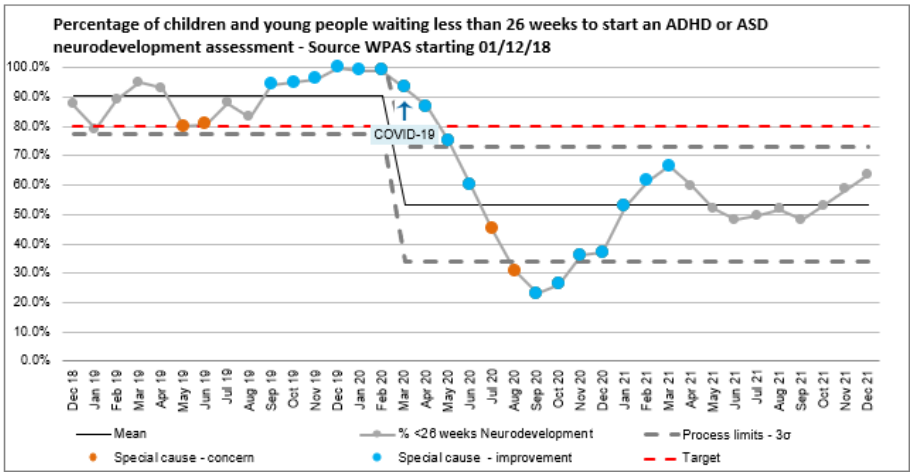
No.	45

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

Executive Lead	Director of Therapies and Health Sciences (Interim)
Officer Lead	Assistant Director of Women's and Childrens Services
BAF	TBC

Neurodevelopment Assessment

Percentage of children and young people waiting less than 26 weeks to start and ADHD or ASD neurodevelopment assessment



Performance December 2021/22	
Local Performance	All Wales Benchmark
63.6%	36.4%*
Variance Type	
Common Cause	
Target	
80%	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
Performance against the national neurodevelopment assessment target does not meet the 80% target reporting 63.6% in December 2021. The service has seen a 3 month improvement and benchmarks positively against the All Wales benchmark average of 36.4% in November.	•There has been an increase in monthly referral demand during 2021/22 as anticipated due to the COVID legacy. There has been a consistently growing trend since June 2021 that continues up to Dec with the referral demand doubling from 20 per month to 40. •Four (of eleven) new ND Remodel renewal appointments commencement dates were delayed therefore the full capacity enabled by investment was not realised creating delays in addressing the ND diagnostic assessment process and waiting list backlog by financial year end.	• ND service capacity is being ratioed to enable both the Referral To Treatment (RTT) and 'hidden' waiting lists to be addressed simultaneously. (The latter being the assessments that have commenced but are yet to be concluded.) However, it must be recognised that there will not be sufficient time nor capacity to fully address the waiting lists by 31st March 2022.	• Additional non recurrent renewal funding has been extended for 5 key posts until Dec 2022 to enable the current waiting list backlog to continue to be addressed. • An IBG funding application will be submitted to secure core recurring monies beyond December 2022. This will support the essential capacity required to meet the increase in referral demand.

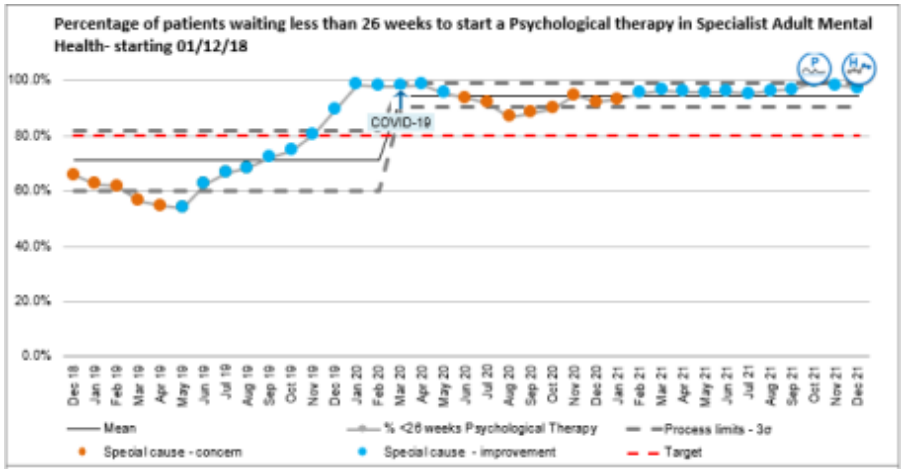
Quadruple Aim 2

No.	46

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

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

Executive Lead	Director of Therapies and Health Sciences (Interim)
Officer Lead	Assistant Director of Mental Health
BAF	TBC



Performance December 2021/22	
Local Performance	All Wales Benchmark
97.3%	*73.8%
Variance Type	
Common Cause	
Target	
80%	
Data Quality	

* Benchmark from previous available period

What the chart tells us	Issues	Actions	Mitigations
Performance continues to exceed target (97.3%) with special cause improvement. The All Wales average in November was 73.8%.	No issues: the RTT target is consistently met.	N/A	

Patterson,Liz
02/23/2022 16:07:04

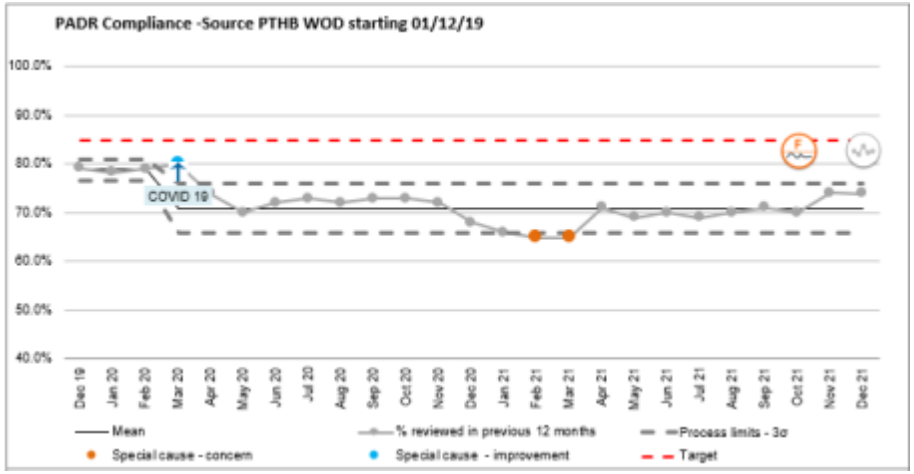
Quadruple Aim 3

No. 52

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

PADR Compliance
Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excl. Doctors and Dentists in training)

Executive Lead	Director of Workforce & OD
Officer Lead	TBC
BAF	TBC



December 2021 Actual Performance	
Local Performance	All Wales Benchmark
74%	58.9% (Aug-21)
Variance Type	
Common Cause	
Target	
85%	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
Performance in December 2021 does not meet the 85% target reporting 74% compliance. Although no recent comparative All Wales performance data is available, historically the health board has always benchmarked very well.	Increased service pressure due to COVID-19, staff absence and vacancies has caused challenges in delivery of PADRs since the beginning of the pandemic. This has been exacerbated by the recent outbreak of the Omicron variant during the 21/22 winter pressure period.	• WOD HR Business Partners are discussing PADR compliance at senior management groups within services. • Focus on managers to develop a recovery plan in performance needs to be agreed by the appropriate director. • Monthly detailed analysis of compliance is shared via Assistant Directors.	• Regular conversations as normal management of staff being undertaken and supported within services.

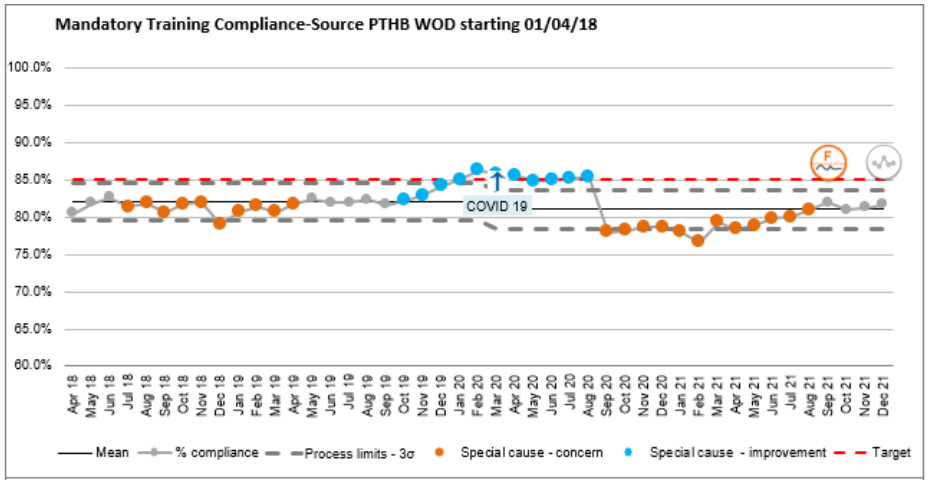
Quadruple Aim 3

No. 53

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

Core Skills Mandatory Training
Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation

Executive Lead	Director of Workforce & OD
Officer Lead	TBC
BAF	TBC



December 2021 Actual Performance	
Local Performance	All Wales Benchmark
81.7%	79.9% (Aug-21)
Variance Type	
Common Cause	
Target	
85%	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
Performance in December 2021 does not meet the 85% target reporting 81.7% compliance. Although no recent comparative All Wales performance data is available, historically the health board has always benchmarked very well.	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. This has been exacerbated by the recent outbreak of the Omicron variant during the 21/22 winter pressure period.	WOD HR Business Partners are discussing mandatory compliance at senior management groups within services. Focus on managers to develop a recovery plan in performance needs to be agreed by the appropriate director. Continue to promote awareness of the range of training avenues including online, virtual classrooms as well as face to face according to needs Monthly detailed analysis of compliance is shared via Assistant Directors	Prioritise staff groups to undertake essential training relevant to role.

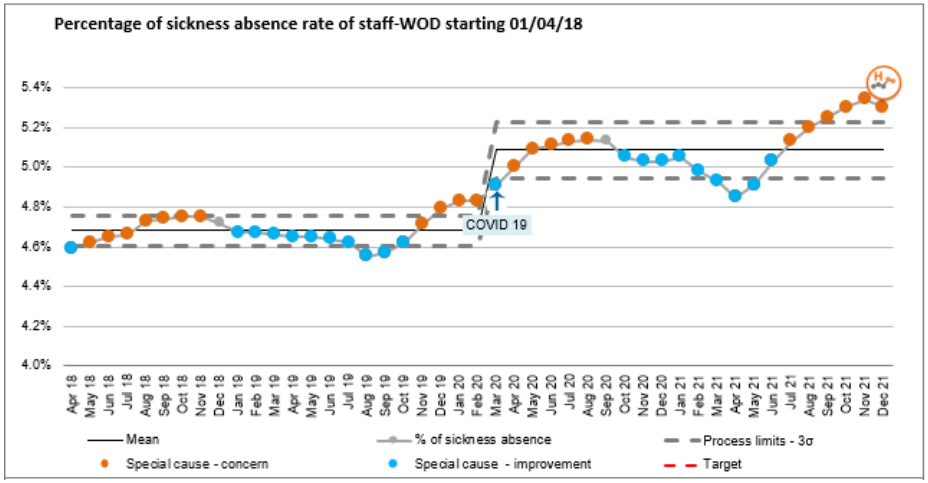
Quadruple Aim 3

No. 55

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

Sickness Absence (R12)
Percentage of sickness absence rate of staff

Executive Lead	Director of Workforce & OD
Officer Lead	TBC
BAF	TBC



December 2021 Actual Performance	
Local Performance	All Wales Benchmark
5.30%	5.08% (Aug-21)
Variance Type	
Special Cause - Concern	
Target	
12 month reduction	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
The rate of rolling 12 sickness has reduced to 5.3% as reported in December 2021, however this statistically remains special cause concern as an impact of increased COVID-19 absence.	COVID-19 continues to have an impact on sickness absence percentage. High levels of stress & anxiety reflective of the overall population. Occupational Health manager post is currently vacant and demand is exceeding current clinical capacity. Waiting time for complex cases now at 13 weeks. Stress and anxiety was the primary reason for referral to counselling in December, with a high proportion of these coming from staff in clinical patient facing roles.	• Continues to be monitored by managers and HR Business Partners in line with All Wales Managing Attendance at Work policy. • Well being action plan now in place. • Business case to support OH team capacity has been shared via the IBG and is planned for the Executive Committee in March.	• Managing Attendance at Work Policy • Well being action plan • Staff counselling service • Online CBT • Long Covid Programme • Occupational Health Service

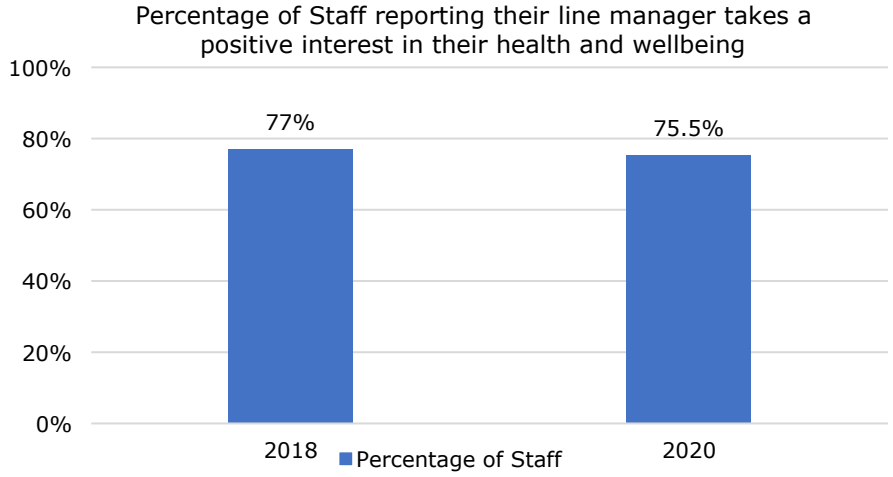
Quadruple Aim 3

No. 56

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

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

Executive Lead	Director of Workforce & OD
Officer Lead	TBC
BAF	TBC



2020 Actual Performance	
Local Performance	All Wales Benchmark
75.5%	65.9%
Variance Type	
N/A	
Target	
Annual Improvement	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
Performance is good when compared to the All Wales benchmark, the health board ranks 2nd in Wales. But has not met the improvement target when compared to the 2018 data point.	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.	All-Wales wellbeing conversation tool has been introduced and advertised. Wellbeing action plan being implemented.	Updated agile working policy. Continued focus on PADR.

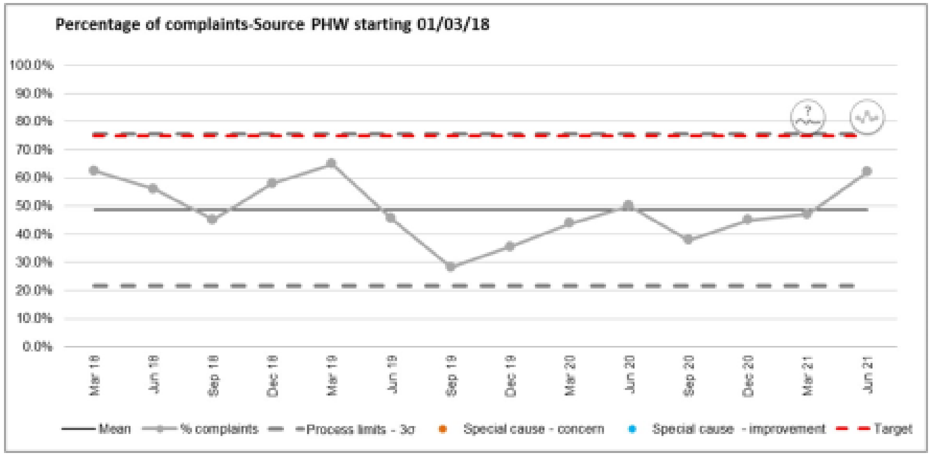
Quadruple Aim 4

No. 59

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

Executive Lead	Director of Nursing
Officer Lead	Assistant Director of Quality & Safety
BAF	

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



Q2 2021/22 Actual Performance	
Local Performance	All Wales Benchmark
62%	*67.2%
Variance Type	
Common Cause	
Target	
75%	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
There is improved compliance from 47% up to 62% for quarter 2 responding to concerns up to and including 30 working days. This reflects the improvement work progressed since December 2020.	Sustaining the level of compliance during the pandemic potential to be affected due to impact of reduced staffing available to undertake investigations and complete responses timely.	Weekly meetings with Directorates/ Service Groups to maintain momentum of improvement work and ensure timely action and responses to concerns. Timely communication with complainants with regards management of their concerns.	Senior manager daily triage of all new concerns received. Weekly meetings maintained with Directorates/ Service Groups to ensure investigations progressing and responses being prepared. Escalation of concerns when no evidence of progress and timely responses not received.

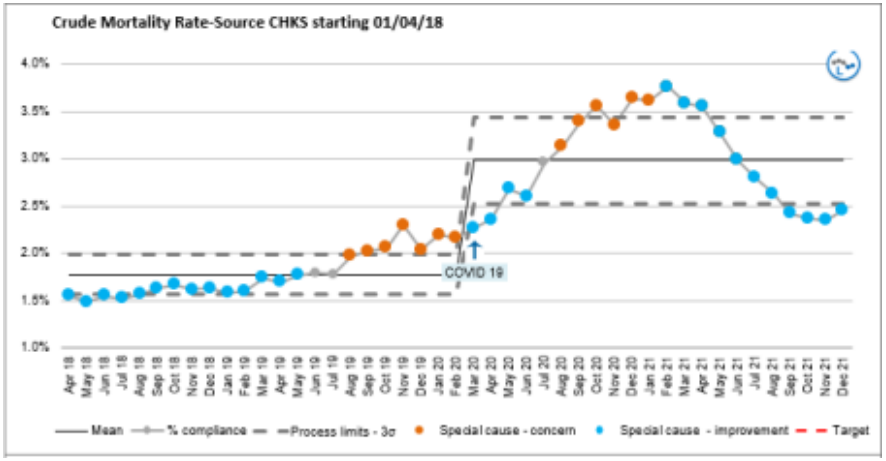
Quadruple Aim 4

No.	62

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

Crude Hospital Mortality Rate
Crude hospital mortality rate (74 years of age or less)

Executive Lead	Medical Director
Officer Lead	TBC
BAF	TBC



December 2021 Actual Performance	
Local Performance	All Wales Benchmark
2.46%	1.44%
Variance Type	
Special Cause - Improvement	
Target	
12 month reduction trend	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
There has been a small increase in rate since the last reporting period. The small patient numbers mean that caution is needed in interpreting trends. The recent small upturn for example may represent a change in profile of patients discharged to community hospitals during system pressures, or that Powys is providing more palliative care for example.	The key issue here is whether the number of deaths of the under 75s is increasing. Analysis of the WPAS (patient administration) database shows that the number of deaths of under 75s were as follows Jan-Dec 2018 46 deaths Jan-Dec 2019 60 deaths Jan-Dec 2020 40 deaths Jan-Dec 2021 43 deaths The deterioration in performance is therefore due to fewer patients being admitted due to Covid restrictions, not an increase in deaths.	The Assistant Medical Director has reviewed the cases of patients who died from Covid 19 on Powys wards. None of those cases involved a patient who was younger than 75. A senior team has reviewed all deaths of ward patients in the last 12 months and have identified only minor concerns. The Medical examiner service will shortly begin to review deaths in our community hospitals. The ongoing elevated pattern is felt to indicate factors such as interruption of care pathways and delayed diagnostics.	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.

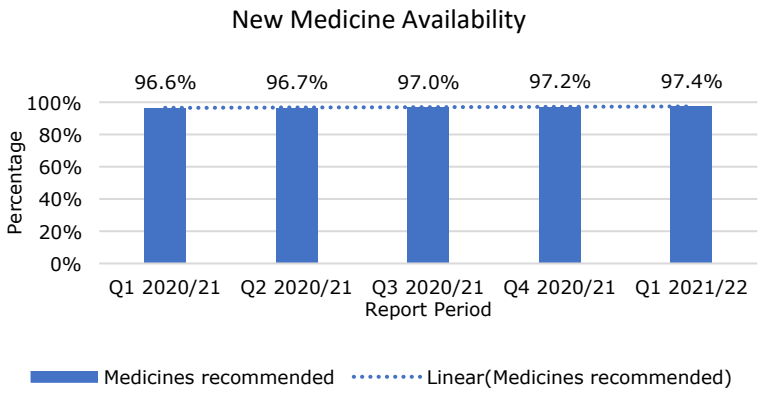
Quadruple Aim 4

No.	66

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

New Medicine Availability
All new medicines recommended by AWMSG and NICE, including interim recommendations for cancer medicines, must be made available where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal Determination and the AWMSG appraisal recommendation

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
BAF	TBC



Q1 2021/22 Actual Performance	
Local Performance	All Wales Benchmark
97.4%	98.6%
Variance Type	
N/A	
Target	
100%	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
The health board does not meet the national target but has an improvement trend reporting 97.4% for Q1 2021/22. The national All Wales average is 98.6%. The trend is based on the long term average since the New Treatment Fund began in 2017. The variation between national and local indicators is due to the way historic data was recorded.	The value does not reach 100% as there are 2 Technology Appraisals for the same medication outstanding. This has only been made available by 1 HB in Wales. COVID response creating challenge with prioritising	Contact made with the LHB that has made the medicine available to patients to understand how it is being commissioned.	Set aside dedicated time each week to ensure NTF access definition of within 2 months is met and our performance continues to improve.

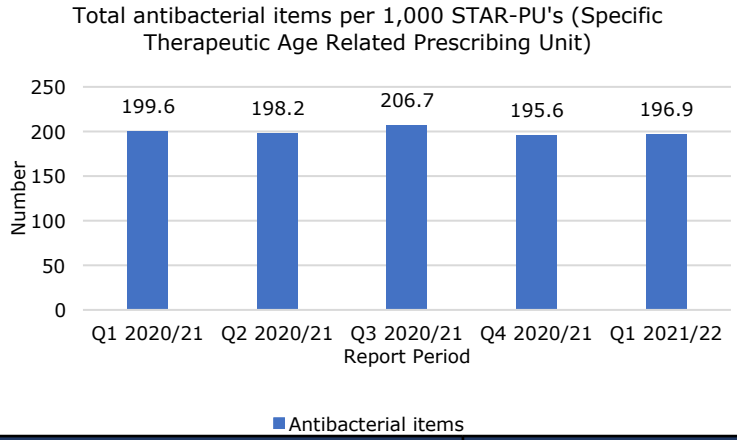
Quadruple Aim 4

No. 67

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

Total Antibacterial Items per 1,000 STAR-PUs
Total antibacterial items per 1,000 specific therapeutic age-sex related prescribing units (STAR-PU)

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
BAF	TBC



Q1 2021/22 Actual Performance	
Local Performance	All Wales Benchmark
196.9	227.5
Variance Type	
N/A	
Target	
189.6	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
The 2021/22 Powys target for this metric is 189.6 per 1000 star PU's. Although significantly below the All Wales average of 227.5 and ranking 1st the health board has not met this target for Q1 2021/22.	• Latest data Q2 2021/22: 223.48 items/1,000 STAR-PU. National target = 219 items/STAR-PU. Local target = 216 items/1,000 STAR-PU (5% reduction on Q2 2019 value). • No antimicrobial stewardship pharmacist in post. • COVID response creating challenge with prioritising national KPIs	• Antimicrobial stewardship improvement plan in place. • Data analyst providing regular data on antimicrobial prescribing in primary care. • Antimicrobial prescribing discussed during practice meetings. • Linking with antimicrobial stewardship pharmacists in England to support RCA of CDI cases (community acquired) • Investment benefits group (IBG) paper written to secure funding for AMS pharmacist	See actions. Further mitigations not possible due to workforce challenges.

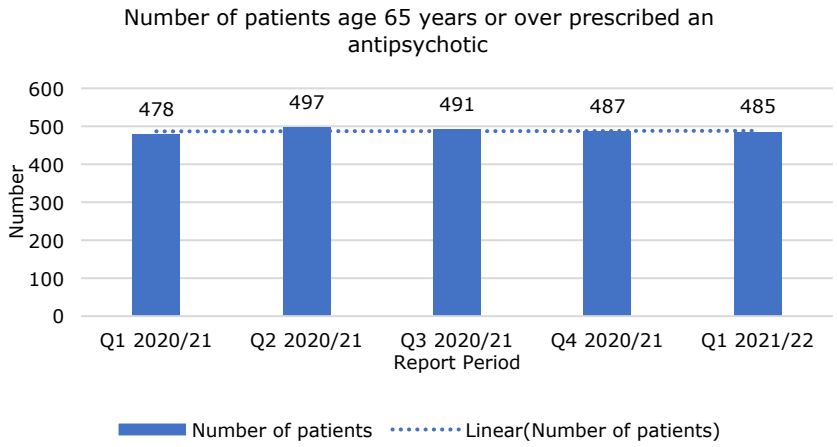
Quadruple Aim 4

No. 69

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

Number of patients age 65 years or over prescribed an anti-psychotic

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
BAF	TBC



Q1 2021/22 Actual Performances	
Local Performance	All Wales Benchmark
485	10,221
Variance Type	
N/A	
Target	
Quarter on Quarter Reduction	
Data Quality	

What the chart tells us	Issues	Actions	Mitigation
PTHB has met the target of reduction for Q1 2021/22 (485) when compared to Q4 2020/21 (487). In Wales we prescribe the least of all health boards, but have the smallest cohort size.	The absolute figure doesn't mean anything as it allows no comparison other than to monitor our own internal quarterly reduction. In order to allow comparison between LHBs, this indicator needs to be changed to 'Patients aged ≥ 65 prescribed an antipsychotic as a percentage of all patients aged ≥ 65' COVID response creating challenge with prioritising national KPIs	• Patients aged ≥ 65 prescribed an antipsychotic as a percentage of all patients aged ≥ 65' monitored through national medicines safety dashboard. • The national figure is 1.49%, our figure is 1.26%. We're the second lowest Rx LHB.	• Regular monitoring • Risks associated with antipsychotic prescribing in elderly patients with dementia reiterated on a regular basis. • Plan to provide regular reports to primary care as soon as resource allows.

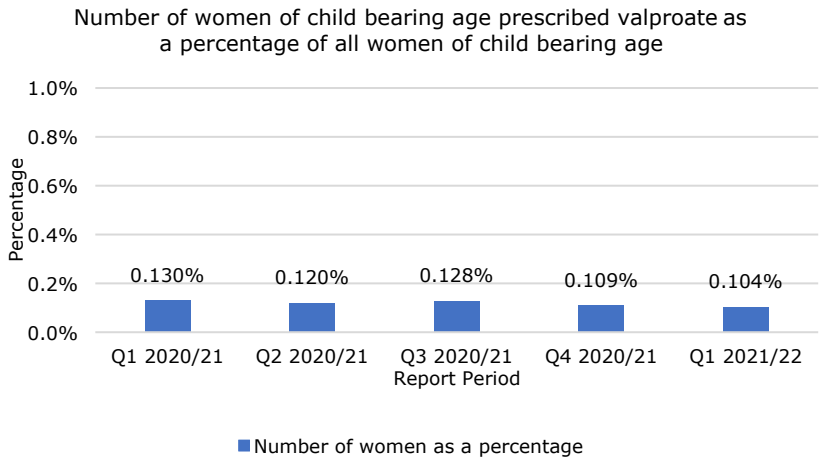
Quadruple Aim 4

No.	70

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

Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
BAF	TBC



Q1 2021/22 Actual Performance	
Local Performance	All Wales Benchmark
0.104%	0.0145%
Variance Type	
N/A	
Target	
Quarter on Quarter Reduction	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
PTHB has met the required target of reduction with 0.104% of women prescribed valproate. Powys again has the lowest prescribing rate of all Welsh health boards.	Q1 2021/22 – 911 female patients aged 14-45 issued with a prescription for sodium valproate in Wales = 0.145% of female patients aged 14-45. Powys = 0.104% (lowest % of all LHBs) Quarter on quarter reduction being seen. COVID response creating challenge with prioritising national KPIs	Regularly monitored through national medicines safety dashboard. Regular reminders about prescribing valproate in women of child bearing age. Reminder about Pregnancy Prevention Plan (PPP) Cascade of patient information to primary care and community pharmacy.	See actions Plan to provide regular reports to primary care as soon as resource allows.

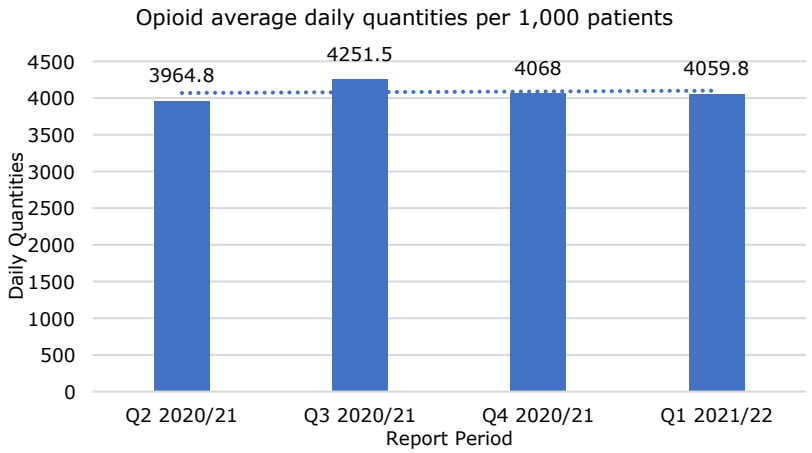
Quadruple Aim 4

No.	71

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 average daily quantities per 1,000 patients

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
BAF	TBC



Q1 2021/22 Actual Performance	
Local Performance	All Wales Benchmark
4059.8	4462.6
Variance Type	
N/A	
Target	
4 Quarter reduction trend	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
PTHB have not met the 4 quarter reduction target for Opioid quantities although Q1 2021/22 saw a lower figure of 4059.8 per 1000 patients. Powys ranks 2nd nationally against and All Wales figure of 4,462.6,	We now have access to Q2 data – our position has deteriorated – 4,187.3 ADQ/1000 pts. The national target is 3,537 ADQ/1000 pts. COVID response creating challenge with prioritising national KPIs	Raising awareness of opioids aware resource for clinicians and patients. Regular monitoring through the national indicators. Regularly discussed during practice visits.	See actions

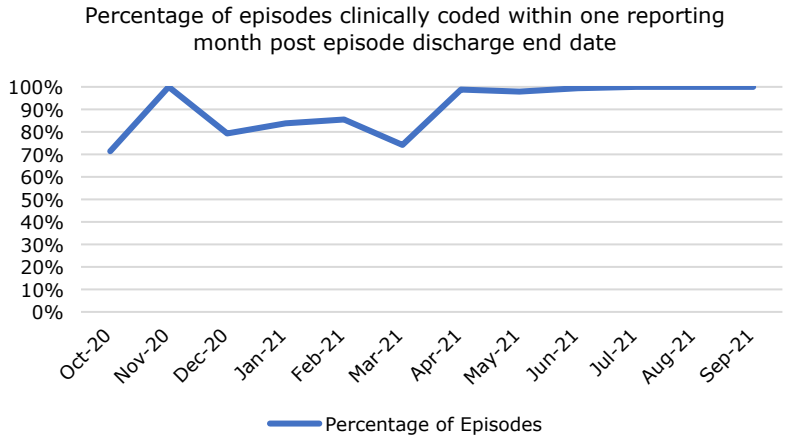
Quadruple Aim 4

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

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

Executive Lead	Director of Finance and ICT
Officer Lead	Head of Information
BAF	



September 2021 Actual Performance	
Local Performance	All Wales Benchmark
100%	88.4%
Variance Type	
N/A	
Target	
12 month improvement trend towards achieving the 95% target	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
PTHB performance remains good during 2021/22 meeting the target since April. The All Wales performance is at 88.4%.	• Operational challenge of inaccurate performance reporting as a result of DHCW server. – Now resolved affecting historic performance • Coding capacity currently reduced.	• New coder recruited, it should be noted that the new coder is undertaking coding examinations with the DHCW before they can work independently.	See actions

Next Steps

Next Steps

- Service recovery and restoration remains the single largest challenge for Powys residents. As a provider the health board has made significant, and positive steps in improving its immediately controllable flows, although remaining at significant risk from COVID-19 Omicron variant and its impact on staff sickness for a small and geographically dispersed workforce. Further work remains ongoing as part of the Recovery Portfolio Strategic Board, they remain focused to assist with the very long waiter backlog which is especially significant in commissioned Welsh health providers in South Powys.

- Welsh Government have now released phase one of the new Health Minister measures, the first tranche of these are required to be reported on from January 2022. The measures are designed to support the vison and ambitions set out in "A Healthier Wales" and are aimed to drive improvement, sustainability, and transformational change for the population. The health board has been notified by Welsh Government that the alignment of these new metrics with the National Outcome Framework could result in significant streamlining e.g. removal or integration of frameworks.

- Integrated Performance reporting will continue to evolve during Q4 2021/22 and into 2022/23 strengthening the ability of stakeholders to assess progress against key targets, aims, and required actions. This will include updating the Improving Performance Framework, revising the Commissioning Assurance Framework (CAF), and working with the new metrics and their rollout.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

AGENDA ITEM: 3.2b

DELIVERY & PERFORMANCE COMMITTEE	**DATE OF MEETING: 28 February 2022**
Subject:	**COMMISSIONING ESCALATION REPORT**
Approved and Presented by:	Director of Planning and Performance
Prepared by:	Assistant Director of Performance and Commissioning
Other Committees and meetings considered at:	This paper is coming direct to the Delivery & Performance Committee

PURPOSE:

The purpose of this paper is to highlight to the Delivery & Performance Committee the providers in Special Measures or scored as Level 4 and above under the PTHB Commissioning Assurance Framework.

RECOMMENDATION(S):

It is recommended that the Delivery & Performance Committee DISCUSSES this Commissioning Escalation Report.

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

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

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

EXECUTIVE SUMMARY:

This report highlights providers in Special Measures or scored as Level 4 and above. The PTHB Internal Commissioning Assurance Meeting (ICAM) took place on the 16th February 2022. Given the impact of the Covid 19 pandemic and specifically the Omicron variant, this has had an adverse impact on operational capacity within provider organisations. It has not been possible to hold all commissioner / provider meetings in recent months. Some meetings have been entirely stood down, at the request of providers, whilst other have been held but with a much reduced representation.

Based on commissioner / provider meetings that have occurred and the information gathered via that process, Commissioning Assurance Framework (CAF) scores and ratings have been carried out. The latest assessment scores are:-

- 2 providers with services in Special Measures
- 1 provider at Level 4.

The report also provides:

- A high level summary of key issues in relation Shrewsbury and Telford Hospitals NHS Trust (SaTH) and Cwm Taf Morgannwg University Health Board (CTMUHB)
- Referral to treatment times (RTT) times.

This report does not yet consider Healthcare Inspectorate Wales's unannounced hospital inspection report into the emergency department of Prince Charles Hospital run by Cwm Taf nor the expected finding of inspection at the Grange Hospital run by Aneurin Bevan University Health Board. This latest information will be reviewed at the next South Powys Programme Board meeting, and will form an update to the Patient Experience, Quality and Safety Committee.

Latest ICAM ratings are as follows as at 16th February 2022.

SPECIAL MEASURES

Provider	Area of Measure	Dec 2021	Jan 2022	Feb 2022	Change in Status
Shrewsbury and Telford Hospital NHS Trust	Quality & Safety		Not Reviewed		↔
	Patient Experience		Not Reviewed		
	Access				
	Finance	BLOCK AGREEMENT			
	Governance & Strategic Change	NOT RATED			
Cwm Taf Morgannwg University Health Board	Quality & Safety		Not Reviewed		↔
	Patient Experience		Not Reviewed		
	Access				
	Finance	BLOCK AGREEMENT			
	Governance & Strategic Change	NOT RATED			

LEVEL FOUR

Provider	Area of Measure	Dec 2021	Jan 2022	Feb 2022	Change in Status
Wye Valley NHS Trust	Quality & Safety		Not Reviewed		↔
	Patient Experience		Not Reviewed		
	Access				
	Finance	BLOCK AGREEMENT			
	Governance & Strategic Change	NOT RATED			

DETAILED BACKGROUND AND ASSESSMENT:

PTHB's Commissioning Assurance Framework (CAF) helps to identify and escalate emerging patterns of poor performance and risk in health services used by Powys patients.

It considers patient experience, quality, safety, access, activity, finance governance and strategic change. It is a continuous process, considering information from a broad range of sources including "credible soft intelligence". It is not a performance report between fixed points.

Each PTHB Directorate is invited to contribute information to the CAF and to attend the ICAM.

Formal inspection reports for the NHS organisations commissioned are available on the websites of Health Inspection Wales (HIW) and the Care Quality Commission (CQC). PTHB attempts to draw from providers' existing Board reports, plans, returns to Government and nationally mandated information wherever possible.

The usual commissioning arrangements have not been in place since March 2020 due to the pandemic. Since July 2020, PTHB has been working to restore the CAF, although there remain significant limitations due to the national position. It is not possible to score all domains, for example "block" financial arrangements do not reflect pre-COVID budgets or Long term Agreements. Escalation processes cannot operate in the usual way, for example, elective care delays are at an unprecedented level due to the pandemic. The Public Health resource assisting with the interpretation of the Clinical Health Knowledge System results which was diverted to COVID 19 outbreak is being restarted focusing on maternity services.

Given lengthening Referral to Treatment Times (RTT) across all NHS providers that will take time to recover, the CAF Escalation scoring and Access measurement process has been reviewed. All providers will take a number of years to recover the waiting list position back to the official RTT access time target. Future committee reports will feature a revised CAF escalation and reporting regime.

Shrewsbury and Telford Hospitals NHS Trust (SATH)

As previously reported to the Committee SATH is in special measures and is rated as "inadequate" overall. There have been a series of concerning reports following inspections by the Care Quality Commission (CQC) resulting in Section 31 Notices imposing conditions on the regulated activity there. The full reports can be accessed via the CQC website (**www.cqc.org.uk**) but include concerns in relation to the management of:

- Pressure area care
- Falls
- Nursing documentation
- Learning from previous incidents
- Mental Capacity Act and Deprivation of Liberty Safeguards
- Children and young people with mental health needs, learning disabilities and behaviours that challenge
- End of life care
- Maternity Services
- the oversight of audits and the improvement of outcomes
- the culture.

Reports on these matters continue to be considered by the Experience, Quality and Safety Committee (EQS) and previous Performance Committees have referenced the concerns raised by the CQC.

Key issues reported to the SaTH Board on the 10th February 2022, are summarised below.

During December a level 4 national incident was declared. The trust responded well in mobilising its control centre, stepping down non-essential activities and focussing on meeting the challenges created by the Omicron wave of the COVID 19 pandemic. Staff have continued to work tirelessly to meet the additional challenges.

• December has seen a continuation in the prevalence of COVID-19 in the community and the number of patients admitted with COVID-19. This has had significant impact on staff availability and partner organisations resulting in difficulty in discharging patients in a timely fashion to create the necessary capacity for newly admitted patients. The flow out of the hospital to safely discharge patients has been constrained, necessitating deployment of surge plans during the latter part of the month. Unfortunately this resulted in loss of some elective activity, which the Trust is working to recover both internally and with independent sector partners during January.

• Staffing vacancies have been compounded by staff absences due to COVID 19 and other illness in December. Staff are being supported to improve their health and well-being as well as promoting the vaccination programmes for

both COVID-19 and influenza vaccines to staff. Recruitment of overseas staff has continued with first overseas radiographers coming into post during December and further increases in overseas nursing.

• The Trust continues to work to deliver plans for elective and non-elective activity. The Trust has had good patient take-up of opportunities to have treatment in the independent sector, continue to make use of the Vanguard, new eye suite facilities and the additional mobile CT scanner. There has been an increase in demand for cancer services and are clinically prioritising these patients.

• Work on unscheduled care is striving to improve flow at the front door by reducing the time from being medically fit for discharge to being discharged. We are working closely with the Trust to focus on discharge ready patients on pathways 1, 2 and 3 and to bring earlier in the day the time of discharge to release beds to emergency department admissions and enable ambulance handover to improve. The Trust have run several multi-agency discharge events during the first half of January to further support this.

• A Getting to Good CQC action plan has been developed and submitted in response to the recent inspection report.

• Focus remains on delivering the actions outlined in the first Ockenden report and the Trust are continuing to make progress with 75% of actions complete.

• The financial position, while showing an improved cashflow, is one of an adversed deficit position due to the impact of expenditure on elective recovery and operational and workforce pressures. The capital programme has increased in value and is currently underspent.

It is important for PTHB to understand the assurances being received by the SaTH Board. SaTH's Quality and Safety Assurance Committee was alerted, advised and assured in relation to the following matters*:*

Alert	Complaint response times remain a concern. The process is being revised and streamlined.
Assurance	The Management of Datix incidents is improving. The Committee is continuing to monitor this.
Advised	The Committee received a verbal report from the Director of Nursing in relation to the CQC visits. *"Whilst CQC continue to raise some concerns there is a greater confidence in the Trust's management to respond appropriately and work with the CQC to provide additional explanations, evidence and feedback."* The Committee was also advised about a 6.5% increase in A&E activity compared to June 2020. Ambulances are

	reporting activity on a par with winter demands. The Trust's public Board is to receive information about Serious incidents. The Badgernet maternity system will start a gradual implementation on the 9th August 2021.

"Freedom to Speak Up" Arrangements are in place for staff. Over half of the concerns raised in the most recent quarter were about behaviours, relationships, bullying and harassment. A behaviours framework has been launched and work is being undertaken in relation to values and culture. A range of initiatives are being undertaken to address the issues raised by staff including HR processes, mediation, leadership development, organisational development, and workshops on "courageous conversations" and "civility saves lives".

A Secretary of State initiated Independent Review of Maternity Services at the Trust, chaired by Donna Ockenden, is underway. The first report of the Independent Review was published on the 10th December 2020 and presents emerging findings and recommendations from 250 clinical reviews, highlighting significant failings in maternity care at the Trust between 2000 and 2018/19. The "*Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust*" (known as the first "Ockenden Report") recommended 52 actions in total. These include local actions (LAFL) which are specific requirements for SaTH, together with immediate and essential actions (IEA) for all NHS providers.

The Trust reports good progress on the findings and recommendations. Excerpts from the Board of Directors dated the 10th February 2022 records that:-

The Ockenden Report (Independent Maternity Review – IMR)

2.1 The Board of Directors received the first Ockenden Report - Emerging Findings and Recommendations from the *Independent Review of Maternity Services at Shrewsbury and Telford NHS Trust; Our First Report following 250 Clinical Reviews*, at its meeting in public on 7 January 2021.

2.2 The report sets out 52 specific actions for the Trust to implement comprising twenty-seven Local Actions for Learning (LAFL), and seven Immediate and Essential Actions (IEA's) which, in turn, comprise a further 25 related actions. In total, there are 52 actions for the Trust to implement. All the Ockenden actions (LAFL's and IEA's) have been cross-referenced to the Trust's Maternity Transformation Plan.

2.3 Since the last update to the Board of Directors, one further IEA has been accepted by the Maternity Transformation Assurance Committee as 'Evidenced and Assured':

Progress against the 52 actions are captured as follows:-

3.0 Status of the required actions

3.1 The **'Delivery Status'** position of each of the 52 actions as at 11th January 2022 is summarised in the following table. 20 actions (38.5%) are now at 'evidenced and assured' status with 19 (36.5%) at 'Delivered, Not Yet Evidenced' – an overall delivery rate of 75%.

Delivery Status							
	Total # recommendations	Not yet delivered		Delivered, Not Yet Evidenced		Evidenced and Assured	
		Dec 21	Current	Dec 21	Current	Dec 21	Current
LAFL	27	12	5	5	12	10	10
IEA	25	8	8	8	7	9	10
Total	52	20	13	13	19	19	20

3.2 Using the same approach, the **'Progress Status'** position of each action as at 11th January 2022, is summarised in the following table:

Progress Status											
	Total # recs.	Not Started		On Track		At Risk		Off Track		Completed	
		Dec 21	Current	Dec 21	Current	Dec 21	Current	Dec 21	Current	Dec 21	Current
LAFL	27	0	0	14	16	0	0	1	1	10	10
IEA	25	2	2	16	13	0	0	4	0	9	10
Total	52	2	2	30	29	0	0	5	1	19	20

The final section of the reports notes:-

5.0 Summary

5.1 Good progress continues to be made against the required actions from the first Ockenden Report (2020), and this work continues at pace. The Ockenden Report Action Plan for the first report has its final completion milestone due in August 2022, as agreed with the Maternity Transformation Assurance Committee and reported to the Operational Delivery Group. The Trust is also putting in place the resources needed to receive and act upon the final Ockenden report, which is expected in Spring 2022.

The full report to the Board of Directors can be accessed via the link below.

018.22-20220128-Ockenden-Report-Progress-Report-DoN-vF.pdf (sath.nhs.uk)

SATH remains in an "Improvement Alliance" with the University Hospitals Birmingham NHS Foundation Trust (UHB) to help improve the quality and safety of its services. Work is underway within the trust including a "Getting to Good" improvement plan; a renewed focus on governance and culture; a revised Board Assessment Framework (BAF); and improved integrated performance reports.

The PTHB Deputy Medical Director attends the ICAM and feeds-in any concerns from North Powys GPs. Rather than just individual cases GPs have wider systemic concerns including the relationship between acute and out-patient services; scanning, particularly CT in relation to cancer; and the responsiveness of SaTH to concerns. SaTH is revising its process in order to ensure a timelier response to concerns, it is addressing CT capacity and states it is prioritising cancer patients.

SATH remains an escalated matter for PTHB.

Cwm Taf Morgannwg University Health Board (CTMUHB)

The Experience, Quality and Safety Committee received updates on the 3rd June, 2021 and 15th July, 2021. The Performance and Resources Committee was updated on the 24th June, 2021.

CTMUHB's maternity services are in special measures. An Independent Maternity Oversight Panel (IMSOP) is in place, which provides independent oversight arrangements of maternity and neonatal services at CTMUHB. Whilst there has been neonatal expertise as part of the IMSOP's work in relation to the Clinical Review Programme and within the Quality Assurance Panel, there is now also neonatal expertise within the full Panel. Neonatal reviews are underway and as the learning emerges it will be fed into the wider improvement programme.

Alongside this the panel is also conducting a deep dive to take stock of the current neonatal service and its improvement plan to provide assurance that services are safe, effective, well led and importantly integrated with the maternity service to provide a seamless service for women and babies. This should help inform improvements CTMUHB is making on their journey to provide exemplar maternity and neonatal services.

Phase 2 of PTHB South Powys Programme is focused on Maternity and Neonatal pathways. A workstream is in place chaired by the Executive Director of Nursing and Midwifery for PTHB, with senior clinical involvement from CTMUHB and ABUHB.

Its scope is in relation to the outcome of the South Wales Programme approved by boards and WAST in 2014 following public consultation. It is understood that, due to logistical reasons, the outcome of the IMSOP review of Neonatal services will not be available until the new year. Thus, PTHB's Board will not be in a position to consider recommendations for the timing of a strategic change in pathway until then. Current maternity

pathways are continuing and are being closely monitored. Work is continuing in relation to strengthening readiness and assurance.

The latest Neonatal Service Improvement report to CTM's Board dated 27th Jan 2022 reports

1. SITUATION/BACKGROUND

1.1 Neonatal services were incorporated within the programme of special measures alongside Maternity services in September 2020 with a formal Ministerial announcement confirming the same in February 2021

1.2 In March 2021 IMSOP recruited a neonatologist and Neonatal Nurses who commenced a review (deep dive) into Neonatal services in May 2021 with a focus upon the PCH Unit

1.3 In August 2021 the Neonatal IMSOP team members escalated a series of concerns to Welsh Government which equated with 15 areas for improvement

1.4 The Deep dive report is anticipated to be published at the end of January 2022

2.0 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The Immediate make safes

Within the IMSOP escalation report there were 15 areas identified to be a cause for concern with 5 requiring immediate improvements. The following illustrates activity to date relating to these 5, further to the evidence submission and subsequent IMSOP feedback:

Improvement Needed	**Minimal interventions and UHB actions**	**Additional information & activity to progress**
Immediate make safes to support safe prescribing in practice	-Good prescribing guide displayed -Revised Pharmacy SOP -Appointment of a Neonatal pharmacist with governance remit Nov 21	Weekly pharmacy risk meetings estab to review SOP content to be revisited /amended

	-Neonatal Formulary on each Unit	
Immediate improvements to support expert clinical decision making	-Review of CHANTS SOP -Tertiary support agreed -Rotation to tertiary Unit agreed with framework and MOU developed for UHW and CTMU for Jan 22	Rotations delayed due to Covid and operational pressures – revised date to be confirmed with both UHBS
Immediate review of unplanned extubations	-Purchase of ET Tape -NN trigger list amended to include unplanned extubations	
Immediate documentation review	-MDT working group established -Audit of 50 records completed and analysed -NMC & GMC standards reissued -Documentation Standard in draft	Training pending Jan 2022 to launch new standards Audit outcomes to be shared with teams Jan 2022 Monthly audit to commence post launch of new standards
Immediate review of Risk Registers	Both CYP CSG teams reviewed and updated Risk Registers	Neonatal dashboard to capture key risks and themes

A full copy of the report can be found at the following link

27 January 2022 - Cwm Taf Morgannwg University Health Board (nhs.wales)

Referral to Treatment Times (RTT)

As reported nationally there is now an unprecedented challenge in relation to timely access to routine services across the NHS as a result of the response to the pandemic. The Director General of Health and Social Services in Wales has warned that the situation may take a number of years to resolve.

Capacity was significantly reduced in order to care for the surge in COVID patients and to prevent the spread of infection. Private sector capacity has been used to maintain essential services, such as for those with suspected cancer. The situation has been exacerbated through the summer due to unscheduled care pressures, with activity exceeding pre-pandemic levels. There have also been considerable difficulties with flow in surrounding DGHs due to capacity and pressure on domiciliary care services, which are crucial to timely discharge from hospital.

Addressing this situation is a key focus of the approach to renewal in the PTHB Annual Plan for 2021/2022. Major renewal priorities emerged from a full appraisal of the impact of the pandemic. The renewal priorities focus on the things which will matter most to the wellbeing of the population of Powys and those things which will work best to address the critical challenges ahead. The scale of the challenge will not be met by existing approaches and will require new, radical solutions bounded in a value-based healthcare.

A portfolio of renewal work is being established across priority areas to transform services. The portfolio is working at pace across boundaries, but recognising that true transformation is a long term process. The priority areas are: frailty and community model; long term conditions and wellbeing; diagnostics, ambulatory and planned care; advice, support and pre-habilitation; children and young people; and tackling the Big 4 (respiratory, cancer, circulatory and mental health).

£2.5M non recurrent revenue and £550k capital has been secured from Welsh Government to take forward the first phase of priorities. A CEO chaired Renewal Strategic Portfolio Board has been established; executive leads for each priority identified and miles-stones built into the annual plan and delivery plan. Programmes for priority areas are at different points of development – some are building on well-established programmes, such as Breathe Well, whilst others involve establishing new programmes such as for the crucially important frailty and community model.

Where other health boards have received funding directly from Welsh Government, PTHB will need an arrangement to take account of this within commissioning arrangements. The funding arrangements for additional recovery activity taking place in England is to be confirmed.

Actual activity versus activity trajectories submitted are now being monitored by Welsh Government on a quarterly basis. Our own provider services have met the targets submitted with the exception of day case activity that is behind plan due to slippage in recruitment and more latterly slippage caused by the Covid Omicron variant on the start date of the private sector insourcing agreement..

The Renewal Strategic Portfolio Board will be considering risk management in more detail, but key risks are recruitment to the support infrastructure including

procurement capacity; operational recruitment, particularly in relation to theatre staff; the availability of additional external clinical capacity; and unscheduled care pressures.

Powys Provider Referral to Treatment (RTT) as at 31st December 2021

RTT waits by specialty and band	Weeks wait band						
Main Specialty	0 to 25 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 weeks	Grand Total
100 - GENERAL SURGERY	352	76	63	13	5	0	**509**
101 - UROLOGY	114	20	6	1	0	0	**141**
110 - TRAUMA & ORTHOPAED	442	58	13	2	0	0	**515**
120 - ENT	345	20	6	1	0	0	**372**
130 - OPHTHALMOLOGY	612	74	21	0	0	0	**707**
140 - ORAL SURGERY	279	49	29	32	12	1	**402**
143 - ORTHODONTICS	6	0	0	0	0	0	**6**
191 - PAIN MANAGEMENT	91	0	0	0	0	0	**91**
300 - GENERAL MEDICINE	38	4	1	0	0	0	**43**
320 - CARDIOLOGY	113	5	0	0	0	0	**118**
330 - DERMATOLOGY	34	0	0	0	0	0	**34**
410 - RHEUMATOLOGY	97	9	1	0	0	0	**107**
420 - PAEDIATRICS	48	0	0	0	0	0	**48**
430 - GERIATRIC MEDICINE	25	1	0	0	0	0	**26**
502 - GYNAECOLOGY	255	50	3	1	0	0	**309**
Grand Total	**2851**	**366**	**143**	**50**	**17**	**1**	**3428**

As can be seen above, there are patients 68 patients waiting more than a year for treatment and 1 patient waiting more than 2 years. Plans are in place to reduce treatment times including the use of the new insourcing agreement with the private sector. Oral surgery continues to be the most challenged specialty in terms of long waiters largely due to a lack of actual surgeon capacity across the NHS in England and Wales. Oral surgery capacity has been included in the insourcing agreement.

NHS Commissioned Service Provider Referral to Treatment (RTT)

	Dec-21	Patients Waiting						
Welsh Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
Aneurin Bevan Local Health Board	56.9%	1224	290	211	172	148	106	2151
Betsi Cadwaladr University Local Health Board	44.0%	229	55	87	46	63	41	521
Cardiff & Vale University Local Health Board	51.4%	203	43	50	30	38	31	395
Cwm Taf Morgannwg University Local Health Board	46.6%	231	42	49	52	55	67	496
Hywel Dda Local Health Board	50.9%	734	163	151	201	127	67	1443
Swansea Bay University Local Health Board	46.5%	892	194	212	195	175	249	1917
Totals		3513	787	760	696	606	561	6923

	Nov-21	Patients Waiting						
English Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
English Other	74.5%	231	47	19	7	3	3	310
Robert Jones & Agnes Hunt Orthopaedic & District Trust	65.8%	1692	270	341	175	70	25	2573
Shrewsbury & Telford Hospital NHS Trust	72.1%	2653	430	386	170	40	0	3679
Wye Valley Trust	68.2%	2199	443	390	114	67	12	3225
Total		6775	1190	1136	466	180	40	9787

Further detail is included at Annex 1.

Conclusion

There are two neighbouring NHS organisations with services in special measures. An update has been provided in relation to Shrewsbury and Telford Hospitals NHS Trust which remains at the highest level of escalation under the PTHB CAF. Maternity services in CTMUHB are in special measures and an Independent Oversight Panel is in place. Further work is underway to provide independent assurance that neonatal services are safe, effective, well led and importantly integrated with the maternity service to provide a seamless service for women and babies.

As reported nationally there is now an unprecedented challenge in relation to timely access to routine services across the NHS as a result of the response to the pandemic. This has been exacerbated this summer by unscheduled care pressures within surrounding DGHs, which exceed the pre-COVID levels.

Addressing this situation is a key focus of the renewal approach in the annual plan for 2021/2022. The renewal priorities focus on the things which will matter most to the wellbeing of the population of Powys and those things which will work best to address the critical challenges ahead. The scale of the challenge will not be met by existing approaches and will require new, radical solutions bounded in a value-based healthcare. £2.5million non recurrent revenue and £550,000 capital have been secured to help take forward Phase 1. However, at present, there are significant risks in relation to recruitment, procured solutions and the pace of recovery due to unscheduled care demand.

NEXT STEPS

In line with the PTHB Commissioning Assurance Framework providers scored as Level 4 or in Special Measures will continue to be reported to the relevant Board Committees.

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**	Reporting the outcome of the Internal Commissioning Assurance Meeting has no adverse impact on people with protected characteristics. It helps to ensure escalation and resolution of matters which could have a negative impact. However, at present, due to the COVID-19 pandemic, it is not possible to operate the Commissioning Assurance Framework in the usual way, meaning there is a reduced level of assurance. There is also a deteriorating position in relation to referral to treatment times.
Age		√			
Disability		√			
Gender reassignment		√			
Pregnancy and maternity		√			
Race		√			
Religion/ Belief	√				
Sex	√				
Sexual Orientation	√				
Marriage and civil partnership	√				
Welsh Language		√			
Risk Assessment:					
	Level of risk identified				The reporting of the outcome of the Internal Commissioning Assurance Meeting is designed to help identify and reduce risks within commissioned services. However, due to the COVID 19 pandemic, there is a reduced level of assurance and a deteriorating position in relation to waiting times.
	None	**Low**	**Moderate**	**High**	
Clinical			√		

Financial			√		
Corporate			√		
Operational	√				
Reputational			√		

D&P Committee Annex 1

Powys Provider Services – Referral To Treatment Times

Provider Access

Provider RTT - Excluding Diagnostics and Therapies - Source DHCW

Powys Provider RTT - Source DHCW	Jan 2021	Feb 2021	Mar 2021	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
% of patients waiting < 26 weeks for treatment	63.2%	66.1%	71.4%	74.3%	75.9%	78.6%	80.7%	80.9%	79.9%	81.9%	83.9%	83.1%
Number of patients waiting < 26 weeks for treatment	2267	2222	2440	2581	2718	2895	3006	3089	3066	3013	2968	2851
Number of patients waiting 26-35 weeks	256	277	289	285	311	284	265	295	393	362	322	366
Number of patients waiting 36-51 weeks	571	319	154	165	184	212	216	206	186	161	151	143
Number of patients waiting 52 weeks and over	492	544	536	443	370	292	237	227	191	144	96	68
Total Patients waiting 36 weeks and over	1063	863	690	608	554	504	453	433	377	305	247	211
Total Patients waiting	**3586**	**3362**	**3419**	**3474**	**3583**	**3683**	**3724**	**3817**	**3836**	**3680**	**3537**	**3428**

RTT waits by specialty and band	**Weeks wait band**						
Main Specialty	0 to 25 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 weeks	Grand Total
100 - GENERAL SURGERY	352	76	63	13	5	0	**509**
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Grand Total	**2851**	**366**	**143**	**50**	**17**	**1**	**3428**

Powys Commissioned Services (English & Welsh) - Referral To Treatment Times

	Dec-21	Patients Waiting						
Welsh Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
Aneurin Bevan Local Health Board	56.9%	1224	290	211	172	148	106	2151
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Wye Valley Trust	68.2%	2199	443	390	114	67	12	3225
Total		6775	1190	1136	466	180	40	9787

Powys THB Finance Department
Financial Performance Report
Delivery & Performance Committee

28 February 2022

Item 3.3

Period 10 (January 2022)
FY 2021/22

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

Introduction

Subject:	**FINANCIAL PERFORMANCE REPORT FOR MONTH 9 OF FY 2021/22**
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/Committee with an update on the January 2022 (Month 10) Financial Position including Financial Recovery Plan (FRP) delivery and Covid.

RECOMMENDATION:

It is recommended that the Board/Committee:

- DISCUSS and NOTE the Month 10 2021/22 financial position.
- NOTE that actions required in 2021/22 to deliver a balanced position at the 31st March 2022, including savings delivery.
- NOTE and APPROVE Covid-19 Report position reported on page 8 and in the attachments detailed in appendix 1.
- NOTE additional risks on delivery of balanced position at 31st March 2022.
- NOTE underlying financial position and agree actions to deliver recurrent breakeven for 2022/23.

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

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

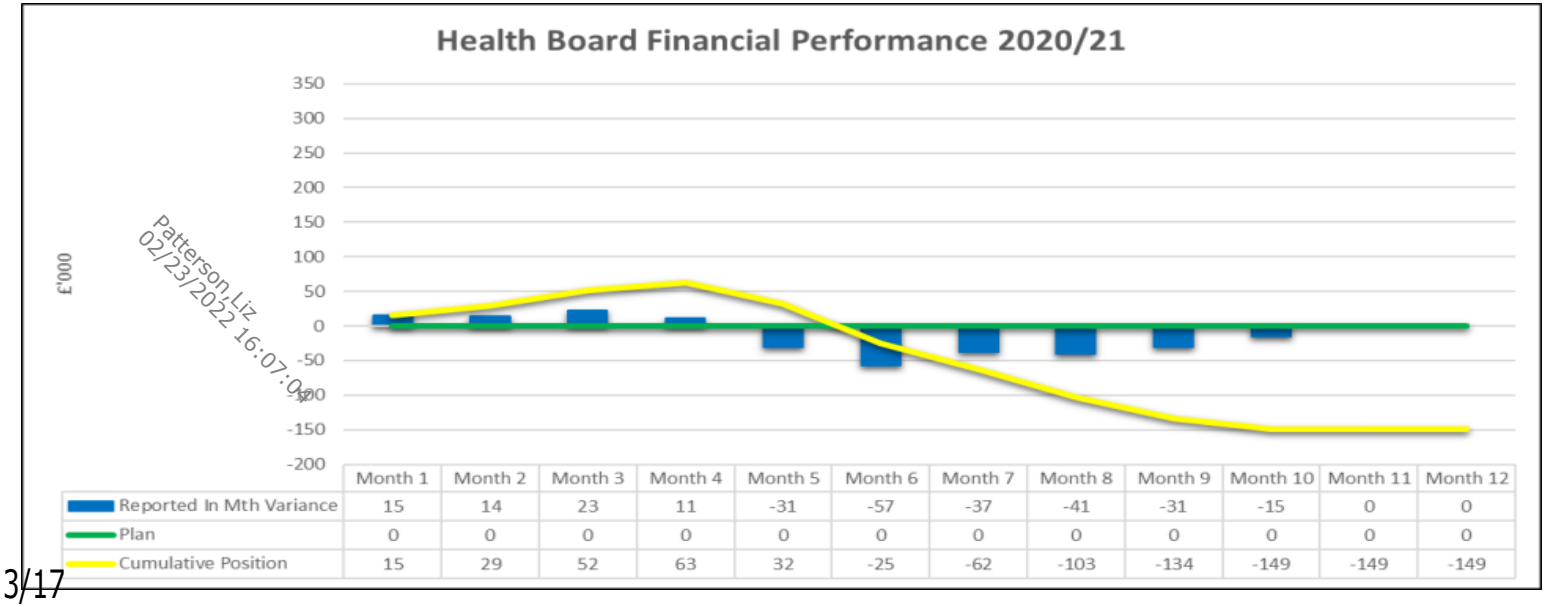
Approval/Ratification/Decision	Discussion	Information
	✓	

Summary Health Board Position 2021/22

Revenue		
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by Welsh Government	Value £'000	Trend
Reported in-month financial position – deficit/(surplus) – Green	-15	↑
Reported Year To Date financial position – deficit/(surplus) – Green	-149	↓
Year end – deficit/(surplus) – Forecast Green	0	→

Capital		
Financial KPIs : To ensure that the costs do not exceed the capiral resource limit set by Welsh Government	Value £'000	Trend
Capital Resource Limit	15,495	↑
Reported Year to Date expenditure	4,493	↑
Reported year end – deficit/(surplus) – Forecast Green	0	→

PSPP		
PSPP Target : To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods or a valid invoice	Value £'000	Trend
Cumulative year to date % of invoices paid within 30 days (by number) @end Q3 -Red	90.4%	↑



	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Reported In Mth Variance	15	14	23	11	-31	-57	-37	-41	-31	-15	0	0
Plan	0	0	0	0	0	0	0	0	0	0	0	0
Cumulative Position	15	29	52	63	32	-25	-62	-103	-134	-149	-149	-149

Powys THB 2021/22 Plan was approved by the Board and submitted to WG on 31st March 2021, with an update provided on 30th June. Both submissions provided a balance plan for 2021/22.

As per 2020/21 spend in relation to Covid is included in the overall positon 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 £0.149m under spend at Mth 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, 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.

PTHB continues to forecast a balanced year end position but there are significant number of risks and opportunities that the Board need to effectively manage to ensure this can be delivered.

PSPP figure shows a slight improvement in the third quarter of 2021/22 compared to Q2. However there remain issues with the late payment of agency invoices and the Q4 position is expected to deteriorate.

Overall Summary of Variances £000's

	BUDGET YTD	ACTUAL YTD	VARIANCE YTD
01 - Revenue Resource Limit	(308,290)	(308,290)	0
02 - Capital Donations	(108)	(108)	0
03 - Other Income	(5,468)	(5,330)	137
TOTAL INCOME	**(313,866)**	**(313,728)**	**137**
05 - Primary Care - (excluding Drugs)	35,216	34,644	(572)
06 - Primary care - Drugs & Appliances	25,213	25,527	314
07 - Provided services -Pay	74,955	75,332	377
08 - Provided Services - Non Pay	29,180	18,736	(10,444)
09 - Secondary care - Drugs	822	1,139	318
10 - Healthcare Services - Other NHS Bodies	117,235	122,561	5,327
12 - Continuing Care and FNC	12,548	16,690	4,142
13 - Other Private & Voluntary Sector	2,589	2,841	252
14 - Joint Financing & Other	12,818	12,818	0
15 - DEL Depreciation etc	3,528	3,528	0
16 - AME Depreciation etc	(239)	(239)	0
18 - Profit\Loss Disposal of Assets	0	0	0
TOTAL COSTS	**313,866**	**313,579**	(287)
TOTAL	**0**	**(149)**	(149)

Please refer to pages 5-8 for further information on key variances and actual performance .

Health Board 2021/22 Savings

2020/21 Plan	£ M
Savings Target 2020/21 as per IMTP	5.6
Recurrent Savings Delivered 2020/21	(0.5)
Unmet Savings C/F to Opening Plan 2021/22	**5.1**

Original 2021/22 Plan	£ M
Unmet Saving Target b/f in Opening Plan 2021/22	5.1
Target to be Delivered Recurrently as per Financial Plan	1.7
Savings supported in 2021/22 by Covid Funding Assumptions	3.4

From Tables Above:

- The HB has £5.1m of unmet b/f savings from 2020/21.
- To achieve financial balance in 2021/22 and as per the approved Annual Plan £1.7m to be achieved, with the remainder supported by WG Covid funding.

Chart 1 Original Identification of Schemes against £1.7M Target

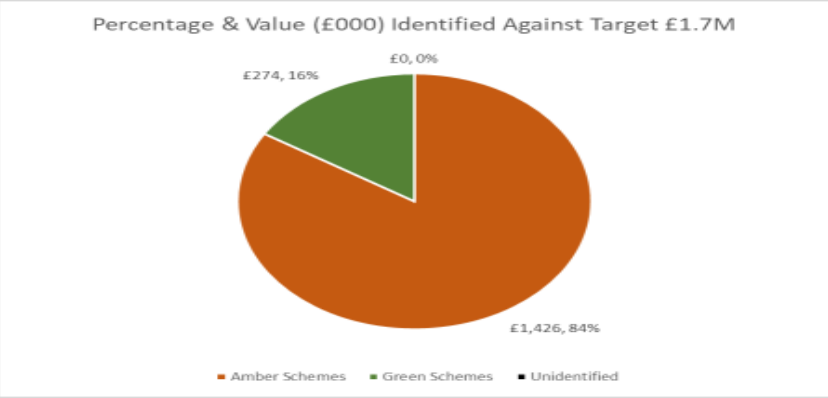


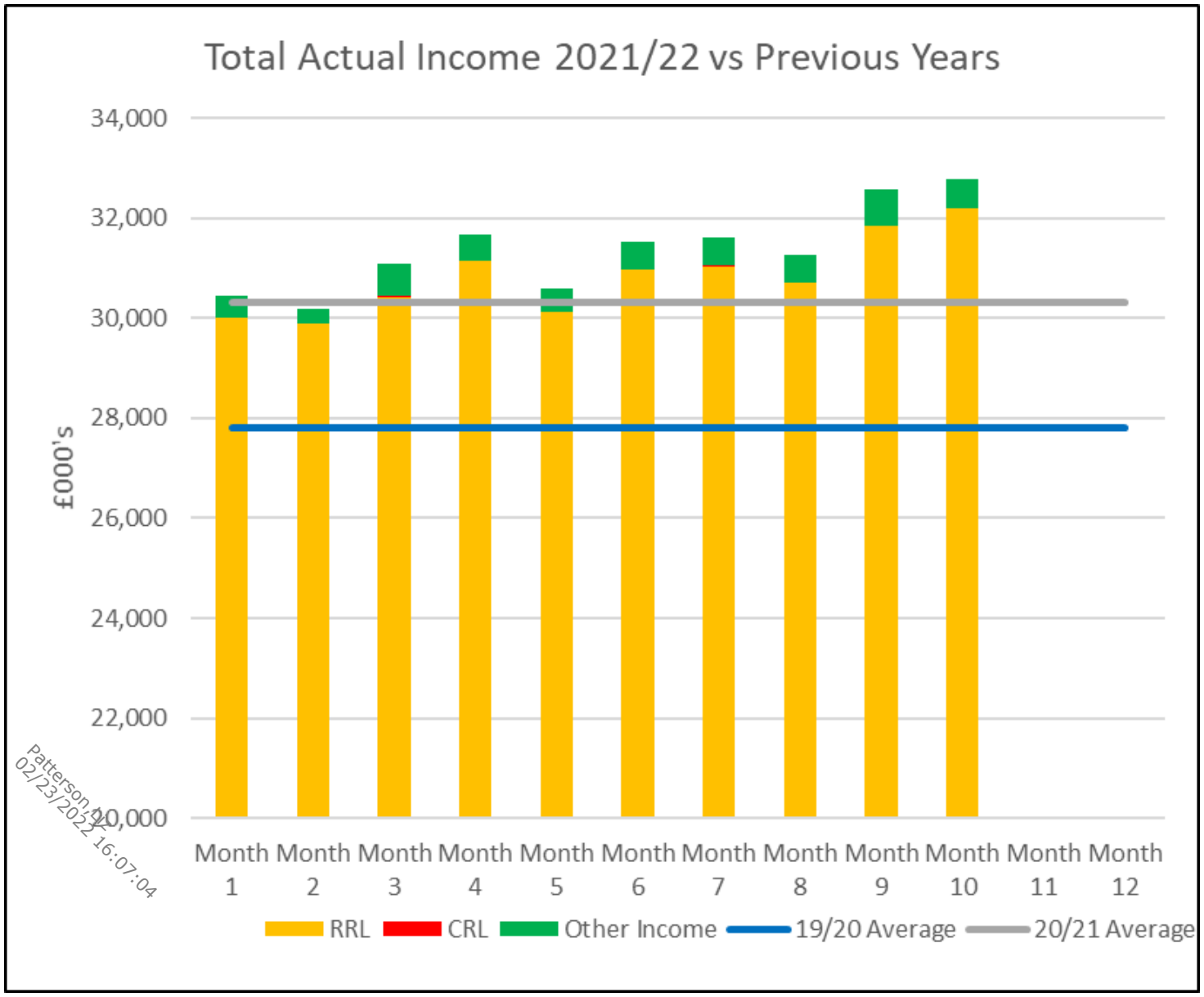
Chart 1 – originally the full £1.7m was identified as potential schemes in 2021/22, with £0.275m identified as green.

Chart 2 – as part of the Mid Year Review with WG the Health Board declared that the original target of £1.7m would not be met and likely performance = £0.455m. The shortfall in delivery to balance the plan would be taken on Non Recurrent basis from underspends and opportunities in other areas of the financial plan. However this position will increase the underlying deficit of the Health Board – see tables on page 10.

Chart 2 - Forecast Performance Against £1.7m Target

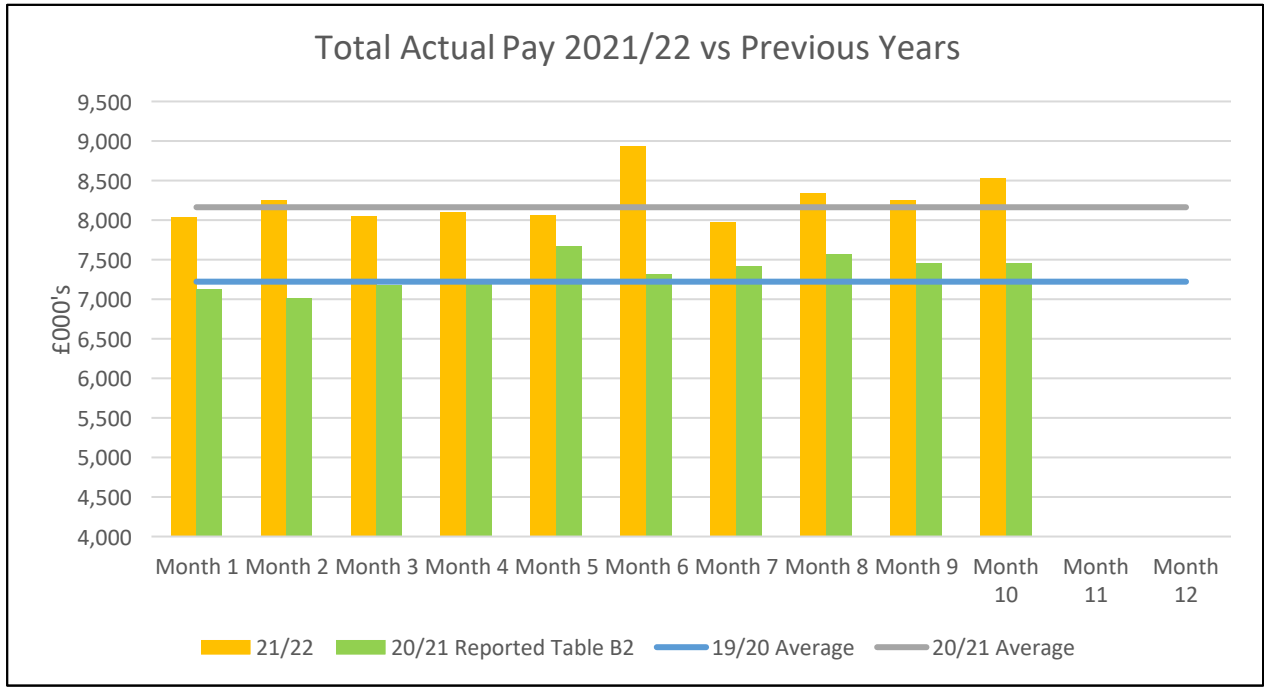
Category	Forecast Reported @ Mth 1 £'000	Forecast Reported @ Mth 6 £'000	Forecast @ 2nd Nov £'000	Variance to Plan £'000
CHC & FNC	- 255	- 255	-	255
Commissioned Services	- 353	-	-	353
Medicines Management	- 505	- 505	- 425	80
Non Pay	- 82	- 82	- 30	52
Pay - Variable	- 506	- 506	-	506
Total	- 1,701	- 1,348	- 455	1,246

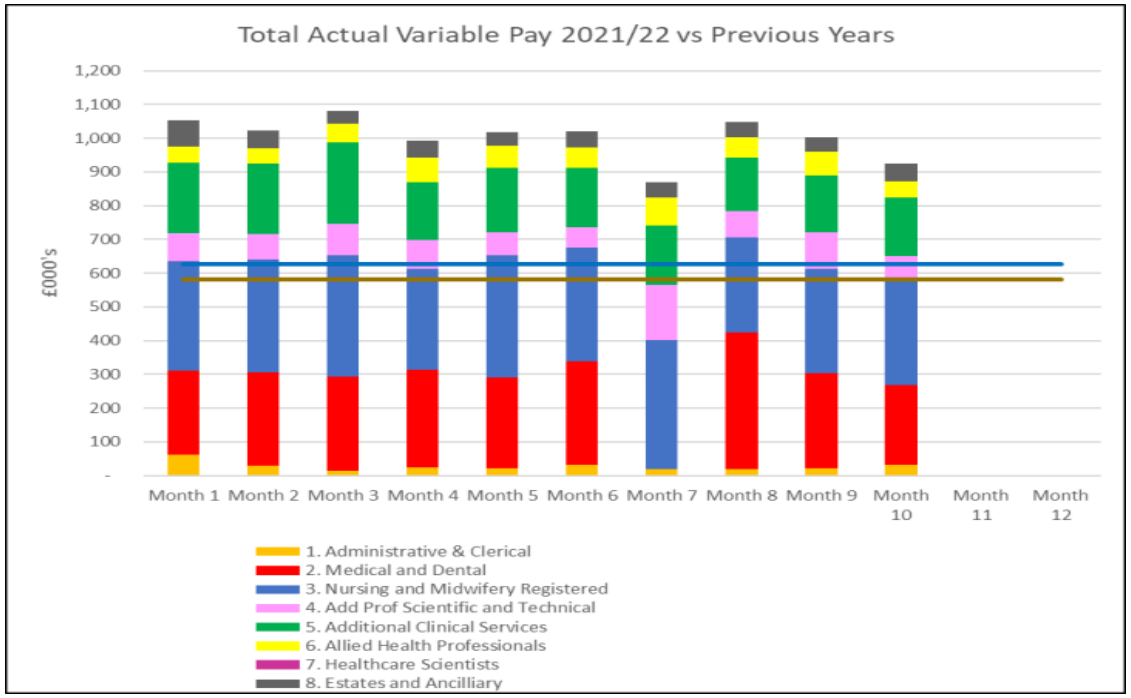
Health Board Actual 2021/22 vs Trend Previous Financial Years



- 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 2021/22 it is anticipated at this point in the financial year that the total funding for Covid as part of the RRL will be approximately £38M, and an element of this will be included in each month.

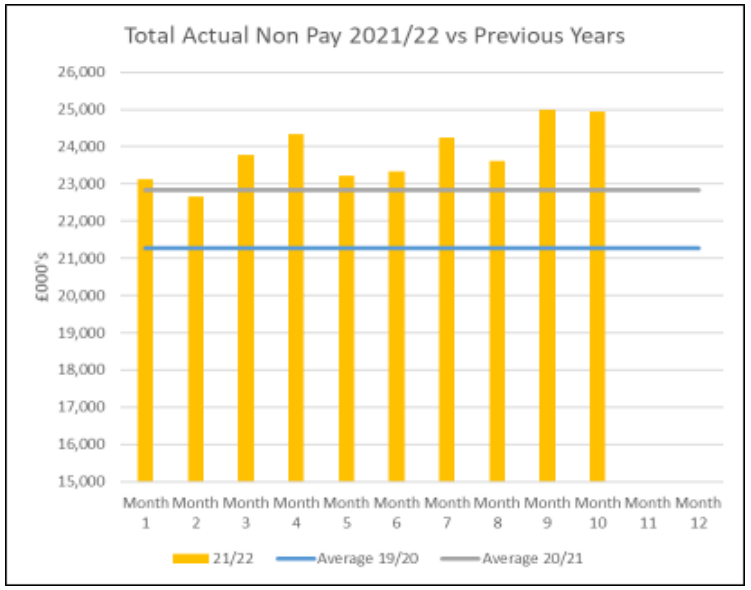
Health Board Actual 2021/22 vs Trend Previous Financial Years

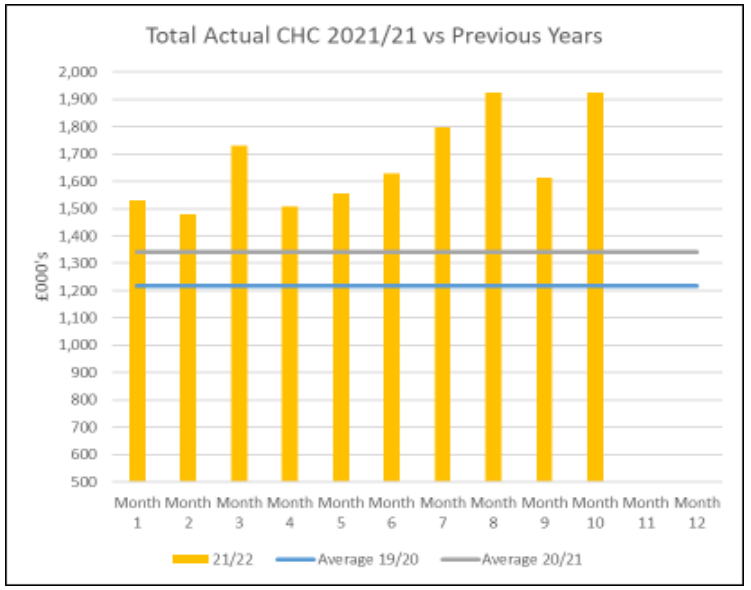


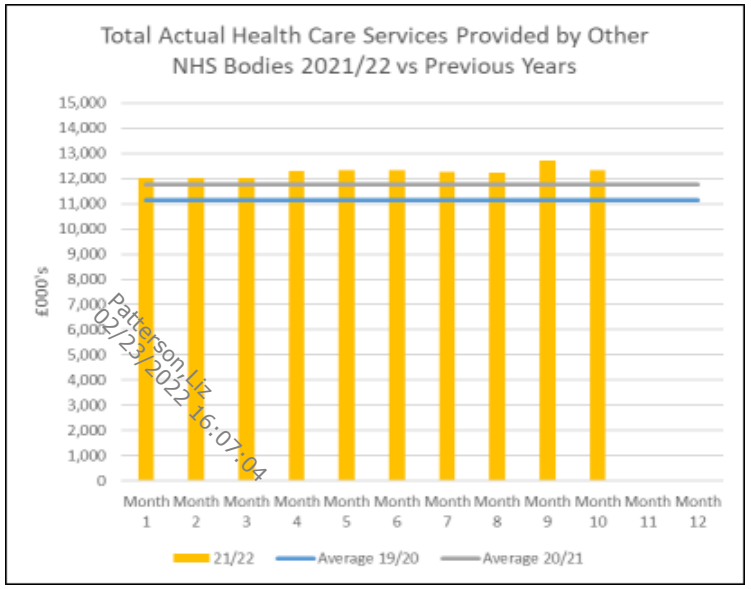


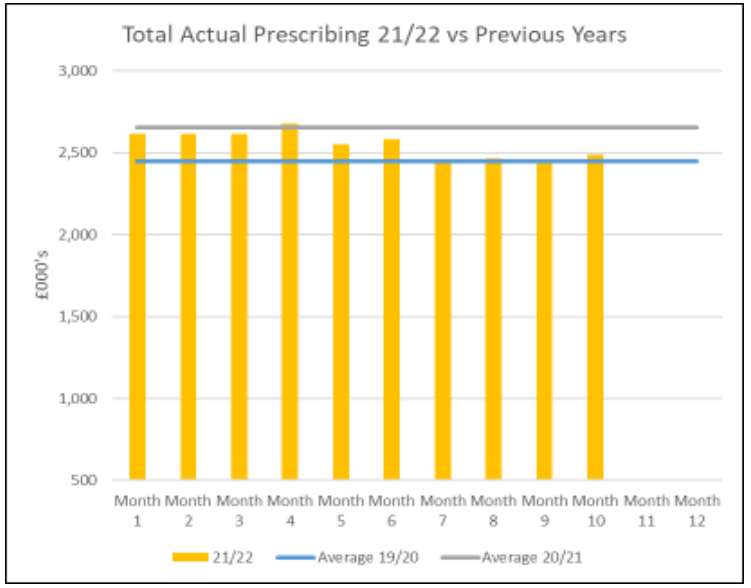
- The month 10 YTD pay is showing an over spend of £0.377M against the year to date plan.
- Chart 1 is comparing that the total pay position for 2021/22 with data from previous financial years. The green bars represent the total pay as per the MMR report (Table B2) in 2020/21 and the yellow the position for 2021/22, which clearly shows a stepped increase. This increase is two-fold. (1) is the additional staff in post supporting Mass Vac and TPP which were not in place in Mth 1-6 of 2020/21. (2) The increase in the Variable Pay position as per Chart 2. ***NOTE – the Mth 6 position includes the pay arrears for the 2021/22 Pay Award of 3%. Therefore the increase in pay costs for Mth 6 is distorted by the impact of this.***
- In comparing the average from 2020/21 to the actuals in 2021/22 it should be noted that the 2020/21 figures include the bonus payment accrued at the end of 2020/21 along with the notional pension adjustment required by WG in March 2021 and the annual leave provision.
- Chart 2 on variable pay demonstrates there has been a significant increase in 2021/22 compared to the 2019/20 and 2020/21 average.
- ***All Wales position = at the time of writing this report only the Mth 10 position for Wales was published. Based on this data agency as a % of total pay in Wales was at 5.2%. For Powys the figure was 9.4% the highest in Wales. [Source: WG Health & Social Services Finance Update Mth 7].***

Health Board Actual 2021/22 vs Trend Previous Financial Years









- Actual Non Pay spend in 2021/22 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 2021/22 uplifts for some areas. There are 3 key areas of focus:

1. Commissioning – currently the LTAs are paid on a Block arrangement as per the guidance from the DoH and WG as a consequence of C-19. This is based on the 2019/20 Mth 10 position for England and Year End Position for Wales plus relevant uplifts. These figures will also contain the growth in WHSSC and EASC, which are both outside the block arrangements.

2. CHC – there has been a significant increase in costs seen in Mth 1-10. CHC has been included as a risk in table 1 page 9 and Appendix 5 provides the forecast to 31st March 2022, which again shows the significant growth between 2020/21 and 2021/22.

3. Prescribing – the YTD position is based on the latest PAR information, which has provided a reduction 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..

Covid Summary – Revenue Only

Table 1: Summary Table B3 (see Appendix 1)

Area	YTD Actual £000	Forecast 2021/22 £000
Testing	908	1,143
Tracing	3,857	5,130
Mass Vaccination	6,616	8,385
Extended Flu	275	304
Field Hospitals	-	-
Cleaning Standards	470	564
General Covid	7,901	10,405
Recovery & Renwel Programme	1,558	5,899
WG Projects#	1,003	1,642
Total Table B3	**22,588**	**33,472**

Table 2: Breakdown of General Covid

General Covid	YTD Actual £000	Forecast 2021/22 £000
Staffing	1,133	1,918
Loss Dental Income	610	796
Primary Care Prescribing	1,363	1,982
PPE	215	321
Block LTA	2,529	3,381
Adult Social Care (CHC/FNC)	-	921
Other Non Pay	1,087	1,086
Total General Covid	**6,938**	**10,405**

- Note relating to Table 1. Within Table B3 are 'projects' that WG deem are also linked to Covid. We are directed by WG to include these within Table B3.

Additional Risk & Opportunities Above Financial Forecast

Table 1: Risk Reflected MMR

Risk	£ '000	Likelihood
Under delivery of Amber Schemes included in Outturn via Tracker	0	-
Continuing Healthcare	-250	High
Prescribing	-339	Medium
Pharmacy Contract	0	-
WHSSC Performance	0	-
Other Contract Performance	0	-
GMS Ring Fenced Allocation Underspend Potential Claw back	0	-
Dental Ring Fenced Allocation Underspend Potential Claw back	0	-
Gas & Electric Engery Prices above Forward Buying Levels	0	-
Total	**-589**	

Table 2: Opportunities Reflected MMR

Opportuntity	£ '000	Likelihood
Additional Savings Above Plan	0	-
WRP Slippage	0	-
Slipage on Funding/Budgets/Further Movements in Provisions	650	Medium
WHSSC Net Underspend	0	-
Total	**650**	

Further details on risk and opportunities underpinning the forecast are documented in the WG Narrative Report attached to Appendix 1

Summary & Key Messages

Summary

Key Numbers:

- ***YTD Position Revenue*** = PTHB is reporting a small under spend YTD at month 10 for FY 2021/22 of **£0.149M** (see page 2).
- ***Financial Forecast Revenue*** = to 31st March 2022 is to maintain a **balanced** plan based on plan summitted to WG and at the Mid Year Review 2nd November 2021, with key highlights included in this paper.
- ***Savings*** = Of the £1.7m target it is anticipated that the Health Board will deliver **£0.455m** by the 31st March.
- ***Capital Resource Limit (CRL)*** – the CRL is reported as **£15.5m .** All other schemes are anticipated to deliver in line with the CRL allocated (see appendix 1 for full breakdown).

Areas of Focus & Financial Pressures

- ***CHC*** – the table on Page 3 shows the reported variance for CHC. Appendix 5 demonstrates the increase since 31st March 2021 and a further £0.250m risk is included on the risk table on page 9. However between the Mth 6 and Mth 10 closedown the CHC forecast increased by circa £1.3m. Whilst the financial plan offset this against other opportunities a continued increase at this same rate of growth to the year end would have a significant impact on the Health Boards ability to breakeven. Based on the Mth 8 WG Health & Social Services Finance Update Powys is a significant outlier to the rest of Wales in terms of growth reported.

- ***Variable Pay*** – across Wales the agency spend as a % of total pay across at Mth 8 was reported at 5.2% in the WG Health & Social Services Finance Update. As part of the WG report Powys' % is 9.4%, which shows Powys as the highest in Wales. This pressure is clearly demonstrated in the Graph on page 6.

- ***Savings Delivery*** – the Health Board is now facing an in year pressure of £1.246m due to the non delivery of the savings requirement for 2021/22 of £1.7m (see page 4). The 2021/22 plan discussed with WG at the mid year review outlined opportunities in other areas would be used to mitigate this loss of savings. However a robust plan for 2022/23 will be required.

- ***Underlying Position*** – whilst the Health Board had a balanced plan for 2021/22 it retained an underlying opening deficit of £5.6m. The recurrent impact of in year growth relating to CHC, variable pay and non-delivery of savings will increase the underlying deficit as detailed on page 10. Therefore actions will be required during the latter half of 2021/22 and into 2022/23 to minimise the impact on the 2022/23 financial position.

Powys THB Finance Department
Financial Performance Report - Appendices

Monitoring Return Reported

Embedded below are extracts from the Monthly Monitoring Return submitted to Welsh Government on Working Day 9.

MMR Narrative

CE56B0FE.pdf

MMR Tables

https://
s365.sharepoint.cc

Mass Vac Tables

https://
s365.sharepoint.cc

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TTP Tables

https://
s365.sharepoint.cc

Recovery Tables

https://
s365.sharepoint.cc

Capital 2021/22

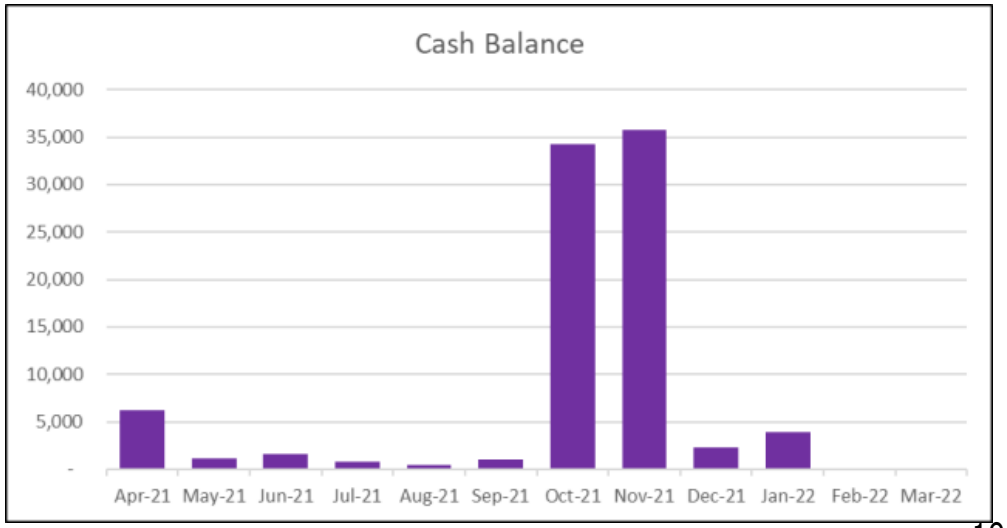
Appendix 2

Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st January 2022
WG CRL FUNDING	**£M**	**£M**	**£M**
Discretionary Capital	1.431	1.431	0.827
Anti Ligature	1.001	1.001	0.117
Machynlleth	6.152	6.152	2.849
National Programmes – Fire	0.557	0.557	0.055
National Programmes – Infrastructure	1.331	1.331	0.420
National Programmes – Decarbonisation	0.332	0.332	0.017
National Programmes – Imaging	0.352	0.352	0.000
Covid Recovery 2021-22	0.550	0.550	0.024
Covid Recovery 2021-22	0.960	0.960	0.037
Breconshire War Memorial Hospital - development of Car Parking Facilities	0.225	0.225	0.002
Eye Care e-referral system	0.138	0.138	0.000
Health & Care Academy - Basil Webb, Adaptive Living Space and Outdoor Learning Space	0.676	0.676	0.002
Additional DPIF funding	1.556	1.556	0.100
National Programmes - Infrastructure	0.132	0.132	0.043
Eye care equipment - January 2022	0.102	0.102	0.000
TOTAL APPROVED FUNDING	**15.495**	**15.495**	**4.493**

Cash Flow 2021/22

Appendix 3

	Mth 1 £'000	Mth 2 £'000	Mth 3 £'000	Mth 4 £'000	Mth 5 £'000	Mth 6 £'000	Mth 7 £'000	Mth 8 £'000	Mth 9 £'000	Mth 10 £'000	Mth 11 £'000	Mth 12 £'000
OPENING CASH BALANCE	**2,627**	**6,184**	**1,123**	**1,658**	**822**	**493**	**1,002**	**34,220**	**35,762**	**2,269**	**3,898**	**500**
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	30,800	25,700	34,000	30,809	26,623	30,571	63,854	31,302	-	30,499	29,292	38,210
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	- 160	- 160	- 160	- 160	117	- 38	- 306	- 92	-	- 127	- 162	- 160
WG Revenue Funding - Other (e.g. invoices)	1,551	42	13	85	29	83	893	22	33	66	1,000	1,000
WG Capital Funding - Cash Limit - LHB & SHA only	-	-	200	200	2,600	1,477	935	1,000	-	1,000	2,305	5,778
Income from other Welsh NHS Organisations	473	281	944	427	399	307	474	308	308	685	400	400
Other	1,064	248	353	1,506	354	704	443	383	711	695	400	400
Total Receipts	33,728	26,111	35,350	32,867	30,122	33,104	66,293	32,923	1,052	32,818	33,235	45,628
Payments												
Primary Care Services : General Medical Services	2,588	2,262	2,970	2,864	2,135	2,362	2,451	2,361	2,705	3,113	2,400	2,400
Primary Care Services : Pharmacy Services	448	-	318	898	-	441	240	446	768	-	500	500
Primary Care Services : Prescribed Drugs & Appliances	1,201	-	1,372	2,516	-	1,361	1,342	1,275	2,561	-	1,300	1,300
Primary Care Services : General Dental Services	342	433	469	434	516	479	531	440	456	455	420	420
Non Cash Limited Payments	77	169	86	84	154	72	74	81	82	54	100	100
Salaries and Wages	7,443	8,866	8,415	7,396	7,413	7,918	8,068	7,567	7,625	7,890	7,700	7,700
Non Pay Expenditure	18,069	19,312	20,729	18,983	19,773	17,174	20,068	18,726	19,409	18,978	20,451	27,034
Capital Payment	3	130	456	528	460	2,788	301	485	939	699	3,762	7,370
Other items	-	-	-	-	-	-	-	-	-	-	-	-
Total Payments	30,171	31,172	34,815	33,703	30,451	32,595	33,075	31,381	34,545	31,189	36,633	46,824
NET CASH FLOW IN MONTH	**3,557**	**- 5,061**	**535**	**- 836**	**- 329**	**509**	**33,218**	**1,542**	**- 33,493**	**1,629**	**- 3,398**	**- 1,196**
Balance c/f	**6,184**	**1,123**	**1,658**	**822**	**493**	**1,002**	**34,220**	**35,762**	**2,269**	**3,898**	**500**	**- 696**



NOTES:

- The table above shows the cash position before the receipt of the anticipated £1.196M of working capital cash for 2020/21 Capital Creditors being discharged during 2021/22.
- Mth 7 and Mth 8 increased cash balances at end of the month was at the request of WG to take cash in advance.

Balance Sheet 2021/22

	Opening Balance Beginning of Apr 21 £'000	Closing Balance End of Jan 21 £'000	Forecast Closing Balance End of Mar 22 £'000
Tanglible & Intangible Assets	78,394	83,023	91,094
Trade & Other Receivables	26,582	23,401	27,333
Inventories	159	159	159
Cash	2,627	3,898	- 696
Total Assets	**107,762**	**110,481**	**117,890**
Trade and other payables	45,831	45,071	41,790
Provisions	23,410	24,551	24,551
Total Liabilities	**69,241**	**69,622**	**66,341**
Total Assets Employed	**38,521**	**40,859**	**51,549**

Financed By			
General Fund	- 2,532	- 194	8,715
Revaluation Reserve	41,053	41,053	42,834
Total Taxpayers' Equity	**38,521**	**40,859**	**51,549**

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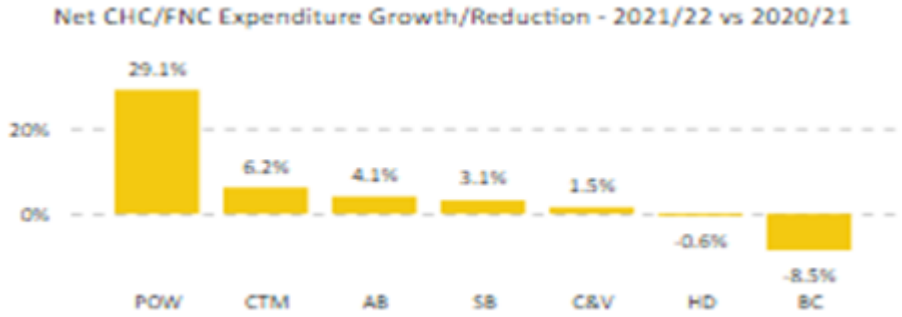
CHC Forecast 2021/22 vs 2019/20 & 2020/21

Area	19/20 Year end Position	20/21 Year end Position	21/22 Forecast @ Mth 5	21/22 Forecast @ Mth 6	21/22 Forecast @ Mth 7	21/22 Forecast @ Mth 8	21/22 Forecast @ Mth 9	21/22 Forecast @ Mth 10	Growth From 2020/21 YE to 2021/22 Forecast @ Mth 10
Children	£267,217	£151,234	£156,944	£156,944	£156,944	£156,944	£156,944	£156,944	**£5,710**
Learning Disabilitie	£957,455	£1,567,929	£1,251,771	£1,263,808	£1,294,343	£1,388,021	£1,388,021	£1,542,967	**-£24,962**
Mental Health	£7,344,265	£7,800,642	£9,875,870	£9,972,709	£10,306,982	£10,486,754	£10,369,572	£10,562,815	**£2,762,173**
Mid Locality	£981,064	£925,210	£1,321,058	£1,261,614	£1,447,057	£1,574,421	£1,673,257	£1,653,550	**£728,340**
North Locality	£1,365,243	£1,537,343	£1,785,585	£1,918,715	£1,876,510	£1,994,684	£1,993,747	£2,074,285	**£536,942**
South Locality	£1,494,868	£1,958,143	£1,975,850	£1,929,526	£1,863,650	£1,864,128	£1,872,968	£1,830,500	**-£127,643**
Grand Total	**£12,410,112**	**£13,940,501**	**£16,367,076**	**£16,503,316**	**£16,945,486**	**£17,464,952**	**£17,454,509**	**£17,821,060**	**£3,880,559**

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 2020/21. Summary of position for Wales is provided in the Chart below:



Review of CRR items on Fire and Health and Safety

Director of Environment

Delivery and Performance Committee – 28th February 2022

Item 3.4

CRR 016 **Risk that:** the Health Board is non-compliant with legal obligations in respect of Health & Safety due to a lack of identification and management of health & safety related risks across the organisation	**Executive Lead:** Director of Workforce, OD and Support Services **Assuring Committee:** Executive

Risk Impacts on: Organisational Priorities underpinning WBO 1 – 4	**Date last reviewed:** November 2021

Risk Rating

(likelihood x impact):

Initial: 4 x 4 = 16

Current: 3 x 4 = 12

Target: 3 x 3 = 9

Date added to the risk register

November 2020

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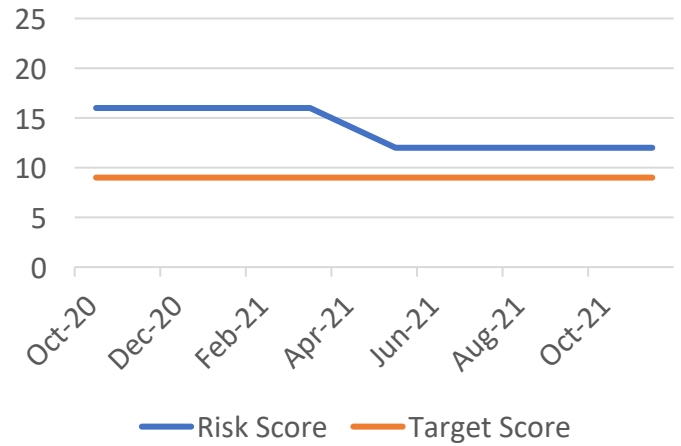


Rationale for current score:

It was evident from discussions with Service Managers in November 2020 that there is an inability to identify and manage H&S risks, with a clear framework and process for recording, training and escalation.

Analysis has indicated that that Health & Safety risks are not consistently assessed and managed across PTHB at Departmental level.

- 16 Risk Assessment 'Power Hour' workshops have been provided to 57 out of 700 managers. Follow up of learning from these sessions has illustrated that learning has not been embedded.
- Returns from departments confirming Health & Safety risk assessments that are in place confirm that health and safety risk assessment is not well understood.
- Two senior operational managers have confirmed that Health & Safety risk assessments are not routinely undertaken or reviewed.

The corporate risk relating to health and safety risk assessments held at departmental level remains high.

Controls (What are we currently doing about the risk?)	Mitigating actions (What more should we do?)

- Health & Safety workshop undertaken
- Health & Safety risk assessment work program identified
- Delivery of the 'Power hour' risk assessment sessions ongoing throughout 2021
- Specialised professional Health & Safety Senior Officer risk assessment advice
- Specialist sub-groups set up e.g. fire safety, water safety, medical gases, estates compliance, asbestos, radiation
- Health & Safety Group standing item on risk
- Responding to issues identified by HSE
- Responding to issues identified by Internal Audit
- Risk Management Framework
- Risk Assessment Toolkit & Template
- Framework developed and circulated to services for population for the identification and management of H&S risks

Action	Lead	Deadline
Complete a desktop exercise to identify which services undertake a programme of risk assessments	Assistant Director: Support Services	Returns received
Provide focused support and advice to services to enable them to identify and manage their risks	Assistant Director: Support Services	In place and ongoing
Continued rollout of IOSH one-day 'Working Safely' training for Managers	Assistant Director: Support Services	In place and ongoing

Assurances

(How do we know if the things we are doing are having an impact?)

- Health and Safety reporting
- Oversight of the executive team
- Audit and Inspection Programme ensuring compliance with Health & Safety Policies
- Health & Safety Forward Work Programme – key focus area is on detailed audit of risk assessments

Gaps in assurance

(What additional assurances should we seek?)

- Delivery of the IOSH one-day 'Working Safely' training for Managers
- Review and implement Health & Safety policy and enabling procedures
- Health and Safety risks reported through the Health and Safety Group
- Aggregation of risks identified through sub-groups e.g. fire safety, water safety, medical gases, estates compliance, asbestos, radiation reporting
- Organisational Health & Safety risks presented to the Risk and Assurance Group
- Escalation of non-compliance with risk assessment framework
- Communication and cascade of Health & Safety information

Current Risk Rating

3 x 4 = 12

Additional Comments

Risk Review - Progress and De-escalation

- Policy approved by Board on 24th November 2021
- Health and Safety team work plan also approved by Board to cover period up to end of Q2 (i.e. September) 2022.
  - Following the review of risk assessments, the programme includes working with departments to improve the quality of risk assessments (with focus on key areas). This will be ongoing work through to end of the current work plan.
- Policy owner now moved to Director of Environment who now also chairs Health and Safety Group (first met on 14th Feb 2022)
  - Membership of this group expanded to include representation from all Directorates and not just operationl departments
  - DoE also now chairs other key groups including Fire Safety Group, Estates Compliance Group, Site Co-ordination Forum and Medical Gases Group
- The risk was escalated to Board due to the Risk score remains as 12 but for now the management of the risks can be managed by the Health & Safety Group and lead Director
  - The agreed work plan will now be broken down to monthly actions (not quarterly) to support monitoring of progress and escalation of management actions.
  - Key action is the development of the Training Needs Analysis (TNA) to confirm which numbers of staff (and precisely which staff) need to undertake the level of training as outlined in the policy. This will be considered by Executives for implementation into 2022/23.
  - The risk will be monitored at each meeting and considered for escalation via the D&P Committee accordingly.
- In parallel to the implementation of the agreed work plan, a detailed proposal for 22/23 will be developed which is wider than just a work programme for the Health and Safety Team but for the members of Health and Safety Group (and responsible leads)

CRR 017

Risk that: A fire incident occurring within Health Board premises is not effectively managed

Executive Lead: Director of Environment

Assuring Committee: Delivery and Performance

Risk Impacts on: Organisational Priorities Underpinning WBO 1 to 8

Date last reviewed: December 2021

Risk Rating
(likelihood x impact):
Initial: 5 x 5 = 25
Current: 4 x 4 = 16
Target: 3 x 3 = 9

Date added to the risk register
November 2020

Rationale for current score:

Work on the built infrastructure continues with additional funding made available in 2021/22 from WG Estates Funding Advisory Board (EFAB) with an additional £556K allocated to make Welshpool and Knighton sites fully fire compliant – the programme will, however, take 4-5 years to complete if funding is sustained.

Operational fire management structure now in place for all hospitals which is positive mitigation with over 400 fire wardens and Incident Coordinators having received site based training - positive operational intervention but Infrastructure risk remains.

There is still a considerable amount of work to be done as included in the mitigating actions below, to reduce this risk rating to meet target.

Controls (What are we currently doing about the risk?)

- **Fire & Rescue Service Inspections:** series of inspections documented with increased frequency post Grenfell.
- **Fire Training:** training programme in place, now in Teams format for general staff. Training August-November scheduled for newly appointed Fire Incident Coordinators and Fire Wardens. Extra external trainer engaged to support.
- **Fire Safety Advisors:** the Health Board / Estates engages two full time and experienced substantive posts to advise, monitor, train and support across the organisation: Fire Risk Assessment programme in place for all premises.
- **Compartmentation:** Surveys are completed for identifying deficiencies, a continuing programme of remedial works is in place, supported by WG EFAB monies for Welshpool and Knighton in 2021/22.
- **Fire Doors:** Fire door inspections are on the Estates Planned Preventative Maintenance schedule for in-house staff.
- **Fire Alarm System:** Systems have been risk assessed, and a programme for replacement has been agreed. An asset list is maintained, and they are serviced to identify system failings.
- **Fire Extinguishers:** new fire extinguisher maintenance contract let in early 2021 with routine checks ongoing and exception reporting in place.
- **Emergency Lighting:** Lighting is checked as part of Estates Planned Preventative Maintenance for compliance: a replacement programme of works is being identified.
- **Responsible Persons/Fire Drills:** Fire Safety Advisors have worked with all sites to bring fire drills up to date – completed December 2020 (except Bronllys). Fire Safety Group receives compliance reporting and new structure will lead on implementation in 2021.
- **Waste Compounds:** Risks have been identified, and improvements are being actioned by Support Services.
- **Project Activity:** Fire Safety Advisors view and input into projects at design and handovers stages to ensure complaint and fit for purpose systems and installations.

Mitigating actions (What more should we do?)

Action	Lead	Deadline
Improve documentation and plans for ventilation ductwork and fire dampeners	AD Estates & Property	2021-22
New Fire Alarm and Emergency Lighting Maintenance Contract in place. Contractor will undertake full asset survey to inform future planning.	AD Estates & Property	March 2022
Planned programme for replacement of Alarm Systems at high risk of failure	AD Estates & Property	Newtown and Machynlleth in 2021 - 2022
Agree funding from WG for a replacement Programme for Fire Doors. Identify suitably robust door sets to meet fire standards and enable anti-ligature measures to be incorporated in mental health settings.	AD Estates & Property	2021-26
Implement the framework of responsible persons to ensure trained roles are in place to drive fire drill process.	DoE	December2021 complete
Survey undertaken to identify risks associated with external waste storage 6M from buildings; remedials undertaken where possible and programme of project activity initiated.	AD Support Services	2022
Review fire training to refocus and address any resilience issues.	DoE	2021
Review compliance with the use of the updated Site Fire Safety Manuals.	DoE	March 2022
PTHB has delivered training for Fire Doors for Estates team: staff will receive formal accreditation to undertake PPM checks and minor repairs - external specialists are used for significant repairs / replacements.	AD Estates & Property	December 2021 complete
Compartmentation works as identified in previous surveys to be implemented.	AD Estates & Property	2021-26

Assurances (How do we know if the things we are doing are having an impact?)	Gaps in assurance (What additional assurances should we seek?)
• **Compartmentation surveys** have been completed across all PTHB major sites, and a programme of works is in place to address any remedial issues identified. • **Estates Planned Preventive Maintenance Inspection of Doors, and emergency lighting** is completed regularly and reported. New defects will be identified and added to the programme of remedial works, or listed for replacement. Staff to receive formal accreditation. • **Fire Alarm Systems** inspected annually by third party specialist contractor. • **Fire Drills** are carried out across all sites to assure procedures are in place. • **Fire Training** is in place to continually upskill those involved in fire prevention. • **Fire Service External Inspections** carried out by Mid & West Wales FRS as an independent overview of risk. • **NWSSP-Specialist Estates Services** carry out an annual site inspection / audit at one site per year to test compliance and provide independent report. • **NWSSP-SES** annual audit return is made every year reporting on compliance status. Reports are issued by NWSSP-SES related to unwanted fire signals, setting benchmark targets per site.	• Fire Policy revised to reflect Organisational Realignment in fire management structure, Policy was approved at Board in September 2021. • New maintenance contract in place and monitored for fire alarm / general fire system related maintenance. • Site Coordinators, assisted by the Fire Safety Advisors to reinvigorate drills across PTHB sites by assisting in practical sessions, and providing advice on how and when to carry out future fire drills. • Site Coordinators to proactively undertake fire drills across all departments – all sites will have both day and night drills by January 2021. • Identified site managers to lead on fire issues at each Health Board site. • Full and up-to-date list of all fire wardens across all sites who are trained in the requirements of role. • Individuals/Nursing staff need to be appointed as designated persons for isolation of Oxygen to ward areas for patient safety, for Medical Gas Systems. • The responsibilities for the inspection, servicing and maintenance of evacuation equipment needs to be identified, along with identifying and training suitable numbers of staff in its use.
Current Risk Rating	**Additional Comments**
4 x 4 = 16	**COVID-19:** Additional Fire risk assessments have been undertaken in relation to activities supporting oxygen enrichment in wards, VIE installations, surge bed expansion, social distancing and change of use of space, one-way system, and ventilation.

CRR017 risk defined as: '**A fire incident occurring within Health Board premises is not effectively managed'**

This related to 'operational risk' where the 'fire safety management structure' reflected an outdated organisational arrangement, and as a result, the key nominated staff roles under the Health Technical Memorandum guidance were not formally enacted, leading to gaps in site related fire training and resultant uncertainty and delays in undertaking fire drills. Risk assessed at 4 x 4 : 16. This highlighted the 'staff related', as opposed to 'building related' fire risks.

Estates Compliance risks are included on the Corporate Risk Register CRR005 with an assessment of 16 level risk. Fire is included in 005 and relates to building and fire infrastructure issues with fire wall compartmentation, fire alarm panels, fire doors, etc.

CRR 017 Risk Review – Progress and De-escalation

CRR 017 De-escalated for the following reasons:

- **Fire Safety Management structure redefined and appointments made** to key roles of Board Level Director, Fire Safety Manager (Operational), Site Coordinators, Fire Incident Coordinators and Fire Wardens: **over 400 staff now received site based training**.
- **Fire Drills**, both in and out of hours, completed on all hospital sites.
- **Fire Policy**, PTHB / EWP 004 updated to reflect the new structure and approved by Board.
- **Operational risk** from de-escalated CRR 017 will be monitored by **Fire Safety Group**

CRR 005, 'fit for purpose estate', continues to track and monitor fire related risks in relation to built environment and associated statutory duties. This is managed through the Estates Compliance and Fire Safety Groups: risk level remains at 16.

Additional **assurance** from Fire Service independent audits on all main sites, NWSSP-SES annual fire audit and annual fire report. PTHB Fire Safety Advisor ongoing annual Fire Risk Assessments (compliant visit programme), Specialist Contractor Fire Maintenance Contract in place.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.4b

Delivery and Performance Committee	**Date of Meeting: 28th February 2022**
Subject:	Non-Emergency Patient Transport Services (NEPTS) Update
Approved by: Presented by:	Jamie Marchant, Director of Environment
Prepared by:	Andrew Quarrell, Support Services Improvement Manager; Andrew Cresswell, Assistant Director: Support Services
Other Committees and meetings considered at:	N/A

PURPOSE:

The purpose of this report is to provide an update on the performance of WAST as our core NEPTS provider, and our 'cross border' NEPTS contracts in Shropshire and Herefordshire with E-zec Medical Services Ltd.

RECOMMENDATION(S):

That the Committee note the latest position with our three NEPTS contracts.

Approval/Ratification/Decision	**Discussion**	**Information**
✘	✓	✓

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

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓

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

Executive Summary:

Non-Emergency Patient Transport Services (NEPTS) play an important role in Powys by taking patients who meet the clinical criteria for NHS funded transport to planned clinical appointments & treatment. NEPT services also support the smooth running of the wider NHS by taking patients who have been discharged from hospital to their home, or to other places of care.

PTHB manages NEPTS via three separate contracts. Our principal contract is with the Welsh Ambulance Service Trust (WAST) for all journeys within Wales and also a number of journeys cross border into England.

We also manage two cross border contracts which are both operated by E-zec Medical Services Ltd. One contract covers the Shropshire area and the other contract covers the Herefordshire area.

All three contracts are compliant with NHS Standing Financial Orders. They are operationally performing within agreed parameters, although passenger limitations on vehicles required to mitigate the cross-infection risk of SARS-CoV-2 (Covid 19) has created financial pressures across all of the Powys NEPTS contracts.

Since the beginning of the financial year we have received two concerns regarding the booking centre provided by WAST, and one complaint regarding the Welsh Government eligibility criteria for NEPTS.

DETAILED BACKGROUND AND ASSESSMENT:

Welsh Ambulance Service Trust (WAST)

In 2013 a strategic review of Welsh Ambulance Services (McClelland) was undertaken and recommended to the Minister for Health and Social Care that the Welsh Ambulance Service Trust (WAST) should provide NEPT services for all Welsh Health Boards. A business case titled "The future of NEPTS in Wales" was submitted and this recommendation was supported by the Welsh Government in October 2015. For Powys Teaching Health Board, the core elements of the service to WAST were completed on 1st December 2020, with the Newtown call centre transfer completed on 1st April 2021.

The transfer of work process from PTHB to WAST has been a smooth one, with extended call waiting times being the only concerns received in the weeks immediately following the transfer. WAST have responded by increasing capacity in the booking centre having more fully trained staff available to answer patient calls in a timely fashion. We have received no further concerns since June 2021.

The WAST contract is currently performing well and monthly contract meetings are held with representatives from WAST, the National Collaborative Commissioning Partnership (NCCP) and the relevant PTHB stakeholders to regularly monitor performance and quality, and collaboratively work through operational issues that arise.

The WAST service is performing in line with our contract and within expected measures. Performance information considered in our contract meetings includes reports for:

- Total completed journeys (around 2000 a month)
- Journeys for patients attending renal and oncology appointments (often requiring a stretcher)
- Discharge and transfer journeys – supporting patient flow
- Ambulance waiting times for patients being discharged or transferred
- Journeys cancelled at short notice – on average 5% in Powys

The 21/22 WAST SLA value is £1,467,416 and now effectively operates as a block contract as opposed to 'cost and volume'.

As there has been a large increase in 'virtual' outpatient clinics due to Covid-19, this could have a major long-term effect on reducing the number of patients requiring transport to outpatient appointments and various other clinics. This may present opportunities to reduce our NEPTS costs in future. If this is the case and outpatient NEPTS activity remains supressed for the foreseeable, then discussions will be held with WAST regarding a potential

rebate as the transfer values have been based on pre Covid-19 activity levels and outpatient journeys made up circa 50% of our total NEPTS activity.

However, it should be noted that social distancing measures have significantly impacted WAST efficiency levels which are now down from an average of 2.1 patients on each ambulance vehicle to 1.2 patients. This means that for every 100 Non-Emergency ambulance transport requests, on average 83 separate journeys are now required as opposed to 47 pre Covid-19.

Cross Border NEPTS Commissioning

Hereford Area Contract - A 5 year + 2 NEPTS contract commenced on 1st April 2020 and was awarded to the incumbent provider E-zec Medical Transport Ltd. The contract is managed by Hereford CCG, with Powys Teaching Health Board, Redditch & Bromsgrove CCG, South Worcestershire CCG and Wyre Forest CCG being associate commissioners of the contract. The contract has been running smoothly operationally, but cost pressures are beginning to arise due to the measures that E-zec must put in place to mitigate the Covid 19 cross infection risk. The financial risk due to these measures is being scoped by the finance teams in PTHB and Hereford CCG. The 21/22 block contract value is £381,240.

Shropshire Area Contract – The historic long-term contract operated by Falck UK Ambulance Services Ltd expired on 1st October 2021. A full tender process was conducted through the Summer of 2021. E-zec Medical Services Ltd were the successful bidder and have operated this new 5 year + 2 contract since 1st October 2021. PTHB is one of the official commissioners to this contract, along with Shropshire CCG (lead commissioner) and Telford & Wrekin CCG. Operationally, the contract is running smoothly. Financially, cost pressures across all commissioners have arisen regarding the way E-zec categorise the dependency of patients. This is being scoped with E-zec by Shropshire CCG on behalf of all commissioners. This is an activity-based contract with an anticipated annual value of £240,000. The planned development of the north Powys health & social care hub may reduce NEPTS journeys into Shropsire as more outpatient clinics are delivered in Powys.

In accordance with the strategic intention described in "The Future of NEPTS in Wales" (2015) the NCCP have confirmed that they will consider the transfer of the E-Zec contracts to the national commissioner over the next 18 months. We will work together with WAST in the NCCP through PTHB's 'Tier 2' Commissioning Group to bring this about.

NEXT STEPS:

Continue to work closely with our two core NEPTS providers to performance manage our contracts and to work through operational or financial issues in a

collaborative fashion, ensuring that patient experience and service quality is always our focus.

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

IMPACT ASSESSMENT					
Equality Act 2010, Protected Characteristics:					
	No impact	**Adverse**	**Differential**	**Positive**	**Statement** ***See page 16 for supporting narrative***
Age				✓	
Disability				✓	
Gender reassignment	✓				
Pregnancy and maternity	✓				
Race	✓				
Religion/ Belief	✓				
Sex	✓				
Sexual Orientation	✓				
Marriage and civil partnership	✓				
Welsh Language	✓				
Risk Assessment:					
	Level of risk identified				
	None	**Low**	**Moderate**	**High**	
Clinical	✓				
Financial	✓				
Corporate	✓				
Operational	✓				
Reputational	✓				

IMPACT ASSESSMENT SUPPORTING NARRATIVE

Equality Act 2010, Protected Characteristics:

Elderly and disabled patients regularly utilise NEPTS, so compliance improvements will help ensure safety and improve the overall patient experience.

Risk Assessment:

Clinical – Having compliant and efficient NEPTS contracts in place means transport delays for patients are minimised and access to transport will not be a barrier to patients attending appointments or receiving timely discharge & transfers, all of which will benefit their wellbeing.

Financial –This may be mitigated through the HB's repatriation agenda by providing more services closer to home and the increase in 'virtual' outpatient appointments.

There is a risk of the NEPTS budget increasing in future years due to service changes or patient demand, with all the financial risk being held by PTHB.

Corporate – Having our NEPTS expenditure covered by robust contractual arrangements means we are compliant with procurement regulations.

Operational – Issues with NEPTS providers can now be controlled via regular contract meetings and enforceable contract clauses.

Reputational – Having properly procured and efficient NEPTS contracts in place helps enhance the Health Boards reputation as a professional and compliant organisation.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

D&P Agenda item: 3.4c

DELIVERY & PERFORMANCE COMMITTEE	**Date of Meeting: 28 FEBRUARY 2022**
Subject:	**CAPITAL DEVELOPMENTS**
Approved and Presented by:	Jamie Marchant, Director of Environment
Prepared by:	Wayne Tannahill, Assistant Director Estates and Property
Other Committees and meetings considered at:	Innovative Environments Group, 15 February 2022

PURPOSE:

The paper has been prepared for the Delivery and Performance Committee to receive an update on the position in relation to the Capital programme.

Issues of particular importance or risk are highlighted by exception.

RECOMMENDATION(S):

The position for the delivery of the 2021/2022 Capital programme is provided for **discussion** along with an update on Capital activity for 2022/23.

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

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

[1] 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:

Welsh Government (**WG**) committed Capital Resource Limit (**CRL**) for PTHB is currently set at **£15.495M** (**Appendix A**), which is the highest level for many years and does not include potential slippage or other funding streams. This has been challenging for the internal capital team to deliver against this step-change in activity, with a total of 46 projects ongoing in year.

Challenges also include the construction industry material supply issues impacting availability, cost and project programmes; this has fortunately caused only limited disruption to date. COVID-19 remains an underlying issue affecting project activity, with staff and contractor resource affected.

Good progress on overall project delivery continues to be made as year-end approaches.

The following matters will be covered by the paper:

Discretionary Capital Programme 2021/22: £1.431M Discretionary Capital allowance, with spend on target in year.

Discretionary Capital Programme 2022/23: WG have advised of a reduction in respect of capital funding 2022-23 **Appendix B** from 1.431M to £1.089M.

Estates Funding Advisory Board (**EFAB**): PTHB successfully secured £2.2M additional funding in year across a number of technical / specialist areas including decarbonisation, fire and infrastructure. This has meant that exceptional items, such as one-off roof repairs previously included in the Capital Programme can also attract funding outside of Discretionary Capital. WG advised in January 2022 that EFAB will be paused in 2022/23 and this will impact the compliance programmes of activity and associated risk profiles.

All Wales Capital Funding (AWCF) / Integrated Care Funding (ICF) – major project update:

- PTHB has developed and submitted business cases to WG including the **North Powys** Programme where we are awaiting notification that advice has been sent to Minister/s for endorsement of the Programme Business Case (**PBC**). We have been advised that the Minister has endorsed the PBC for **Llandrindod Phase 2** with confirmation letter awaited.
- Approval of the Business Justification Case was received for **Brecon Car Park** in October and is due to commence on site in February 2022.
- ICF funding was approved in the sum of £677K to support further developments to the **Health and Care Academy, Bronllys** and work is ongoing.
- The **Machynlleth** project started on site in May and is generally progressing well; a number of unforeseen structural and site issues have been discovered which have had an impact on programme and cost, and are being mitigated as much as possible – paper taken to Executive Committee 24 November 2021.

Welsh Government COVID/Recovery Capital: £550K had previously been secured to support the pandemic recovery, with an additional £960K received. This has been used to fund equipment and urgent capital project activity.

Further information and status for **other project activity** and business cases is set out in the detailed section of this paper.

DETAILED BACKGROUND AND ASSESSMENT:

Current Discretionary Capital Programme 2021/22: the Board approved the 2021/22, 2022/23 (two year) discretionary capital programme at its meeting on 31 March 2021 with consideration for the need for an agile approach to governance - the Capital Programme reflects the positive nature

of the changes resulting from the successful EFAB bids. The programme is progressing well in year.

Discretionary Capital Programme 2022/23 2023/24: the development of the capital pipeline 2022-24 has been re-worked by the Capital Control Group following notification from Welsh Government in January 2022 that discretionary capital funding will be cut during 2022/23 from **£1.431M** to **£1.089M**. Due to the age profile of the estate, this means that the Health Board has some significant challenges in terms of maintaining building stock and managing the many competing priorities for a limited amount of ringfenced Discretionary Capital.

To alleviate the immediate pressures on the pipeline, the Innovative Environments Group supported the proposal that this funding is not allocated to 'equipment' and 'IT' for the 2022/23 period only, which would free up £200K of the £300K reduction in Discretionary Capital, maintaining funding as far as possible for project activity. For reassurance, the equipment and medical devices pipeline was fully funded at the end of 2021, resulting in no 'pending' requests - furthermore, equipment is an accepted means by which 'slippage' monies from Welsh Government can be spent at the end of the financial year cycle. Any emergency requests in the meantime, could be funded from contingency. Similarly, ICT services attract significant additional WG funding, with £1.5M allocated in early 2022.

The pipeline, as proposed by the cross-organisational Capital Control Group (**CCG**), identifies schemes to be developed to maximise opportunities as further funding/slippage becomes available – the CCG prioritisation process has been audited by NWSSP Specialist Services Unit and received a Reasonable Assurance rating. Schemes have been prioritised based on several factors including business continuity/criticality, health and safety, statutory compliance, audit and service delivery/development. It is essential that the pipeline remains agile with a number of 'reserve' schemes ready to progress should the situation or funding availability change and sufficient contingency to address emerging issues and priorities. PTHB will also explore all other avenues of available capital funding opportunities such as Health and Social Care and Housing with Care Integrated Capital Funding, etc.

The Innovative Environments Group on 15 February supported the draft 2022/23 – 2023/24 Discretionary Capital Programme with the proviso that all efforts were made to secure funding in 2022/23 for the Business Justification Case for Llandrindod Phase 2 which would ease pressure on the discretionary allowance. Furthermore, schemes would need to be worked up in anticipation of capital slippage money becoming available as the year progressed. The impact of the pause in Estates Funding Advisory Board capital in 2022/23 was noted.

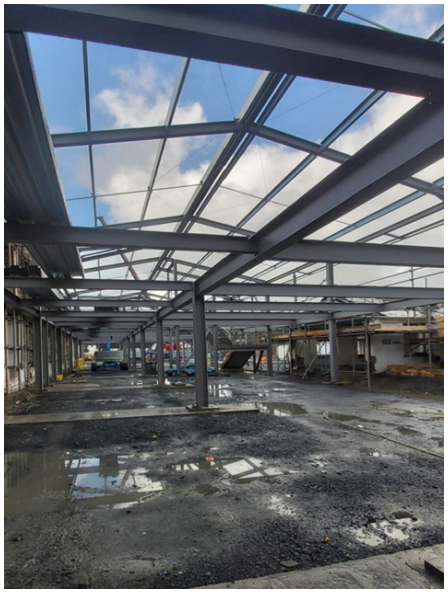
Major Capital Project, AWCF/ICF update: There are currently a number of schemes which have either been approved or are currently being reviewed by WG. The position in relation to AWCF would currently be: -

Project Title	Status
AWCF: Mental Health Pan Powys **Anti-ligature**	**£1.17M** has been allocated for anti-ligature schemes. Around £600k relates to replacement doors and access control at Felindre Unit, Bronllys. £170K was allocated in 2020/21.
  Progress photos: Bryntirion upgrade and anti-ligature doors at Felindre Unit, Bronllys	
WG COVID-19 **Recovery capital** funding	Circa **£1.5M** awarded for equipment including £520K to support ventilation works at Basil Webb, Bronllys, electrical capacity upgrade, Welshpool and construction work to support new endoscopy equipment, Brecon.
Community / AWCF: **Brecon Car Park**	**£1.6M** Business Justification Case approved (11/10/2021), with work due to commence on site in February 2022.
Llandrindod Wells Phase 2 Redevelopment	Programme Business Case submitted seeking investment, over 3 to 5 year programme, of **£11M+** for continuing phases for Llandrindod Wells Memorial Hospital redevelopment.

Machynlleth Redevelopment (All Wales Capital Funding: ringfenced Primary Care Phase 1 funded): approval was received 24 March 2021 in the sum of £15.188M (including funding allocated in previous years) which also included an extra £256K in respect of a photo voltaic (PV) array to the roof linked to decarbonisation measures. The issues related to demolition on site have been largely resolved, including remedial repairs to the high-level structural façade

wall and the filling and capping of the well – only minor demolition works remain to complete around main entrance. The project programme has been updated and re-sequenced to incorporate the additional works, with project completion scheduled for end of 2022 calendar year. PTHB confirmed a revised cashflow position in 2021/22 to WG with new target value £6.152M.

The project contingency sum has been substantially allocated and will remain under pressure through to project completion, albeit the £180K overspend in September 2021, largely due to unforeseen structural issues, has been carefully managed and remains stable and has reduced slightly at the time of this report. Community engagement initiated on three projects related to the sensory garden, trees and art in health, noting some further trees to be removed in February, which has been communicated but may still give rise to some community feedback. NWSSP Specialist Services Unit (Audit) has undertaken an audit, which is in draft and is under discussion.



Progress photos: Machynlleth

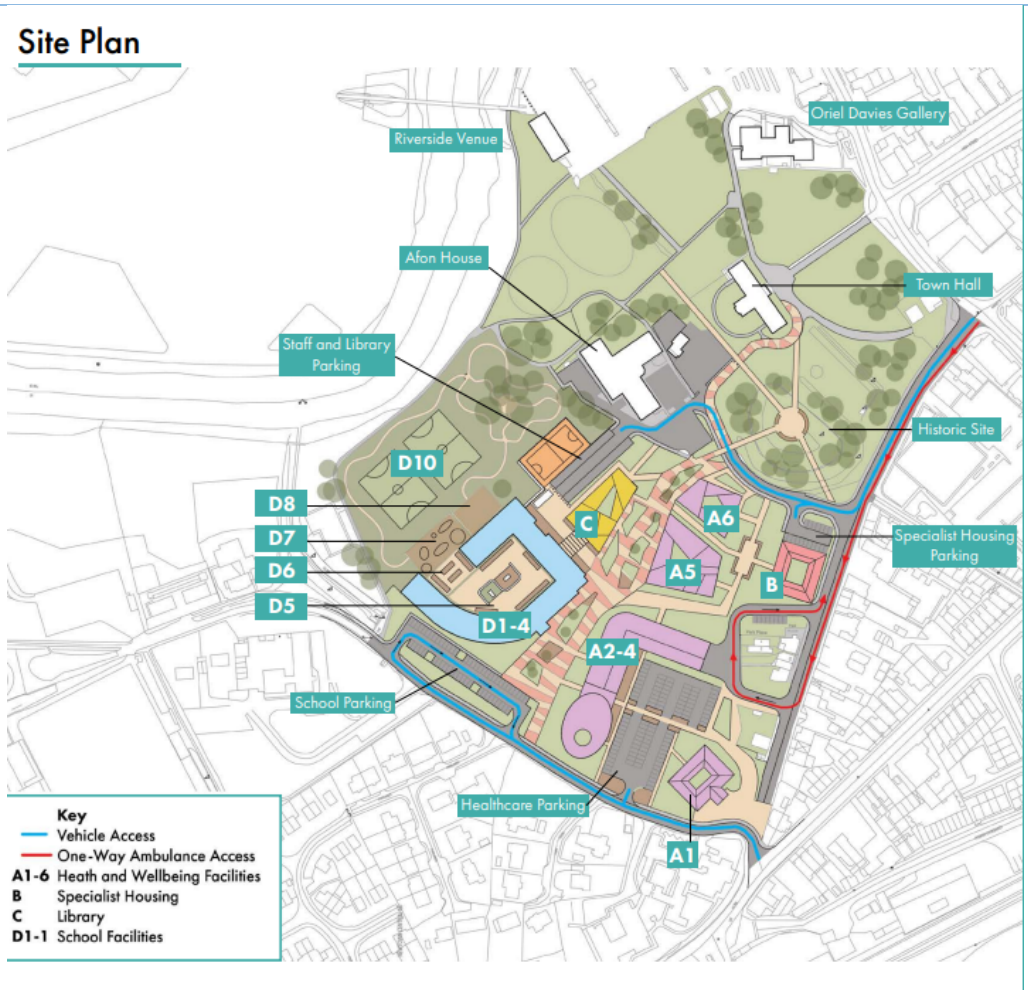
Llandrindod Wells Reconfiguration (All Wales Capital Funding): the £11-14M Programme Business Case for **Phase 2** has been submitted to WG along with the scrutiny feedback. Notification was received on 16 February that the Minister has **endorsed** the PBC and letter of confirmation is to be issued. Welsh Government have confirmed an initial £50K which will be used to develop BJC1 as a priority and this was supported by the outcome findings from the independent Gateway Assurance Review. The first Business Justification Case is important to protect the Phase 1 investment in the front of the hospital and WG are supportive of a submission which largely addresses building fabric and infrastructure services (window replacement, roof repairs, lift replacement, boiler replacement, uplift of main entrance, etc.). Welsh

Government have indicated that currently the £2M may not be affordable this coming year due to the reduction in the overall NHS capital funding allocation. However, they have indicated that they will prioritise any high-risk items as part of an ongoing dialogue if/as monies become available. The work on the further operational and clinical development of the hospital will need to begin in due course, to support further BJC bids to strengthen resilience and services at the hospital. Work on the BJC will need identify, specify and tender appropriate works packages to obtain surety of cost, and the BJC will then be brought through the applicable governance process for approval prior to submission.

Llandrindod Air Handling Unit (AHU) – legal update: Current status is that the letter of claim to the Principal Designer was issued 7 December 2021. A letter of response dated 1 February 2022 has been received; this will be reviewed by Bevan Brittan who will provide further advice on next steps. If there is no offer of settlement, then a formal process will be entered into and any key decisions on settlement will be brought to the appropriate PTHB forum for agreement.

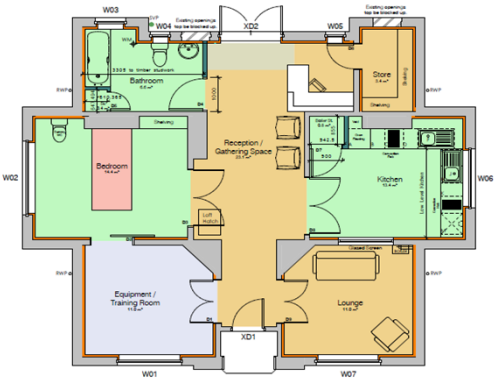
North Powys, Multi-Agency Well-being Campus: the Programme Business Case was taken to the WG Committee for Strategic Investment (CSI) on 17 November 2021, with positive feedback – this will lead to advice being taken to Ministers for Health and Care, Education and Finance / Local Authorities.

Architects have been engaged to support with a site Masterplan. CPC have been appointed as business case writers and work on the SOC for Infrastructure and Health, Care and Assisted Living is progressing well and currently going through the sign off process for submission in April 2022. A Memorandum of Understanding has been developed with Powys County Council to define partnership principles for the campus. Discussion is ongoing with NWSSP-SES Building for Wales in respect of design and build procurement pathway.



North Powys Project: feasibility concept option for campus configuration

Bronllys, Health and Care Academy: ICF funding for phase 2 will see a bungalow adjacent to Basil Webb converted into an adaptive living space in order to provide further training along with an outdoor space which will create an external learning environment. Work on the bungalow is progressing well with planning and conservation officers consulted on the outdoor learning facility.



Proposed floor plan – adapted living bungalow training facility

Estates Funding Advisory Board (EFAB): PTHB successfully secured £2,218,576 of additional funding which was allocated.

- **Fire**: £556K to complete fire compartmentation at Welshpool and Knighton
- **Infrastructure**:
  - Ystradgynlais roof (phased) £968K
  - Brecon Patient Services roof: £183K
  - Newtown boilers: £180K
- **Decarbonisation**: £331K for 3 Building Management System scheme upgrades, which will improve heating control and monitoring, enabling remote management of building services systems.

Currently, the schemes are progressing well with some projects, such as Newtown boilers already completed and operational.

Ystradgynlais roofing project

Replacement boilers: Newtown (before & after)

WG have confirmed that EFAB funding will be paused for 2022/23 which is disappointing as support for schemes in these categories has seen an acceleration of the critical estates compliance programmes of work, addressing high risk issues such as fire compartmentation and providing essential funding for decarbonisation initiatives. WG have indicated that funding could be re-established in 2023/24 and NWSSP-SES are recommending bids are worked up in the second half of 2022/23 in anticipation.

Welsh Government COVID/recovery capital: whilst some funding for recovery had already been secured (circa £550K for equipment such as endoscopy washers in Brecon), a further opportunity was provided for capital availability on Wednesday 11 August with the return required by Monday 16 August. This is a familiar process towards the end of financial year related to capital 'slippage' funds, and schemes are usually kept 'on the shelf' for this purpose or this provides an opportunity to address emerging priorities. Deliverability is a key consideration as the funding is always required to be fully expended within financial year constraints and, in an already very busy

year for capital, the limitations of resource capacity is also a key factor. Welsh Government bids were successful for:

- Electrical infrastructure upgrade, Welshpool: £190K
- Ventilation work, Basil Webb, Bronllys: £200K
- Building work in support of endoscopy washer replacement, Brecon: £130K

Year-end capital; a request for bids for slippage capital was issued by Welsh Government on Thursday 27 January 2022 with returns requested by midday on Monday 31 January. The request noted the known pressures on Capital expenditure in 2022/23 but also recognised the 'little time' left before year end in which to use any late funding allocations. No bids were submitted. However, a dialogue continues in respect of the opportunity to purchase the property at Llanwrtyd Wells which is leased directly by the Health Board, primarily in support of GP and Pharmacy services. Should WG confirm funds are available, then Chair's Action will be needed to support the purchase before financial year end, supported by a benefits paper.

Innovative Environments Strategic Framework: further, more detailed work to develop the framework was delayed by COVID-19 impacts and will need to give consideration to the WG Decarbonisation Strategic Delivery Plan, along with agile working principles and learning from the pandemic.

OTHER PROJECT ACTIVITY

Welsh Government Energy Service / Re:fit Cymru: Welsh Government have encouraged Health Boards to seek specialist advice and support in the delivery of decarbonisation measures to meet Welsh Government targets. The Re:fit Framework will undertake a decarbonisation feasibility study on behalf of the Health Board and obtain marketplace tenders for packages of work which can be supported as part of the arrangement from Welsh Government Invest to Save funding. Any payback periods are underwritten by Re:fit should the projects not deliver the anticipated savings. In light of the limited Welsh Government capital for Health in 2022/23, including the pause in the £16M EFAB Decarbonisation funding, Re:fit offers an important means by which this critical agenda can be progressed in relation to project activity – early indications are that the programme value could be £1.5M+.

Llanfair Caereinion: development well progressed in respect of a new Primary Care Centre at Llanfair Caereinion with Full Business Case approved reflecting a position where the Health Board will hold the head lease for the premise. The Third Party Developer is leading the process and is currently seeking to secure full Planning permission which will enable the 60 week construction period to commence: anticipated circa July 2022. NWSSP-SES Property team and Welsh Government are closely integrated into the process - revenue value has already been agreed with Welsh Government with the proposal being compliant within this envelope of cost.

RISKS:

- **Discretionary Capital Programme 2022/23:** PTHB have been informed that the Welsh Government award of funding in respect of discretionary capital funding will be £1.089M - this represents a reduction of £0.342K on previous years and is due to an overall reduction of capital funding available to NHS Health. The team will continue to work up projects in anticipation of year end slippage funding. The approval of BJC 1 for Llandrindod could provide additional AWCF for critical compliance works in year, which would allow these cost pressures to be displaced from the discretionary allowance.
- **Estates Funding Advisory Board:** this has been a successful programme in 2021/22 securing a valuable £2.2M of extra funding for infrastructure (roofs and boilers), fire compliance and decarbonisation. Programmes of work were developed in anticipation of continuation of the EFAB initiative, but in January 2022 Welsh Government advised that funding would be suspended for 2022/23. This left the Health Board in a difficult position for ongoing essential electrical infrastructure upgrade projects at Llandrindod and Welshpool, with the guidance being to fall back on discretionary funding. Alternative funding will also need to be sought to support the key decarbonisation agenda.
- **Pressure on Discretionary Capital**: it remains important to note that any overspend on major capital projects is required to be absorbed by Discretionary Capital funding, which is a comparatively low value when compared to the scale of the major project programme, meaning a relatively small percentage cost pressure would have a significant impact on the discretionary capital programme. PTHB will continue to seek additional contingency level support from WG for major projects in recognition of this risk.
- **Resource**: the Health Board has developed an ambitious programme of capital projects and has increased internal team resource accordingly. Future department plans need to take account of the particular recruitment challenges due to Powys' rurality and geographical spread. The revised capital team structure, therefore, includes suitable

development and succession planning opportunities which is an important element of the long-term plan for Capital workforce development.

- **Project Prioritisation**: as further funding is secured or priorities change rapidly due to emerging operational risks (boiler failures, roof leaks, etc.), the pipeline needs to continue to be flexible in terms of prioritisation and reassessment/ re-prioritisation as need demands, whilst also maintaining a suitable governance approach. Currently, visibility is via the Innovative Environments Group.
- **Construction industry material shortages**: the significant step up in construction activity in 2021/22 has coincided with Brexit and coronavirus, leading to limited availability of certain material groups (cement, metals, timber, etc.) – this has resulted in price increases, shortages and delay in supply which can affect cost and timeframes on projects. Welsh Government have recognised this potential pressure but are yet to advise if any support measures will be put in place – the risk will sit with client organisations for exceptional and unforeseen circumstances of this kind, and this will potentially put significant pressure on contingency allowances.
- **North Powys Multi-Agency Campus:** the endorsement of the PBC is still awaited by WG, acknowledging the complexity and novelty of the governance and funding around this innovative scheme. The Strategic Outline Case is due for submission in Quarter 1 of 2022/23 and PBC endorsement will be required before submission.

NEXT STEPS:

- Delivery of the Discretionary and EFAB and other capital schemes in financial year, within cost, time and quality constraints.
- Develop the first Business Justification Case for Llandrindod Phase 2, for subsequent consideration, approval and submission in 2022/23.
- Continue to support and progress, monitor and report on major project activity for Machynlleth, North Powys, Llandrindod Phase 2 and Brecon Car Park.
- Escalate any risk related matters through the appropriate governance mechanisms.
- Develop the Innovative Environments Strategic Framework to provide the context and ambition for capital investment for the Health Board's long term planning.

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

IMPACT ASSESSMENT					
Equality Act 2010, Protected Characteristics:					
	No impact	**Adverse**	**Differential**	**Positive**	**Statement** ***Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken***
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				**Statement** The health board will need to ensure that it can meet the 'step change' required to deliver a potentially significant capital programme in 2021/22 and remain agile in its governance to accommodate the fluid financial situation in terms of opportunities and risks.
	None	**Low**	**Moderate**	**High**	
Clinical	x				
Financial			x		
Corporate	x				
Operational		x			
Reputational	x				

APPENDIX A; POWYS CAPITAL RESOURCE LIMIT (CRL), updated 07/02/2022

Powys LHB	
2021/22 Capital Resource Limit (CRL) - Updated on 07.02.22	**2021/22 £m**
1) DISCRETIONARY CAPITAL FUNDING [A]	**1.431**
2) CAPITAL PROJECTS WITH APPROVED FUNDING [B]	**14.064**
Anti-ligature	1.001
Machynlleth	6.152
National Programmes - Fire	0.557
National Programmes - Infrastructure	1.331
National Programmes - Decarbonisation	0.332
National Programmes - Imaging	0.352
Covid Recovery 2021-22	0.550
Covid Recovery 2021-22	0.960
Brecon/hire War Memorial Hospital - development of Car Parking Facilities	0.225
Eye Care - e-referral system	0.138
Health & Care Academy - Baril Webb, Adaptive Living Space and Outdoor Learning Space	0.676
Additional DPIF funding	1.556
National Programmes - Infrastructure	0.132
eye care equipment - January 2022.	0.102
TOTAL CRL [C = A+B] (Approved Funding)	**15.495**
3) FORECAST CAPITAL PROJECTS WITHOUT APPROVED FUNDING	
3) Sub Total Forecast Capital Projects Without Approved Funding [D]	**0.000**
4)Total Potential CRL if all Funding Approved [E=C+D]	**15.495**
Capital Cash Limit	**2021/22 £m**
TOTAL CRL (Approved Funding)	15.495
1) Capital Cash Limit 2021/22 [A]	**15.495**
Cash Drawn Down:	
Capital Cash Drawn Down - 1st June 21	0.200
Capital Cash Drawn Down - 1st July 21	0.200
Capital Cash Drawn Down - 1st August 21	2.600
Capital Cash Drawn Down - 1st September 21	1.477
Capital Cash Drawn Down - 1st October 21	0.935
Capital Cash Drawn Down - 1st December 21	1.000
Capital Cash Drawn Down - 1st January 22	1.000
Capital Cash Drawn Down - 1st February 22	2.305
2) Total Capital Cash Drawn Against Limit 2021/22 [B]	**#REF!**
3) Balance of Capital Cash Limit Available 2021/22 [C - A-B]	**#REF!**

Capital Resource Limit (CRL)

Capital Cash Limit

APPENDIX B; AWARD OF FUNDING TO POWYS TEACHING HEALTH BOARD IN RESPECT OF DISCRETIONARY CAPITAL FUNDING 2022-23

Excerpt of WG correspondence:

Ian Gunney
Deputy Director, Capital, Estates & Facilities
Cyfarwyddiaeth Cyllid/Finance Directorate
Y Grwp Iechyd a Gwasanaethau Cymdeithasol/Health & Social Services Group
Llywodraeth Cymru/Welsh Government

Llywodraeth Cymru
Welsh Government

Mrs Carol Shillabeer
Chief Executive
Powys Teaching Health Board
Neuadd Brycheiniog
Cambrian Way
Brecon
Powys LD3 7HR

Our Ref: MA/EM/0117/22
19 January 2022

Dear Carol

Award of Funding to Powys Teaching Health Board in respect of Discretionary Capital Funding 2022-23.

1. Award of Funding

(a) We are pleased to inform you that funding of up to **£1,089,000** (One Million and Eighty Nine Thousand Pounds) ("the Funding") is awarded to you for the Purposes (as defined in Condition 4(a)).

(b) The Funding relates to the period 1 April 2022 to 31 March 2023 and must be claimed in full by 31 March 2023 otherwise any unclaimed part of the Funding will cease to be available to you.

(c) This letter shall become effective on the date of signature evidencing acceptance by you as set out in the acceptance page below.

(d) If you have any queries in relation to this award of Funding or the Conditions please contact the Welsh Government Official who will be happy to assist you.

End

Powys Teaching Health Board – Delivery & Performance Committee 28th February 2022

Agenda items 3.5 - Planned and Unscheduled Care Report

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Contents

Planned Care

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

IFOR in Powys
Intelligence Focused Online Reporting

Provider Diagnostic Performance

Jan 2022

Source: Information Warehouse

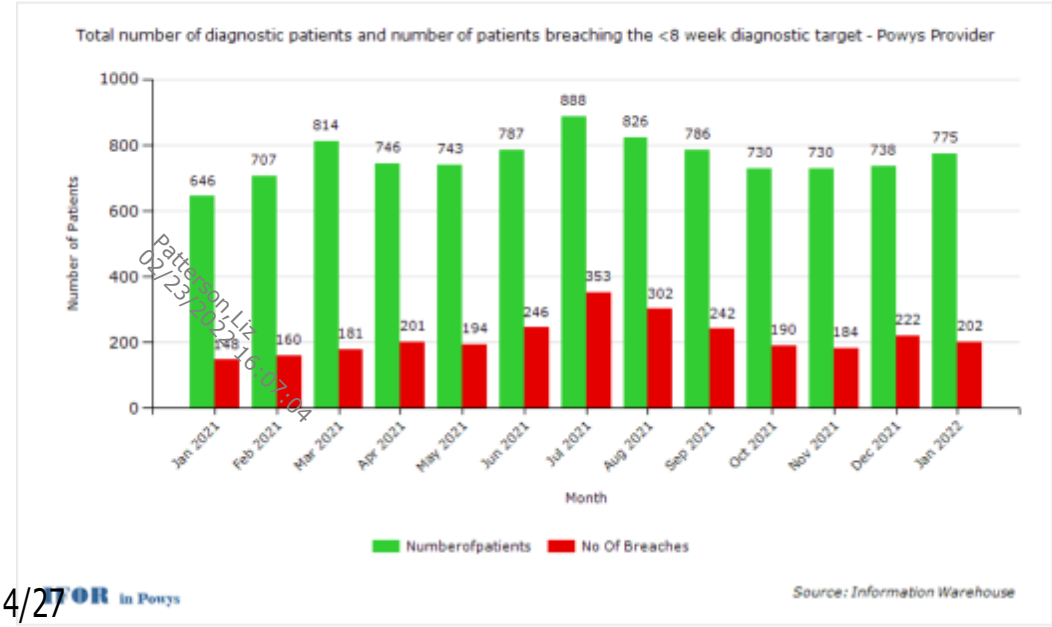
Specialty	Sub Spec	Total patients	Patients waiting 8 weeks or longer	% Over 8 week target
Cardiology	Echo Cardiogram	94	50	53.2%
Diagnostic Endoscopy	Colonoscopy	87	49	56.3%
	Cystoscopy	8	0	0.0%
	Flexible Sigmoidoscopy	59	49	83.1%
	Gastroscopy	45	7	15.6%
Radiology - Consultant referral	Non-Obstetric Ultrasound	19	3	15.8%
Radiology - GP referral	Non-Obstetric Ultrasound	463	44	9.5%

Source: Information Warehouse

Specialty	Sub Spec	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	28	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	55	57	61	65	67	71
Cardiology	Echo Cardiogram	11	11	3	6		3	7	3	5	4	4	1	3	8	5	4	7	4	2		1			1	1																														
Diagnostic Endoscopy	Colonoscopy	9	5	8	2	3	3	4	4	4		3	1		1			2	1	1			1	1				1	1		4	2		1	1		2	1	2	1	1		1	4		1	1	2	1	1	2	1	1	1	1
	Cystoscopy	2	1		5																																																			
	Flexible Sigmoidoscopy	3	2	1	1	1			2	4	2			2	1	2					1				1	1	3	2		2	2		1	1	2	1	2	1	2		2	4	2	1	1	3	2			1					
	Gastroscopy	14	6	5	5	1	2	3	2	2														1		1	1																1	1													
Radiology - Consultant referral	Non-Obstetric Ultrasound	2	4	1			1	6	2		1		1		1																																									
Radiology - GP referral	Non-Obstetric Ultrasound	39	106	78	70	30	19	42	35	16	6	5	2	2	5	4	3		1																																				

Source: Information Warehouse

Treatment Type	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022
Diagnostic	646	707	814	746	743	787	888	826	786	730	730	738	775
	148	160	181	201	194	246	353	302	242	190	184	222	202



Diagnostic performance remains a challenge for echo-cardiograms, endoscopy and Non-obstetric ultrasound. Plans to improve performance are as follows:-

1. **Echo Cardiogram** – additional in reach sessions requested from acute providers and private sector insourcing provider.
2. **Endoscopy (colonoscopy & flex sig)** – both procedures part of the capacity being purchased from the private sector insourcing company. Aim to be compliant with target by the end of June 2022
3. **Non Obstetric Ultrasound** – additional staff now recruited for non MSK ultrasound scans but for MSK ultrasound scans, securing additional capacity remains an issue. Virtually all breaching scans require specialist MSK scans performed by a Radiologist. Options being considered including pooling of lists with neighbouring Health Boards to manage the overall risk.

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

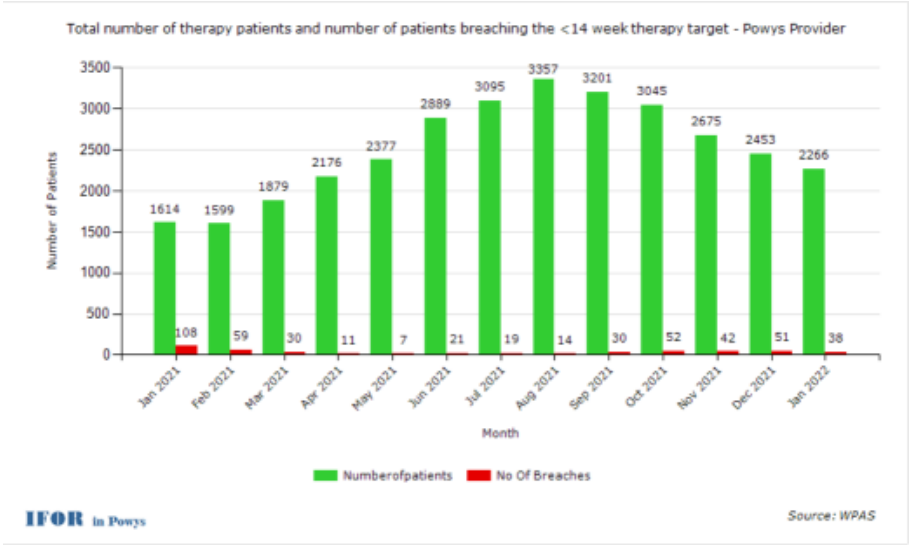
IFOR in Powys
Intelligence Focused Online Reporting

Provider Therapy Performance

Jan 2022

Source: WPAS

Specialty	Sub Spec	Total patients	Patients waiting 14 weeks or longer	% Over 14 week target
Audiology (Adult hearing aids)		101	27	26.7%
	Consultant	25	0	0.0%
	GP	30	0	0.0%
Dietetics	Adults	165	3	1.8%
	Paediatrics	27	0	0.0%
Occupational Therapy	Adults	22	0	0.0%
	Learning Disabilities	3	0	0.0%
	Mental Health	1	1	100.0%
	Paediatrics	19	0	0.0%
Physiotherapy	Adults	1423	7	0.5%
	Paediatrics	67	0	0.0%
Podiatry	Routine	243	0	0.0%
	Urgent	30	0	0.0%
Speech Language	Adults	49	0	0.0%
	Learning Disabilities	1	0	0.0%
	Paediatrics	60	0	0.0%



Source: WPAS

Specialty	Sub Spec	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	22	23	25	26	27	28	29	32
Audiology (Adult hearing aids)		3	11	6	6	9		7	4	5	2	8	5	5	3	7	2	4	3	1	2	1	2	1		1	1	1	1	
	Consultant		7	7	4	1	1	1		1	2	1																		
	GP		6	2	7		2	1		7	4		1																	
Dietetics	Adults	29	22	19	15	11	16	13	19	7	8	3					2								1					
	Paediatrics	7	6		1		1	1	2	1	2		4		2															
Occupational Therapy	Adults	12	2	1	1		3	1	1						1															
	Learning Disabilities		1	1			1																							
	Mental Health															1														
	Paediatrics	2	5	6		2	2	1		1																				
Physiotherapy	Adults	274	243	197	105	35	106	118	84	86	71	48	28	13	8	1	1		1	1				2						1
	Paediatrics	22	16	5	7	1	5	1	3		5	1		1																
Podiatry	Routine	63	31	35	20	5	18	16	13	8	15	8	6	5																
	Urgent	17	5	5	3																									
Speech Language	Adults	11	11	11	3	4	4	2	1			2																		
	Learning Disabilities			1																										
	Paediatrics	26	13	3	12			1			5																			

Source: WPAS

Treatment Type	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022
Activity	1614	1599	1879	2176	2377	2889	3095	3357	3201	3045	2675	2453	2266
DNA's	108	59	30	11	7	21	19	14	30	52	42	51	38

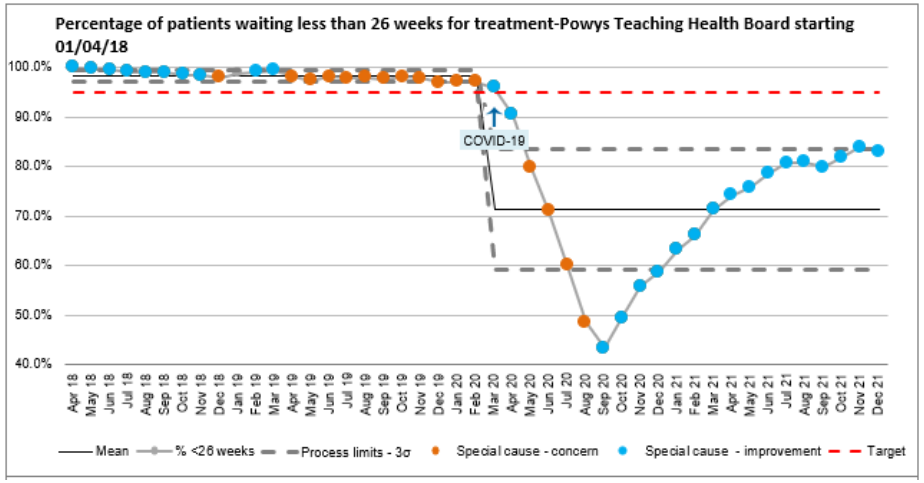
In recent months the total waiting list size has started to fall. Adult audiology access remains the single area of concern however all breaching patients now dated. With the return of in reach SLA's now fully functioning, it is expected that this target will be achieved by the end of June 22.

Quadruple Aim 2

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

Referral to Treatment – Powys Teaching health board as a provider

Percentage of patients waiting less than 26 weeks for treatment



December 2021 Performance	
Local Performance	All Wales Benchmark
83.1%	* 54.7%
Variance Type	
Special Cause - Improvement	
Target	
95%	
Data Quality	

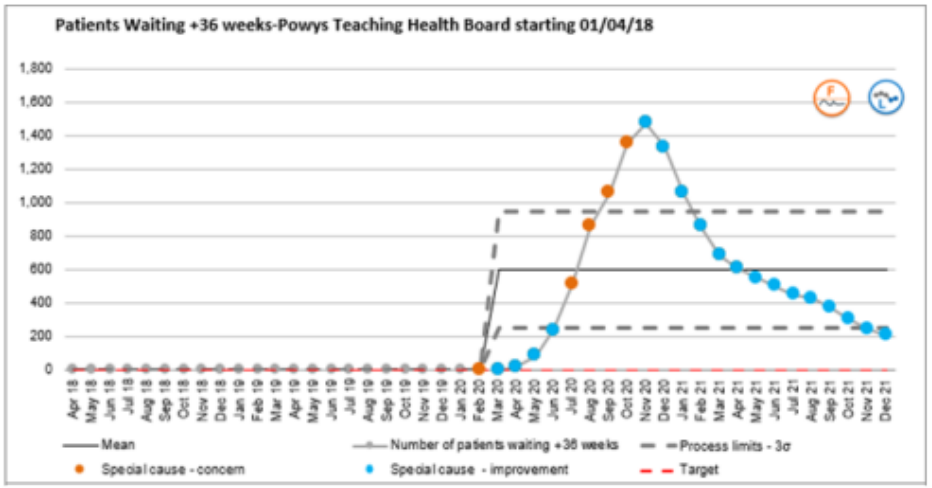
Performance remains strong both in terms of volumes of activity being delivered and efforts to reduce long waiting patients. Additional capacity secured via the insourcing agreement will see the reduction of patients waiting over 52 weeks for day case procedures by the end of May 22.

No patients are currently waiting more than 52 weeks to be seen as a first outpatient appointment

Overall RTT performance is at 83.1%.

RTT waits by specialty and band	Weeks wait band						
Main Specialty	0 to 25 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 weeks	Grand Total
100 - GENERAL SURGERY	352	76	63	13	5	0	**509**
101 - UROLOGY	114	20	6	1	0	0	**141**
110 - TRAUMA & ORTHOPAED	442	58	13	2	0	0	**515**
120 - ENT	345	20	6	1	0	0	**372**
130 - OPHTHALMOLOGY	612	74	21	0	0	0	**707**
140 - ORAL SURGERY	279	49	29	32	12	1	**402**
143 - ORTHODONTICS	6	0	0	0	0	0	**6**
191 - PAIN MANAGEMENT	91	0	0	0	0	0	**91**
300 - GENERAL MEDICINE	38	4	1	0	0	0	**43**
320 - CARDIOLOGY	113	5	0	0	0	0	**118**
330 - DERMATOLOGY	34	0	0	0	0	0	**34**
410 - RHEUMATOLOGY	97	9	1	0	0	0	**107**
420 - PAEDIATRICS	48	0	0	0	0	0	**48**
430 - GERIATRIC MEDICINE	25	1	0	0	0	0	**26**
502 - GYNAECOLOGY	255	50	3	1	0	0	**309**
Grand Total	**2851**	**366**	**143**	**50**	**17**	**1**	**3428**

Over 36 weeks Provider



December 2021 Performance	
Local Performance	All Wales Benchmark
211	*241,667
Variance Type	
Special Cause - Improvement	
Target	
0	
Data Quality	

Quadruple Aim 2

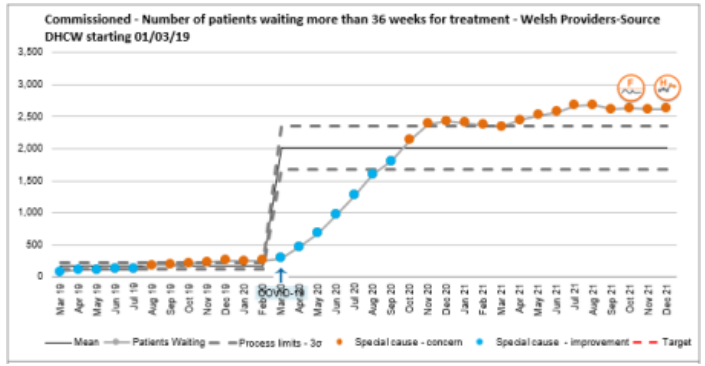
Com No.

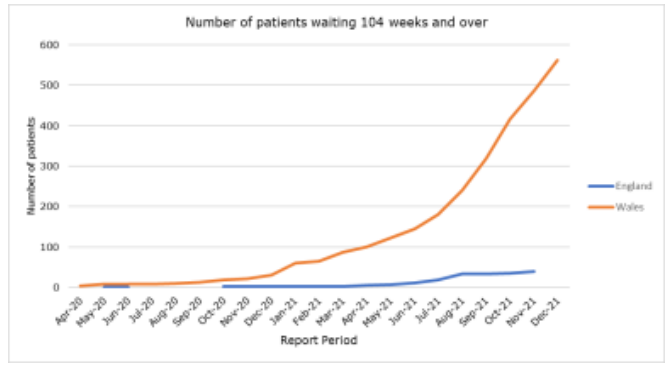
People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

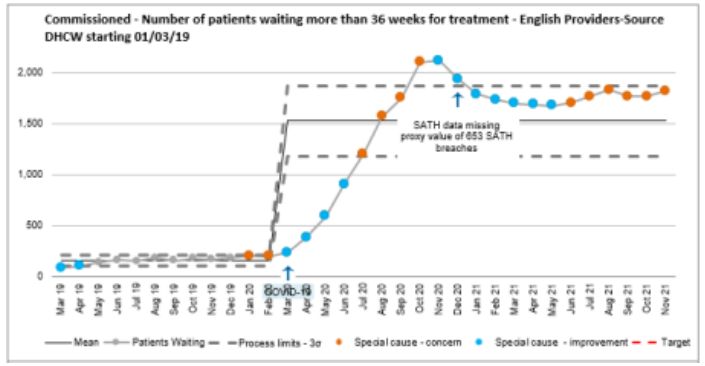
Referral to Treatment Percentage of patients waiting less than 26 weeks for treatment & Number of patients waiting more than 36 weeks for treatment

Welsh Providers	Dec-21 % of Powys residents < 26 weeks for treatment (Target 95%)	Patients Waiting 0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
Aneurin Bevan Local Health Board	56.9%	1224	290	211	172	148	106	2151
Betsi Cadwaladr University Local Health Board	44.0%	229	55	87	46	63	41	521
Cardiff & Vale University Local Health Board	51.4%	203	43	50	30	38	31	395
Cwm Taf Morgannwg University Local Health Board	46.6%	231	42	49	52	55	67	496
Hywel Dda Local Health Board	50.9%	734	163	151	201	127	67	1443
Swansea Bay University Local Health Board	46.5%	892	194	212	195	175	249	1917
Totals		3513	787	760	696	606	561	6923

English Providers	Nov-21 % of Powys residents < 26 weeks for treatment (Target 95%)	Patients Waiting 0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
English Other	74.5%	231	47	19	7	3	3	310
Robert Jones & Agnes Hunt Orthopaedic & District Trust	65.8%	1692	270	341	175	70	25	2573
Shrewsbury & Telford Hospital NHS Trust	72.1%	2653	430	386	170	40	0	3679
Wye Valley Trust	68.2%	2199	443	390	114	67	12	3225
Total		6775	1190	1136	466	180	40	9787





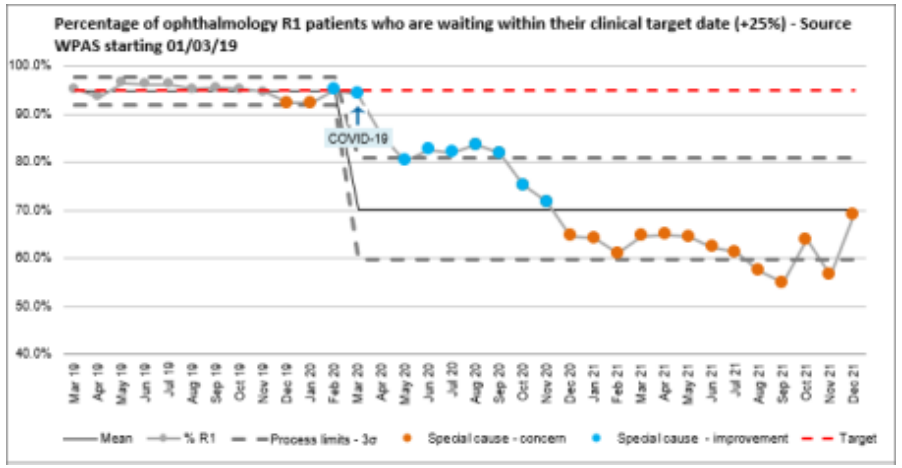


Commissioned performance remains challenged across all commissioned providers due to the impact of the Covid 19 pandemic on planned care plus the ongoing urgent care pressures. Both adversely affect providers' ability to deliver planned care. Both NHS administrations in Wales and England have provided funding to improve capacity but actual availability of staff and capacity are the limiting factors. Challenging improvement targets have been set by both NHS administrations for both the current and next financial year. At present however the actual position is deteriorating in terms of overall number of patients waiting plus the duration of actual wait by individual patients.

Reporting will be developed to capture the longest waiters over 104 weeks as in some organisations patients were waiting up to 2 years before the pandemic. As part of commissioning plans for 22/23, recovery plans with all providers will be discussed and an update will be provided in future reports.

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

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



December 2021 Performance	
Local Performance	All Wales Benchmark
69.1%	(2nd) 61.7%
Variance Type	
Special Cause - Concern	
Target	
95%	
Data Quality	

Executive Lead	Director of Planning and Performance (Interim)
Officer Lead	Assistant Director of Community Services
BAF	TBC

Performance improving but overall delivery remains fragile. Delivery plans in place to improve performance including Risk Stratification with community optometry, Eye Care development with North Powys project and community optometry support with the glaucoma pathway.

A plan for recovery will be included as part of the operational delivery plans for 2022/23.

Further Detail On Cataract Procedures – Number waiting in our Provider services

1. Referrals for cataract procedures back to pre-pandemic levels
2. Number of patients waiting for appointments and treatments included in the table below
3. Insourcing provider contracted to perform cataract procedures
4. Will plan to repatriate cataract procedures into the available insourcing capacity. Contact has been made with out of county acute trusts to identify the number of patients waiting and there duration of wait. ***Please note that transferring patients onto another organisation's waiting list also transfers the waiting list "clock" for that patient. Where this occurs, PTHB will import very long waiting patients until they get treated.***

Cataract waits

Number of patients waiting	All	up to 25 weeks	26 - 35 weeks	36 - 51 weeks	52 weeks plus
Outpatient appointment	198	197	1	0	0
Cataract procedure	139	110	24	5	0

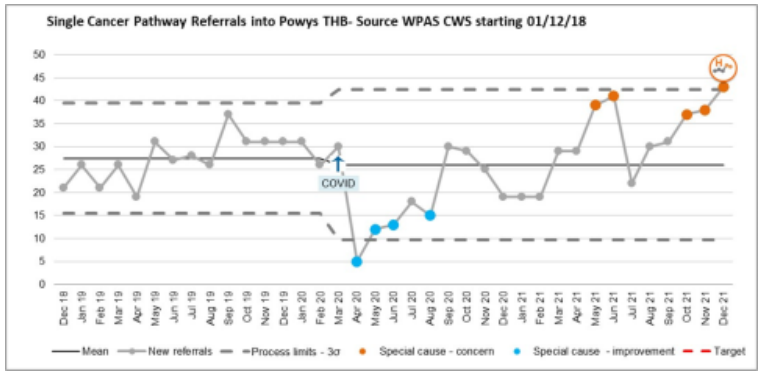
Quadruple Aim 2

No.

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

Single Cancer Pathway (SCP) Performance

Executive Lead	Medical Director
Officer Lead	TBC
BAF	TBC



Provider - What the chart tells us

During December 43 patients started an SCP pathway within provider, this is above the pre (27.4) and post (25.2) COVID-19 mean level per month. During the same period of those that didn't require treatment e.g. downgrades 63.4% were informed within 28 days as recommended by best practice guidance.

Commissioned services - What the table tells us

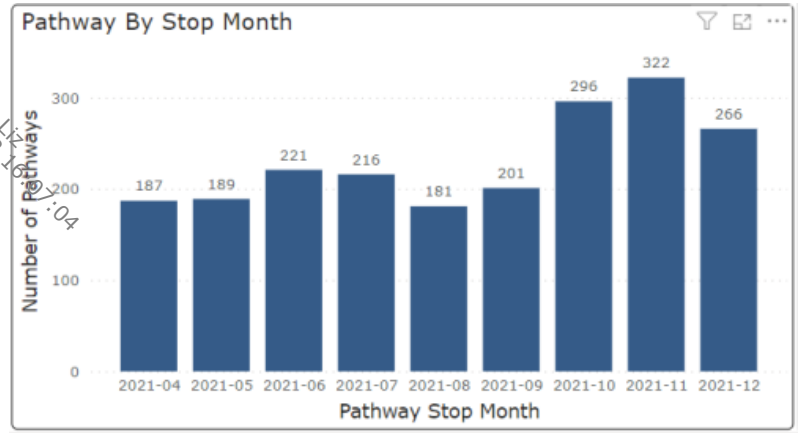
Welsh Providers

The total number of pathways closed remains above average in December. The number of breaches reported has not significantly changed with 11 reported across all Welsh treatment providers for December, the average for the 2021/22 financial year is 12.2 per month. Further information of breach by provider within below table.

English Providers

- Shrewsbury and Telford hospital (SATH) NHS trust reported 4 breaches of their cancer pathway for November 2021, 2 patients waiting over 104 days. Reason for delays include complex pathways, elective capacity, and radiological capacity.
- Wye Valley NHS Trust (WVT) reported 6 breaches of their cancer pathway in November 2021, the challenge of issues mirrors SATH including radiological investigation delays and elective capacity challenges.

All pathways by stop month – source DHCW



Welsh SCP pathways breaching by provider – source DHCW

Welsh Provider	Month									Grand Total
	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	
Aneurin Bevan LHB	8	2	4	3	3	5	4	2	2	33
Betsi Cadwaladr University LHB				1	1					2
Cwm Taf Morgannwg University LHB	2		3	2	3	1	1	2	1	15
Hywel Dda LHB	5	2	4	4	1	2	4	4	5	31
Swansea Bay University LHB	2	2	2	7	2	3	2	6	3	29
Grand Total	**17**	**6**	**13**	**17**	**10**	**11**	**11**	**14**	**11**	**110**

Issues

- Powys Teaching health board does not have access to the SCP open pathways information, as such breaches are reported post event.
- COVID-19 pressures impacting cancer treatment, flow, surgical, and diagnostic capacity.

Actions

- DHCW approached for open pathway view for Powys residents.

NHS Wales Planned Care recovery, reset and transformation.
Slides presented by NHS Wales on the 10th February 2022

Objectives		
Focus on those with greatest clinical need	Increasing health service capacity	Transform the way we provide planned care

Outcomes			
Equitable access to a quality service	Modernised planned care service	Quality driven clinical pathways	Sustainable workforce

Key Priorities for Delivery						
Transform Outpatients	Prioritise diagnostics	Suspected Cancer Pathway	Patient prioritisation	Eliminating long waits at all stages	Increased elective capacity	Better information and support for patients

Infrastructure and estates → Workforce → Clinical and pathway redesign → Data and digital → Communication and engagement

Transform outpatients

	NHS Wales Key Priorities	PTHB Approach
Immediate roll out of national pathways	See on symptoms (S0S) / Patient Initiated Follow Up (PIFU) – 10 specialities Self-management	SOS in place in General surgery, Urology, orthopaedics, ENT, Oral Surgery, General Medicine, Cardiology, Dermatology, Rheumatology, Paediatrics, Gynaecology PIFU in place in General Surgery, Urology, Orthopaedics, ENT, Rheumatology, Gynaecology National pathways under development via National Planned Care Board
Increased virtual activity	Xx % of follow ups to be virtual, xx% of new outpatient appointments to be virtual Video Group Clinics for major joint surgery to be in place Video Group Clinics for 10 specialities to be introduced	Dynamic templates in place across all specialities offering choice of attend anywhere appointments, Face to Face or telephone . In Quarter 3 2021/22 32% of outpatient activity was delivered virtually. Targets & pathways to be developed nationally. Virtual Group Clinics more relevant to therapies, MH, pain management, specialist nursing. Major joint surgery not undertaken in PTHB.
Effective Referral	Implement the national enhanced pathways Focus on the top 10 most common referrals DNDs, INNUs and threshold management	National Enhanced pathways tbc. This requires primary care, value based healthcare lead
Waiting list prioritisation	Admin and clerical validation Re-categorise outpatient referrals Focus on urgents and long waiters?	Rolling admin & clinical validation Urgent Suspected Cancer, urgents and long waiters are prioritised for new & Follow ups National Planned Care Board reviewing categorisation of referrals
Prudent Follow up	Discharge as default Eliminate patients who are over 100% delayed	Discharge as default will be undertaken where clinically appropriate and safe to do so. A significant number of Powys Provider patients are transferred onwards to larger acute providers for treatment. Plans being developed to reduce patients over 100% delayed to follow up.
Advice and guidance	Implement e-advice Roll out and standardise specialist advice and guidance	Has been developed as part of the Advice, Support and Pre-habilitation work programme including communication with patients via text and letters alongside website development.

Prioritise Diagnostics

	NHS Wales Key Priorities
Regional Endoscopy Plan	Maximise mobile units National endoscopy centres Demand and capacity planning
National Imaging Work	Increase capacity supported by nationally agreed guidelines Consider alternative pathways – use of AI
Community Diagnostic Hubs	Agree a network of local hubs to deliver diagnostic pathways to support prevention and early diagnostics
Rapid Diagnostic One Stop Shop	For common conditions to support primary care

PTHB Approach

- Working with National Endoscopy Programme on demand and capacity modelling and regional plans/solutions (across 3 regions South East, South West, North)
- Insourcing in place to support backlog management
- New endoscopy reporting system medilogik in place
- Planned capital works to support installation of new renewal funding endoscopy decontamination equipment progressing to plan
- Joint Advisory Committee(JAG) annual review successfully completed for Brecon
- 1st PTHB trainee nurse endoscopist successfully JAG accredited
- PTHB gastroenterology service in place in Llandrindod with repatriation plans in place, place in place for JAG accreditation
- Workforce plans and Clinical Endoscopist Development Strategy under development for PTHB Clinical Endoscopists to support service sustainability/reduce reliance on in reach services and underlying capacity deficit in lower endoscopy
- Plans in place for medical model & leadership review
- Band 7 Senior Nurse for Endoscopy successfully appointed
- Scoping service development cytosponge and nasoendoscopy
- Diagnostics Strategy under development as part of Renewal Strategic Portfolio.

Suspected Cancer Pathway

	NHS Wales Key Priorities	PTHB Approach
Embed optimum pathways	Focus on the high volume pathways – prostate, breast, skin and GI	Will be included in PTHB's overall transformation workstreams
Straight to test and one stop clinics where possible	Develop one stop clinics for breast skin, gynae Expand the RDC model	Not applicable to Powys provider arm given infrastructure required to run one stop shops including access to CT & MRI. Access to Regional Centres by key providers commissioned.
Eliminate the backlog of patients waiting over 62 days	Focus on those patients initially waiting over 104 days, then reduce those over 62 days	Latest position included in slide deck
Focus on first outpatient appointment	Aim for first outpatient appointment, if not a one stop clinic within 10 working days	USC standard with endoscopy
Rapid diagnostics to support early detection	Develop rapid access to diagnostics to support early diagnosis also could be used to support ongoing surveillance needs	Although PTHB can provide some diagnostics to support USC pathways the majority of patients requiring treatment will still be onward transferred

Patient Prioritisation – treat accordingly

	NHS Wales Key Priorities	PTHB Approach
Focus on clinically urgent	Ring fence capacity Prioritise those most in need Clinically review and validate waiting lists	Rolling review clinical and administrative on-going. Urgent suspected cancer, urgent, long waits are prioritised. Prioritisation risk stratification in place with wider MDT therapies, community dental & community optometry Insourcing arrangements in place
Eliminate clinical variation	Implement and report on national agreed pathways Eliminate unwarranted variation	Working with National Planned Care Programme on the development of National Pathways.
Reduce long waiters	Consider regional waiting lists for all treatment pathways over 52 weeks	Please see slide 6
Patient communication	Clear communication with patients and primary care Implement PROMS for all those on the waiting list	PROMS in place in Endoscopy, under development in theatres & outpatients
Clear targets for improvement	Regional surgical hubs to ensure: No patient waiting over 104 weeks by xx No patient waiting over 52 weeks by xx	Current waiting list position – see slide deck. Long waits in General Surgery & Oral Surgery due to consultant absence, urgent demand, fragility of in reach sessions surgery and anaesthetics due to DGH winter pressures.
Role of health deprivation and clinical prioritisation	Additional assessment of need to identify prioritisation in conjuction with clinical need	Surgical prioritisation already takes place through the use of referral categorisation (USC, Urgent & Routine) supplemented by the Royal College of Surgeon's Surgical Clinical Prioritisation criteria. Deprivation indicators using ONS data to be added into waiting lists

Increase Elective Treatment Capacity

	NHS Wales Key Priorities	PTHB Approach
Ring fenced dedicated capacity	Plan elective capacity for 52 week cycles / 7 days a week	Green sites in Powys. Workforce plans in place to be reviewed
Eliminate variation in activity	Maximum efficiency and productivity on acute sites- national benchmarked data	PTHB actively involved in GIRFT reviews with first review being orthopaedics. DNA rates continue to benchmark well. Theatre utilisation an area for improvement but dependant on availability of theatre staffing and in reach consultant surgeons and anaesthetists
Regional treatment centres	Development of regional services for long-waiters/ high volume procedures	Working with National Planned Care Boards on Regional solutions and programme of Getting It Right First Time Reviews
Short term outsourcing / commissioning	National commissioning of services for long-waiters such as the second offer scheme	In sourcing arrangements in place for backlog management. PTHB included in all Wales review of insourcing & outsourcing procurement and framework agreements
Pre-habilitation starting on referral	Maximise fitness for surgery – standard programme delivered locally- aim to improve outcomes, and reduce complications	Has been developed as part of the Advice, Support and Pre-habilitation work programme
Efficiency	High volume day case 7 days / 15 hours – green sites	Getting It Right First Time Review to be undertaken in February 22 in Powys as part of National Planned Care Board suite of GIRFT revies which will also cover gynaecology, general surgery, urology, dermatology

Patient Support and Communications

	NHS Wales Key Priorities	PTHB Approach
Dedicated patient portal	National NHS app My planned care portal	Proposals in early stage of development nationally via National Outpatient Transformation Board
Support patients whilst waiting	Transform waiting list to a preparation list	Has been developed as part of the Advice, Support and Pre-habilitation work programme including communication with patients via text and letters alongside website development
Local keep well clinics and programmes	Working with partners, public, third sector develop a network of local keep well clinics	To be confirmed as part of delivery plans for 22/23 including a review of service currently provided by the third sector
National communications campaign	Nationally agreed messages Implemented locally	To be actioned as they become available

DRAFT Targets for 22/23 (Ministerial Outcome Measures)

Measure	Target
Number of patients waiting more than 104 weeks for treatment	Zero by 2024 – all specialities Zero by Quarter 2 2022 excluding orthopaedics
Number of patients waiting more than 36 weeks for treatment	Zero by 2026
Percentage of patients waiting less than 26 weeks for treatment	95% by 2026
Number of patients waiting over 104 weeks for a new outpatient appointment	Zero by July 2022
Number of patients waiting over 52 weeks for a new outpatient appointment	Zero by October 2022
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	A reduction of 30% by March 2023 against a baseline of March 2021
Number of patients waiting over 8 weeks for a diagnostic endoscopy	Zero by March 2024
Number of patients waiting over 8 weeks for a diagnostic procedure	Zero by March 2024
Number of patients waiting over 14 weeks for therapies	Zero by March 2024
Suspected Cancer Performance	65% compliance - 2023 70% compliance - 2024 73% compliance - 2025 75% compliance - 2026

Planned Care Expected Performance Outcomes – 21/22 year end forecast and plans for 22/23

21/22 Forecast Outturn

- PTHB provider performance
  - Maintain position of no patients waiting more than 52 weeks for a first outpatient appointment
  - Continue to reduce treatment times for patients waiting for an actual procedure. Insourced capacity will be key in achieving this
  - Continue to improve diagnostic waits although some breaches will carry forward into 21/22
- Commissioned Providers
  - Continue to monitor plans for DGH capacity to come back on line
  - Look where clinically appropriate and safe to do so, the repatriation of patients back into Powys based services where capacity exists. Initial focus will be patients waiting for cataract procedures out of county that could be accommodated through insourced capacity

Plans for 22/23

- PTHB provider arm performance
  - For those services currently not delivering access targets that they all recover during 22/23 for RTT, diagnostic and therapy waits.
- Commissioned Providers
  - Work with acute providers to understand their forecast performance for the year noting that overall RTT recovery is expected to take between 3 to 5 years to recover

Unscheduled (Urgent) Care

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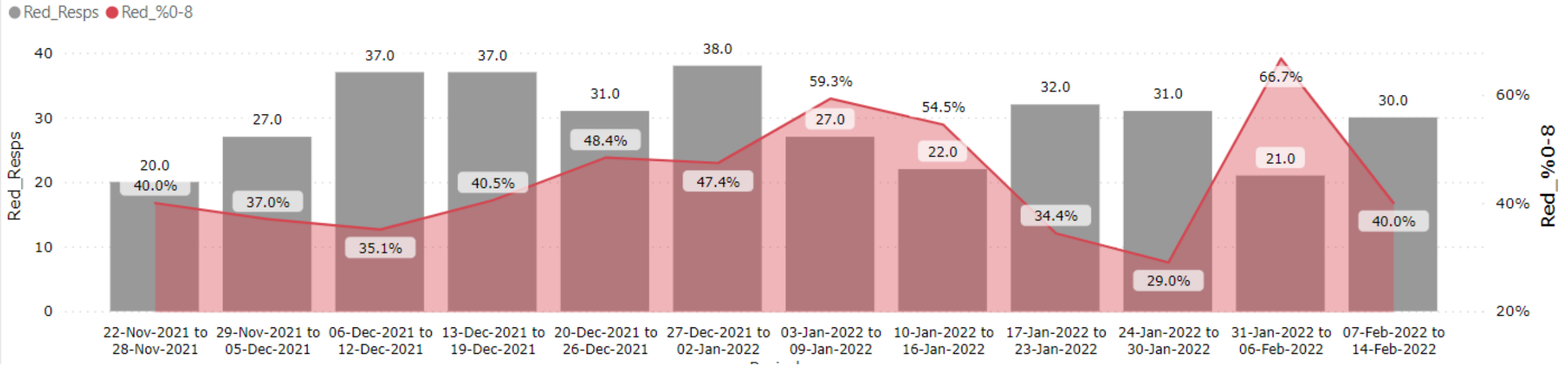
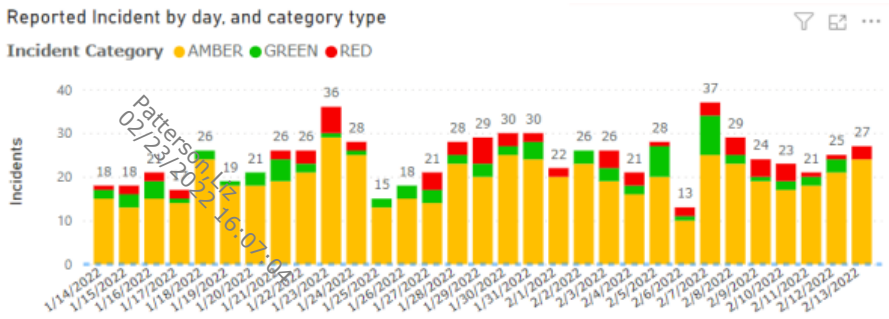
Powys Performance
Online Reporting

WAST weekly report, number of red calls and response rate (%)



PTHB - WAST Activity Report - Rolling 31 days
Source - DHCW/WAST



HospitalName	Incidents	Avg. Handover Mins
Royal Shrewsbury Hospital	246	114.30
Hereford County Hospital	200	34.16
Prince Charles Hosp Merthyr	113	129.79
Bronglais Gen Hosp Aberystwyth	105	62.82
Morriston Hospital Swansea	63	160.06
Maelor General Hosp Wrecsam	7	46.43
Grange University Hospital Cwmbran	6	89.00
Singleton Hospital Swansea	6	103.17
Glangwili Hospital Carmarthen	1	160.00
Royal Glamorgan Hosp Pontyclun	1	16.00
Total	**749**	**90.81**

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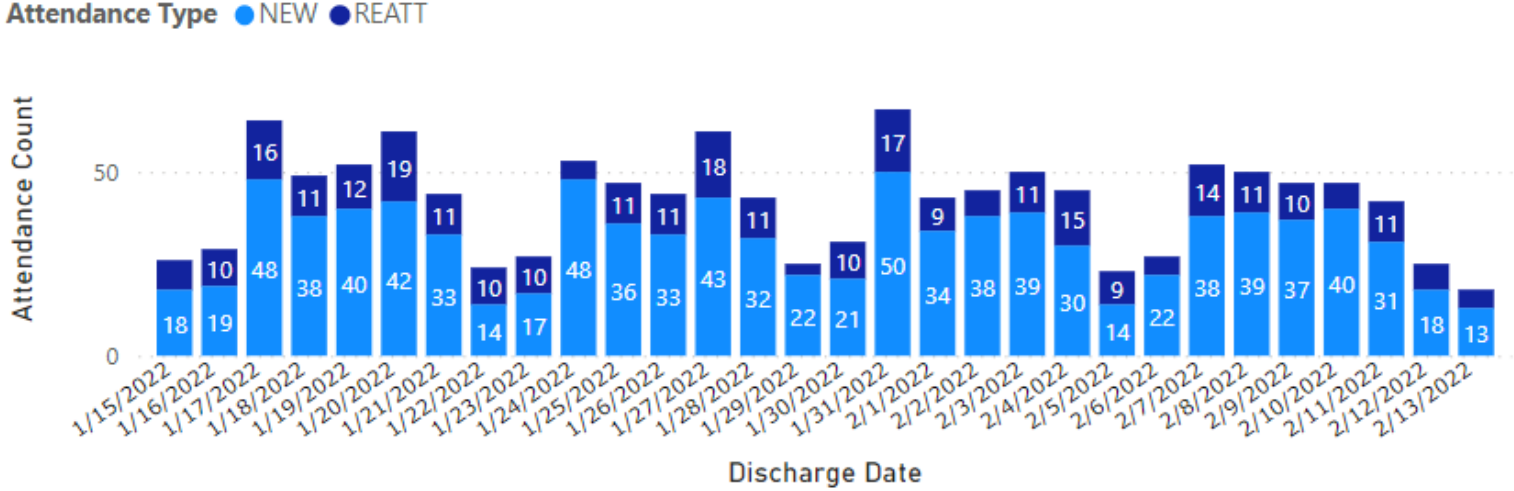
Powys Teaching Health Board

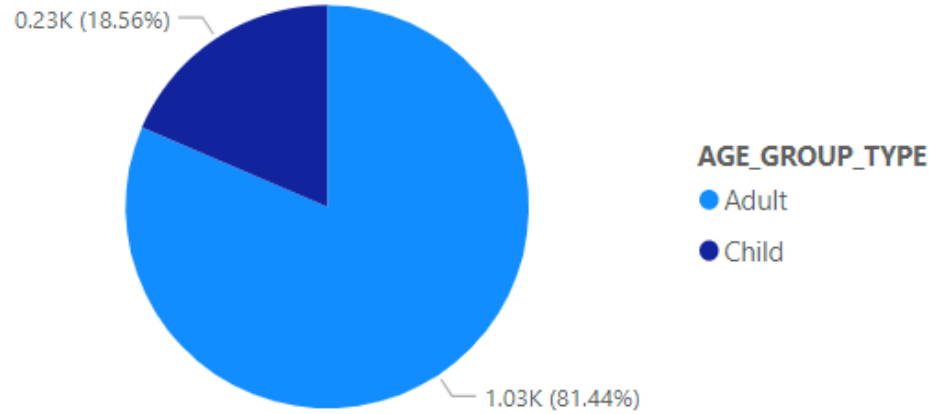
Powys Performance
Online Reporting

PTHB - MIU Activity Report - Rolling 31 days
Source - WPAS

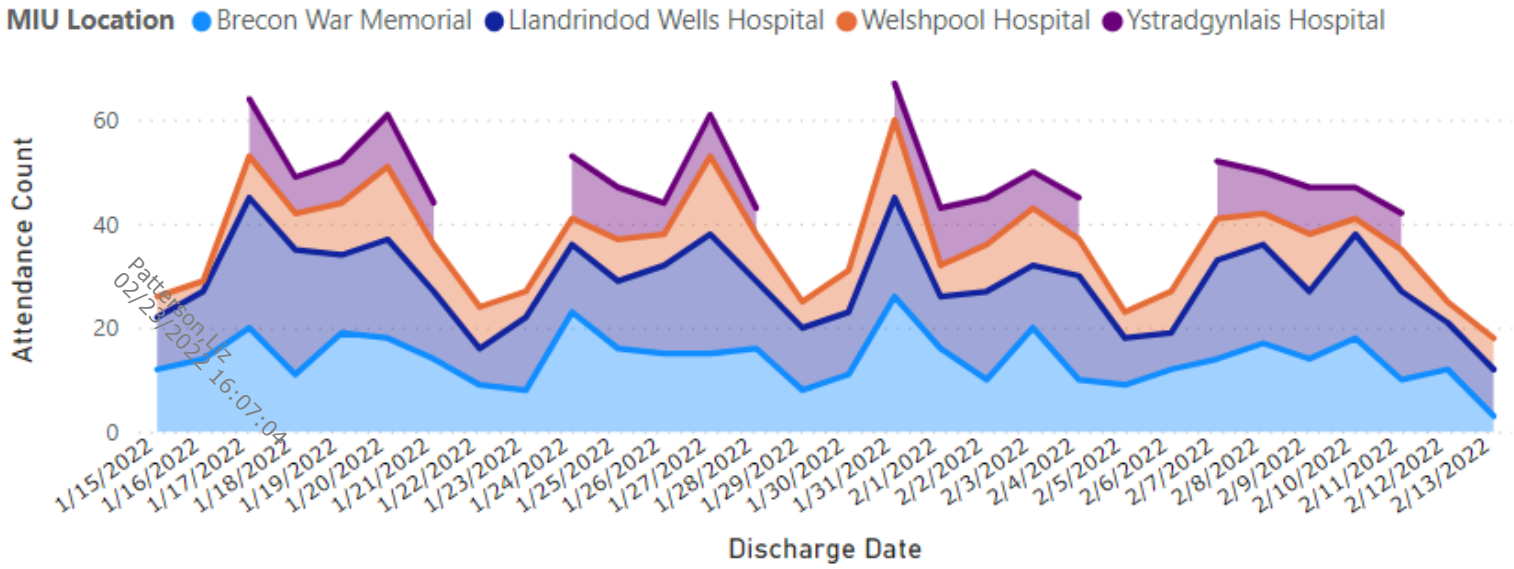
MIU Attendance by Category Type & Treatment Discharge Date



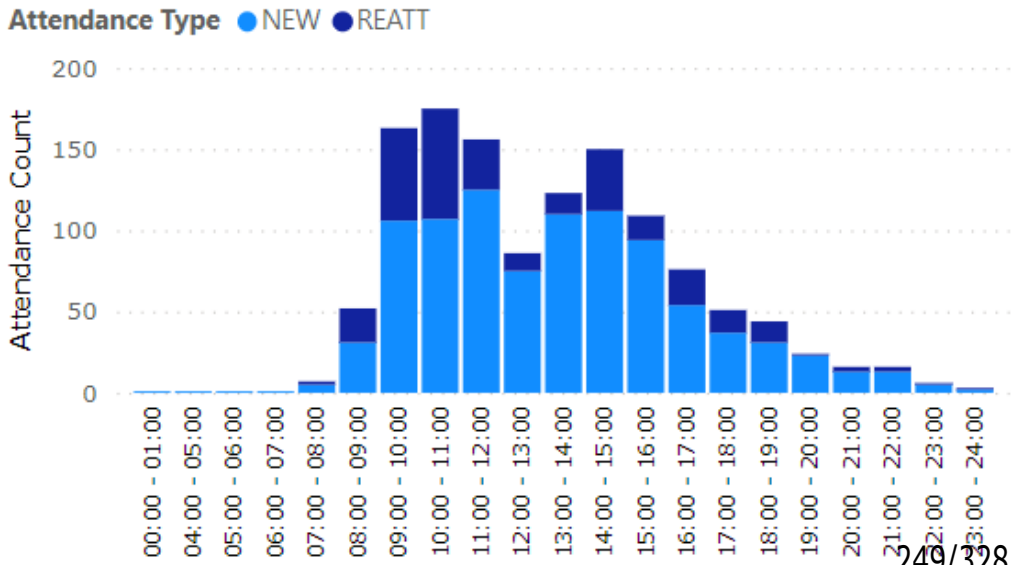
MIU Attendance by Age Group Type



MIU Attendance by Site & Treatment Discharge Date



Attendance Type by Arrival Hour



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IFOR in Powys
Intelligence Focused Online Reporting

Unscheduled Care - Accident & Emergency Performance

EDDS Wales December 2021 snapshot – Major sites – (excluding England)

Source: WPAS (EDDS DS)	Powys Patients					All Patients				
Non Powys Major Sites	Number of patients attending	% seen within 4 hrs	Number of patients waiting over 4 hrs	% seen within 12 hrs	Number of patients waiting over 12 hrs	Number of patients attending	% seen within 4 hrs	Number of patients waiting over 4 hrs	% seen within 12 hrs	Number of patients waiting over 12 hrs
Bronglais General Hospital	317	57.73%	134	85.80%	45	2118	69.55%	645	90.79%	195
Prince Charles Hospital	236	47.88%	123	84.75%	36	4482	55.02%	2016	87.91%	542
Morriston Hospital	154	48.05%	80	79.87%	31	6189	58.46%	2571	82.18%	1103
Nevill Hall Hospital	80	97.50%	2	100.00%	0	1160	98.02%	23	100.00%	0
The Grange University Hospital	39	61.54%	15	82.05%	7	7224	56.53%	3140	82.43%	1269
Neath Port Talbot Hospital	31	100.00%	0	100.00%	0	2925	94.87%	150	99.97%	1
Glangwili General Hospital	13	15.38%	11	69.23%	4	3640	52.86%	1716	86.04%	508
Wrexham Maelor Hospital	11	54.55%	5	100.00%	0	4325	43.38%	2449	75.58%	1056
University Hospital Of Wales	9	77.78%	2	88.89%	1	9849	60.84%	3857	88.05%	1177
Ysbyty Glan Clwyd	2	50.00%	1	100.00%	0	4578	49.87%	2295	79.88%	921
Princess Of Wales Hospital	1	100.00%	0	100.00%	0	4208	63.55%	1534	90.14%	415
Royal Gwent Hospital	1	100.00%	0	100.00%	0	2299	96.61%	78	99.96%	1
Withybush General Hospital	1	100.00%	0	100.00%	0	2840	58.56%	1177	83.27%	475
Ysbyty Gwynedd			0		0	3751	61.18%	1456	86.00%	525
Total	**895**	**58.32%**	**373**	**86.15%**	**124**	**59588**	**61.22%**	**23107**	**86.26%**	**8188**

EDDS Wales overall performance (excluding English providers)

Source: WPAS (EDDS DS)	Powys Patients					All Patients				
	Number of patients attending	% seen within 4 hrs	Number of patients waiting over 4 hrs	% seen within 12 hrs	Number of patients waiting over 12 hrs	Number of patients attending	% seen within 4 hrs	Number of patients waiting over 4 hrs	% seen within 12 hrs	Number of patients waiting over 12 hrs
Total Major & Minor Sites in Wales	**1622**	**76.94%**	**374**	**92.36%**	**124**	**72893**	**66.08%**	**24726**	**88.26%**	**8526**

SATH & WVT A&E Performance – Trust total including access for Powys patients

SATH

Operational - KPI		Latest month	Actual Month Performance	National Standard for month	SaTH trajectory for month	Performance	Assurance	Exception	Year to Date	SaTH 2021-2022 Plan
Emergency Department										
ED - 4 Hour performance	FPAC	Dec 21	58.2%	95.0%	64%			Yes	63.7%	78%
ED - Ambulance handover > 60mins	FPAC	Dec 21	803 (25.8%)	0				Yes	6447	tbc
ED 4 Hour Performance - Minors	FPAC	Dec 21	90.4%	95%	95%			Yes	91.6%	95%
ED 4 Hour Performance - Majors	FPAC	Dec 21	32.6%	95%				Yes	38.3%	tbc
ED time to initial assessment (mins)	FPAC	Dec 21	29	15	15			Yes		15mins
12 hour ED trolley waits	FPAC	Dec 21	322	0	0			Yes	1119	tbc
Total Emergency Admissions from A&E	FPAC	Dec 21	2785					Yes	25964	29744
% Patients seen within 15 minutes for initial assessr	FPAC	Dec 21	46.86%					Yes	45.0%	
Mean Time in ED Non Admitted (mins)	FPAC	Dec 21	228					Yes	211	
Mean Time in ED admitted (mins)	FPAC	Dec 21	583					Yes	468	
No. Of Patients who spend more than 12 Hours in E	FPAC	Dec 21	1127					Yes	6479	
12 Hours in ED Performance %	FPAC	Dec 21	10.1%					Yes	6%	

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WVT

Regulatory Performance Measures		CQC Domain	Responsible Director	Standard	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Year to Date	Pass/ Fail	Trend Variation
	A&E maximum 4 hour wait from arrival to departure	Responsive	Chief Operating Officer	95%	75.7%	72.5%	69.7%	70.3%	58.2%	66.7%	62.4%	64.1%	63.5%	67.1%		
A&E Quality Indicators	Ambulance handover within 30 minutes (WMAS)	Responsive	Chief Operating Officer	98%	91.2%	90.0%	84.9%	81.9%	78.7%					85.3%		
	Ambulance handover over 60 minutes (WMAS)	Responsive	Chief Operating Officer	0%	0.5%	0.3%	1.6%	2.9%	5.2%					2.1%		
	Ambulance handover within 15 minutes (WMAS)	Responsive	Chief Operating Officer	95%	49.4%	49.3%	40.1%	40.0%	33.7%	30.3%	36.5%	48.0%	42.3%	41.1%		
	Time to be seen (average from arrival to time seen - clinician)	Responsive	Chief Operating Officer	< 15 minutes	01:25	01:41	02:04	01:48	02:39	01:58	01:48	01:15	01:11			
	A&E Quality Indicator - 12 hour trolley waits	Responsive	Chief Operating Officer	0	0	0	6	23	24	108	202	196	218	777		
	A&E - % of admitted patients admitted within 4 hours (arrival to discharge)	Responsive	Chief Operating Officer	90%	43.0%	33.3%	21.6%	26.6%	22.0%	28.3%	20.4%	23.5%	23.9%	27.0%		

Community Hospital Average Length of Stay (LOS) Reduction – LOS Stratification Analysis

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Powys Performance
Online Reporting

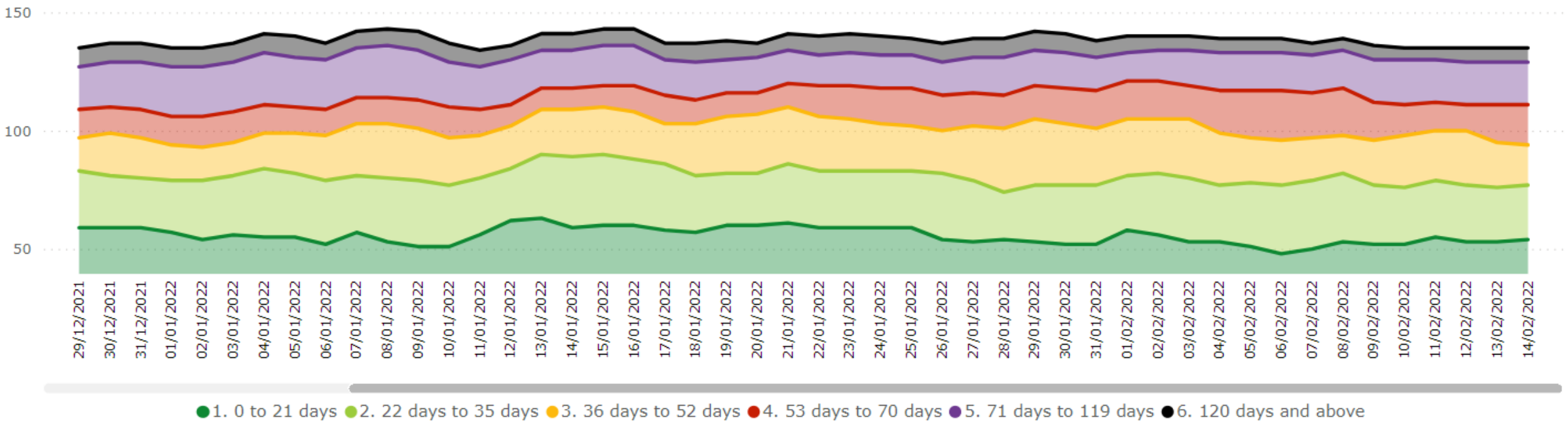
APC - Inpatient Ward Bed Days

Source: WPAS

Generic | Mental Health

Last Updated: 15/02/2022 09:28

PTHB Bed Days - Patient Count by LOS Band



- Adelina Patti Ward
- Bryn Heulog Ward
- Claerwen Ward
- Epynt Ward - (Geriatric Med)
- Graham Davies Ward
- Llewellyn Ward
- Maldwyn Ward
- Patient's Home - Bronllys Hosp...
- Twymyn Ward
- Y Bannau Ward - (GP Medical)

Important Report Info

Please note that the bed days displayed through this report are used to demonstrate how many patients would have been in beds during the reported date.

Patients are duplicated in this report to be counted against each day that is relevant to their admission and discharge dates, with their respective length of stay up to that reporting date

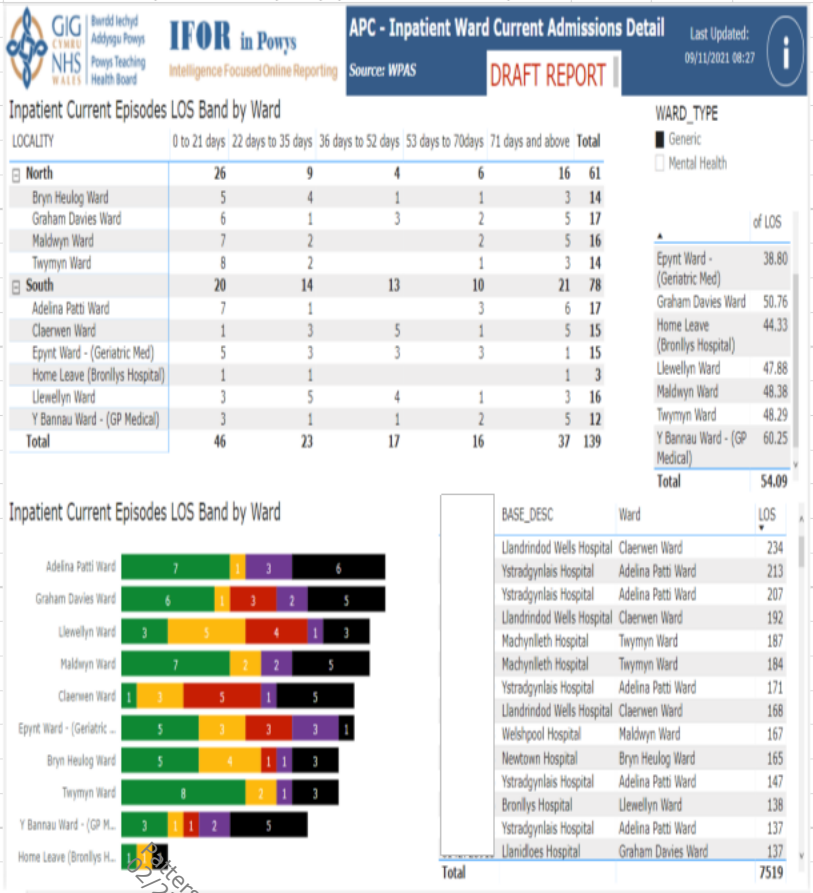
Please note that because a patient can be discharged and that same bed filled again by a different patient on the same day, it's possible that admission counts can appear higher than we have actual available beds.

These figures are based on the current WPAS recordings and outcomes, so as a result of data validation or late entries numbers may not be exactly the same as what they would have been at that point in time.

Community Hospital Average Length of Stay Reduction – Improvements Since November 2021

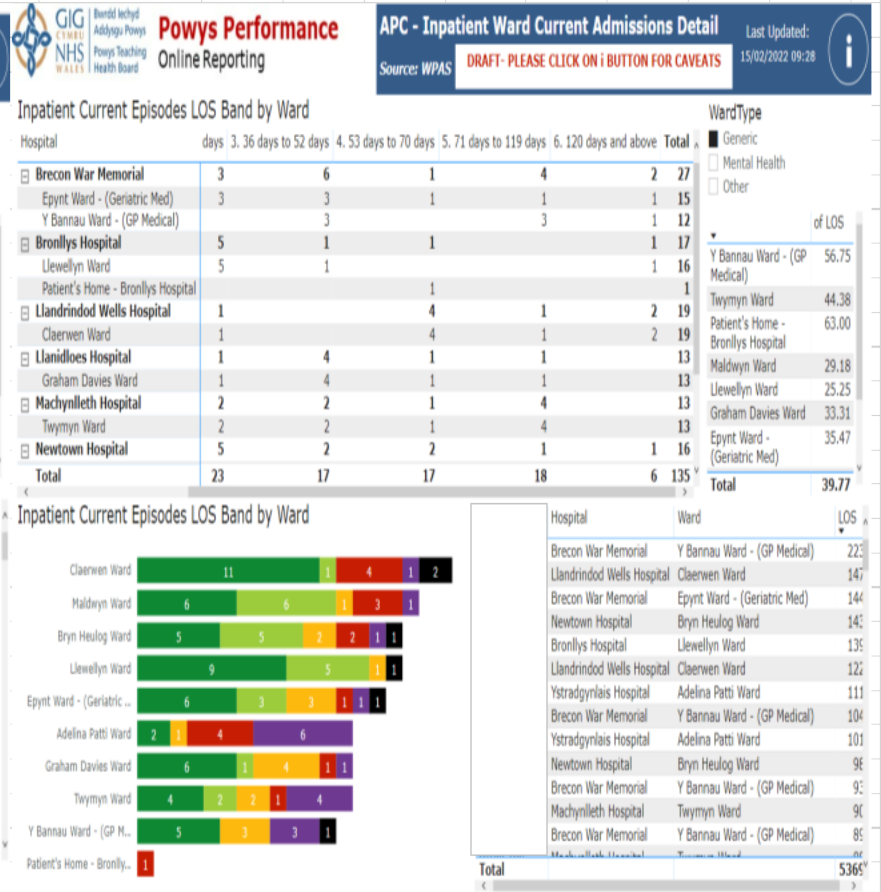
Powys Teaching Health Board 2021/22 - System wide progress on long length of stay and average length of stay reduction

As at 2nd Nov 2021 (120 Band not separetly split out - see next chart)



As at 12th Nov with a new 120 day category added

As at 15th Feb 2022



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Key Points
As at 2nd Nov there were 139 patients in community hospital beds consuming a cumulative total of 7,519 beddays. There were 20 patients with a LOS of more than 120 days
As at 15th Feb there are 135 patients in community hospital beds consuming a cumulative total of 5,365 beddays. There are 6 patients with a LOS of more than 120 days
At the end Nov the avg LOS was 54 days
At the 1st Feb the avg LOS is now 38 days
Aim is to get down to an avg LOS of 35 during the final quarter of the 2122 financial year

The length of stay reduction has been a key aspect of ensuring that out of county acute hospital repatriation delays are kept to a minimum. This in turn assists overall DGH hospital flow including ambulance turnaround time. A significant amount of management time is devoted to this daily routine to sustain and improve performance. ASC delays have also improved.

Unscheduled Care Expected Performance Outcomes – 21/22 year end forecast and plans for 22/23

21/22 Forecast Outturn

- PTHB provider performance
  - Maintain access standard for MIU provision
  - Continue to improve LOS reduction to achieve an average of 35 days
  - Maintain effective working relationship with PCC particularly in relation to LOS reduction, OOC repatriation delays and community bed discharge delays
  - Hold a local multi agency Risk Summit in early March to build upon recent Day of Care Audit held in Wales. Further examine discharge processes and monitor return of Care Sector capacity to pre-pandemic volumes.

Plans for 22/23

- PTHB provider arm performance
  - Deliver MIU performance across the year
  - Examine to what extent Same Day Emergency Care can be developed in PTHB to prevent ambulance conveyances and emergency admissions
  - Aim to achieve a community hospital average LOS of 28 days during 22/23
  - Maintain a low level of repatriation delays and improve MFFD delays across our bed base

- Commissioned Providers
  - Monitor improvement plans to improve acute site flow

Unscheduled Care – Overall Summary

Points to note:-

- Community and Primary care services within Powys are an integral part of the wider urgent care services pathways.
- We need to maintain our position as a key ‘cog’ in the overall urgent care system. Our flow and capacity needs to keep pace with other parts of the system.
- As well as helping to prevent and reduce emergency acute admissions, once the patient has been admitted into an acute hospital our role is then to facilitate an effective and safe discharge as quickly as possible (with limited or no delays). This applies to both PTHB & PCC.
- Flow cannot be effective without good working relations with DGH sites supported by both PTHB & PCC.
- Failure to do so will see the ‘system’ clog up further with more planned patients having their care cancelled.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.6a

Delivery and Performance Committee	**Date of Meeting: 28th February 2022**
Subject :	**Commissioning Assurance Framework – Primary Care General Medical Services**
Approved and Presented by:	**Pete Hopgood, Interim Director of Primary care**
Prepared by:	**Jayne Lawrence, Assistant Director of Primary Care**
Other Committees and meetings considered at:	**Executive Committee 01/12/21**

PURPOSE:

The purpose of this paper is to provide assurance to the Delivery and Performance Committee of the General Medical Services Commissioning Assurance Framework process applied to the 2020/2021 contract year.

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[1]	**Discussion**	**Information**
		✓

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

[1] 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 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.

During 2020/21, temporary national contract changes were introduced around various aspects of the delivery of general medical services and the main focus during 2020/21 was ensuring core contract delivery of essential services and therefore, the monitoring of the GMS contract in 2020/21 has been complex. Despite the various national contract sanctions, GMS CAF data was captured throughout the year, however, it needs to be viewed with an open mind against the 'state of play' during the year.

Due to the contract relaxation and changes throughout 2020/21 some of the routine elements of the GMS CAF monitoring was not possible, however a variety of monitoring has been undertaken to provide assurance on general medical services during this time.

As per the GMS 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

Outside of GMS contractual obligations, quality and service delivery was monitored throughout the year using the CAF RAG rating process to give assurance on all CAF indicators. The general theme of non-compliance relates to achievement of national influenza immunisation targets and childhood immunisation targets. Practice achievements in both these areas are monitored and considered by the PTHB Influenza Vaccination Oversight Group and PTHB Healthy Child Wales Programme.

DETAILED BACKGROUND AND ASSESSMENT:

The General Medical Services (GMS) Commissioning Assurance Framework (CAF) was developed following an internal audit on the Commissioning of Primary Care Services and was signed off by the Strategic Planning and Commissioning Group on 9th May 2019.

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

To support the CAF, tolerance levels to report against the CAF are linked to RAG ratings.

The CAF is updated on a quarterly basis and internal assurance is delivered through the General Medical Services Contract Management Group. Assurance on the monitoring process around the CAF was presented to PEQS on 2nd December 2021.

Therefore, this report is based around the year end GMS performance for 2020/2021 as opposed to the process that supports it, noting

- CAF dashboards are in place for all GMS contracts (including PTHB manged practice).
- A multitude of data and supporting documentation informs the CAF dashboard. All the data is not pulled through into the CAF but just a high level summary.
- 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 that parameters within the CAF not covered within the regulations are not enforceable.

Appendix 1 details the Primary Care GMS Commissioning Assurance Framework

During 2020/21, temporary national contract changes were introduced around various aspects of the delivery of general medical services, through various guises, including elements of contract suspension, relaxation and recovery. The GMS focus during the majority of 2020/21 was on ensuring core contract delivery of essential services. Therefore, the monitoring of the GMS contract in 2020/21 has been complex. Despite the various national contract sanctions, GMS CAF data was captured throughout the year; however, needs to be viewed with an open mind against the state of play during the year.

The majority of contractual changes revolved around the relaxation of enhanced services (DES, NES and LES) and national screening programmes and access to GMS changed to a 'telephone first' model supported by clinical triage.

Due to the contract relaxation and changes throughout 2020/21 some of the routine elements of the GMS CAF monitoring was not possible, for example Patient experience surveys (as suspended nationally), however a variety of monitoring was been undertaken to provide assurance on general medical services during this time. Appendix 2 details the end of year 2020/21 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 (i.e. updated in 2020/21 to reflect Covid 19 compliance and recovery of services). 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. Appendix 3 details the Annual Return template used in 2020/21

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 services audits, Vaccination & Immunisation uptake, Patient Engagement and Access, Primary Care Development issues and Cluster Development. The Assistant Director of Primary Care is supported by representatives from the Medicines Management team and Public Health who also attend the visit. The Executive Director of Primary Care, Community and Mental Health Services also attends the visits when possible. During 2020/21, seven practice visits were undertaken.

In terms of a high level 2020/21 GMS CAF summary:

- 100% compliance with National Health Service (General medical services Contracts) (Wales) Regulations 2004 (contractual)
- 100% of practices maintained the required opening hours (contractual)
- 100% completed the GMS Annual Contract Return (contractual)
- 100% completed Enhanced Service Audits (Diabetes, Near Patient Testing, Anticoagulation) and also the National Diabetes Audit (contractual)
- 100% completed the Clinical Governance Assessment
- 100% completed the Information Governance Assessment
- 13 practices achieved the > 65s QAIF flu target
- 11 practices achieved the < 65s at risk QAIF flu target
- 13 practices achieved the QAIF review Dementia target
- 100% participated in an agreed Quality Improvement Programme
- 100% engaged in Cluster Development
- 100% participated in the Access Standards
- 2 practices achieved the 80% national flu target for >65s
- 3 practices achieved the 75% national flu target for 2 – 3 year olds
- 100% practices achieved the 1 year childhood immunisation target
- 10 practices achieved the 2 year childhood immunisation target
- 1 practice achieved the 4 year childhood immunisation target
- 1 practice achieved the 5 year childhood immunisation target

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

However, in terms of monitoring risks regarding quality and service delivery, the CAF RAG rating process was applied for assurance purposes to all non-contractual breach indicators.

As detailed in the summary below, the general theme of non-compliance was related to public health measures - influenza immunisation targets and childhood immunisation targets.

Practice	Target/ Area	Status
Brecon	Flu <65 at risk	
	Flu >65 / Flu 2 – 3 years / Childhood imms 5 years	
Ystrad-gynlais	Flu<65 at risk/Flu target 2 – 3 years /Childhood imms 4 years	
	Flu >65 / Childhood imms 5 years	
Crickhowell	Flu <65 at risk / Childhood imms 4 years	
	Flu >65 /Flu 2 – 3 years /Childhood imms 2 & 5 years	
Haygarth	Flu <65 at risk/ Flu 2 – 3 years	
	Flu >65/ Childhood imms 2, 4 & 5 years	
Builth Wells	Flu <65 at risk	
	Flu >65/ Flu 2 – 3 years/ Childhood imms 4 & 5 years	
Llandrindod Wells	Flu <65 at risk	
	Flu >65 / Childhood imms 4 & 5 years	
Rhayader	Flu <65 at risk/ Flu >65	
	Childhood imms 4 & 5 years/ Dementia reviews (missed patients invited as a priority in 21/22 cycle)	
Knighton	Flu <65 at risk/ Flu >65 / Flu target 2 – 3 years/ Childhood imms 4 years	
	Access Standards, *Standard 5* - email facility for patients to make appointments or have a call back. The Mid Cluster	

	Practice representative on the Access Forum is linking in with the practice to offer support and advice to meet this indicator in the future.	
Presteigne	Flu <65 at risk/ Childhood imms 2, 4 & 5 years	
	Flu 2 – 3 years	
Llanidloes	Flu <65 at risk	
	Flu >65/ Flu 2 – 3 years /Childhood imms 4 & 5 years	
Dyfi Valley Health	Flu <65 at risk/ Flu >65 / Flu target 2 – 3 years/ Childhood imms 5 years	
	Childhood imms 2 & 4 years	
Welshpool	Flu <65 at risk / Childhood imms 4 years	
	Flu >65 / Flu 2 – 3 years / Childhood imms 2 & 5 years	
Newtown	Flu <65 at risk	
	Flu >65 / Flu 2 – 3 years / Childhood imms 4 & 5 years	
Llanfair Caereinion	Flu 2 – 3 years	
	Flu >65 /Flu <65 at risk / Childhood imms 4 & 5 years	
Llanfyllin	Flu >65/ Flu 2 – 3 years /Childhood imms 5 years	
	Flu >65/ Childhood imms 4 years / Dementia reviews (missed patients invited as a priority in 21/22 cycle)	
Montgomery	Flu <65 at risk / Childhood imms 2, 4 & 5 years Dementia reviews (missed patients invited as a priority in 21/22 cycle)	

In terms of assurance monitoring and required action:

- 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 a practice
  - Future delivery of the PTHB flu programme and options are being worked through by the Oversight group
- 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.

Currently, General Practice is experiencing significant workload challenges to meet patient demand. General practice sustainability and ongoing resilience at the start of winter is a concern. The majority of practices are reporting Level 4 on the national Primary Care Escalation portal. Current Powys Practice absences continue to be higher than any other health board across Wales, and as follows (national average in brackets): GPs 22.89% (11.37%), MDT 11.19% (9.58%), Admin 17.39% (15.53%).

Managing patient demand along with practice staff sickness/isolation, in conjunction with PPE and social distancing requirements is an increasing challenge for practices. A demand and capacity audit has recently been completed with practices and the data is currently being analysed to inform the recovery of GMS.

NEXT STEPS:

1) To continue to revise and align the PTHB GMS Commissioning Assurance Framework with GMS recovery plans for 2021/2022.
2) To incorporate additional measures in the 2021/22 CAF as appropriate. Changes to date have included prescribing information linked to national and local indicators, cervical screening uptake and Child Health Surveillance baby check information.

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

Appendix 2 - GMS CAF dashboard 2020/21 [Background Paper]

Appendix 3 - GMS Annual Return template 2020/21

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

IMPACT ASSESSMENT					
Equality Act 2010, Protected Characteristics:					
	No impact	**Adverse**	**Differential**	**Positive**	**Statement** ***Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken***
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				**Statement** ***Please provide supporting narrative for any risks identified that may occur if a decision is taken***
	None	**Low**	**Moderate**	**High**	
Clinical		x			
Financial		x			
Corporate	x				
Operational		x			
Reputational		x			

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

Contents

Tables

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

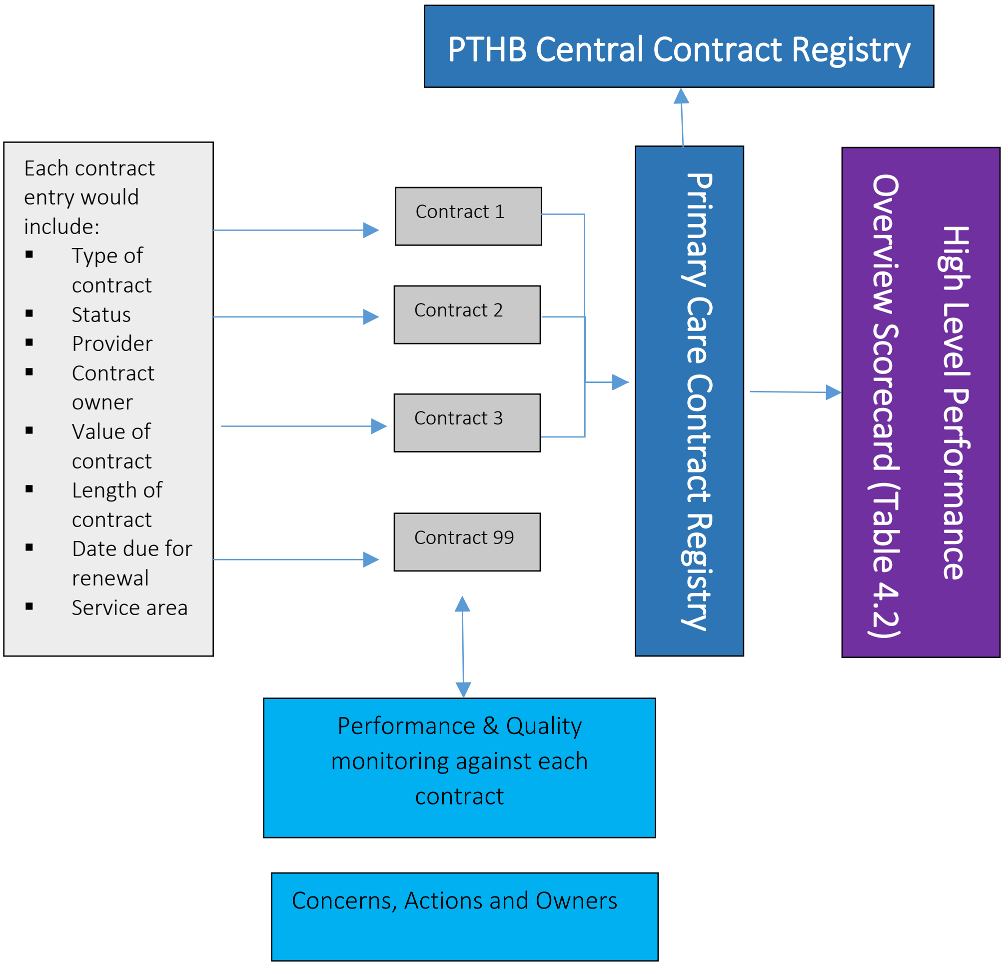
General Medical Service contracts between health boards and general medical service providers are delivered within the National Health Service (General medical services Contracts) (Wales) Regulations 2004. These Regulations set out, for Wales, the framework for general medical services contracts under 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 result 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”.



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
▪ Compliance with NHS Wales General medical services Regulations 2004 ▪ Compliance with GP Performer Regulations ▪ Clinical governance self-assessment ▪ Serious incidents (including themes) ▪ Complaints and claims ▪ Internal / External Audit ▪ Health Inspectorate Wales (HIW) reports ▪ Enhanced Service audits ▪ National audits (Diabetes/ COPD/CKD) ▪ GMS annual contract returns ▪ Information Governance self-assessment ▪ Childhood immunisations targets ▪ Flu immunisations targets ▪ Quality Assurance Improvement Framework achievement ▪ Local primary care performance measures ▪ National Prescribing indicators (linked to finance) ▪ Outpatient referral rates(linked to finance) ▪ Inpatient Admission rates(linked to finance)	▪ Post payment verification reports	▪ Access Standards ▪ Opening hours ▪ Appointment availability ▪ Open lists ▪ Recruitment issues ▪ Unscheduled care hospital admission rates	▪ Public service ombudsman responses ▪ Health Inspectorate Wales (HIW) reports ▪ Community Health Council Reports ▪ Concerns and compliments from any source ▪ Patient Experience performance, e.g. survey
Sustainability Status			

*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 *Reported to Delivery & Performance Group*	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 *Reported to Finance & Performance Committee*	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	**Level 1** – routine monitoring
2	Sep 18					Level 1	
2	Sep 18					Level 2	**Level 2** - Enhanced monitoring
3	Sep 18					Level 3	**Level 3** Escalated to DPCCMH monitoring
4	Sep 18					Level 4	**Level 4** Escalated to DPCCMH/ intervention Chief Exec informed
5	Sep 18					level 4+	**Level 4** 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	▪ Deputy/Assistant Director of Primary Care ▪ Assistant Medical Director ▪ Head of Primary Care - Contracting	Continuous process Quarterly formal Routine Monitoring,

	▪ Primary Care Manager ▪ Medicines Management rep ▪ Finance Business Partner	
Level 2 Enhanced monitoring	▪ Deputy/Assistant Director of Primary Care ▪ Assistant Medical Director ▪ Head of Primary Care - Contracting ▪ Primary Care Manager ▪ Medicines Management rep ▪ Finance Business Partner	Bi monthly – Enhanced Monitoring
Level 3 Escalated to Exec Director	▪ DPCCMH ▪ Deputy/Assistant Director of Primary Care ▪ Assistant Medical Director ▪ Head of Primary Care ▪ Primary Care Manager ▪ Medicines Management rep ▪ Finance Business Partner ▪ Quality & Safety representative	quarterly – Escalated Monitoring including DPCCMH
Level 4 Escalated to Exec Director Intervention Chief Exec informed.	▪ Executive Director/s ▪ Deputy/Assistant Director of Primary Care ▪ Medical Director Assistant Medical Director ▪ Head of Primary Care ▪ Primary Care Manager ▪ Medicines Management rep ▪ Finance Business Partner ▪ Quality & Safety representative	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.

GMS Contract Annual Return

Annual Review Period April 2020 to March 2021

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 30th 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.

Practice Name:	
Practice W Code:	
Practice Manager Name	
Practice Manager Direct Line Telephone Number	
GMS Contract Lead:	
Prescribing Lead:	
Clinical Governance Lead:	
Caldicott Guardian	
Infection control Lead	
Safeguarding Lead	
Cluster Lead	

1. Practice Information

Practice Leaflet:

The contract requires that the practice provides patients with a leaflet that includes the criteria as required in Schedule 3 of the GMS Contract included at Appendix 1.

Date last review took place	
Has the leaflet been updated	
Date updated	
A copy of the leaflet is attached	

Practice Website:

Does the practice have a website?	
Is the website regularly updated?	
Date last review took place	
Website address:	

Please answer Y or N in box alongside each question and provide any other information as requested

2. Contractual and statutory requirements

There is a policy for consent to the treatment of children that conforms to the current Children's Act or equivalent legislation.	
The Practice ensures that all healthcare professionals who are partners of the practice or employed by the practice are currently registered with the relevant professional body(ies) on the appropriate part(s) of its Register(s). Any employed general practitioner or partner is a member of a recognised medical defence organisation and registered on a primary care performers list in Wales.	
All professionals (including practice nurses and alternative health professionals) working in the practice are covered by appropriate indemnity insurance. (Nurses	

under personal membership of the RCN or named inclusion in the Group Practice MDU or MPS medical defence scheme)	
The practice undertakes all the necessary checks to provide assurance on the status of all locum GPs, prior to their commencement and ongoing work within the practice, in line with the requirements of the National Health Service (Performers Lists) (Wales) Regulations 2004	
All doctors and other clinicians have an annual appraisal	
The practice has a system to allow patients access to their records on request in accordance with current legislation	
There is a designated data controller under the Data Protection Act in accordance with current legislation	
Please name the individual:	
The Data Controller is aware of his/her responsibilities under the Act	
There are mechanisms to ensure that all computer held patient data is included and transferred with the medical record when patients leave the practice in line with the Powys Teaching Health Board, Primary Care, Outstanding Medical Records Protocol	
The Practice is registered under, and conforms to the provisions of the Data Protection Act, and in accordance with current legislation	
The practice has a written procedure for the electronic transmission of patient identifiable data which is in line with national policy	
The practice complies with current legislation on employment rights and discrimination	
All staff have written terms and conditions of employment which conform to or exceed the statutory minimum	
The practice meets the statutory requirements of the Health & Safety at Work Act and complies with the current Approved Code of Practice in Management of Health and Safety at Work Regulations	
The Practice has the latest version of the Health and Safety at Work poster displayed at the practice	
The Practice has the range of Health and Safety policies and procedures in place which are appropriate to the work and environment of the practice.	

Date of Last Review:	
Does the practice routinely carry out Health and Safety risk assessments, including COSHH? When did the practice last carry out **full** Health & Safety Risk assessments?	
Date of last health and safety risk assessment:	
COSHH Date:	
Has the practice implemented the recommendations of the health and safety risk assessment?	
Has the practice carried out a full fire risk assessment on the premises?	
What was the date of this assessment?	
Has the practice implemented the recommendations of the fire risk assessment?	
Do you have written records available for inspection in respect of **all** the above risk assessments?	
Vaccines are stored and transported in accordance with the manufacturer's instructions	
The Practice keeps a daily record of maximum and minimum temperatures for all vaccine fridges on all working days.	
Who is the responsible staff member to ensure recording?	
The Practice confirms that no food or non-clinical materials are ever stored in vaccine fridges	
The practice has in place systems of clinical governance which enable quality assurance of its services and promotes quality improvement and enhanced patient safety.	
There are underpinning structures and processes within the practice, which will assure embedding of clinical governance through a nominated clinical governance lead	
For vaccination and immunisation, all staff involved in administering vaccines have received the relevant update training including anaphylaxis and are able to administer appropriate first – line treatment when it occurs.	
For vaccination and immunisation, consent to immunisation, or contraindications if they exist, are recorded in the records, including the name and relationship of the	

person giving consent on behalf of a patient, where relevant	
For minor surgery, patients written consent to any surgical procedures including wart cautery and joint injections are recorded	
The practice has systems in place to identify and remedy issues relating to property management, maintenance and repair, including a planned maintenance regime to ensure compliance with current legislation.	
The responsible person in the practice is –	
Are there robust systems in place to ensure registered patients are not charged for any services other than those allowed under Regulation 24 and Schedule 5 of the Regulations?	
Is the practice clear about which travel vaccinations are free of charge to the patient (because they are already funded through the global sum) and which travel vaccinations are chargeable on a private basis to the patient (or employer for Hepatitis B required for occupational reasons)	
Are there robust systems in place to ensure that where charges are made on a private basis to patients under Regulation 24 and Schedule 5 that the service is provided on a wholly private basis, e.g. for chargeable travel vaccinations, no NHS prescriptions are written or bulk claims made. (Only private prescriptions should be written, or vaccine purchased in and charged to the patient.)	
The 2020/2021 contract mandate included additional funding to fund a 2.8% pay uplift for all practice staff, the practice has applied this pay uplift effective from 01/04/20.	

3. Services

The practice confirms that it continues to provide all the Additional Services that it has agreed to provide under its contract with the PTHB ***Please note that if you no longer wish to provide, or are no longer providing an Additional Service which you have been commissioned to provide, appropriate notice must be given to the Health Board.***	
The practice confirms that it continues to provide all the Enhanced Services which the PTHB has agreed to commission from the practice and which the practice has agreed to provide to patients	
The practice has reinstated Enhanced services from 1st July via a phased approach, with full service delivery from 1st October 2020 onwards ***Please note that if you no longer wish to provide, or are no longer providing an Enhanced Service which you have been commissioned to provide, appropriate notice must be given to the Health Board.*** Please include all the enhanced services that you currently provide:	
The practice confirms that it has applied for all the GPs and practitioners currently employed at the practice to undertake the relevant enhanced services	
Are there any enhanced services that you are currently providing that you do not wish to continue to provide / or considering to stop providing? Please list:	

4. Welsh Language Services

The National Health Service (Welsh Language in Primary Care Services) (Miscellaneous Amendments) (Wales) Regulations 2019

The Welsh Language Duties for providers of primary care services came into effect on 30 May 2019 and apply to primary care services undertaken on behalf of the Health Board.

It is statutory requirement that public services must offer Welsh speakers services in Welsh. Welsh language services should be offered to Welsh speakers without them having to ask for them. This is known as the “Active Offer”.

Does the practice deliver the `Active Offer`?	
Does the practice offer a bilingual service Welsh / English or other languages?	
Do you document patient language of choice on all their documentation including referrals?	
Do you supply/display bilingual patient information e.g. leaflets, posters, signage forms in English & Welsh	
Do you encourage the wearing of a badge, by Welsh speakers, to convey that they are able to speak Welsh	
Do you encourage those delivering services to utilise information and/or attend training courses and events provided by the Local Health Board, so that they can develop an awareness of the Welsh language (including awareness of its history and its role in Welsh culture) and an understanding of how the Welsh language can be used when delivering services; and	

5. Services for patients with sensory disabilities

Does your new patient registration form ask patients to specify whether they have a sensory or communication disability?	
Do all of your clinicians and administrative staff record any sensory or communication needs identified opportunistically on the clinical record	
Is all of your signage clear and easy to understand?	
Do your clinicians include information about communication needs in their referrals to secondary care?	
Do you have a hearing loop induction system in place?	
Do you have a visual patient call system?	
Do you have an audio patient call system?	

Are reception staff responsible for ensuring that patients with sensory loss are made aware of when the doctor/nurse is ready to see them?	
Are patients asked specifically about the kind of communication support they need?	
Does the new patient registration form ask the patient to specify their language needs?	
Is your practice leaflet available in large print format?	
Is your practice leaflet available in Braille?	
Are letter sent out in accessible formats (Braille or larger font) for those patients and service users who are blind or have a visual impairment.	

6. Welsh Clinical Communications Gateway (WCCG)

Does the practice use WCCG?:	
Fully, for all referrals	
partially	
no	
Please describe any issues you have experienced that have affected the use of WCCG in the practice to its full potential	

7. Communication

What processes do you have in place within the practice to identify and prioritise (if appropriate) veterans from the armed forces.
Describe the process for receiving and disseminating patient safety alerts, medical device alerts, and NICE Guidance. How do you ensure that appropriate team members have seen it?

8. Deaths/Emergency Admissions

Has the practice got a process in place to inform the Health Board in writing and in the requisite timescales of:	
Deaths occurring on the practice premises (no later than the end of the first working day following the date on which the death occurred)	
Deaths of patients or emergency admissions arising from the drugs used in relevant enhanced services or attributable to the underlying medical condition, within 72 hours of the information becoming known to the practice.	

9. Access Arrangements

Opening Hours:

Reception opens at:

Reception closes at:

Half-day closure:

Lunchtime Closure:

Telephone to reception available 8am until 630pm: Y/N

Comments:

Access Model

Please describe your current access model for the delivery of general medical services.

Appointments:

Time of 1st bookable routine appointment

Appointments routinely available

After 5pm: Number of days per week:

After 5:30pm: Number of days per week:

After 6pm: Number of days per week:

this may include appointments that patients are able to book or times available for face to face following telephone

Same Day Access

Summarise the process for urgent/same day requests for consultations such as telephone advice, open access surgeries

Access Analysis

Face to Face Consultations:

Based on a typical/normal week, estimate the consultation rates as set out below (for a week)

Pre-bookable GP appointments with GP:

Open-access consultations with GP:

Pre-bookable appointments with other members of the multidisciplinary team (e.g. nurses, HCAs, Physician Associates, Pharmacists, Physiotherapists etc. Please list individually)

Open-access consultations with other members of the multidisciplinary team (e.g. nurses, HCAs, Physician Associates, Pharmacists, Physiotherapists etc Please list individually)

Telephone Consultations:

Estimated number of telephone consultation per week:

Summarise any special arrangements for telephone consultations (for example, pre bookable telephone consultations):

Home Visits:

Estimate the number of home visits per week:

Typical Wait:

Consider the typical wait for an appointment booked in advance with any GP?

Consider the typical wait for an appointment booked in advance with other members of

the multi-disciplinary team *Did Not Attends:* Estimated DNA rate (%) Other issues affecting access:

10. Premises

Practice Premises:	
Does the practice have any concerns regarding premises?	
Space	Yes/No (if yes, please detail)
Disability Access	Yes/No (if yes, please detail)
State of Repair	Yes/No (if yes, please detail)
Suitable Consulting Space	Yes/No (if yes, please detail)
Clinic Room Facilities	Yes/No (if yes, please detail)
Waiting Room	Yes/No (if yes, please detail)
Office Space	Yes/No (if yes, please detail)
Any other concerns	

11. COVID 19 Compliance and Recovery Plan

The Practice is compliant with The Health Protection (Coronavirus Restrictions) (No. 2) (Wales) Regulations 2020 regarding social distancing and new regulations for workplaces under the Coronavirus Act (2020)	
Communication	

Access to the practice and services has been communicated to patients on the practice website, social media and appropriate practice signage. All plans process and changes have been clearly communicated to all staff that work from the building.	
Staff / Risk Assessment	
Has a workforce risk assessment tool been completed for all partners, clinical and non-clinical staff, and locums working in the practice?	
Access to Services	
The practice has access to video consultation. Please name the technology used, i.e., Attend Anywhere/AccuRx:	
Remote consultations are offered to patients where appropriate and provides reasonable adjustments for specific patient groups where necessary. The practice ensures that careful consideration is given to the principles of safe video consulting and the need for practices to adhere to legislation, particularly where images are requested and distributed.	
Please advise if this is offered via telephone and/or video consultation	
A review has been completed to confirm the practice telephone system is meeting increased patient telephone demand.	
The practice has in place appropriate and accessible alternative methods of contact, including digital solutions such as SMS text messaging and email, as well as face-to-face. Please list the contact methods used:	
Personal Protective Equipment (PPE)	
All PPE equipment provided to the practice is used in conjunction with up to date Welsh Government guidance, legislation and regulations.	
Infection and Prevention Control	
The practice ensures that appropriate Infection Control measures are in place and are maintained by all staff, in conjunction with National Guidance.	
Shielding	

The practice remains up to date and complies with information and guidance released by the Chief Medical Officer in relation to shielding patients.	
The practice ensures that patients that are shielding have access to services via remote consultation where appropriate, and face to face appointments where clinically necessary whilst minimising risk.	
Track and Trace	
The practice has a plan and process in place to identify and contact people that may have been exposed to the infection.	
GP Main and Branch Surgery Closures	
The main or branch site remains open, and operating in their normal working times. *Where a site has been closed/change of use, this has this been approved as per the Health Board temporary closure/change of use process?*	
Medicines Management / Repeat Prescribing	
The practice has robust systems in place in order to minimise patients attending the practice to order or collect prescriptions, this is clearly communicated to patients, such as on the practice website or signposted on front doors.	
The practice liaises effectively with local pharmacies in order work together and communicate where they may be increases or changes that may affect patients or pharmacies.	

12. Other Issues

Any other issues the practice would wish to highlight to the Health Board:

Declaration

The information provided will enable the Health Board to highlight areas for further discussion but we will also seek to identify best practice.

Please sign the declaration below to confirm completion of the Annual Return for 2020/2021

I, …….. confirm on behalf of the aforementioned practice that we have met our statutory and mandatory requirements during the contractual year 2020/2021, under the terms and conditions of the new General Medical Services Contract.

Signed	
Position in the practice	
Date	

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.6b

Delivery and Performance Committee	Date of Meeting: 28th February 2022
Subject :	**Commissioning Assurance Framework – Primary Care General Dental Services**
Approved and Presented by:	**Executive Director of Primary Care, Community and Mental Health Services**
Prepared by:	**Jayne Lawrence, Assistant Director of Primary Care**
Other Committees and meetings considered at:	**Executive Committee 01/12/21**

PURPOSE:

The purpose of this paper is to provide assurance to the Delivery and Performance Committee on the General Dental Services Commissioning Assurance Framework process applied to the 2020/2021 contract year.

RECOMMENDATION(S):

The Committee is requested to

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

Approval/Ratification/Decision[1]	Discussion	Information
		✓

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

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

EXECUTIVE SUMMARY:

The General Dental Services (GDS) Commissioning Assurance Framework (CAF) was developed following an internal audit recommendation and was approved for use in January 2019.

GDS CAF reporting includes a framework on Quality & Safety, Finance, Access and Patient Experience. The CAF reporting is updated on a monthly basis and internal assurance is delivered through the General Dental Services Monitoring Meetings. The GDS CAF monitors general dental services contracts only and currently PTHB has 23 GDS contracts in place.

The assurance on the delivery of GDS 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 General Dental Services Monitoring Group is clear on the consequences and subsequent actions that need to be taken.

Due to the pandemic, national contract changes have been introduced around various aspects of the delivery of dental services and the main metric of 'unit of dental activity' (UDAs) to assess achievement of GDS contract delivery was suspended at the start of the pandemic and continues to be the case. This change has not been enforced via updated legislation. The monitoring of the dental contract in 2020/21 has been complex and the various assurance components within the CAF have had to be adapted to reflect current contract and commissioning expectations.

The 2020/21 year end CAF position resulted in the following Escalation Levels in line with contractual and regulation requirements as follows:

Level and assurance monitoring	No: of practices
Level 1 - Routine monitoring (Monthly meetings including Assistant Director of	9
Level 3 (1 red area)- Enhanced monitoring	14

Level 3 enhanced monitoring outcome with action and mitigation resulted in
- three practices having a clawback invoked
- nine practices having a carry forward balance into 2021/22
- two practices being unable to offer Aerosol Generated Procedures.

DETAILED BACKGROUND AND ASSESSMENT:

Currently PTHB delivers primary care dental services through two types of contractual arrangements; General Dental Services Contracts and Personal Dental Service contracts.

The Personal Dental Service arrangements have different contracts and some are managed separately due to fixed expiry dates and relate to specialist or individual service arrangements, for example emergency access and out of hours. The GDS CAF monitors general dental services contracts only.

Dental Services contracts between health boards and general dental service providers are delivered within the National Health Service (General Dental Services Contracts) (Wales) Regulations 2006. Currently PTHB has 23 GDS contracts in place.

The GDS CAF was agreed by the PTHB Strategic Planning and Commissioning Group in January 2019. To support the CAF, tolerance levels to report against the CAF are linked to RAG ratings.

The CAF is updated on a monthly basis and internal assurance is delivered through the General Dental Services Monitoring Meetings. Assurance on the monitoring process around the CAF was presented to the PEQS on the 2nd December 2021.

Therefore, this report is based around the year end GDS performance for 2020/2021, noting

- CAF dashboards are in place for all GDS contracts
- exceptions linking to the agreed CAF RAG rating are actioned appropriately
- the GDS Monitoring Group identifies areas of concern and whether to 'step up' or 'step down' escalation
- there are two pivotal reporting timelines within the GDS CAF, linked to the regulations which can enable contract sanctions to be progressed if appropriate, namely the mid-year (30th September) and end of year (30th June) review process. Due to Covid the focus of these reviews has changed in 2020/21
- 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 that parameters within the CAF not covered within the regulations are not enforceable.

Appendix 1 details the Primary Care GDS Commissioning Assurance Framework

Due to the pandemic, national contract changes have been introduced around various aspects of the delivery of dental services and the main metric of 'unit of dental activity' to assess achievement of GDS contract delivery was suspended at the start of the pandemic and continues to be the case. This change has not been enforced via updated legislation and the current contract measures have been developed by Welsh Government Dental Branch from pre-covid Contract Reform initiatives. Therefore, the various assurance components within the CAF have had to be adapted to reflect current contract and commissioning expectations. As Welsh Government introduce new/additional metrics into the contract this continues to updated and reflected in the CAF.

The monitoring of the dental contract in 2020/21 has been complex and the table below sets out the context;

Date/period	Welsh Government Direction
Quarter 1:	• National RED alert level • Monthly payments made to all practices equal to 80% of a practices NHS annual contract value (ACV)

1st Apr – 30th June 2020	• Units of dental activity/units of orthodontic activity suspended • Practices to remain open for contact, provide telephone advice and prescriptions • Undertake urgent treatment for patients that do not have symptoms of Covid • Requirement for practices to submit weekly activity on phone calls, advice, prescriptions, referrals
Quarter 2 & Quarter 3: 1st July - 31st December 2020	• National AMBER alert level (as of June 2020) • All Wales Infection Control SOP introduced • Uplift to 90% of ACV for practices providing NHS services • Financial support given to improve ventilation in practices (national and local funding) • Urgent care assessment relaxed if SOP measures in place • Routine care delayed • Non-urgent/non-emergency Aerosol generating procedures delayed
Quarter 4: 1st Jan – 31st March 2021	• National low AMBER alert level continues • AGPs to be carried out to maintain 90% ACV payment • Practices not undertaking AGPs, ACV payment reduced to 80% • Informal measures introduced (not contractual) *Measure 1:* Practices to accept at least 2 new patients per week (adults not seen >24 months and children not seen >12 months). Health Board discretion that if practices exceeded the above measure then ACV can increase to 100% payment *Measure 2*: Practices to start completing 'Assessment of Clinical Oral Risk and Need (ACORN) assessment (one per patient per year) *Measure 3*: Fluoride varnish to be applied to >50% adults and >75% children

Due to the contract relaxation and changes throughout 2020/21 some of the routine elements of the GDS CAF monitoring has not been possible, however a variety of monitoring has been undertaken to provide assurance on general dental services. Appendix 2 details the end of year 2020/21 CAF dashboard.

Mid-year review

The mid-year review legislation is linked to performance of completed UDAs and practices who have achieved <30% of their contracted allocation as at 30th September require a mid-year review. Although still in legislation this metric was not measurable in 20/21 due to the suspension of UDAs, however PTHB offered all GDS contractors a review meeting. The visits provided an opportunity to provide support and advice to the contract holders during the pandemic.

End of Year Review

The regulations state that a Health Board has to arrange with the contractor an annual review of its performance in relation to the contract. Pre-covid a pivotal part of the end of year review visit was to review the year end contract achievement position of completed UDAs. As UDAs were suspended in 2020/21 the focus of the visits covered access, service delivery, ventilation, staffing, and PPE.

In terms of a high level CAF summary

- 100% of practices met the required access arrangements and remained open (contractual requirement)
- Fourteen practices took up the offer of a mid-year review visit
- 100% received an end of year review visit (contractual requirement)
- 100% completed Quality Assurance Self-Assessment (contractual requirement)
- Twenty one practices re-introduced Aerosol Generating Procedures (AGPs) (contractual requirement) in Quarter 4.
- Two practices were unable to offer AGPs (Llanfyllin Dental Practice & PTHB Builth Wells Managed Practice) (now resolved, detail below)
- Out of the twenty one practices offering AGPs, thirteen had their ACV inflated to 100% as committed to offering urgent appointments to new patients (as per the PTHB *Measure 1* introduced in Quarter 4)
- One practice's ACV was inflated to 95% as unable to fulfil the full measure 1 requirement introduced by PTHB
- Out of the thirteen practices with an inflated ACV of >90%, twelve did not achieve the required PTHB measure. At year end reconciliation this translated to
  - Three practices agreed to a claw back against the ACV and made the appropriate repayment
  - Nine practices agreed to a carry forward of the underperformance into 2021/22 (this continues to support patient access in 2021/22)

As per the CAF 'Escalation Process' levels and in line with contractual and regulation requirements this translated as follows:

Level and assurance monitoring	No: of practices
Level 1 - Routine monitoring (Monthly meetings including Assistant Director of	9
Level 3 (1 red area)- Enhanced monitoring	14

Level 3 enhanced monitoring outcome and mitigation at year end included the following actions:

Practice	Issue/Action/mitigation
The Martin Partnership, Ystradgynlais	Unfilled slots carried forward to 21/22
My Dentist Brecon	Unfilled slots carried forward to 21/22
My Dentist Crickhowell	Unfilled slots carried forward to 21/22
Hay on Wye Dental Practice	Unfilled slots, clawback invoked
My Dentist Hay on Wye	Unfilled slots carried forward to 21/22
PTHB – Builth Wells	Unable to provide AGP's. Ventilation installed in Apr 2021 and the practice is now providing AGP's
My Dentist Knighton	Unfilled slots carried forward to 21/22
My Dentist Llandrindod	Unfilled slots carried forward to 21/22
Rhayader Dental Practice	Unfilled slots, clawback invoked
Llanfyllin Practice (GDS)	Unable to provide AGP's. Practice moving to new and improved premises. Planned for AGPs to resume in December 2021
Sobhani & Dusza, Llanidloes	Unfilled slots carried forward to 21/22
EG Davies, Machynlleth	Unfilled slots, clawback invoked
Powell Main, Newtown	Unfilled slots carried forward to 21/22
My Dentist Welshpool	Unfilled slots carried forward to 21/22

Appendix 1 Primary Care GDS Commissioning Assurance Framework

Appendix 2 – GDS CAF Dashboard summary 2020/2021

NEXT STEPS:

1. To continue contract management monitoring and year end forecasting aligned to All Wales Dental Recovery Plan for 2021/2022.
2. To continue to revise and align the PTHB Commissioning Assurance Framework to the All Wales Dental Recovery Plan for 2021/2022.

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

IMPACT ASSESSMENT					
Equality Act 2010, Protected Characteristics:					
	No impact	**Adverse**	**Differential**	**Positive**	**Statement** ***Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken***
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				Statement *Please provide supporting narrative for any risks identified that may occur if a decision is taken*
	None	Low	Moderate	High	
Clinical		x			
Financial		x			
Corporate	x				
Operational			x		
Reputational	x				

POWYS TEACHING HEALTH BOARD COMMISSIONING ASSURANCE FRAMEWORK

Primary Care - General Dental 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 1.3

Sept 2021

Review Date: (as a minimum every 12 months)

Contents

Tables

1. Introduction

This Commissioning Assurance Framework for Primary Care General Dental 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

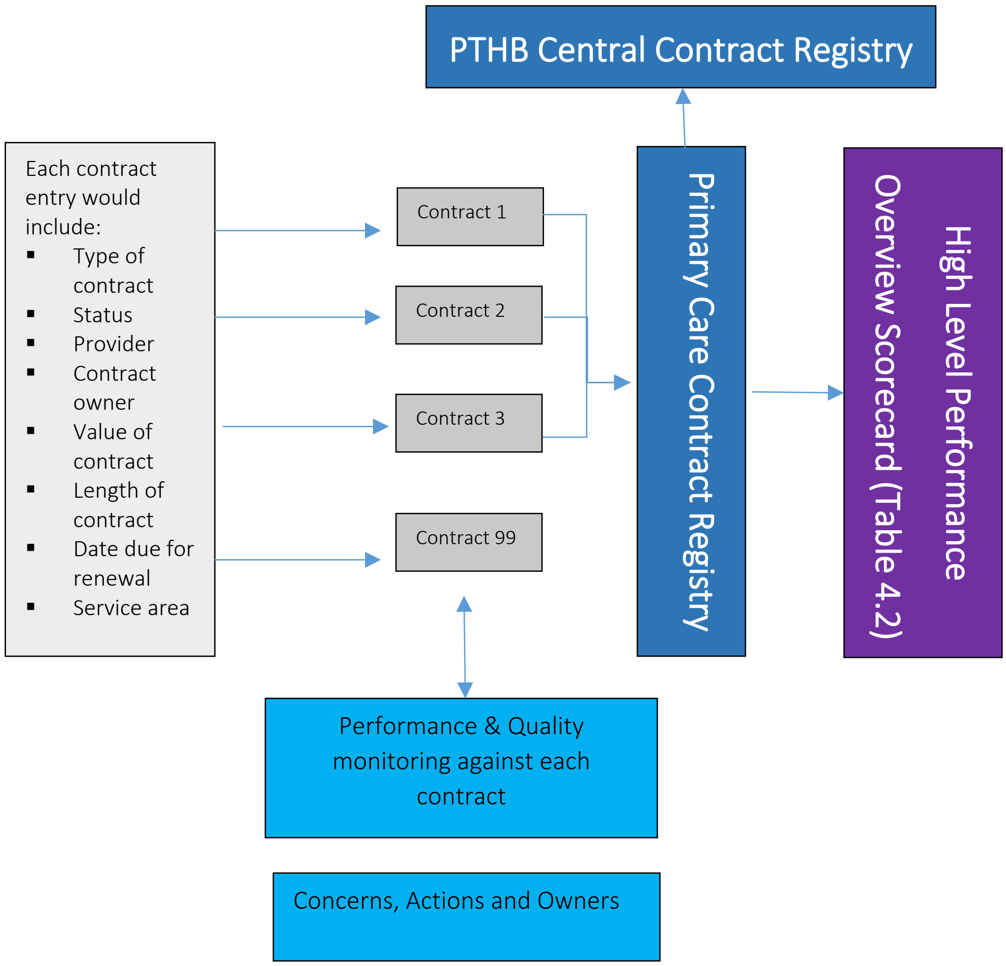
Dental Services contracts between health boards and general dental service providers are delivered within the National Health Service (General Dental Services Contracts) (Wales) Regulations 2006. These Regulations set out, for Wales, the framework for general dental services contracts under section 28K 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 result 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 dental contracts will be held within the Primary Care Team and will include all dental contracts and agreements issued for primary care dental services within PTHB. This “ register” will feed into the central “register”.



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
		USC Planned	USC Planned			
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 Dental Services monitoring Group

Internal Commissioning Assurance is delivered through the General Dental Services Monitoring Meetings which provide the opportunity for key people to meet on a monthly basis to look at dental data. The meeting will usually comprise representatives from dental, primary care and finance who consider and review key information relating to each of the dental 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' our **Escalation Process for Providers** (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 dental contractor and records exceptions and key trends drawn from for example:

*Quality & Safety	Finance (Cost & Activity)	Access	Patient Experience
▪ Compliance with NHS Wales General Dental Services Regulations 2006 ▪ Compliance with Dental Performer Regulations ▪ Quality Assurance Self Assessment ▪ Serious incidents (including themes) ▪ Complaints and claims ▪ Internal / External Audit ▪ Health Inspectorate Wales (HIW) reports ▪ Dental Assurance Framework ** ▪ Occupational Health status reports ▪ Clinical Record Card Reviews	▪ Cost against the contract ▪ Activity against the contract (linked to Dental Assurance Framework metrics**) ▪ Mid Year Contract Review ▪ End of Year Contract Review	▪ Patient access ▪ Open lists ▪ Recruitment issues	▪ Public service ombudsman responses ▪ Health Inspectorate Wales (HIW) reports ▪ Community Health Council Reports ▪ Concerns and compliments from any source ▪ Patient Experience performance, e.g. survey (currently suspended due to pandemic)

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

Mid Year Review (MYR) meeting and End of Year Review (EoYR) meetings will be implemented as per NHS Wales General Dental Services Regulations 2006. Both the MYR and EoYR review meetings will monitor all aspects of the contracts, including; Access – Scheduled and Unscheduled/emergency Care, Quality & Safety including patient safety and clinical effectiveness, Patients Experience and Finance (Activity & Cost). The expected frequency of both the MYR and EoYR meetings will be annual, 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.

Within these meetings assurance on compliance will be sought and information reviewed in line with the contract requirements as determined by the NHS Wales General Dental Services Regulations 2006 to ensure national standards for quality, performance, finance and patient experience are meeting local and national expectation and target. These processes will be led and co-ordinated by the Primary Care Team and General Dental 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 dental 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.

As a minimum this will be undertaken via the MYR and EoYR review process with a standardised agenda to ensure a holistic overview of performance relating to access, quality & safety, patient experience, finance and service developments. Membership and attendance will be agreed to ensure that the whole agenda is managed in a lean way with minutes and action points produced following each review meeting. A more regular assessment of the provider escalation level will take place during the General Dental Services 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	GDS 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	monthly – Routine Monitoring
Level 2 Amber	Enhanced monitoring via exception and associated remedial actions and trajectory for improvement includes GDS monitoring Meeting	Enhanced monitoring	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 *Reported to Delivery & Performance Group*	2 monthly – Escalated Monitoring DPCCMH to receive papers and attend GDS monitoring Group Meeting or Contractor Review Meeting if required.
Level 4 Red +	Two or more Red areas DPCCMH/ 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 *Reported to Finance & Performance Committee*	2 weekly /4 weekly Escalated Monitoring DPCCMH to chair GDS Monitoring Group or Review (The Head of Primary Care may deputise) CEO/ DPCCMH led escalated meetings if there are significant and persistent concerns (supported

			by a provider meeting where appropriate).

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, 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	
		USC Planned	USC Planned				
1	Sep 18					Level 1	**Level 1** – routine monitoring
2	Sep 18					Level 1	
2	Sep 18					Level 2	**Level 2** - Enhanced monitoring
3	Sep 18					Level 3	**Level 3** Escalated to DPCCMH monitoring
4	Sep 18					Level 4	**Level 4** Escalated to DPCCMH/ intervention Chief Exec informed
5	Sep 18					level 4+	**Level 4** 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 GDS 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 GDS Monitoring Group meetings	GDS Monitoring Group Meeting Frequency
Level 1 - Routine monitoring	▪ Assistant Director of Primary Care ▪ Head of Primary Care, Contracts ▪ Dental Contract Manager ▪ Associate Dental Director (covering quality & safety) ▪ Finance Business Partner	monthly – Routine Monitoring
Level 2 Enhanced monitoring	▪ Assistant Director of Primary Care ▪ Head of Primary Care, Contracts ▪ Dental Contract Manager ▪ Associate Dental Director (covering quality & safety) ▪ Finance Business Partner	monthly – Enhanced Monitoring
Level 3 Escalated to Exec Director	▪ Executive Director with responsibility for Primary Care ▪ Assistant Director of Primary Care ▪ Head of Primary Care, Contracts ▪ Dental Contract Manager ▪ Associate Dental Director (covering quality & safety) ▪ Finance Business Partner	2 monthly – Escalated Monitoring including DPCCMH
Level 4 Escalated to Exec Director Intervention Chief Exec informed.	▪ Executive Director/s ▪ Assistant Director of Primary Care ▪ Head of Primary Care, Contracts ▪ Dental Contract Manager ▪ Associate Dental Director (covering quality & safety) Finance Business Partner	2 weekly /4 weekly Escalated Monitoring DPCCMH to chair GDS Monitoring Group or Review Meeting (The Assistant Director of Primary Care may deputise) DPCCMH led escalated meetings if there are significant and persistent concerns

The DPCCMH will be informed if there is difficulty securing the frequency of meetings needed.

Table 4.6b. Escalations Levels - Attendance required at GDS Monitoring Group Meetings

4.7 De-escalation Process

As the performance improves and risk assessments indicate a reduction in level of intervention required, de-escalation will be discussed by the members of the GDS Monitoring meeting and agreed by those responsible at the escalation level, i.e. level 3 DPCCMH

As de-escalation occurs, the General Dental Services monitoring meeting will ensure that the correct level of intervention continues to support the improvement journey for the provider.

Quarter 4 End of Year - Tolerance 9 (only qtr 4 monitoring due to COVID)

	Contract	Practice	Access / Open	ACV Payment %	Providing AGP	Urgent Slots completed in 20/21 %	Clawback actioned	Carry forward into 21/22 (Patients from CDS/Waiting list)	Performer List compliance	Concerns	Mid Year Review Visit	End of Year Review Visit	Patient Experience	Breaches	QAS	Number of Serious Incidents	CAS Audit	ACORN COMPLIANCE DEC - MARCH (NOT CONTRACTUAL)							(NOT CONTRACTUAL)			
																		Medical History	Tooth Decay	Orther Dental need	Total No. Teeth	Decayed Perm	Dental History	Social History	Perio Health	New Patients		Fluoride Varnish	
																										Adult	Child	Adult %	Child %
	SOUTH																												
1	193267/0001	Brecon Dental Care		90%												C19 Outbreak		91%	91%	91%	100%	98%	91%	91%	91%	35	26	20.8	43.66
2	218812/0001	Powells Dental Surgery		90%														98%	98%	98%	100%	99%	98%	98%	98%	23	3	26.79	50
3	158194/0010	My Dentist - Brecon		100%		74%										C19 Outbreak		99%	99%	99%	99%	98%	99%	99%	99%	65	45	14.07	36.11
4	140961/0001	My Dentist - Crickhowell		100%		42%												97%	97%	97%	100%	95%	97%	97%	97%	93	144	36.16	43.27
5	964948/0001	WJ Jenkins		90%														85%	85%	75%	34%	89%	84%	85%	83%	29	35	16.04	40.42
6	111155/0001	Hay on Wye		100%		28%												61%	61%	61%	100%	92%	61%	61%	61%	17	93	3.27	9.73
7	116068/0001	My Dentist - Hay on Wye		100%		63%										C19 Outbreak		90%	91%	91%	100%	98%	91%	91%	91%	39	57	18.72	20.27
8	208248/0002	Ystrad Dental, The Martin Partnership		100%		45%										C19 Outbreak		94%	82%	81%	100%	98%	94%	94%	95%	130	16	14.95	34.35
	MID																												
9	915645/0001	SEA Griffiths Dental Practice		100%		100%												100%	96%	13%	4%	17%	43%	100%	22%	33	9	0	0
10	101000/0000	PTHB - Builth Wells		PTHB managed service														100%	100%	100%	100%	100%	100%	100%	100%	15	4	40.07	30.3
11	158194/0022	My Dentist - Knighton GDS		100%		67%												93%	93%	93%	100%	98%	93%	93%	93%	54	52	24.69	36.6
12	158194/0024	My Dentist Llandrindod Wells		95%		80%												96%	96%	96%	100%	100%	96%	96%	96%	52	9	29.03	35.09
13	689823/0001	Rhayader Dental Practice		100%		75%										C19 Outbreak		91%	91%	91%	100%	98%	91%	91%	91%	86	33	40.38	33.68
	NORTH																												
14	849324/0001	Deri Dental Practice		90%														76%	76%	76%	75%	75%	75%	75%	75%	17	4	20.28	38.89
15	659193/0002	Llanfyllin Dental Practice GDS		80%												C19 Outbreak		68%	68%	68%	100%	84%	68%	68%	68%	31	43	1.28	0
16	126896/0001	H Sobhani & P Dusza		100%		53%												88%	88%	87%	69%	94%	87%	87%	87%	62	10	25.84	7.53
17	762938/0001	EG Davies, Llys Einion Dental Practice		100%		70%												70%	70%	70%	100%	82%	70%	70%	70%		34		3.33
18	565350/0001	C Himsworth, Clifton Dental Practice		90%												C19 Outbreak		90%	45%	45%	25%	97%	90%	90%	90%	31	89	2.23	19.43
19	108820/0001	My Dentist - Newtown SS		90%														94%	94%	94%	100%	96%	94%	94%	94%	14	23	17.43	13.33
20	128287/0001	Powell Main Dental Surgery		100%		89%										C19 Outbreak		74%	74%	74%	72%	69%	75%	75%	69%	74	53	56.55	53.15
21	158194/0004	My Dentist - Newtown TH		100%		100%										C19 Outbreak		99%	99%	99%	100%	99%	99%	99%	99%	96	43	29.26	24.38
22	131431/0001	My Dentist - Welshpool		100%		62%										C19 Outbreak		96%	96%	95%	100%	97%	95%	96%	96%	160	217	19.65	27.42
23	100133/0000	PTHB - Machynlleth		PTHB managed service														95%	95%	95%	100%	97%	95%	95%	95%	28	1	28.2	33.33

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.7

Delivery & Performance Committee	**Date of Meeting: 28th February 2022**
Subject:	**Digital First Update**
Approved and presented by:	**Pete Hopgood, Director of Finance, IT & Information Services**
Prepared by:	**Vicki Cooper, Assistant Director of Digital Transformation and Informatics**
Other Committees and meetings considered at:	Executive Committee 16 February 2022

PURPOSE:

The purpose of this report is to provide a Digital First update and to detail progress and performance within Digital Transformation & Informatics, including Section 33 ICT performance activity.

Together with an update on delivery against the Digital First plan for this financial year.

RECOMMENDATION(S):

This Report is for information purposes only.

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

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

EXECUTIVE SUMMARY:

This report details current delivery against the Health Board's agreed Digital Plan for 2021/22 is as included in the paper.

DETAILED BACKGROUND AND ASSESSMENT:

The Digital Journey has continued to progress through the covid-19 pandemic with transformational change continuing to progress with the Digital First delivery plan.

Key developments include: -

1) Medilogik Endoscopy Management System (EMS), which provides a reporting and imaging solution, has been successfully installed at Brecon and Llandrindod Hospital. With the support of DHCW, we are the first health board in Wales to move to a cloud solution for EMS. This has enabled the health board to move away from a legacy EMIS product, which was becoming unusable for clinicians.

2) As part of PTHBs ambitious plan to modernise its digital services and infrastructure, funding of over £2.3 million has been secured from Welsh Governments Digital Priorities Improvement Funding (DPIF). The funding will deliver a secure, modern, and efficient infrastructure platform, with access to systems made easier for mobile and static healthcare professionals.

3) O365 SharePoint migration project aims to introduce a new intranet to facilitate Health Board wide communication and a new way to access files which are currently stored on shared network drives requiring VPN. Over the coming months we are aiming to start migrating both shared drives (M:**** and J:\\) and personal drives (K:\\) to the cloud. A support site will be developed shortly which will help empower staff with the knowledge and skills to access files in SharePoint.

4) Automations, forms, and a SharePoint list has been developed to support the COVID-19 Toolkit to reduce the administrative burden on staff. Several automations manage the daily process of sorting new positive test results into SharePoint lists, which remove duplicated data and combine the data with available workforce data.

5) Freedom of Information Tracker has been developed to assist the way the Information Governance Team track and log FIO requests on behalf of the health board. The new system has significantly decreased the amount of staff time spent consumed by what was a very labour-intensive administrative task**.** Moving the tracker into Lists has enabled improvements in how data is stored, reduction in data loss and has been integrated into Teams.

6) Healthcare Comms has been procured and will be introduced over the next few months which will allow the health board to start sending and receiving appointment information such as reminders, cancellations or rescheduling via SMS. The same service will also the health board to automatically print and post letters from clinical systems such as WPAS when we receive a referral, or an appointment is generated. This will reduce the cost of printing; improve how we communicate with patients and reduce the time spent on letter administration.

7) Cyber Security Improvement – the Firewall project is underway where 3 sites

Legacy Endoscopy Servers have been decommissioned following the move to EMS and all XP PC have now been removed from the Health Board network.

Full Network Scanning is now carried out on a regular basis, this allows us to have visibility of all devices connected to the Health Board network and any security vulnerabilities.

8) OpenEyes national Digitalisation Programme is getting ready to go live with Ystradgynlais hospital next month which will allow storage of images centrally which will provide improved condition analysis, benefitting patients by allowing data to be viewed via the EPR OpenEyes solution.

9) Access to the Welsh Clinical Portal (WCP) has been granted to health care professionals at our cross-border hospitals. Powys patients seen in England were at a disadvantage because the clinical staff did not have access to the same level of patient information that they have for their English patients. This has been a huge milestone in getting English consultants' access which will enable them to provide direct patient care to our patients.

10) The video consultation platform Attend Anywhere has received government funding until 2025. Since July 2020 11,788 consultations have taken place with the service extended to virtual visiting on the ward and hub support in North Powys, with the support of Digital Facilitators and PAVO. Attend Anywhere Groups is the latest new feature with breakout rooms and the chat facility being added in the next upgrade.

A review of the wi-fi pan Powys is taking place with ICT to understand the issues which is having a big impact on some professionals using the platform.

A survey is currently being undertaken to review the benefits and limitations of the tool and any areas that pose challenges to healthcare professionals working practice, which will be used to improve the usability and functionality of the overall system.

11) Health Records Improvement Plan will commence this month which will look to manage paper records in an electronic document management system. A supplier has been awarded through a tender process to provide a strategic business case. A review of their findings with options to progress will be led by a Digital Project Manager with support from Information Governance.

12) Print Management Project has been established which will look to rationalise all existing individual printers across the estate with the replacement of Multi-Function Devices. Implementing a managed print solution will support the governance of all MFDs across the estate and implement a hybrid mailing solution for Patient Services.

13) ICT joiner and leaver automated process is now in place which will improve data quality for workforce leavers, reduce cost and reduce cybersecurity risk. PTHB ICT Joiners and Leavers Process (sharepoint.com)

14) ICT Support automation of common requests and ticket submission is now in place online which will support staff access support more efficiently and effectively. PTHB ICT - Request Support (sharepoint.com)

15) Digital Transformation and Informatics have launched their second edition Newsletter which can be found in the Powys Announcement (February).

16) Following an upgrade to Welsh Clinical Communication Gateway (WCCG), General Practitioners can identify if they are making a referral to a clinician or are asking for advice. Further work is required to fully implement the Welsh Reference Data Service (WRDS) functionality, however all referrals either for advice or for the patient to see a clinician are being processed as normal.

Digital First Plan 21/22 - Progress to date

Delivery status against the Digital First Plan is detailed below, there are completed tasks, however some are yet to start but will be shown as on track below.

Delivery against the Plan

Organisational Priority		Organisational Delivery Objective	Milestones	RAG
Enablers	Digital First		**Digital Care**	
		• Use consultancy to develop use of SharePoint/Teams for easier access to files/documents.	Q1 Consultancy initiated (Complete) Q2 Discovery work and migration mapping (In Progress)	
			Digital Access	
		• Develop Telehealth/Telecare offering for health & social care	Q2 Research and Development towards the offering in partnership with the North Powys Programme (in Progress)	
		• Commence roll out of WCCIS Mobile App	Q3 Commence rollout dependant on functionality release and user acceptance testing (In Progress)	
		• Diagnostics results available in Welsh Results Reporting Service (WRRS)	Q2/Q3 Business Case completed with DHCW, awaiting approval to commence work (In Progress)	
		• Patient referrals to English NHS hospitals stored in Welsh Patient Referral Service (WPRS)	Q2/Q3 Business Case completed with DHCW, awaiting approval to commence work (In Progress)	
		• Discharges letters from English hospitals back to Wales, to be added to WCRS	Q2/Q3 Business Case completed with DHCW, awaiting approval to commence work (In Progress)	
		• Outpatient clinic letters from English hospitals back to Wales, to be added to WCRS	Q2/Q3 Business Case completed with DHCW, awaiting approval to commence work (In Progress)	
		• Images from English hospitals, to be stored in the Welsh Imaging Archive Service (WIAS)	Q2/Q3 Business Case completed with DHCW, awaiting approval to commence work (In Progress)	
		• The Welsh GP record to be available to NHS clinicians in England, treating Welsh patients	Q2/Q3 Business Case completed with DHCW, awaiting approval to commence work (In Progress)	
		• WNCR Implementation	Q1 Key stakeholders engaged, project team in place (Complete) Q2 Implementation and Roll Out (In Progress)	
		• Eye Digitalisation Programme Delivery	Q1 Key stakeholders engaged, project team in place (Complete) Q2/Q3/Q4 – Implementation (In Progress)	
			Digital Infrastructure & Intelligence	
		• Telephony review - development of business case	Q1 Review commenced to inform recommendations (In Progress) Q2/Q3 Options appraisal and draft Business Case to be completed (In Progress)	
		• Secure and managed print solution - development of business case	Q1 Review commenced to inform recommendations (In Progress) Q2/Q3 Options appraisal and Draft Business Case to be completed (In Progress)	
		• Digitisation of Health Records review - options and business case	Q2 Review commenced to inform recommendations (In Progress) Q3 Options appraisal to be completed (In Progress)	
		• OFWCMS Once for Wales Concerns Management System - RLDatix	Q1 Delay with system functionality and testing – go live pushed back to Q2 in line with national programme (In Progress)	
		• North Powys Programme	Q1 Infrastructure review to support the design requirements ie Internet breakout/Azure readiness (Complete)	

Section 33 (ICT Support Provision)

The Section 33 agreement has been reviewed and agreed for completion 21/22.

The Key Performance Indicators in relation to the Section 33 SLA are available in **Appendix 1** attached.

Conclusion:

The Committee is asked to note the contents of the paper and the current position and progress against the Digital First Plan.

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

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

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

IMPACT ASSESSMENT					
Equality Act 2010, Protected Characteristics:					
	No impact	**Adverse**	**Differential**	**Positive**	**Statement** ***Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken***
Age					
Disability					
Gender reassignment					
Pregnancy and maternity					
Race					
Religion/ Belief					
Sex					
Sexual Orientation					
Marriage and civil partnership					
Welsh Language					
Risk Assessment:					
	Level of risk identified				**Statement**

	None	Low	Moderate	High	*Please provide supporting narrative for any risks identified that may occur if a decision is taken*
Clinical					
Financial					
Corporate					
Operational					
Reputational					

APPENDIX 1

PTHB – ICT S33 Performance Report (Quarter 3 2021/22)

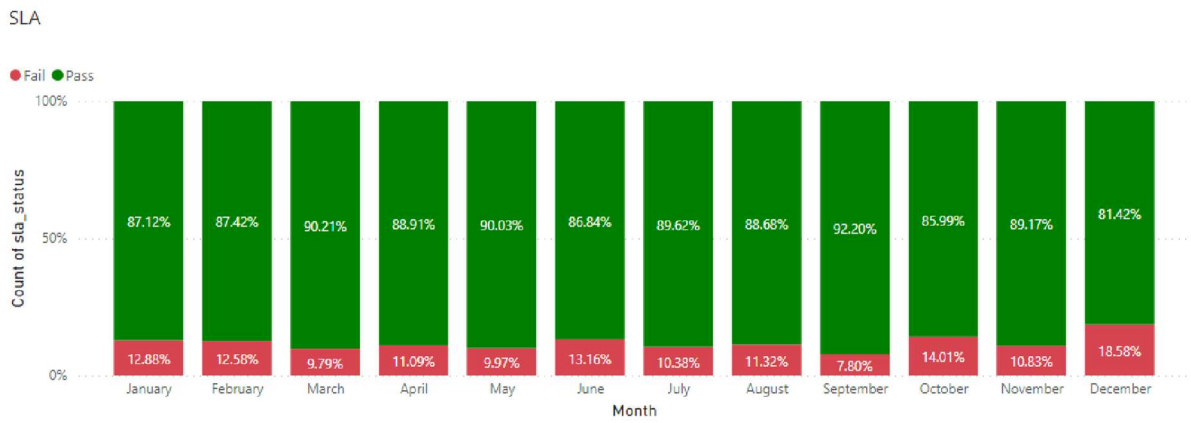
Contents

1. SLA - All teams

All figures and graphs from this report can be accessed via the PowerBI Dashboard PTHB Tickets - Power BI

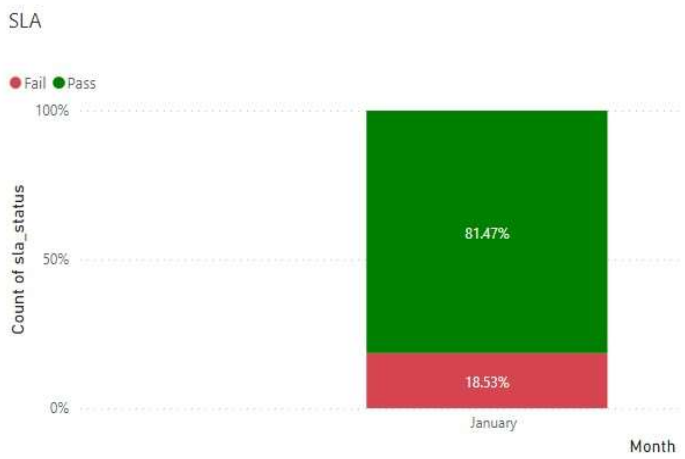
Performance Indicators 2021/2022	Target	Jan	Feb	March	Qtr3	Quarterly Trend
Service Desk % Calls answered	80%	70.8%				(Last Qtr 80%)
% completed in SLA	75%	81.5%				(Last Qtr 85.1%)
% customer satisfaction	85%	100%				(Last Qtr 97%)

2021



Patterson,Liz
02/23/2022 16:07:04

2022

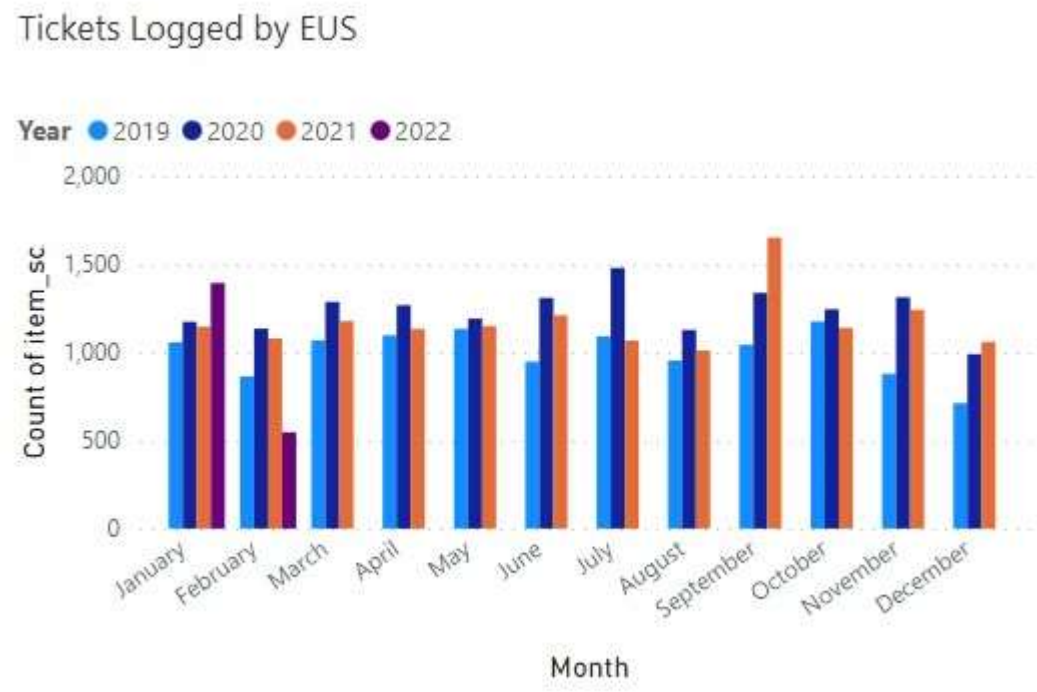


2. End User Services

January has seen a large spike in the number of calls being made to ICT Service Desk. The previous 12 months average was just over 1600 calls a month; however, January 2022 saw 2047.

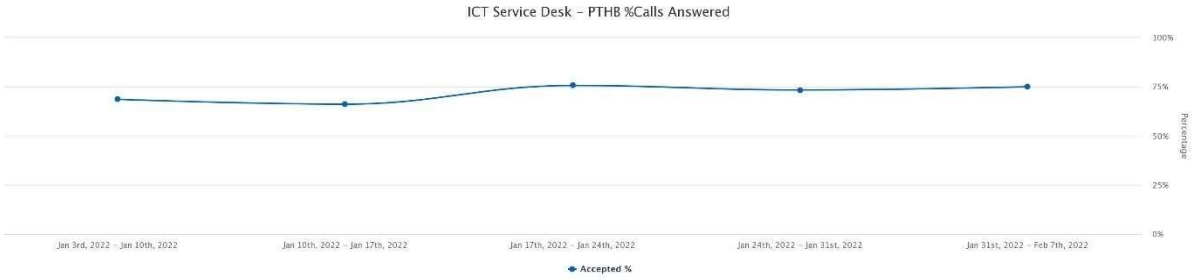
January is historically a busy month, January 2021 also saw 1918 total calls which although is less than 2022 is higher than the average month. Historically this is caused by staff returning from leave after the Christmas break which then peaks ICT demand. ICT Service Desk also had staff annual leave during the first week in January in both PTHB and PCC.

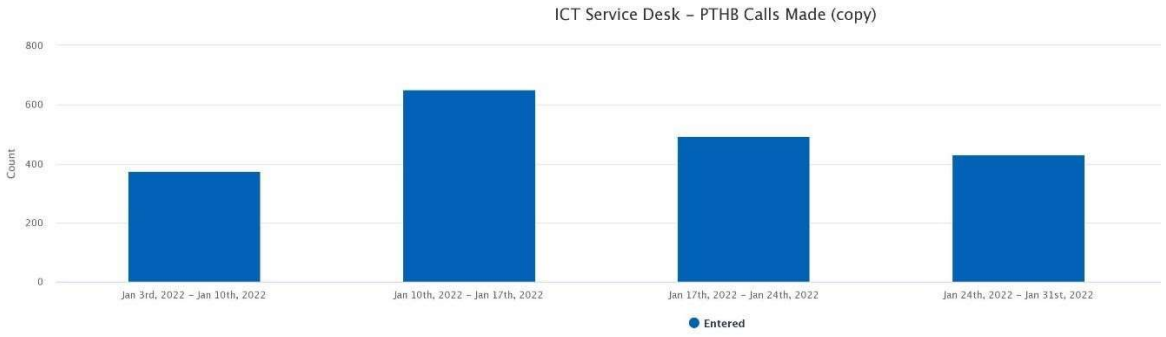
As detailed in the infrastructure team update below, there are a number of on going issues which in turn have a direct knock-on effect on the number of calls received and tickets logged by Service Desk. These include: DFS/File Share issues, telephony, printing and proxy server issues. Additionally recent changes to Office 365 licenses have increased the number of queries being received.



Open in Power BI
PTHB Tickets
Data as of 14/02/22, 08:01
Filtered by **Loggedby** (is Admin or Service Desk)

****Powys CC changed the Contact Centre System during December 2021. The way that stats are displayed have therefore changed.**

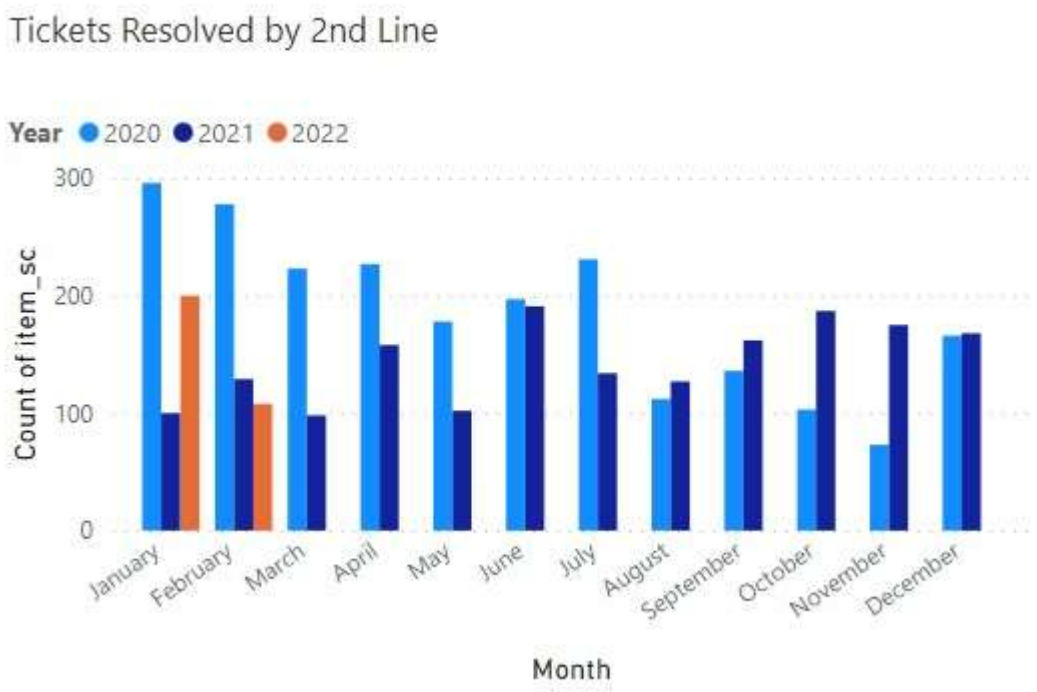




January 2022

Average Speed Of Answer	12 Mins 04 Seconds
% Calls Answered	70.84%
Total Calls	2047

3. Infrastructure team



Open in Power BI

PTHB Tickets
Data as of 14/02/22, 08:01
Filtered by **ResolvedBy** (is 2nd Line Support, Cyber Security, or PTHB Office 365), **Year** (is 2020, 2021, or 2022)

The Infrastructure 2nd line team remain under immense pressure, not helped by a period of sickness by one of the staff effectively reducing our staffing by 25%. WOD have been informed to assist in a resolution, the member of staff is expected back on a phased return to work in early March but we have concerns over this and the support from WOD.

Telephony and Email continues to have a consistently high number of tickets in terms of both Incidents and Requests. There is still some reliance on PCC telephony but ICT and Digital teams are working to decommission the remaining services. Handsets currently being configured by Digital Team with ICT Team looking to roll this out after.

Printers also continue to be a big drain on resource in terms of setting up and supporting. PTHB would benefit significantly from printer rationalisation.

Due to recent changes relating to Office 365 licensing there has been a large increase in the number of tickets being raised relating to changing licenses. Although this was communicated to all staff, there has been approx. 60 tickets logged relating to this in January.

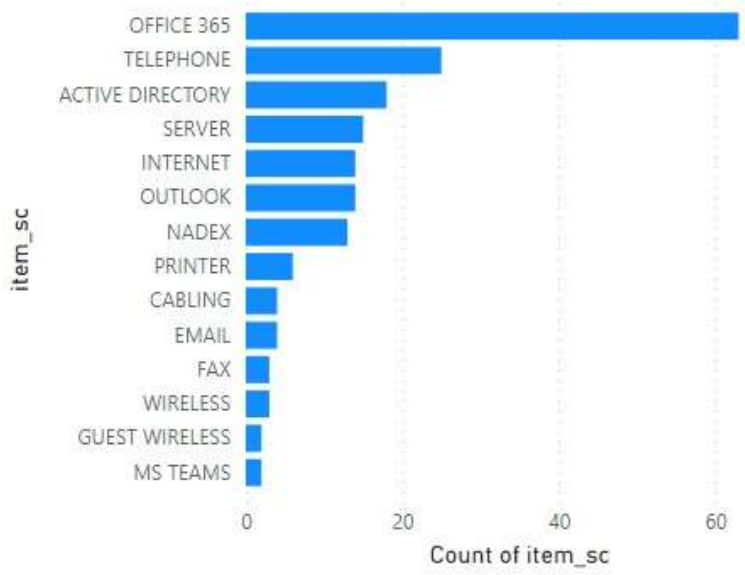
The team have also been involved in a number of meetings and collation of documentation with regards to the independent Infrastructure review(s).

Major Incidents

There have been several ongoing infrastructure incidents within PTHB which has diverted resource from work commitments to deal with these issues. PCC has also provided additional skills and resource to assist in the resolution of some of these incidents. The resourcing issues in the infrastructure team is very apparent and is causing stability issues across the organisation. Although there are many plans that should address the mid/long term issues; there is a very apparent risk of short term failure. Recent incidents include:

- Brecon Site offline
- Brecon Switchboard telephony failure
- Brecon Switchboard intermittent issues
- Guest Wi-Fi Failure
- DFS File Shares not synchronising correctly
- Servers not booting correctly
- Virtual Servers in paused states
- Multiple disk failures
- Print Server Failure

Most Resolved Items



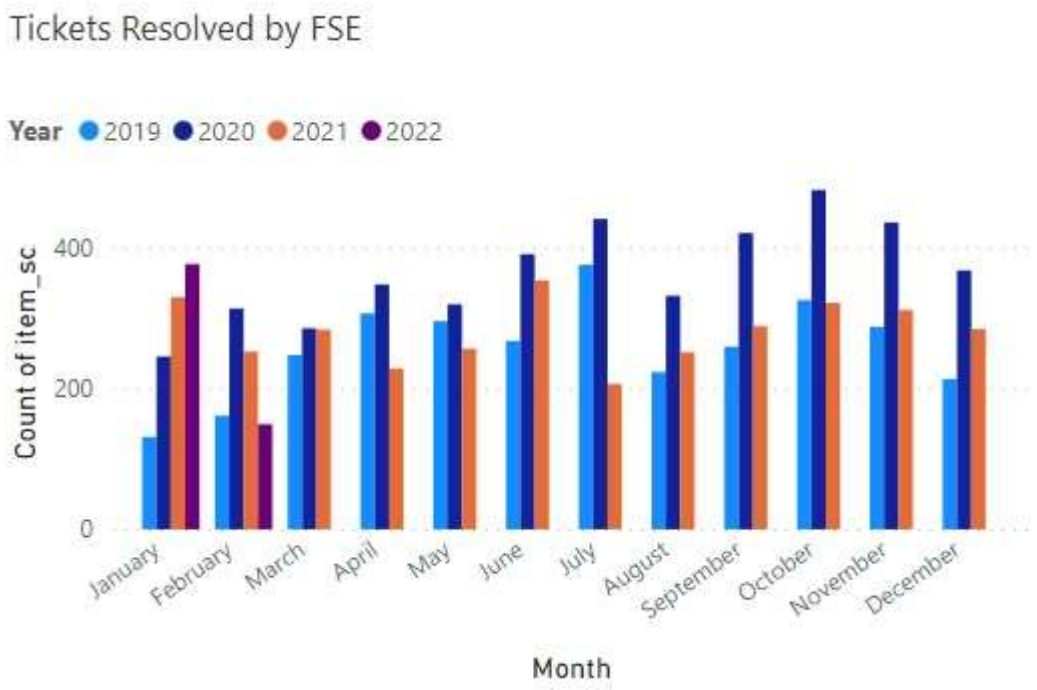
Open in Power BI

PTHB Tickets

Data as of 14/02/22, 08:01

Filtered by **ResolvedBy** (is 2nd Line Support, Cyber Security, or PTHB Office 365), **Year** (is not 2019, 2020, or 2021), **Month** (is January or November)

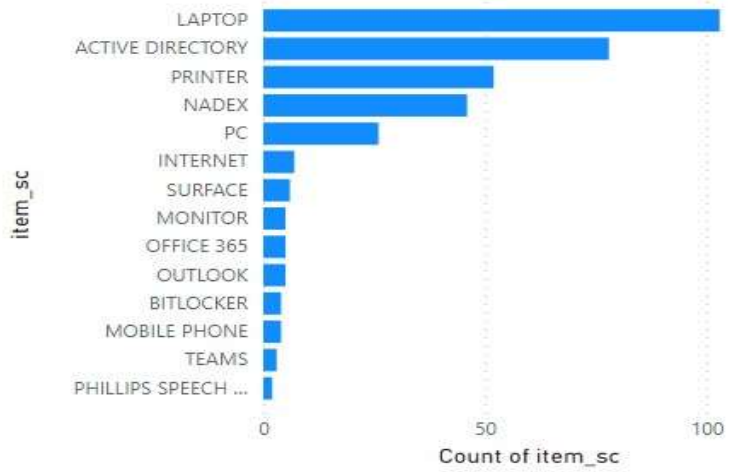
4. FSE team



Open in Power BI

PTHB Tickets
Data as of 14/02/22, 08:01
Filtered by **ResolvedBy** (is PC Support)

Most Resolved Jan 2022



Open in Power BI

PTHB Tickets
Data as of 14/02/22, 08:01
Filtered by **ResolvedBy** (is PC Support), **Year** (is 2022), **Month** (is January)

5. WCCIS

January has been another problematic month for WCCIS stability (nationally).

The WCCIS Team have continued to liaise with the supplier and national teams as well as carry out support work and change requests.

A number of out of hour fixes have been tested and applied requiring resource from local teams.

Twelve new teams are currently in various stages of the implementation phase having been delayed due to system instability.

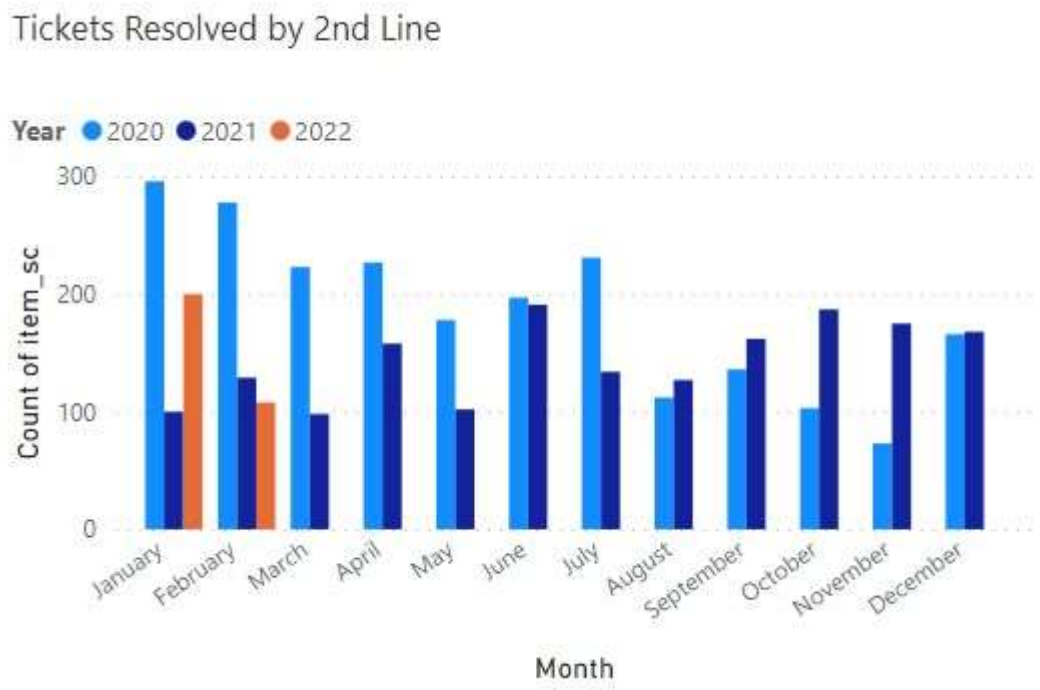
Six change control notices were completed in January.

Open in Power BI

PTHB Tickets

Data as of 14/02/22, 08:01 Filtered by **ResolvedBy** (is WCCIS or WCCIS ISSO) ost Resolved

January 2022



Open in Power BI

PTHB Tickets
Data as of 14/02/22, 08:01
Filtered by **ResolvedBy** (is 2nd Line Support, Cyber Security, or PTHB Office 365), **Year** (is 2020, 2021, or 2022)

6. Additional Note

ICT have built and are implementing an in-house ticket logging system to replace the current product "Assyst". Due to this, ICT are undertaking a data cleanse exercise to close tickets which may impact the reporting of February 2022s figures. It is anticipated the system will go-live at the end of Feb so all new tickets will be managed in the new system from March 2022 onwards.